



CMSP ELIGIBILITY TRAINING



February 20, February 27, & March 4, 2025

INTRODUCTIONS



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MEETING DETAILS

A recorded version of this training & presentation slides will be made available on CMSP's website after March 10th:

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

Copies of today's webinar slides will be e-mailed out to all registered attendees after the presentation

AGENDA

1. Key Terms & Abbreviations
2. Program History & Overview
3. CMSP Benefit Programs
4. CMSP in mCase
5. CMSP Applications Processed by Counties
6. Covered Benefits
7. Resources
8. Questions

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
mCase	Cloud based software system used for CTC enrollment at health centers
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:

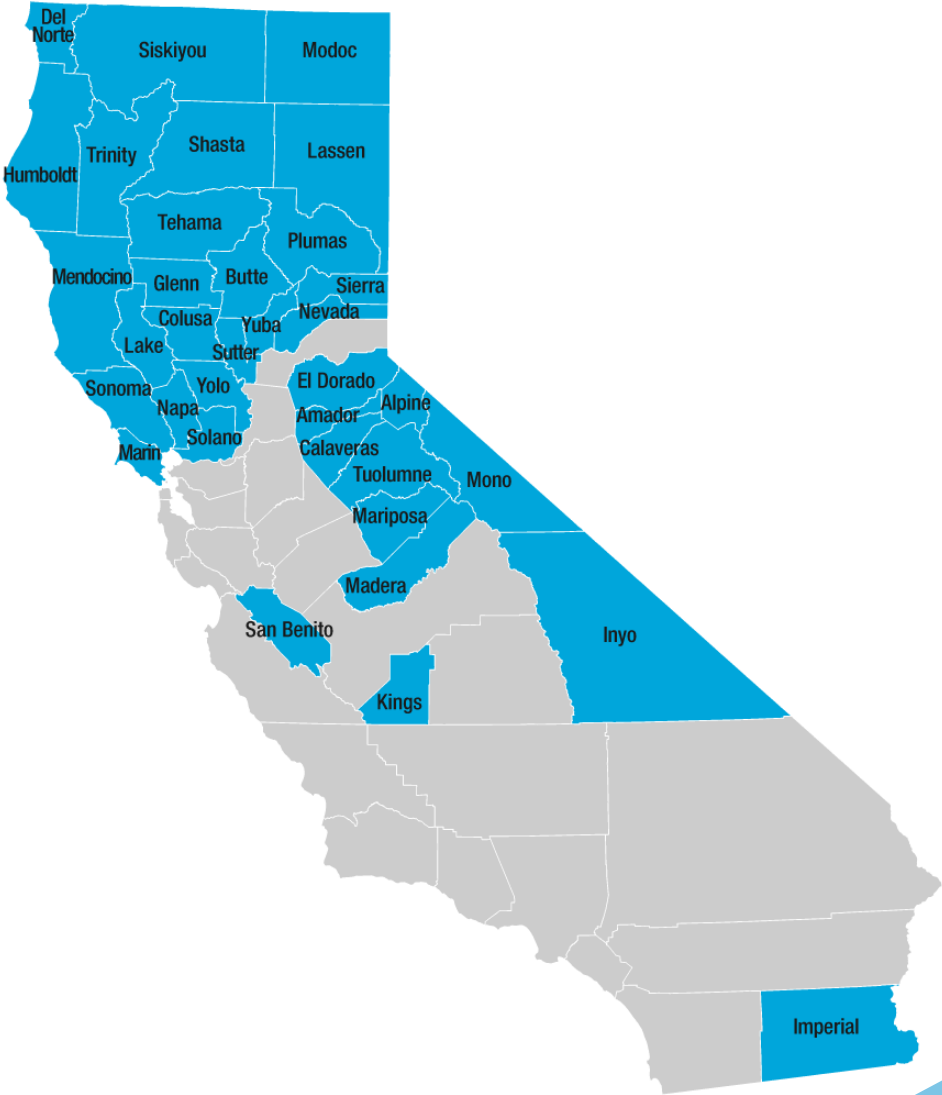
- Significant decrease to CMSP membership
- Path to Health, Connect to Care and Additional Grant Programs Launched

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 Connect to Care Eligibility
- Other consultants and contractors provide various services

CMSP: SERVING 35 COUNTIES IN CALIFORNIA

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



GOVERNING BOARD MEMBERS

John Vasquez
(Chair)
Supervisor
Solano County

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

Ed Valenzuela
Supervisor
Siskiyou County

Mike Ziegenmeyer
Supervisor
Sutter County

Scott De Moss
County Administrative
Officer
Glenn County

Elishia Hayes
County Administrative
Officer
Humboldt County

Christina Rivera
County Administrator
Sonoma County

Elizabeth Kelly
Director
Colusa County Health &
Human Services

Deborah Martinez
Director
Madera County Social
Services

Jennifer Yasumoto
Director
Napa County Health &
Human Services

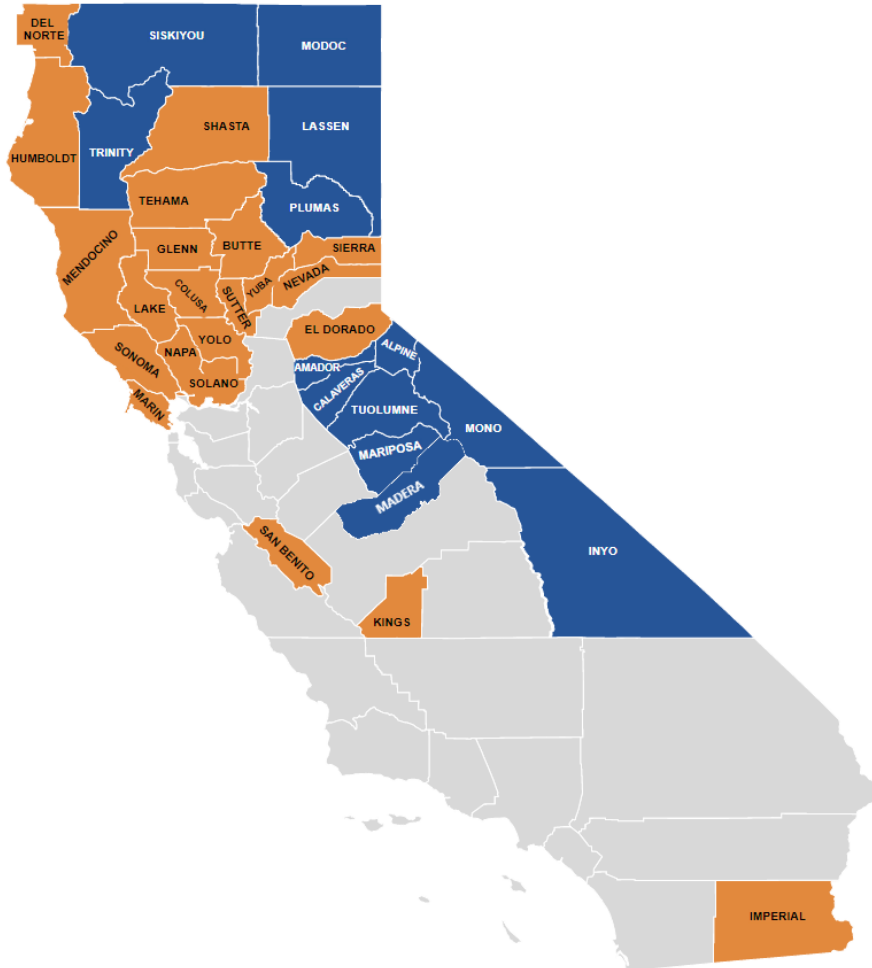
Kimberly Chen
California Health &
Human Services Agency
(ex-officio)

CMSP BENEFIT PROGRAMS



CONNECT
TO CARE BY CMSP

CONNECT TO CARE BENEFIT PROGRAM SUMMARY



- Primary care benefits for both documented & undocumented adults (age 21 to 64) that reside in a CMSP county, have incomes above 138% and up to 300% FPL and have no existing health coverage.
- Clinics use RedMane’s mCase enrollment platform. CTC enrollment is not reported to MEDS.
- Pilot began in December 2020. Enrollment & care is provided at **28** community health center systems with **125** locations in **22** counties (shown in orange).

CMSP BENEFIT PROGRAM SUMMARY



CMSP Eligibility

- Resident of a CMSP county
- Currently only County Social Services Departments enroll individual into CMSP via CalSAWS & MEDS
- Incomes up to 300% FPL
- Asset limits for households above 138% FPL
- Not eligible for Medi-Cal or other publicly funded health coverage
- Enrollment terms up to 6 months (1-month retroactive eligibility)

CMSP Benefits

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

COMPARISON OF CMSP'S PROGRAMS

Programs for Residents of CMSP Counties		
Age Limit	21 – 64	21 - 64
2024 Monthly Income* (For 1 person)	\$3,766 or less 300% FPL or less	\$1,732 - \$3,766 Above 138% - 300% FPL
Citizenship Requirement	No	No
How to Enroll	County Social Services Department and starting in 2025 Participating Health Centers	Participating Health Centers
Coverage for No-Cost Primary Health Care	Yes, with certain limits	Yes, with certain limits
Coverage for Basic Prescription Medications	Yes, with \$5 copay & certain limits	Yes, with \$5 copay & certain limits
Coverage for Dental, Emergency Room, Urgent Care, & Inpatient Hospital Services	Yes, with SOC & certain limits	No, application needed for CMSP

* Income amounts based on 2024 FPL values.



CMSP IN MCASE

CMSP IN MCASE

- CMSP contracted Community Health Centers have used the mCase enrollment system since 2023 to collect applications for the Connect to Care program (CMSP ACL 20-7). Application information and required documentation is collected by application assisters at the health center and applications are dispositioned by CMSP staff.
- In January 2023, the Governing Board authorized CMSP enrollment through contracted Community Health Centers via the mCase enrollment system.
- The expansion is expected to go-live in the Spring of 2025. CMSP is creating a separate CMSP & CTC in mCase Eligibility Manual for health center assisters to use.
- There are no changes in county eligibility processing as counties will continue to process CMSP applications through CalSAWS using the CMSP Eligibility Manual as a resource.
- Applicants that are likely eligible for Medi-Cal; already have an existing Medi-Cal or CMSP application in process at the county; have complex personal circumstances; need retroactivity; or have active Medi-Cal or CMSP enrollment will be referred to the county to complete their application.

CMSP IN MCASE *(continued)*

- CMSP is building an interface between mCase and MEDS.
- Two new aid codes, 8M and 8S, are being developed in MEDS for use by the mCase enrollment system.

<p>8M CMSP in mCase No SOC</p>	<p>SUBSCRIBER LAST NAME: XXX. EVC #: XXXXXXXXXXXX. CNTY CODE: XX. PRMY AID CODE: XX. ELIGIBLE FOR CMSP MEDICAL/DENTAL SVCS. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS BY MEDIMPACT CALL 1-800-788-2949.</p>
<p>8S CMSP in mCase Unmet SOC</p>	<p>SUBSCRIBER LAST NAME: XXX. CMSP MEDICAL/DENTAL SVCS WITH A SHARE OF COST OF \$XXX . ADDITIONAL PREVENTATIVE CARE BENEFIT WITHOUT SHARE OF COST. CALL AMM 1-877-589-6807. CMSP RX SVCS, WITH \$5 COPAY FOR PREVENTATIVE CARE PHARMACY. CALL MEDIMPACT 1-800-788-2949. REMAINING SOC/SPEND DOWN \$ XXX.XX.</p>
<p>8S CMSP in mCase Met SOC</p>	<p>SUBSCRIBER LAST NAME: XXX. EVC #: XXXXXXXXXXXX. CNTY CODE: XX. PRMY AID CODE: XX. ELIGIBLE FOR CMSP MEDICAL/DENTAL SVCS. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS BY MEDIMPACT CALL 1-800-788-2949.</p>

- Aid codes 8M and 8S will be lower in the hierarchy of aid codes than CMSP aid codes 50, 88, 89, & 8F and Medi-Cal aid codes.

CMSP IN MCASE *(continued)*

- The current county social services CMSP application/enrollment process will continue without change and there will not be any impact to CMSP aid codes 50, 88, 89, or 8F.
- The County Social Services Department workers will need to follow the current processes of assisting potential members with the CMSP application process.

I hereby state that I have read the information on this form and that I fully understand my RIGHTS AND RESPONSIBILITIES to have my eligibility determined for CMSP and to maintain that eligibility.

I certify and declare under penalty of perjury under the laws of the State of California that the answers I have given are true, correct and complete to the best of my knowledge.

Signature of applicant		Phone number ()	Date
Signature of person acting for applicant	Relationship to applicant	Phone number ()	Date
Signature of witness (If applicant signed with mark)		Phone number ()	Date
Signature of Eligibility Worker (EW) (if applicable)	EW number (if applicable)	Phone number ()	Date

A woman with dark hair, wearing a light blue button-down shirt and a red apron, stands in a bakery. She is smiling warmly at the camera while holding a small white notepad and a yellow pen. Behind her is a large glass display case filled with various pastries and breads. The bakery has a warm, rustic feel with brick walls and decorative items on shelves. A red pendant light hangs above her, and a cash register is visible on the counter to her right.

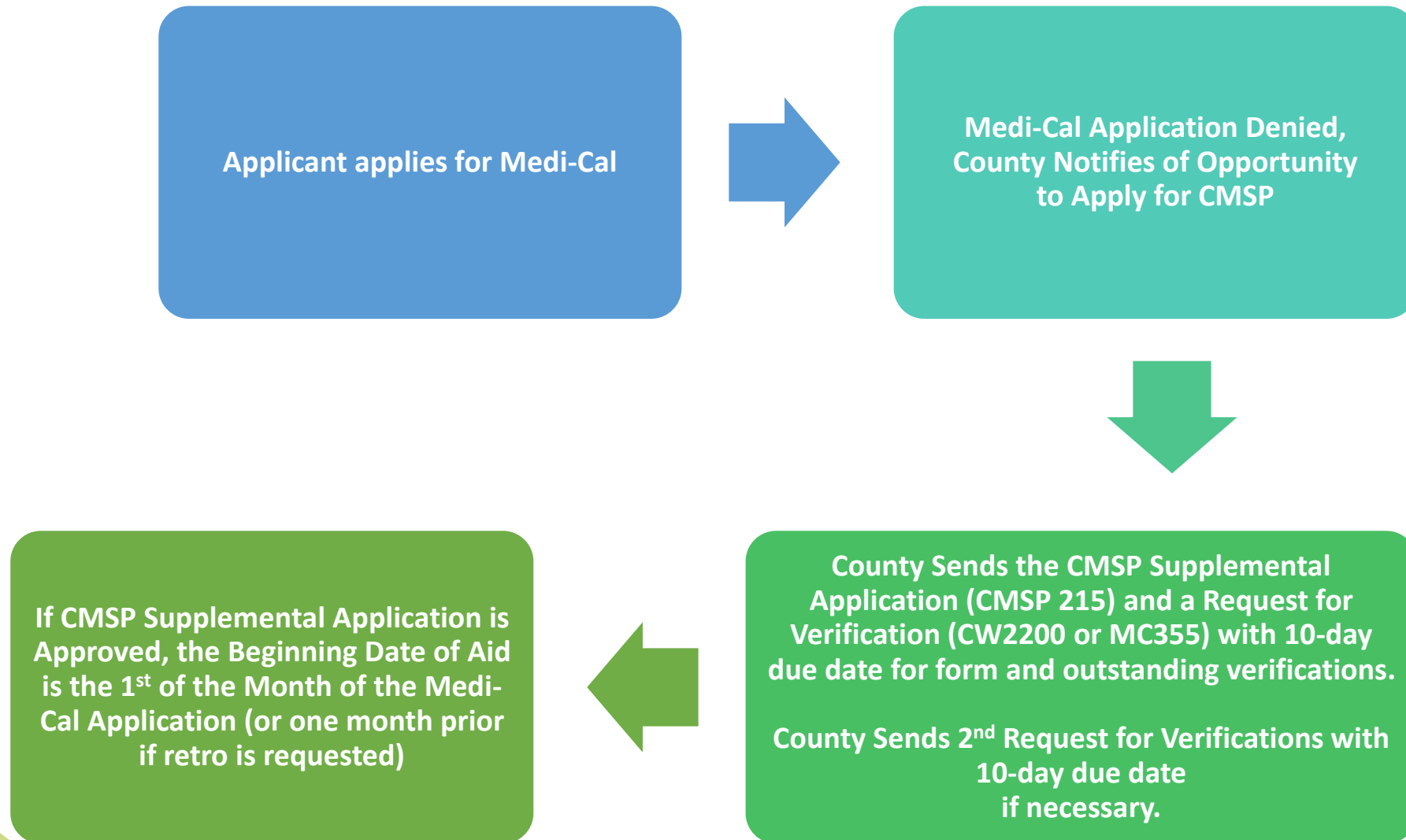
CMSP APPLICATIONS PROCESSED BY COUNTIES

CMSP VS. MEDI-CAL



	CMSP	MAGI MEDI-CAL (19 - 64)
Age Limit	21-64	Up to age 64
Citizenship Requirement	Full scope benefits regardless of immigration status.	Full scope benefits regardless of immigration status.
Income Requirements	Up to 300% FPL (most above 139-300%)	0-138% FPL
Share of Cost (SOC)	Above 138% FPL	No
Property Limits	Above 138% FPL (\$20,000 individual or \$30,000 couple)	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 if apply through county	3 months

CMSP APPLICATION FLOWCHART



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.
- Apply 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.
- Request an explanation of possible ways that you may spend your excess property as long as you receive adequate consideration for the property.
- 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 must request the hearing within 30 days of the date that you became a resident of the county, you must request the hearing within 30 days of the date that you became a resident of the county.

APPLICANTS MUST PROVIDE VERIFICATION OF:



IDENTITY

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

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

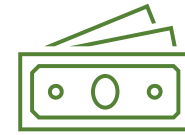
If the applicant cannot provide any of the above, ID may be verified with an affidavit or through collateral contact.



RESIDENCY

Residency cannot be verified through the Federal HUB.

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



INCOME

Income cannot be verified through the Federal HUB.

One paystub may be accepted as representative of monthly pay.

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



PROPERTY

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

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

CMSP 215 – RIGHTS & RESPONSIBILITIES

COUNTY MEDICAL SERVICES PROGRAM (CMSP) SUPPLEMENTAL APPLICATION

APPLICANT TO COMPLETE: PART A PART B C

PART A - RIGHTS & RESPONSIBILITIES

Print name of applicant	Date
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- 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.

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- 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.

You have the responsibility to:

- Make a declaration about your citizenship/immigration status and provide proof if requested.
- Present when requested verification that you are a resident of the county in which you are applying for CMSP.
- Tell your medical provider (doctor, dentist, etc.) that you have applied for CMSP or are a CMSP beneficiary.
- Sign and keep your BIC and use it only to obtain medically necessary health care.
- Take your BIC to your medical provider when you receive medical care, as soon as possible if you receive services and do not have your BIC with you.
- Provide a social security number to the county or apply for one if you have legal status in the United States.
- Apply for Medicare benefits if you are blind, disabled, or aged 64 years and 9 months or older and are eligible for these benefits.
- Apply for any income which may be available to you or your family members.
- Report to the county department any health care insurance that you have or are entitled to have.
- Use any health insurance which you have before using CMSP.
- Report to the county department when CMSP benefits received are a result of an accident or injury caused by some other person's action or failure to act.
- Cooperate with the county if your case is selected for a quality control review.

- Cooperate with Medi-Cal regulations if you are potentially eligible for Medi-Cal and provide all necessary documentation to determine eligibility for Medi-Cal (this includes the disability evaluation process). If you do not cooperate and you are found ineligible for Medi-Cal due to non-cooperation, you will not be eligible for CMSP.
- Cooperate with Covered California if you are potentially eligible for Covered California and provide all necessary documentation to determine eligibility for Covered California. This includes picking a plan and continued premium payments to maintain coverage through Covered California. If you do not cooperate and you are found ineligible for Covered California due to non-cooperation, you will not be eligible for CMSP.

YOU HAVE THE RESPONSIBILITY TO NOTIFY YOUR COUNTY ELIGIBILITY WORKER WITHIN TEN DAYS WHENEVER:

- You move or plan to move to another address in your county, to another county, or to another state or country.
- You plan to be away from your home (residence) for more than 60 days.
- Any person moves into or out of your home.
- You or your spouse enters or leaves a nursing home or long-term care facility.
- You or a family member becomes a fleeing felon.
- You or a family member becomes pregnant or the pregnancy ends.
- You or a family member applies for any disability benefits, such as SSI/SSP, Social Security, Railroad Retirement, Veterans Benefits, Workers' Compensation, etc.
- You or a family member has a change in health insurance, citizenship, or immigration status.

I UNDERSTAND THAT:

- When I apply for benefits I will be evaluated for eligibility for other programs including Medi-Cal and Covered California. I must apply for other health care coverage before CMSP eligibility will be considered.
- If I am disabled or have a condition that could make me eligible for Medi-Cal because of a disability I will be required to cooperate in applying for Medi-Cal and completing the Medi-Cal disability evaluation process.
- If I obtain non-emergency medical services from a medical provider who is not a CMSP provider, I will be responsible for the cost of the services I receive.
- Based on my income, I may be billed for and have to pay for, some of my own medical expenses each month before CMSP will begin to pay.
- If I give false or incomplete information, I may be found ineligible for CMSP and I may be investigated for suspected fraud.
- The facts I give may be checked by computer with information from employers, the Franchise Tax Board, Social Security Administration, Internal Revenue Service, banks, welfare, other agencies or other sources.
- If I, or a person I am applying for, do not have documentation of satisfactory immigration status, I, or the person I am applying for, may be eligible only for emergency CMSP services.
- If I do not report changes promptly, and I receive CMSP benefits that I am not eligible for, I may have to repay those benefits.
- If I am eligible for other health insurance at no cost to me and do not apply for it or fail to keep such insurance, my CMSP eligibility may be denied or discontinued.
- I may apply for 1 month of retroactive CMSP benefit coverage.
- If my medical provider accepts CMSP for covered services, my medical provider cannot bill me for those services except for any share-of-cost that I may have.

Note: CMSP is in the process of updating the citizenship language & other coverage program language on the CMSP 215

CMSP 215 – ELIGIBILITY & HEALTH STATUS

Part B – Eligibility & Health Status

Tell us about your current health status

Check **Yes** or **No** for questions regarding the current health status for you, your spouse and your children who are living in your home.



1. Does anyone have a medical expense in the month prior to application that he/she needs help paying for? Yes No
If yes, name the person _____ Which month? _____



2. Do you or any family member have a physical or emotional problem which makes it difficult to work or take care of your needs AND has lasted or is expected to last at least one year? Yes No
Please provide a written explanation in additional comments with type of problem, beginning date and expected recovery date.

3. With treatment, do you expect to be able to work in the next year? Yes No

4. Have you applied for Social Security Disability? Yes No

What is the status of your disability application?

Never Applied Denied Appealing Denial Pending Approved



5. Have you filed a lawsuit, workers compensation, or insurance claim regarding an injury or accident for which you received medical treatment? Yes No

6. Are you or any family member fleeing to avoid prosecution, custody or confinement after conviction for a crime that is a felony under the law of the place that I or the family member is fleeing, or violating the condition of probation or parole (for a felony) imposed under Federal or State Law? Yes No
If yes, name the person _____

7. Are you under house arrest? Yes No

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 patient's 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 _____ (Date), are true and correct statements, to the best of my knowledge, for the month(s) of _____ 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

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

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

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 CalSAWS. Refer to MEDS Quick Reference guide.

OHC	1109
<u>Pay and Chase OHC / Post Payment Recovery</u>	
A Any carrier (includes multiple coverage)	
<u>Cost Avoidance OHC</u>	
C Champus Prime HMO	
D Medicare Part D	
F Medicare RISK HMO	
G Medical Parole	
I Institutionalization (Public Institution coverage)	
K Kaiser	
I 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: _____	
Section I: Please list the name of the person covered by other health insurance			
Name (first, middle, last) _____		Date of Birth _____	Social Security Number _____
			Sex _____
Section II: Health Insurance Information (Insurance 1)		Health Insurance Information (Insurance 2)	
1. What is the name and address of your health insurance company? Include street number, city, state and ZIP. Do not use abbreviations. Company Name: _____ Address: _____ City, State, Zip: _____		1. What is the name and address of your health insurance company? Include street number, city, state and ZIP. Do not use abbreviations. Company Name: _____ Address: _____ City, State, Zip: _____	
2. Do you have to obtain medical services from a specific facility or a group of providers? (PHP/HMO/PPO) <input type="checkbox"/> Yes <input type="checkbox"/> No		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: _____	

CMSP 215 – INCOME & DEDUCTIONS

Part C - Income, Deductions, and Property

Tell us about your income and income deductions

Check **Yes** or **No** for each source of income or deduction belonging to you, your spouse and your children who are living in your home.



Sources of income

Please review the income checklist below and indicate whether you or any persons with whom you live in the home collect income from any of these sources. You must provide verification of any income source which you answer **yes** to. Income is received monthly, twice a month, every 2 weeks, weekly, or daily.

		How Much	How Often
Employment.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Number of Hours per week.....	Employer.....		
Self-Employment.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Disability benefits.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Retirement benefits.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
SSI/SSP.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Unemployment insurance.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
State/private disability insurance.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....

CMSP 215 (12.17)

Page 3 of 7



In-kind Income

Do you or any family members receive any of the following items free or in exchange for work? Yes No

Rent or Housing	<input type="checkbox"/> Free <input type="checkbox"/> Work	Food	<input type="checkbox"/> Free <input type="checkbox"/> Work
Utilities	<input type="checkbox"/> Free <input type="checkbox"/> Work	Clothing	<input type="checkbox"/> Free <input type="checkbox"/> Work

Income deductions

Please review the income deduction checklist below and indicate whether you or any persons with whom you live in the home have any income deductions from any of these sources. You must provide verification of any income deduction which you answer **yes** to.

Child support.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal support.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other health coverage.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult care.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational expense.....	<input type="checkbox"/> Yes <input type="checkbox"/> No



		How Much	How Often
Veteran's benefits.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Child support.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Spousal support.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Workers' Compensation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Money from an insurance settlement or lawsuit.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Scholarships, loans, grants.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Gifts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Loans.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....
Do you have any other income?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$.....	.....

If yes, what kind.....

INCOME & DEDUCTIONS

- 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

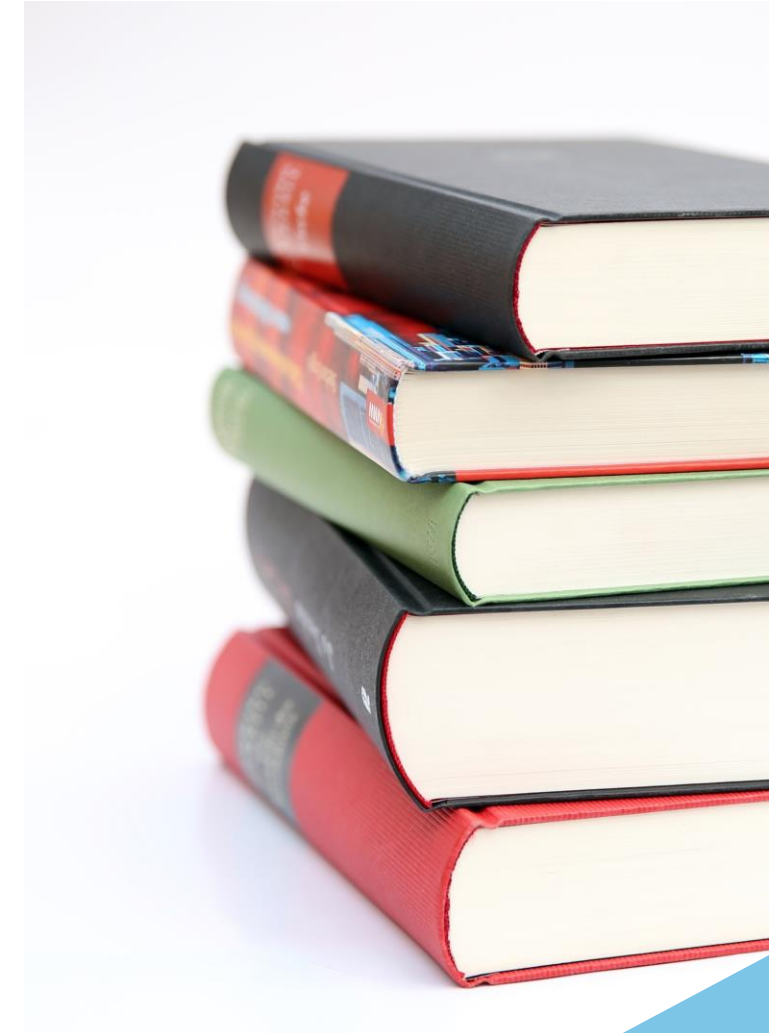
INCOME & DEDUCTIONS *(continued)*

- 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

DOCUMENTATION OF EDUCATIONAL INCOME

- 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.



CMSP 215 – PROPERTY/ASSETS

Tell us about your property and possessions

Check **Yes** or **No** for each property or possession belonging to you, your spouse and your children who are living in your home.

Property or possessions

Please review the property/possessions checklist below and indicate whether you or any persons with whom you live in the home have any of the property or possessions listed. You may have to provide documentation of the property/possession for any items in which you answer **yes** to.

1. Cash Yes No
2. Uncashed checks Yes No
3. Checking account or savings account Yes No

Name of Person	Type of Account	Bank	Account Number	Balance

If more space is needed, send copies of account statements showing current balances or include information in the "Additional comments or information" section.

4. Shares of stock or mutual funds Yes No
If yes, please send a copy of the statements, or stock or mutual fund certificates showing the number of shares.
5. Individual Retirement Accounts (IRAs, Keoghs, or work-related pension funds) Yes No
If yes, please send the most recent statements from your employer, financial institution, or brokerage showing the amount of principal and interest you are receiving or the cash value (after penalties for early withdrawal).
6. Annuities Yes No
7. Burial trusts Yes No
8. Burial contracts or burial insurance Yes No



9. Trusts or agreements (where money or property is held for the benefit of any family member in the home) Yes No
10. Blocked accounts Yes No
11. Court-ordered settlements Yes No
12. Judgments Yes No
13. Promissory notes Yes No
14. Mortgages or deeds of trust Yes No
If you answered yes to any of the questions 6 through 16, please provide copies of policies, contracts, trusts, purchase agreements, court orders, or account documents showing investments and distributions
15. Business accounts and property Yes No
If yes, please send tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership.
16. A house, condominium, ranch, land, mobile home, or life estate that you live in now or used to live in, and now another member of your family lives in it, such as your spouse, a child under 21, a disabled son or daughter, a dependent relative, or a sibling, or the family member who lives there now has lived on the property for at least a year to care for you so that you could stay home instead of going into a nursing home. Yes No
If yes, please write the address of the property here.
17. Do you own a home that you are not living in now but hope to return to someday? Yes No
If yes, please write the address of the property here. If no, please send a copy of the most recent tax assessment. If you choose to, you may provide an appraisal from a qualified real estate appraiser, and that value will be used if it is lower.
18. Other real estate Yes No
Examples: (condominiums, buildings, mobile homes, life estates, time-shares)
19. Oil and mineral rights Yes No
If yes, please send copies of the mortgage papers, most recent tax assessment, registration, or ownership documents.
20. Cars, motorcycles, trailers, boats, or other motorized vehicles Yes No
If yes, please send a copy of the owner documents or most recent registrations, purchase agreements, sales receipts, or estimates of value. Any business use vehicle must be reported.
21. Any item of jewelry worth more than \$100 Yes No
If yes, please send copies of sales receipts, appraisals, estimates of value or insurance documents. Excluded are wedding rings, engagement rings, and heirlooms.
22. Any other real or personal property, assets, or resources in your name or the name of your spouse? Yes No
If yes, please send statements about the property and its worth.
23. Life insurance or long-term care insurance Yes No
If yes, please send copies of your policies, contracts, and purchase agreements. If your policy is a certified California Partnership for Long-term Care policy, send a copy of your most recent benefit statement. If copies have already been given to your worker, you do not need to send them again.
24. Has anyone spent or used any of the items listed to pay for medical services, or to guarantee payment for medical services? Yes No
*If yes, please explain in the "Additional comments or information section" at the end of this form, and attach proof.
If you owe money on anything listed above in questions 18 through 26, please send copies of the lien, loan, or security documents.*
25. Did you or any family member in the home sell or give away any money or property in the past 2 months? Yes No
If yes, please explain in the "Additional comments or information" section at the end of this form, and attach proof.
26. Have you closed any accounts in the past 2 months? Yes No

Name of Person	Type of Account	Bank	Account Number	Balance

If more space is needed, send copies of account statements showing current balances or include information in the "Additional comments or information" section.

PROPERTY/ASSETS

- There is no asset test for applicants with income under 138% FPL
- For applicants with income above 138% and up to 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)
- CMSP's asset limits are different than Medi-Cal.
 - ✓ Beginning July 1, 2024, California removed the asset limit for non-MAGI Medi-Cal programs.
 - ✓ CMSP's asset limits remain as \$20,000 (individual) and \$30,000 (couple).
- 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).

PROPERTY/ASSETS *(continued)*



Real Property

- Land and buildings
- Timeshares
- Principal residence whether fixed or mobile, on land or water is exempt



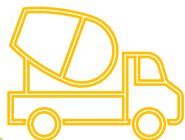
Personal Property

- Cash on hand, unless it is income received in that month
- Bank accounts (checking, savings), unless it is income received in that month
- Motor vehicle (one motor or other vehicle is exempt)
- Boats, Campers, Trailers



Financial Assets

- Stocks, bonds, mutual funds
- Notes, mortgages, deeds of trust
- Cash surrender value of life insurance



Other Assets

- Business property
- Loans

TRUSTS

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

CMSP 215 – SIGNATURE SECTION

Addition comments or information

SIGNATURE BY APPLICANT

Read the following carefully before signing

When I sign below, it means that:

I certify and declare under penalty of perjury under the laws of the State of California that the following:

- I understand that I am applying for County Medical Services Program.
- I understand that the county shall review my eligibility for other federal, state and local programs including Medi-Cal and Covered California and I consent to my eligibility being determined for these other programs.
- I understand all the questions on this application, and my answers are true, correct and complete to the best of my knowledge. If I did not know the answer, I tried to confirm the information with someone who did know the answer.
- I know that if I do not tell the truth, I may be prosecuted for violation of civil and/or criminal laws resulting in civil and/or criminal penalties, including up to four years in jail.
- I agree to tell the county worker within 10 days (in person, via email, over the phone, or by fax) if anything on this form changes or is different from what I have written or provided to the person writing on my behalf.
- I understand that I may be asked to prove my statements and that my eligibility may be subject to review.
- I understand that the county is required by law to keep all information I provide confidential.

Signature of applicant		Phone number ()	Date
Signature of person acting for applicant	Relationship to applicant	Phone number ()	Date
Signature of witness (if applicant signed with mark)		Phone number ()	Date
Signature of Eligibility Worker (EW) (if applicable)	EW number (if applicable)	Phone number ()	Date

Privacy and Confidentiality Notification

Sections 14011 and 14012 of the Welfare and Institutions Code authorize county social service/welfare departments to collect certain information from you to determine if you or the person(s) you are applying for are eligible for CMSP benefits. The information you provide is confidential and may only be disclosed to certain individuals or organizations and then only to administer CMSP. This information will be used by the county department to establish initial and ongoing CMSP eligibility; by the CMSP's fiscal intermediary for claims processing purposes; by the California Department of Healthcare Services for BIC production; by the CMSP Governing Board, Advanced Medical Management, and MedImpact Healthcare Systems for benefit administration and claims payment, health insurance identifications and overpayment recovery actions; for Medicare Buy-In and social security number verification; by the United States Citizenship and Immigration Services (USCIS) to determine noncitizen status; and by medical providers of services for eligibility verification. Providing this information is mandatory. Failure to do so will result in your ineligibility for CMSP. You have the right to look at your information and may do so upon request at the county department during regularly scheduled office hours.

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 is exploring CalSAWS’ “check to sign” functionality.

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:

CMSP 216 (04.14)

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.

IMMEDIATE NEED

- If a newly approved CMSP member 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/eligibility-information-resources/>



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: / /		
MEMBER INFORMATION					
*Effective Date: / /					
*Street:					
*Address Con't:					
*City:					
*State:				*Zip:	
County Name:					
*County Code:			*Aid Code:		
Relation/ Person Code	*Last Name	*First Name	*Gender =M/F	*DOB	*Member CIN#
Ins/01				/ /	
*Does this member have a SOC requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					

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

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

X _____ Date: / /
Signature of Authorized Plan Representative Required

CMSP 202 (05/14)

ELIGIBILITY GREATER THAN ONE YEAR

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

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

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

Member Information:		
Name:		DOB:
CIN:	<small>COUNTY USE ONLY</small> Case Number:	County:

Eligible Months:			Reason for eligibility granted past 1 year:
Month Requiring Change	Month & Year	New CMSP or Medi-Cal Aid Code	Check (✓) what situation is applicable in this case:
Month 13:			<input type="checkbox"/> CMSP member with a Medi-Cal disability approval with an onset date greater than 1 year from the current month. <input type="checkbox"/> CMSP approval due to Fair Hearing or Administrative Error granted past 1 year from the current month. Documentation: Depending on the case, one of the following supporting documents must be attached to the CMSP 211 and submitted to CMSP: <input type="checkbox"/> DDSD Approval Letter <input type="checkbox"/> Social Security Disability Approval Letter <input type="checkbox"/> CMSP Fair Hearing Ruling <input type="checkbox"/> Explanation of Administrative Error with a copy of the Approval Notice sent to the member County comments:
Month 14:			
Month 15:			
Month 16:			
Month 17:			
Month 18:			
Month 19:			
Month 20:			
Month 21:			
Month 22:			
Month 23:			
Month 24*:			

* Please complete & submit another form if member's eligibility is effected past 2 years

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

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

CMSP 211 (6/07)

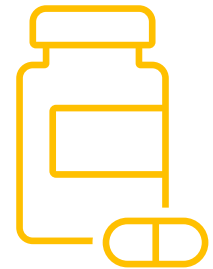
SHARE OF COST CALCULATION

- Applies to individuals with incomes (after deductions) above 138 – 300% FPL.
- 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)*

- 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.
- Preventative health services, in-network physician visits, and \$5 prescription medications are available without SOC to CMSP members.



CMSP AID CODES

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

88: CMSP Full-Scope Services, no SOC

89: CMSP Full-Scope Services, with SOC

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

8M: **NEW** CMSP Full-Scope Services, without SOC in mCase

8S: **NEW** CMSP Full-Scope Services, with SOC in mCase

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

CMSP AID CODE 50 UPDATES

- The CMSP Governing Board approved full scope benefits for aid code 50 members effective July 1, 2023.
- The messaging for aid code 50 has now been updated in MEDS & on AEVS.

<p>50 CMSP No Share of Cost (SOC) or Met SOC</p>	<p>SUBSCRIBER LAST NAME: XXX. EVC #: XXXXXXXXXXXX. CNTY CODE: XX. PRMY AID CODE: XX. ELIGIBLE FOR CMSP MEDICAL/DENTAL SVCS. CALL AMM 1-877-589-6807. CMSP PHARMACY SVCS BY MEDIMPACT CALL 1-800-788-2949.</p>
<p>50 CMSP Unmet SOC</p>	<p>SUBSCRIBER LAST NAME: XXX. CMSP MEDICAL/DENTAL SVCS WITH A SHARE OF COST OF \$XXX . ADDITIONAL PREVENTATIVE CARE BENEFIT WITHOUT SHARE OF COST. CALL AMM 1-877-589-6807. CMSP RX SVCS, WITH \$5 COPAY FOR PREVENTATIVE CARE PHARMACY. CALL MEDIMPACT 1-800-788-2949. REMAINING SOC/SPEND DOWN \$ XXX.XX.</p>

- CMSP is working with DHCS to correct the Aid Code Master Chart and will work with CalSAWS to update the CMSP 215 & CMSP 216 citizenship language.

CMSP & COVERED CALIFORNIA

- 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>.

★ *CMSP Eligibility Manual 3-012.3*



HOSPITAL-BASED PRESUMPTIVE ELIGIBILITY

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

CMSP 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://saludalacance.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 estancias 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://saludalacance.com/> 07/2023



CMSP 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.



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. CMSP members will have two (2) ID Cards:

- State of California Benefits Identification Card (BIC):** If you don't already have one, you will receive this card separately from the State of California.
- CMSP ID Card:** 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 before certain CMSP benefits are provided (see page 2 of this Guide). Your CMSP ID Card is enclosed with this Member Guide. You will use this ID card when you seek health care services. Below is an example of a CMSP ID Card:

	
Member Name / Nombre del afiliado: Member ID / ID del afiliado: RX BIN: 003585 RX PCN: 50145 RX GROUP:	
CMSP Customer Service / Servicio de atención al cliente: (877) 589-6807 TTY Line / Línea de TTY (teléfono de texto): (562) 429-8162 *Pharmacy Services / Servicios farmacéuticos: (800) 788-2949 *Prescription drug services through MedImpact; not an AMM product. \$5/Rx and \$1,500/Rx maximum may apply / Servicios de medicamentos recetados a través de MedImpact. No es un producto de AMM. Puede aplicar un máximo de 5 USD por receta y 1500 USD por receta	
Refer to the CMSP Member Guide for additional benefit information & a list of covered services with no share of cost (if applicable) & benefit exclusions / Consulte la guía para afiliados de CMSP para obtener más información sobre los beneficios y una lista de los servicios cubiertos sin costos compartidos (si corresponde) y una lista de los servicios excluidos. https://cmsp.amm.cc	
Front	
Hospitals & Emergency Services Providers: Hospitals must notify AMM within 24 hours of admission by calling (877) 589-6807. For after hours, holidays, & weekends, call (562) 310-2145. Non-Contracted Hospitals & All Other Providers: Covered services rendered by non-contracted hospitals and all other providers may be considered for payment only for emergency care in CA or within a 30-mile radius of the CA border in AZ, NV, & OR. AMM must be notified within 24 hours of providing services by calling (877) 589-6807. For after hours, holidays, & weekends, call (562) 310-2145. Non-Contracted Vision & Audiology Providers: Covered vision & audiology services are payable to eligible non-contracted providers in CA. Call (877) 589-6807 for benefit limits.	
By using this card, you acknowledge that AMM is the health care benefits administrator for CMSP. / Al usar esta tarjeta, usted reconoce a Advanced Medical Management como administrador de beneficios de atención médica de CMSP. This card is for identification purposes only and is not proof of coverage and/or eligibility / Esta tarjeta se utiliza únicamente para fines de identificación y no es una prueba de cobertura o elegibilidad.	
Claims: Advanced Medical Management, Inc. 5500 Airport Plaza Drive #150 Long Beach, CA 90815-1260 Payer IDs for Electronic Claims: Emdeon/Capsara – CMSP Office Ally – AMM15 Claimreim – CMSP Cognizant/Tizeito – Institutional Claims: UMM15 Professional Claims: AMM15	
Back	

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

Covered Services without a SOC (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 & MedImpact)
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

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	

CMSP INFORMATIONAL NOTICE 1

- CMSP form (updated in August 2024) which provides a summary of CMSP benefits and how to find a provider.
- Available in English & Spanish.
- CMSP is not Medi-Cal and is not insurance. CMSP does not qualify as minimum essential coverage (MEC) and does not issue 1095 tax forms.

IMPORTANT INFORMATION ABOUT THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

PLEASE UNDERSTAND THAT CMSP IS **NOT** MEDI-CAL & IS **NOT** INSURANCE.

CMSP Benefits Summary

Prior authorization requirements, medical necessity & clinical guidelines, provider network requirements, and/or benefit limits may apply.

- Acute inpatient hospital care
- Adult day health care services
- Adult immunizations
- Audiology services
- Blood and blood derivatives
- Chiropractic services
- Chronic hemodialysis services
- Dental services
- Durable Medical Equipment (DME)
- Emergency air and ground ambulance services
- Hearing aids and cochlear implants
- Home health agency services
- Hospital and clinic outpatient services
- Infusion therapy
- Inpatient and outpatient heroin detoxification services
- Laboratory and radiology services
- Medical supplies
- Mental health services (mild to moderate)
- Non-emergency medical transportation when medically necessary
- Occupational therapy services
- Outpatient rehabilitation services in a rehabilitation facility
- Outpatient substance use disorder services
- Pharmaceutical services provided by network pharmacies
- Physical therapy services
- Physician services
- Podiatry services
- Preventative health screenings
- Prosthetic and orthotic appliances
- Psychiatric services (inpatient and outpatient) provided by a licensed, in-network Psychiatrist
- Speech therapy services
- Transplants
- Vision services including eye exams and prescription glasses

If you need or desire medical care that is not covered by CMSP, you must pay for it yourself or make other arrangements with the provider. Contact your county health department for other possible health care resources available in your county.

EXCLUDED BENEFITS:

CMSP **does not cover** the following services:

- Pregnancy-related services (contact your county eligibility office), breast and cervical cancer treatment services (contact BCCTP), infertility services (contact F-PACT), long-term care facility services (contact your county eligibility office), acupuncture services, cosmetic services, sexual reassignment services, and methadone maintenance.
- All services provided outside of the State of California and designated border state areas
- Services provided by providers that do not participate in the CMSP network administered by Advanced Medical Management (excluding emergency, vision, and audiology services) and the MediImpact Healthcare Systems pharmacy network.

FINDING A PROVIDER: Only providers participating in the CMSP provider network and MediImpact Healthcare Systems (MedImpact) pharmacy network for CMSP are eligible to bill for non-emergency services, excluding vision and audiology services which can be payable to non-participating providers within California. If your provider does not participate in one of these networks, and you decide to pay for the services in order to continue seeing that provider, CMSP cannot reimburse you for those services. A person or facility providing care **does not** have to accept CMSP. Find out if a provider is a part of the CMSP provider network by calling (877) 589-6807 **before** you go for non-emergency services. Find out if a pharmacy is a part of the MediImpact pharmacy network by calling (800) 788-2949. Payments to providers are considered payment in full for the services that you receive, although these payments may be less than a provider's usual and customary charges. Aside from your possible share-of-cost, you are not obligated to pay any difference between the provider's charges and CMSP rate of payment.

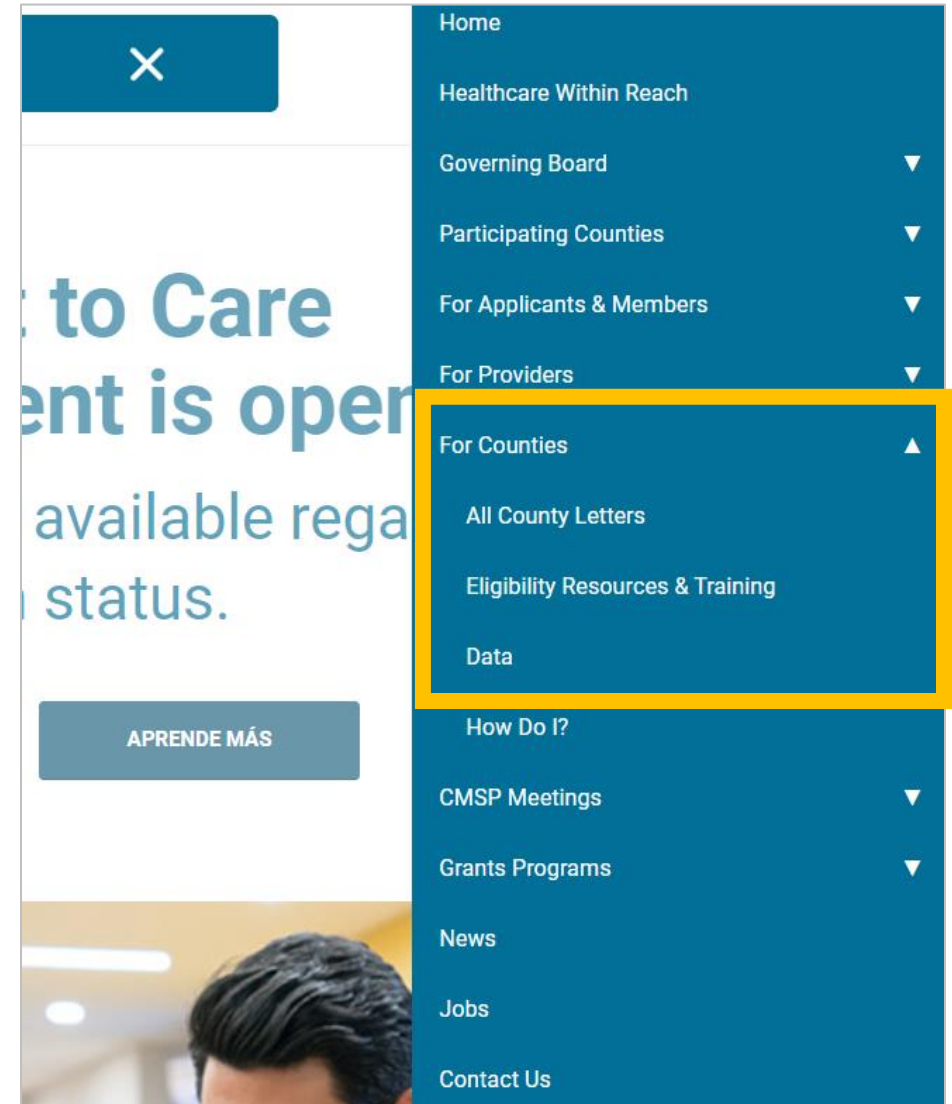
CERTIFICATION PERIODS: The length of time you will be eligible to receive CMSP benefits is limited to up to six (6) months from the date of application. One month of retroactive eligibility is available. You'll be notified of this limited certification period at the time of enrollment. If you need to continue services beyond your certification period, you will need to reapply for CMSP.

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.



CMSP ELIGIBILITY EXPENDITURE REPORT

- The CMSP Eligibility Expenditure Report must be completed and submitted quarterly.
- CMSP will publish an ACL in August requesting verification of eligibility expenditures each year.
- Eligibility Allocation to counties in December of each year.
- CMSP prefers that completed reports are emailed by counties to **accounting@cmspcounties.org** instead of fax or mail.

**COUNTY MEDICAL SERVICES PROGRAM
Eligibility Expenditure Report**

CMSP Certification Instructions:
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. **This report is due each quarter 15 days following submission of the administrative claim in CECRIS** and may be faxed to CMSP Governing Board, Attention Data Section at (916) 649-2606, emailed to accounting@cmspcounties.org 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:	<input type="text"/>	
Quarter:	<input type="text"/>	I
County:	<input type="text"/>	
Prior To Audit:	<input type="text"/>	
Total Cost:	<input type="text"/>	
Date:	<input type="text"/>	
Original Quarter:	<input type="text"/>	
Amount Claimed:	<input type="text"/>	
Staff Development:	<input type="text"/>	
Welfare Program:	<input type="text"/>	

Signature
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:	<input type="text"/>	Title:	<input type="text"/>
Approver's Signature:	<input type="text"/>	Email:	<input type="text"/>
Date:	<input type="text"/>	Phone:	<input type="text"/>

CMSP INDIVIDUAL MOVEMENT & ACTIVITY REPORT (CMSP 237)

- The Individual Movement and Activity Report must be submitted to CMSP monthly.
- CMSP prefers that completed reports are emailed by counties to **accounting@cmspcounties.org** instead of fax or mail.

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 8F-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

COUNTY CONTACTS

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



CARE IN REACH WEBSITE

- Designed to help applicants find the CMSP program that best fits their circumstances:
 - ✓ Connect to Care
 - ✓ CMSP Benefit

English:
[Healthcare Within Reach - CMSP](http://saludalacance.com/)

Spanish:
<http://saludalacance.com/>

The screenshot shows the CMSP website interface. At the top, there's a navigation menu with 'HEALTHCARE WITHIN REACH' selected. Below it, there are links for 'To Qualify', 'Path to Health', 'Connect to Care', and 'CMSP Benefit'. A 'Versión en Español' link is also present. The main content area is titled 'ABOUT OUR SERVICES' and includes a section for 'COVERED COUNTIES' with a dropdown menu. Below that, there's a 'TO QUALIFY' section with detailed text. A table compares 'Connect to Care' and 'CMSP' programs, and there are 'To Apply' buttons for both. A small note at the bottom right explains the FPL income requirements for different household types.

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 200% 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)

The CMSP benefit makes accessing these health care benefits easier and more 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 138-200% 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](#).

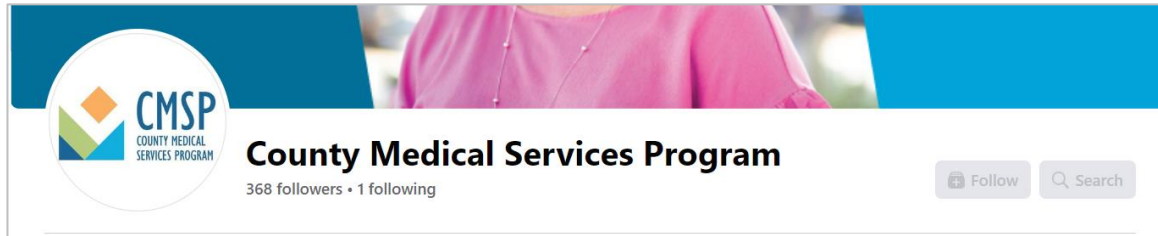
Apply for Connect to Care at a participating community health center. Find a participating provider [here](#).

Connect to Care	CMSP
21-64	21-64
Monthly income: \$2,107 - \$4,351 (138-200% FPL)	Monthly income: \$4,351 or less (200% 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
To Apply	To Apply

[here](#). For a two-person household, 100% FPL income 7 month for a two-person household; 200% FPL month, FPL income requirements are lower for single individuals.

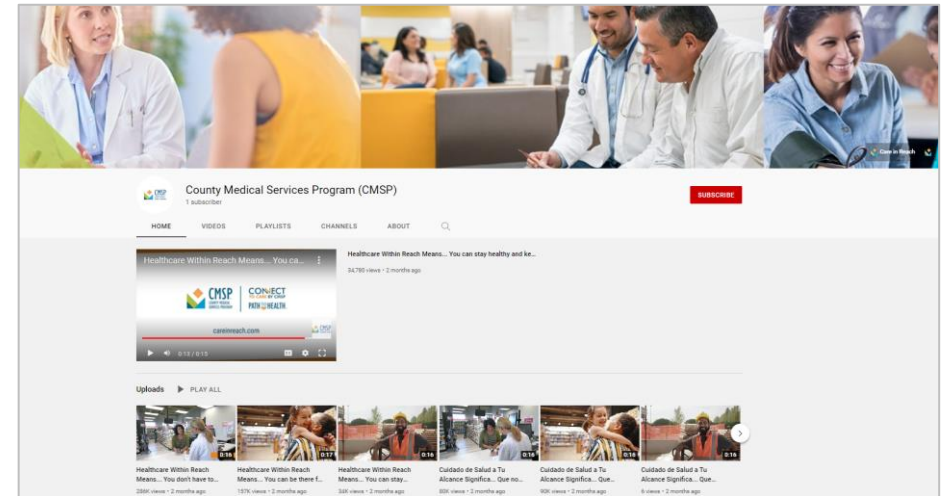
MARKETING: SOCIAL MEDIA

Official CMSP Facebook Page



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

Official CMSP YouTube Channel



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

IMPORTANT WEBSITES



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/>



TRAINING MATERIALS

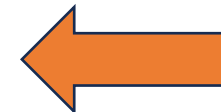
A recorded version of this training & presentation slides will be made available on CMSP's website after March 10th:

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



FOR COUNTIES

Forms Eligibility Manual **Trainings**



KEY CONTACTS

For Eligibility & User Access Issues/Questions:

eligibility@cmspcounties.org

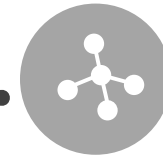
REMINDER: Please send application questions containing PHI via SECURE e-mail.

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
Connect to Care: 888-614-0846



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THANK YOU!