CMSP Letter No: 26-03
Issue Date: November 6, 2026

TO: CMSP County Health and Welfare Directors

SUBJECT: CMSP Program Changes and County Trainings

The purpose of this All County Letter is to provide information to counties concerning the following changes approved by the CMSP Governing Board in response to impending reductions to Medi-Cal enrollment resulting from federal Medicaid work requirements under House of Representatives 1 (H.R. 1): the suspension of the Connect to Care program, the suspension of CMSP enrollment through participating health centers, and CMSP eligibility and benefits changes. Additionally, registration information for upcoming trainings for county social services staff is provided at the end of the letter.

Suspension of the Connect to Care Program

The CMSP Governing Board has provided low-cost primary care benefit coverage to low-income uninsured adults through the Connect to Care benefit program since December 2020. Applicants have been able to apply for Connect to Care through participating health centers using the mCase eligibility system. **The CMSP Governing Board has suspended the Connect to Care program effective January 1, 2027.** Attachment 1 contains a copy of the letter that current Connect to Care members will receive informing them of the end of Connect to Care and providing guidance about how to apply for Medi-Cal and CMSP.

Suspension of CMSP Enrollment through Participating Health Centers

Since July 2025, applicants have been able to apply for CMSP through participating health centers using the mCase eligibility system. **The CMSP Governing Board has suspended this alternate enrollment method effective January 1, 2027.** CMSP enrollment will only be conducted through county social services departments within CMSP counties. Attachment 2 contains a copy of the letter that current CMSP members, whose application was initiated in the mCase eligibility system, will receive informing them of the end of mCase enrollment and providing guidance about how to apply for Medi-Cal and CMSP.

CMSP Eligibility Changes

The CMSP Governing Board has approved the following eligibility changes to the CMSP benefit program **effective January 1, 2027**:

- The upper income limit to qualify for CMSP will be reduced from 300% to 200% of the Federal Poverty Level (FPL);
- The asset limit to qualify for CMSP will apply to all applicants and is reduced from $20,000 for an individual / $30,000 for a couple to $10,000 for an individual / $20,000 for a couple;
- Monthly Share of Cost (SOC) will no longer be reduced by 75%;
- SOC will be waived for CMSP members with incomes below 100% FPL instead of 138% FPL;

- SOC must be met, when due, for all CMSP covered services with no exception for primary care services; and,
- Otherwise eligible applicants must apply for Covered California during open enrollment.

CMSP Benefit Changes

The CMSP Governing Board has approved the following benefit changes to the CMSP benefit program **effective January 1, 2027**:

- Undocumented immigrants residing in CMSP counties who meet the CMSP eligibility requirements will qualify for restricted scope (emergency services only) CMSP coverage under CMSP Aid Code 50 instead of full-scope CMSP coverage.
- Vision, audiology, chiropractic, and select dental services will no longer be CMSP covered benefits.
- Outpatient substance use disorder treatment services and mental health services for mild to moderate conditions will no longer be CMSP covered benefits.

Attachment 3 contains a copy of the letter that current CMSP members, whose application was approved through CalSAWS, will receive informing them of the eligibility and benefit changes effective January 1, 2027.

CMSP Eligibility Manual Changes

Please find enclosed updated, marked sections of the CMSP Eligibility Manual (Attachment 4). The CMSP eligibility changes are **effective January 1, 2027** for CMSP applications with beginning dates of aid on or after January 1, 2027. To view the entire updated manual, please visit https://cmspcounties.org/eligibility-information-resources/ under “Eligibility Manual”.

The CMSP Eligibility Manual includes the following updates:

- Updates property (asset) and Federal Poverty Level limits to reflect the changes described above;
- Removes the Share of Cost reduction process;
- Restores requirement for qualified applicants to apply to Covered California during its open enrollment period;
- Updates restricted scope CMSP benefits language; and,
- Updates outdated references to CalWIN and C-IV (now CalSAWS).

CalSAWS Updates

The CalSAWS system will be updated to reflect the CMSP eligibility and benefit changes **effective January 1, 2027**. Additionally, the following CMSP forms and Notice of Action (NOA) snippets will be updated effective January 1, 2027:

- CMSP101 - CMSP Benefits Summary (CMSP Info Notice 1)
- CMSP102 - CMSP Eligibility Summary (CMSP Info Notice 2)
- CMSP237 - Case Load Movement and Activity Report
- CMSP239B - CMSP Notice of Action, Approval/Denial of Benefits
- CMSP239F - CMSP Notice of Action, Approval of Retroactive Benefits

- CMSP239G - CMSP Notice of Action, Denial of Retroactive Benefits
- CMSP239P - CMSP Notice of Action, Approval/Denial of Benefits Restricted to Emergency Medical Services
- CMSP Budget
- CMSP Message NOA and CMSP Message 6
- Denial for Over Income and Denial for Over Income
- CMSP NOA Back

The updated forms, along with an updated version of the CMSP Benefit Program Flyer (01/27), will be posted to the CMSP Governing Board's website in December 2026 at https://cmspcounties.org/eligibility-information-resources/ under "Forms".

CMSP County Eligibility Training

County social services staff from CMSP participating counties are invited to attend an interactive training regarding CMSP enrollment and benefits. The same content will be presented on both training days. **Attendees must register in advance** and will be sent the Zoom login information after their registration is accepted.

December 14, 2026 from 1:00 - 3:00 pm
To register:
https://us06web.zoom.us/webinar/register/WN_G5aG-FbDSOurpBLfk-78lw#/registration

December 15, 2026 from 10:00 am - 12:00 pm
To register:
https://us06web.zoom.us/webinar/register/WN_qSQy5KKNQhi6X6pXUdXz5Q#/registration

A recorded version of the CMSP County Eligibility Training will be available to view in January 2027. To view, please visit https://cmspcounties.org/eligibility-information-resources/ under "Trainings".

If you have any questions please contact Alison Kellen, Senior Director – Programs, at akellen@cmspcounties.org.

Sincerely,

Kari Brownstein
Executive Director

Attachments (4)

ATTACHMENT 1

Connect to Care Program Ending December 31, 2026

November 2, 2026

Dear Connect to Care Member,

You have received this letter because you are currently enrolled in the Connect to Care program. We regret to inform you that Connect to Care will no longer be offered after December 31, 2026.

- If your Connect to Care coverage ends on December 31, 2026, you may continue to use your Connect to Care benefits for covered medical and pharmacy services through December 31, 2026.
- If your Connect to Care coverage ends on November 30, 2026, please work with the Application Assister at your community health center to submit your Connect to Care renewal application as soon as possible to be covered through December 31, 2026.

We encourage you to apply for Medi-Cal.

- You can start your Medi-Cal application online at https://benefitscal.com;
- Ask your community health center for assistance in starting your Medi-Cal application; or,
- Apply through your county's social services office. For a listing of county office locations and phone numbers, please visit: https://www.dhcs.ca.gov/medi-cal/contact/find-a-county-office.

The County Medical Services Program (CMSP), will continue to provide coverage for services through the CMSP program for low-income adults living in CMSP counties who do not qualify for health coverage through Medi-Cal. You can find more information about CMSP at https://cmspcounties.org/healthcare-within-reach or through your county's social services office.

Please contact AMM's customer service at **(888) 614-0846** (Monday through Friday 8 am to 5 pm PST) with any questions.

Please turn over for Spanish.
Para leer la versión en Español, por favor pase a la página siguiente.

El programa de Conexión a la Salud finalizará el 31 de diciembre de 2026

2 de noviembre de 2026

Estimado(a) miembro de Conexión a la Salud:

Ha recibido esta carta porque actualmente está inscrito en el programa Conexión a la Salud. Lamentamos informarle que Conexión a la Salud ya no estará disponible después del 31 de diciembre de 2026.

- Si su cobertura de Conexión a la Salud termina el 31 de diciembre de 2026, puede seguir usando sus beneficios de Conexión a la Salud para los servicios médicos y de farmacia cubiertos hasta el 31 de diciembre de 2026.
- Si su cobertura de Conexión a la Salud termina el 30 de noviembre de 2026, trabaje con el asistente de solicitudes de su centro de salud comunitario para presentar su solicitud de renovación de Conexión a la Salud lo antes posible y tener cobertura hasta el 31 de diciembre de 2026.

Le recomendamos que solicite Medi-Cal.

- Puede iniciar su solicitud de Medi-Cal en línea, en https://benefitscal.com;
- Solicite ayuda en su centro de salud comunitario para iniciar su solicitud de Medi-Cal; o bien,
- Presente su solicitud en la oficina de servicios sociales de su condado. Para consultar una lista de las ubicaciones y los números de teléfono de las oficinas del condado, visite: https://www.dhcs.ca.gov/medi-cal/contact/find-a-county-office.

El Programa de Servicios Médicos del Condado (CMSP, por sus siglas en inglés) continuará brindando cobertura para los servicios a través del programa CMSP a los adultos de bajos ingresos que viven en los condados del CMSP y que no reúnen los requisitos para obtener cobertura médica a través de Medi-Cal. Puede encontrar más información sobre el CMSP en https://cmspcounties.org/healthcare-within-reach o en la oficina de servicios sociales de su condado.

Si tiene alguna pregunta, comuníquese con el servicio de atención al cliente de AMM al **(888) 614-0846** (de lunes a viernes, de 8 a.m. a 5 p.m., hora del Pacífico).

Please turn over for English.
Para leer la versión en inglés, por favor pase a la página siguiente.

ATTACHMENT 2

CMSP Eligibility and Benefit Changes

November 2, 2026

Dear CMSP Member,

You have received this letter because you are currently enrolled in the County Medical Services Program (CMSP) and applied for CMSP through a community health center. We wanted to let you know about important CMSP eligibility and benefit changes beginning January 1, 2027.

The following CMSP eligibility rules will apply to new CMSP applications starting **January 2027**.

- Community health centers will no longer process CMSP applications. To re-apply for CMSP, you must first apply for Medi-Cal and be denied by Medi-Cal.
  - You can start your Medi-Cal application online at https://benefitscal.com;
  - Ask your community health center for assistance in starting your Medi-Cal application; or
  - Apply through your county's social services office. For a listing of county office locations and phone numbers, visit: https://www.dhcs.ca.gov/medi-cal/contact/find-a-county-office.
- CMSP applicants must apply for Covered California during open enrollment if they are otherwise eligible. For more information about Covered California, visit: https://www.coveredca.com.
- The upper income limit to qualify for CMSP will be 200% of the Federal Poverty Level (FPL).
- The asset limit to qualify for CMSP will apply to all applicants and will be $10,000 for an individual / $20,000 for a couple.
- Monthly Share of Cost (SOC) will be waived for CMSP members with incomes up to 100% FPL.
- Monthly SOC amounts will no longer be reduced by 75% and must be met, when due, for all CMSP covered services.

CMSP will not cover the following benefits beginning **January 1, 2027**.

- Vision, audiology, chiropractic, and select dental services.
- Outpatient substance use disorder treatment services and mental health services for mild and moderate conditions.

Additionally, beginning on January 1, 2027, undocumented residents living in CMSP counties who meet CMSP eligibility requirements can qualify for CMSP restricted scope (emergency services only) coverage, instead of full-scope CMSP coverage.

Please contact AMM's customer service at **(877) 589-6807** (Monday through Friday 8 am to 5 pm PST) with any questions.

Please turn over for Spanish.
Para leer la versión en Español, por favor pase a la página siguiente.

Cambios en la elegibilidad y los beneficios del CMSP

2 de noviembre de 2026

Estimado(a) miembro del CMSP:

Ha recibido esta carta porque actualmente está inscrito en el Programa de Servicios Médicos del Condado (CMSP, por sus siglas en inglés) y presentó su solicitud al CMSP a través de un centro de salud comunitario. Queremos informarle sobre cambios importantes en los requisitos de elegibilidad y los beneficios del CMSP que entrarán en vigor el 1 de enero de 2027.

Los siguientes requisitos de elegibilidad del CMSP se aplicarán a las nuevas solicitudes del CMSP a partir de **enero de 2027**.

- Los centros de salud comunitarios ya no tramitarán solicitudes del CMSP. Para volver a solicitar el CMSP, primero debe solicitar Medi-Cal y recibir una respuesta de rechazo por parte de Medi-Cal.
    - Puede iniciar su solicitud de Medi-Cal en línea, en https://benefitscal.com;
    - Solicite asistencia en su centro de salud comunitario para iniciar su solicitud de Medi-Cal; o bien,
    - Presente su solicitud en la oficina de servicios sociales de su condado. Para consultar una lista de las ubicaciones y los números de teléfono de las oficinas del condado, visite: https://www.dhcs.ca.gov/medi-cal/contact/find-a-county-office.
- Los solicitantes del CMSP deben solicitar cobertura a través de Covered California durante el período de inscripción abierta si cumplen con los demás requisitos de elegibilidad. Para obtener más información sobre Covered California, visite: https://www.coveredca.com.
- El límite superior de ingresos para cumplir con los requisitos del CMSP será del 200 % del Nivel Federal de Pobreza (FPL, por sus siglas en inglés).
- El límite de activos para cumplir con los requisitos del CMSP se aplicará a todos los solicitantes y será de $10,000 para una persona / $20,000 para una pareja.
- Se eximirá del pago de la parte correspondiente del costo mensual (SOC, por sus siglas en inglés) a los miembros del CMSP con ingresos de hasta el 100 % del FPL.
- Los montos mensuales de la SOC ya no se reducirán en un 75 % y deberán pagarse, cuando corresponda, para todos los servicios cubiertos por el CMSP.

El CMSP no cubrirá los siguientes beneficios a partir del **1 de enero de 2027**.

- Servicios de la vista, audiología, quiropráctica y ciertos servicios dentales.
- Servicios de tratamiento ambulatorio para trastornos por consumo de sustancias y servicios de salud mental para afecciones leves y moderadas.

Además, a partir del 1 de enero de 2027, los residentes indocumentados que vivan en los condados del CMSP y cumplan con los requisitos de elegibilidad del CMSP podrán acceder a la cobertura de alcance restringido del CMSP (solo servicios de emergencia), en lugar de la cobertura completa del CMSP.

Si tiene alguna pregunta, comuníquese con el servicio de atención al cliente de AMM al **(877) 589-6807** (de lunes a viernes, de 8 a.m. a 5 p.m., hora estándar del Pacífico).

Please turn over for English.
Para leer la versión en inglés, por favor pase a la página siguiente.

ATTACHMENT 3

CMSP Benefit and Eligibility Changes

November 2, 2026

Dear CMSP Member,

You have received this letter because you are currently enrolled in the County Medical Services Program (CMSP). We wanted to let you know about important CMSP benefit and eligibility changes beginning January 1, 2027.

CMSP will not cover the following benefits beginning **January 1, 2027**.

- Vision, audiology, chiropractic, and select dental services.
- Outpatient substance use disorder treatment services and mental health services for mild and moderate conditions.

Additionally, beginning on January 1, 2027, undocumented residents living in CMSP counties who meet CMSP eligibility requirements can qualify for CMSP restricted scope (emergency services only) coverage, instead of full-scope CMSP coverage.

The following CMSP eligibility rules will apply to new CMSP applications starting **January 2027**. If your current CMSP coverage period ends in 2027, these new CMSP eligibility rules will apply to your next CMSP application.

- CMSP applicants must apply for Covered California during open enrollment if they are otherwise eligible. For more information about Covered California, visit: https://www.coveredca.com.
- The upper income limit to qualify for CMSP will be 200% of the Federal Poverty Level (FPL).
- The asset limit to qualify for CMSP will apply to all applicants and will be $10,000 for an individual / $20,000 for a couple.
- Monthly Share of Cost (SOC) will be waived for CMSP members with incomes up to 100% FPL.
- Monthly SOC amounts will no longer be reduced by 75% and must be met, when due, for all CMSP covered services.

Please contact AMM's customer service at **(877) 589-6807** (Monday through Friday 8 am to 5 pm PST) with any questions.

Please turn over for Spanish.
Para leer la versión en Español, por favor pase a la página siguiente.

Cambios en los beneficios y la elegibilidad del CMSP

2 de noviembre de 2026

Estimado(a) miembro del CMSP:

Recibió esta carta porque actualmente está inscrito en el Programa de Servicios Médicos del Condado (CMSP, por sus siglas en inglés). Queremos informarle sobre cambios importantes en los beneficios y los requisitos de elegibilidad del CMSP que entrarán en vigor el 1 de enero de 2027.

El CMSP no cubrirá los siguientes beneficios a partir del **1 de enero de 2027**.

- Servicios de la vista, audiología, quiropráctica y ciertos servicios dentales.
- Servicios de tratamiento ambulatorio para trastornos por consumo de sustancias y servicios de salud mental para afecciones leves y moderadas.

Además, a partir del 1 de enero de 2027, los residentes indocumentados que vivan en los condados del CMSP y cumplan con los requisitos de elegibilidad del CMSP podrán acceder a la cobertura de alcance restringido del CMSP (solo servicios de emergencia), en lugar de la cobertura completa del CMSP.

Los siguientes requisitos de elegibilidad del CMSP se aplicarán a las nuevas solicitudes del CMSP a partir de **enero de 2027**. Si su período actual de cobertura del CMSP termina en el 2027, estas nuevas reglas de elegibilidad del CMSP se aplicarán a su próxima solicitud del CMSP.

- Los solicitantes del CMSP deben solicitar cobertura a través de Covered California durante el período de inscripción abierta si cumplen con los demás requisitos de elegibilidad. Para obtener más información sobre Covered California, visite: https://www.coveredca.com.
- El límite superior de ingresos para cumplir con los requisitos del CMSP será del 200 % del Nivel Federal de Pobreza (FPL, por sus siglas en inglés).
- El límite de activos para cumplir con los requisitos del CMSP se aplicará a todos los solicitantes y será de $10,000 para una persona / $20,000 para una pareja.
- Se eximirá del pago de la parte correspondiente del costo mensual (SOC, por sus siglas en inglés) a los miembros del CMSP con ingresos de hasta el 100 % del FPL.
- Los montos mensuales de la SOC ya no se reducirán en un 75 % y deberán pagarse, cuando corresponda, para todos los servicios cubiertos por el CMSP.

Si tiene alguna pregunta, comuníquese con el servicio de atención al cliente de AMM al **(877) 589-6807** (de lunes a viernes, de 8 a.m. a 5 p.m., hora estándar del Pacífico).

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1-094. Quality Control
1-095. Reapplication
1-096. Recipient
1-097. Relative
1-098. Repayment
1-099. Residence
1-100. Responsible Relative
1-101. Restoration
1-102. Restricted Scope CMSP Benefits
1-1032. Satisfactory Immigration Status
1-1043. Share of Cost
1-1054. Share of Encumbrances
1-1065. Spend Down
1-1076. Supplemental Security Income (SSI)/State Supplemental Payment (SSP)
1-1087. Temporary Assistance for Needy Families (TANF)
1-1098. Third Party Administrator
1-11009. Transfer of Property
1-1110. U.S. Citizenship and Immigration Services (USCIS)
1-1121. Verification
1-1132. 300200% Federal Poverty Level (FPL) Income Test

1-099. Residence

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

1-100. Responsible Relative

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

1-101. Restoration

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

1-102. Restricted Scope CMSP Benefits

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

1-1032. Satisfactory Immigration Status

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

1-1043. Share of Cost

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

1-1054. Share of Encumbrances

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

1-1065. Spend Down

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

1-1076. Supplemental Security Income (SSI)/State Supplemental Payment (SSP)

Supplemental Security Income/State Supplemental Payment (SSI/SSP) means the federal and state payments, respectively, which are based on need, and are paid to aged, blind or disabled persons.

1-1087. Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) is the program created from implementation of Public Law 104-193 (The Personal Responsibility and Work Opportunity Reconciliation Act of 1996) which replaced the AFDC, JOBS, and GAIN programs.

1-1098. Third Party Benefits Administrator

The Third Party Benefits Administrator is the firm hired by the Governing Board to administer CMSP health care and dental benefits, including authorization of services and payment of medical care claims. The Third Party Benefits Administrator does not administer CMSP retail pharmacy benefits, which are administered by MedImpact.

1-11009. Transfer of Property

Transfer of Property means a change in ownership whereby a person no longer holds title to, or beneficial interest in, property.

1-1110. U. S. Citizenship and Immigration Services (USCIS)

U.S. Citizenship and Immigration Services means the branch of the United States Government that administers regulations regarding aliens in, and immigration to, the United States.

1-1121. Verification

Verification means the process of obtaining acceptable evidence, which substantiates statements made by an Applicant or Beneficiary.

1-1132. 200300% Federal Poverty Level (FPL) Income Test

300200% Federal Poverty Level Income Test means the net non-exempt income of the CFBU must be less than, or equal to, the 300200% FPL limit for an applicant(s) to be eligible for CMSP benefits.

Article 3. Application Process

3-010. County Medical Services Program (CMSP)
3-011. Application Process—General
3-011.1 Application Process-Appointment of an Authorized Representative
3-012. Evaluation of Medi-Cal Linkage
3-012.1 Medi-Cal Linkage and Disability
3-012.2 Evaluation of Other Program Linkage
3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal
3-012.4 Evaluation for Covered California
3-012.54 Information and Education for Potentially Eligible Persons
3-013. Persons Who May File an Application for CMSP
3-014. CMSP Supplemental Application Form
3-015. Application for Retroactive CMSP
3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care
3-017. Date of Application
3-018. Withdrawal of Application--Request for Discontinuance
3-019. Face-To-Face Interview
3-020. Persons Who May Complete and Sign the CMSP Supplemental Application
3-021. Filing the CMSP Supplemental Application
3-022. Obtaining Information for the Completion of the CMSP Supplemental Application
3-023. Verifications--Prior to Approval
3-024.1. Verification of Identity
3-025. Clarification of CMSP Supplemental Application
3-026. Verification by Signature
3-027. Eligibility Determination
3-028. Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact
3-029. Reversal of a Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact
3-030. Discontinuance Due to Death
3-031. Promptness Requirements
3-032. Notice of Action for CMSP Determinations
3-033. Corrective Action on Denied Applications
3-034. Applicant and Beneficiary General Responsibilities
3-035. Unconditionally Available Income
3-036. Social Security Numbers
3-037. Case Records and Confidentiality

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

3-012. Evaluation of Medi-Cal Linkage

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

For any Applicant or Beneficiary who alleges a disability, either in writing or orally, the County Department shall discuss a disability referral for the applicant. If there is a potential disability, the County Department shall give the Applicant or Beneficiary a DDSD Application with instructions to complete and return the application within 10 calendar days.

3-012.1 Medi-Cal Linkage and Disability

The County shall not approve CMSP eligibility until the completed disability Application, including all appropriate forms and verifications necessary for a Medi-Cal application is submitted to the County by the Applicant. The singular exception shall be when a person claims to be a U.S. citizen and is making a good faith effort to provide verification in accordance with federal standards and the person has completed all other aspects of the Medi-Cal application.

If all required forms and verifications are not received timely, the CWD shall contact the Applicant or Beneficiary and give 10 additional days for the required forms and verifications to be returned. If not received timely, County shall deny the Application unless good cause is demonstrated in accordance with Article 3-0~~30~~29.

3-012.2 Evaluation of Other Program Linkage

CMSP is the "payer of last resort." Individuals seeking treatment for breast or cervical cancer, HIV/AIDS, family planning, genetic conditions covered by the Genetically Handicapped Persons Program (GHPP), or Hepatitis C must apply for the public and other programs that specifically provide services for these conditions. CMSP is a secondary payer to these programs and any other public programs for which applicants or enrollees of CMSP are otherwise eligible.

3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal ~~and Covered California~~

CMSP is the "payer of last resort." Prior to evaluating eligibility for CMSP, all Applicants shall be evaluated for all Medi-Cal programs, including MAGI-based Medi-Cal.

3-012.4 Evaluation for Covered California

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

A. Applications Subject to Covered California's Open Enrollment Period

1. An application for CMSP shall be considered "subject to the Covered California open enrollment period" when the application is pending disposition action by the county between the first day of open enrollment to the 15 days prior to the close of open enrollment.

2. When applications are subject to a Covered California open enrollment period, Applicants for CMSP that are not otherwise eligible for Medi-Cal shall be required to do the following:

   a. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage. Such evidence may be obtained by the county through electronic interface as systems may allow.

   b. Provide electronic or written evidence to the county that the applicant has paid the first month's premium for participation in Covered California, when required. Such evidence may be obtained by the county through electronic interface as systems may allow.

3. Counties shall notify CMSP Applicants of the requirements described in 2 (a) and (b) at the time of application if application is to be made on the CMSP supplemental application form.

4. Applicants that fail to comply with the requirements set forth in 2 (a) and (b) shall be determined in non-compliance with CMSP eligibility rules that require applicants to cooperate, initially and during the course of CMSP eligibility, in availing themselves of other health coverage. Such Applicants shall be denied eligibility for CMSP for noncooperation.

5. If all other CMSP eligibility criteria are met, Applicants that provide the evidence set forth in 2 (a) and (b) shall be approved for CMSP for the period commencing with the first of the month of application to the beginning of the Covered California coverage period, or for three months, including the month of application, whichever is shorter, and any one-month retroactivity period granted under Section 3-015.

~~1.~~6. CMSP Applicants that are denied CMSP eligibility during a period that is subject to the Covered California open enrollment period due to non-compliance with the requirements set forth in 2 (a) and (b) may apply for

CMSP beginning with the first of the month following the period that is subject to the Covered California open enrollment period.

~~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 Covered California's Open Enrollment period. An application to Covered California is not a condition of CMSP eligibility.~~

B. ~~Covered California's Qualifying Life Events~~Applications Not Subject to Covered California's Open Enrollment Period

1. An application for CMSP shall be considered "not subject to the Covered California open enrollment period" when the application is received and pending disposition action by the county on or after the date that is 15 days before the end of the Covered California open enrollment period and the day prior to the date of the start of the next open enrollment period.

2. During any period when applications are not subject to the Covered California open enrollment period, CMSP applicants that are not otherwise eligible for Medi-Cal shall be required to do the following:

   a. Provide electronic or written evidence of any participation in Covered California that was terminated for lack of monthly premium payment.

      i. Such evidence may be obtained by the county through electronic interface as systems may allow.
      ii. Processing of the CMSP application shall not be completed until the CMSP applicant provides this evidence.

   b. Provide an attestation that none of the conditions outlined below are applicable. These qualifying life event conditions are considered special circumstances for enrollment in Covered California outside of an open enrollment period. ~~Applicants for CMSP that are not otherwise eligible for Medi-Cal shall be informed by the county that a qualifying life event, such as the events listed below, would allow for an application to Covered California, and the county shall assist the applicant to apply for Covered California on the basis of one or more of these conditions. Covered California's comprehensive list of qualifying life events are posted online at https://www.coveredca.com. An application to Covered California is not a condition of CMSP eligibility.~~

i. A qualified individual or a dependent's loss of Minimum Essential Coverage;
ii. A qualified individual gains a dependent or becomes a dependent;
iii. An individual not previously a U.S. citizen, U.S. national or lawfully present gains such status;
iv. A qualified individual's enrollment or disenrollment in a Covered California Plan (CCP) is unintentional, inadvertent, or erroneous as a result of an error, misrepresentation, or inaction of the staff or instrumentalities of Covered California or Health and Human Services;
v. An enrollee adequately demonstrates that a CCP substantially violated a material provision of its contract in relation to the enrollee;
vi. An enrollee is determined newly eligible or newly ineligible for Advanced Premium Tax Credit (APTC) or has a change in eligibility for cost-sharing reduction (CSR);
vii. An individual whose existing coverage through an eligible employer-sponsored plan will no longer be affordable or provide minimum value;
viii. A qualified individual or enrollee gains access to new CCPs as a result of a permanent move; this also applies to individuals recently released from incarceration; or,
ix. A qualified individual who is an Indian may enroll in a CCP or change to another one time per month.

c. If the attestation described in 2 (b) finds none of the conditions are applicable, a determination of eligibility for CMSP shall be made following receipt of all other information required to determine eligibility.

d. If the attestation described in 2 (b) finds one or more of the conditions are applicable, the applicant shall be required to do the following:
i. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage. Such evidence may be obtained by the county through electronic interface as systems may allow.
ii. Provide electronic or written evidence to the county that the applicant has paid the first month's premium for participation in Covered California. Such evidence may be obtained by the county through electronic interface as systems may allow.

~~a.~~e. If the applicant fails to provide the evidence described in 2 (b), 2 (d.i.), or 2 (d.ii.) within sixty (60) days of the qualifying date for the

special circumstance, or as otherwise required by Covered California, the CMSP application shall be denied.

3-012.4 Information and Education for Potentially Eligible Persons

The County Department shall do all of the following:

A. Notify all potentially eligible persons (21 – 64 years of age) determined ineligible for Medi-Cal, and not eligible for Medicare, of the opportunity to apply for CMSP. Such notification may be provided by the County Department through a follow up letter with an enclosed copy of the CMSP Supplemental Application; a notification generated by the County Department that provides information on how to obtain a Supplemental CMSP Application and submit the application; or, as an added section to the Denial Notice of Action provided to the Medi-Cal applicant, as long as such additional section provides information on how to obtain a Supplemental CMSP Application and submit the application.

B. Provide a copy of the flyer "CMSP Benefit Program" in the Medi-Cal/Covered California application package and/or Medi-Cal informing packet sent to applicants.

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

Any person who wishes to receive CMSP may file a CMSP Supplemental Application. If the Prospective Applicant, for any reason, is unable to apply on his/her own behalf, or is deceased, any of the following may complete and file the CMSP Supplemental Application for the Prospective Applicant:

A. The Prospective Applicant's spouse, guardian, conservator or executor.

B. A person who knows of the Prospective Applicant's need to apply.

C. A Public Agency representative.

The case record must clearly specify why anyone other than a spouse has applied for the Applicant.

3-014. CMSP Supplemental Application Form

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

The Applicant or Prospective Applicant shall be given two opportunities to submit the completed CMSP Supplemental Application form including all verifications necessary to establish the Applicant's eligibility for CMSP. The timeframe for return of the required forms and verifications shall be 10 calendar days for each request.

A. There is insufficient information available to make an eligibility determination, after the County Department has made a reasonable effort to obtain the necessary information;

B. The Applicant or person completing the CMSP Supplemental Application fails, without good cause [as defined in Ssection 3-03029(B)], to provide necessary verification or to cooperate with the County Department in resolving incomplete, inconsistent or unclear information on the CMSP Supplemental Application;

C. The Applicant fails, without good cause [as defined in Ssection 3-03029(B)], to participate in the face-to-face interview in accordance with Section 3-02019;

D. The County Department, after reasonable attempts to contact the Applicant or Beneficiary, determines that there is loss of contact;

E. The Applicant or Beneficiary, without good cause [as defined in Ssection 3-03029(B)], fails to cooperate with the DDSD process, including failure to cooperate with, or provide requested information to, the Social Security Administration as part of the DDSD process;

F. Applicant's income exceeds 300200% of FPL; or

G. Resources exceed maximum allowable for CFBU for CMSP eligibility.

3-029. Reversal of a Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact

An Applicant or Beneficiary whose eligibility is denied or discontinued for any of the reasons specified in 3-02998 may:

A. Reapply at any time, including the month of Application or Reapplication.

B. Have the denial or discontinuance rescinded within 30 days from the discontinuance/denial date by providing evidence that the Applicant, the Beneficiary or their family had good cause for not meeting the conditions specified by the County Department. For purposes of this section good cause is limited to:

1. Physical or mental illness or incapacity of the Applicant or the authorized representative, which precludes timely submission of the CMSP Supplemental Application and all required verifications necessary to determine the Applicant's or Beneficiary's eligibility.

2. Participation of the Applicant, the Beneficiary or their authorized representative in a face-to-face interview is precluded by physical or mental illness or incapacity, or the unavailability of transportation to the County Department for the face-to-face interview.

Article 5. Alienage, Citizenship, and Residency

5-010. Citizenship or Immigration Status for Full Scope CMSP Benefits
5-011. Documentation of Status as a Citizen or National of the United States
5-012. Documentation of Status as an Alien Lawfully Admitted for Permanent Residence
5-013. Documentation of Status as an Alien Permanently Residing in the United States Under Color of Law (PRUCOL)
5-014. Opportunity to Submit Documents
5-015. Verification of Satisfactory Immigration Status
5-016. Restricted Scope CMSP Benefits Under Aid Code 50 for Certain Aliens
5-017. Written Declaration of Status as a Citizen or National of the United States, or an Alien
5-018. Residence--General
5-019. Temporary Absence From the County
5-020. Absence From the County for More Than 60 Days
5-021. Death During Absence From the County

Article 5 Alienage, Citizenship, and Residency

5-010. Citizenship or Immigration Status for Full Scope CMSP Benefits

To be eligible for Full Scope CMSP Benefits under Aid Code 88 and 89, an Applicant or Beneficiary shall be a California resident who is one of the following:

A. A citizen of the United States. Persons born in any of the following locations are U.S. citizens:

- The 50 states
- The District of Columbia
- Puerto Rico
- Guam
- The U.S. Virgin Islands
- The Northern Mariana Islands

B. A national of the United States from American Samoa or Swain's Island.

C. A lawfully present alien, including, but not limited to, legal immigrants, refugees, and permanent alien residents.

5-011. Documentation of Status as a Citizen or National of the United States

An Applicant's status as a citizen or national of the United States must be documented.

A. Original documents which serve as evidence that an Applicant is a citizen or national of the United States must be presented for all individuals applying for benefits ~~effective 1/1/12~~.

B. Documents which verify an individual's status as a citizen or national of the United States include the following:

1. A birth certificate issued by a governmental entity within the United States or its outlying possessions.

2. A United States passport.

3. United States Citizen Identification Card (USCIS Form I-179 or I-197).

4. Certification of Naturalization (USCIS Form N-550 or N-570).

5. Certification of Citizenship (USCIS Form N-560 or N-561).

6. Certification of Birth Abroad (Department of State Form FS-545 or DS-1350).

5-014. Opportunity to Submit Documents

Applicants shall be informed that they must present documents, which serve as reasonable evidence of United States citizenship, or USCIS issued documents, which indicate Satisfactory Immigration Status for CMSP eligibility purposes.

A. Applicants for Full Scope CMSP Benefits under Aid Codes 88 and 89, including persons born abroad and claiming United States citizenship, shall have 30 calendar days, or the time it actually takes the County to process the CMSP Application, whichever is longer, to submit such documents. The 30-day period begins at the time the completed MC 13 (or other appropriate Medi-Cal form declaring citizenship/immigration status) is received by the County Department.

B. Applicants who do not present documentation indicating United States citizenship or Satisfactory Immigration Status within the period prescribed in subsection (A) shall receive Restricted ~~Full~~ Scope CMSP Benefits under Aid Code 50.

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

5-015. Verification of Satisfactory Immigration Status

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

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

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

1. The document presented indicates immigration status but does not include an alien registration or alien admission number.

2. The document is suspected to be counterfeit or to have been altered.

3. The document includes an alien registration number in the A60 000 000 (not yet issued) or A80 000 000 (illegal border crossing) series.

4. The document is an USCIS Form I-181b Notification Letter issued in conjunction with a Memorandum of Creation of Record of Lawful Permanent Residence (USCIS Form I-181), an Arrival-Departure Record (USCIS Form I-94) or a foreign passport stamped "PROCESSED FOR I-551, TEMPORARY

EVIDENCE OF LAWFUL PERMANENT RESIDENCE" that USCIS issued more than one year before the date of Application for CMSP.

C. Full Scope CMSP Benefits received pending completion of a determination of immigration status by USCIS shall be reduced to restricted (emergency services only) CMSP benefits upon receipt of a notice from the USCIS or the Applicant or Beneficiary of a lack of Satisfactory Immigration Status.

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

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

A. To be eligible these aliens must be:

1. A CMSP County resident, as specified in Section 5-018, and either of the following:

2. An alien who lacks INS issued documents establishing Satisfactory Immigration Status.

3. A nonimmigrant alien legally admitted to the United States for a limited period, such as individuals legally admitted under a work permit with a limited duration.

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

C. A person who is otherwise eligible for Medi-Cal shall not be eligible under this section.

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

All individuals requesting or receiving CMSP benefits shall state in writing, on the MC 13 (or CMSP 210, MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status), under penalty of perjury, whether they are citizens or nationals of the United States or aliens. This shall not apply to Applicants for CMSP Benefits in any category of aliens covered by a restraining order, injunction or other order issued by a court of competent jurisdiction restricting the requirement of a declaration of citizenship, national of the United States, or alien status.

5-018. Residence--General.

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

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

However, if verification is provided that shows that the property was utilized at any time during the period of ineligibility, a new utilization period shall begin.

7-026. Utilization--Good Cause

Good cause may affect utilization requirements.

A. Good cause, as required in Section 7-025 (C), shall be found only if the Applicant or Beneficiary has made a bona fide effort to meet utilization requirements and is unable to do so because of circumstances beyond such person's control.

B. Circumstances beyond a person's control shall include any of the following situations:

(1) Death of a part owner of the property and inability or refusal of the administrator or executor of the estate or other responsible person to take actions necessary to meet the utilization requirements if such person is other than the Applicant or Beneficiary.

(2) Prolonged illness causing the Applicant or Beneficiary to be homebound or hospitalized during the utilization period and unable to take the necessary action to meet utilization requirements or to arrange for an agent to do so.

(3) Other reasons, which the County Department determines, meet the general intent of good cause.

7-027. Exemption of Property

Certain real and Personal Property is exempt and shall not be included in determining eligibility. These property exemptions are specified in Sections 7-032 through 7-063. All real and Personal Property not exempt is nonexempt property and must be included in the eligibility determination.

7-028. Property Reserve

The property reserve is the net market value of the nonexempt property of those persons whose property is considered in determining the eligibility of the CFBU.

7-029. Property Limit

Asset limits will apply to all CMSP Applicants. ~~For applicants with incomes less than or equal to 138% of the Federal Poverty Level (FPL), as determined in accordance with Section 8-011, no property limits, as set forth in this section, shall apply for consideration of CMSP eligibility.~~

~~For applicants with incomes greater than 138% FPL up to 300% FPL, A~~as determined in accordance with Section 8-011, the following limits shall apply: the countable property reserve for these applicants must fall within the specified ranges listed below for the size of the CFBU. As long as the property reserve falls within the appropriate range sometime during the month, except where conditions specified in Section 7-030 are met, the property limit requirements will be satisfied to establish eligibility.

The property reserves for CMSP are:

Number of Persons Whose Property is Considered	Property Limit
1 person	$~~2~~10,000
2 persons	$~~3~~20,000
3 persons	$~~23~~1,500
4 persons	$~~23~~3,000
5 persons	$~~23~~4,500
6 persons	$~~23~~6,000
7 persons	$~~32~~7,500
8 persons	$~~32~~9,000
9 persons	$~~43~~0,500
10 persons	$~~43~~2,000

7-030. Spend Down of Excess Property

Eligibility may be established by Spend Down of excess property, when the property reserve exceeds the property limit.

If the property reserve has been in excess of the limit from the first day of the month of Application through the date of Application, and the property reserve is brought within the property limit by the last day of the month of Application, the CFBU shall be eligible if all other eligibility requirements are met.

Excess property must be reduced during the month of Application. It may be reduced in any manner as long as the Applicant receives adequate consideration as defined in Sections 7-018 through 7-024.

When excess property is reduced during the month of application through payment of medical expenses, these medical services may not be billed to CMSP. The Applicant must provide verification to the County as to the amount spent down on medical expenses as well as the name and address of the providers that were used to reduce the excess property.

Article 8 Income

8-010. Income--General

Income includes benefits in cash or in-kind from labor services provided, business activities, returns from real or Personal Property, contributions, retirement/pension payments, or other similar sources. Such income shall be considered as income only if it is currently available in accordance with Sections 8-018 through 8-020. Income from these sources shall be divided into three types:

A. Gross earned income as described in Section 8-012.

B. Gross unearned income as described in Section 8-014.

C. Income in-kind as described in Section 8-016.

8-011. Net Non-exempt Income Test for Federal Poverty Level (FPL)

Applicants will be restricted by income limits, as set forth below:

A. The CMSP CFBU must have net non-exempt income at or below ~~300~~200% FPL for eligibility.

B. The following process shall apply:

1) Determine net non-exempt income, for the Application month and the future month(s) including intervening months.

2) Apply the income test of the FPL to each of these months using:

- All applicable deductions as defined in sections 8-023, 8-045 through 8-059.
- The Social Security Administration Cost of Living Adjustment increase and allowing for health care premiums as a deduction. Sneede regulations will not be applied when determining the ~~300~~200% FPL income test.

3) If Applicant meets the test, proceed with determining Share of Cost.

8-012. Gross Earned Income

Gross earned income includes:

A. Wages, including amounts designated for meals provided by an employer or business enterprise, salaries, bonuses, and commissions from an employer or business enterprise.

Example:

- A medically indigent adult is involved in an auto accident on 11/5/2027~~09~~ and enters an acute care hospital. On 11/20/2027~~09~~ the individual is transferred to a skilled nursing facility (SNF) and an application is made for medical assistance. The case is approved on 12/20/2027~~09~~ for November and ongoing with a Medi-Cal aid code 53 and CMSP aid code 8F. For purposes of calculation of the share of cost for the 53 aid code, a $600 maintenance need is used for the month of November and a $35 maintenance need is used for December and ongoing.

For persons already receiving CMSP and entering` a SNF/ICF the aid code must be changed from the 88 or 89 to 8F the month that LTC status and aid code 53 has been established. Since the 8F will not have a share of cost this is not considered an adverse action and 10-day notice is not required.

Article 10 Share of Cost

10-010. Share of Cost--General

Share of Cost shall be determined and processed in accordance with the requirements of this article. The Share of Cost can be paid or obligated by anyone in the CFBU in the month of service.

> Example: Married couple applies for CMSP and is determined to have a share of cost. The share of cost is $50 per month. The $50 may be met by one or both of the adults as it is assigned to the CFBU and not to the individual.

Note: All medically necessary health services – including medical services, supplies, devices and prescription drugs, whether CMSP covered or not – can be used to meet the Share of Cost for CMSP purposes.

10-011. Share of Cost Period

The Share of Cost for a CFBU shall cover the certification period.

10-012. Determination of Share of Cost

The Share of Cost shall be determined at the time of Application or Reapplication.

A. The Share of Cost for a person eligible for Medi-Cal under Aid Code 53, as determined in accordance with Section 3-016 and 9-013.

B. For applicants with income less than or equal to ~~138~~100% of the Federal Poverty Level (FPL), as determined in accordance with Section 8-011, no Share of Cost shall be required.

C. For applicants with incomes greater than ~~138~~100% FPL up to ~~300~~200% FPL, as determined in accordance with Section 8-011, the Share of Cost for all CMSP CFBUs shall be determined as follows:

(1) Determine the net nonexempt income available to the CFBU based on the most recent information available.

(2) Round the total net nonexempt income for the month determined in (1) to the nearest dollar, with amounts ending in 50 cents or more rounded to the next higher dollar.

(3) Determine the appropriate maintenance need for the CFBU for the month in accordance with Section 9-011.

(4) Subtract the maintenance need from the total rounded net nonexempt income for the month to determine the remainder.

(5) ~~If the remainder amount is greater than 0, multiply the remainder amount by .25.~~ The value of this calculation, if any, is the Share of Cost.

D. Beneficiaries who have a change in income will not have that change applied to the CMSP Share of Cost during the existing certification period.

E. Add person:

1. Spouse joins family and is a mandatory-included person in the CMSP Family Budget Unit (CFBU).

a) Spouse requests CMSP in the month they join CFBU.

(i) Original Member must request discontinuance of the existing certificate period effective the same month.

(ii) Failure to do so will be deemed failure to cooperate and new Family Member's Application will be denied.

(iii) If the discontinuance is requested:

a. Re-evaluate eligibility for month of request. If there is an increase in Share of Cost:

i. Added person will have to meet the difference between the old Share of Cost and the new Share of Cost to have medical services covered by CMSP.

ii. The Share of Cost of the original Applicant will not be changed in the month the new person is added.

iii. The new Share of Cost will apply to both members of the case in the month following the change.

iv. A new certificate period will begin in the month following addition of the new person.

(iv) Request to add person occurs after Medi-Cal Eligibility Data System (MEDS) renewal, the policy will be applied as described above:

- Original person must discontinue.
- New person must be added in the current month.
- New determination is made in the following month.

Note: If there is a change in Share of Cost, a MEDS override should be attempted. If that is not possible due to an increase in the Share of Cost, the original

Article 11 Period of Eligibility

11-010. Beginning Date of Eligibility

The County Department shall determine the beginning date of eligibility as follows:

A. The beginning date of eligibility for persons applying for CMSP, and whose eligibility has not yet been determined, shall be either:

(1) The first day of the month of the Medi-Cal or Covered California Application, if all eligibility requirements are met.

(2) The first day of the month, subsequent to the month of the Medi-Cal or Covered California Application, during which the eligibility requirements of CMSP are met.

B. For the purposes of (A), eligibility criteria are considered to be met throughout the month if they are met at any time during the month.

11-011. Period of Eligibility

The County Department shall determine the period of eligibility as follows:

A. For persons eligible for CMSP, the period of eligibility shall begin with the date specified in Section 11-010 (A) and any one-month retroactivity period granted under Section 3-015:

B. Period of eligibility will be based on the Applicant's Aid Code:

- Applicants who are eligible for full scope CMSP benefits with and without a monthly Share of Cost (Aid Codes ~~50,~~ 88 and 89) will be eligible/certified for six months;
- Applicants who are eligible for restricted scope CMSP benefits with and without a monthly Share of Cost (Aid Code 50) will be eligible/certified for six months;
- Applicants who are eligible for CMSP through a companion code (Aid Code 8F) to Medi-Cal long-term care (Aid Code 53) are not affected by time-limited certification periods described for other Aid Codes. However, they are subject to the income limits described in Section 8-011.
- Beneficiaries who are eligible for CMSP through a companion code (Aid Code 8F) to Medi-Cal long-term care (Aid Code 53) are not affected by time-limited certification periods. However, upon release from the long-term care (LTC)/skilled nursing facility, the Beneficiary must reapply for CMSP if he/she wishes to continue benefits.

C. Add a person and changes to income and citizenship documentation

(1) In situations where an adult is added to an existing CMSP case per section 10-012.D a new certification period will be established for both adults the first of the month following the change.

(2) In situations where an existing CMSP member reports that his/her income has decreased and requests a new evaluation of a Share of Cost the individual must request that the existing CMSP case be discontinued and a new Share of Cost and certification period shall be established the first of the following month.

Example: Member reports on April 28 that his income has stopped and requests a reevaluation of his Share of Cost. County discontinues current certification and issues notice of action indicating that the CMSP has discontinued by client's request. (This is not an adverse action so the NOA must be issued in sufficient time to reach the client by the effective date of the change.) EW reviews new income information and reduces the Share of Cost with an effective date of May 1 and establishes a new CED.

11-012. Instances for denial or discontinuance

A final date of eligibility shall be established when the County Department determines that the person or family no longer meets all eligibility requirements as of the first day of the following month provided that a ten day notice can be given.

A. Does not cooperate in any of the following Application processes, initially or during the course of CMSP eligibility:

(1) DDSD

(2) Avails themselves to other health coverage that includes but is not limited to employer sponsored coverage.

B. Moves out of County

C. Becomes institutionalized (date of ineligibility shall correspond to date of institutionalization)

D. Becomes eligible for Medi-Cal Program

E. Administrative Error

~~F. A person who is otherwise eligible for Medi-Cal but fails to provide proper documentation of legal status and/or citizenship as required under state or federal law and regulation shall not be eligible under CMSP.~~

~~G.~~F. Becomes a fleeing felon

Article 12 State of California Beneficiary Identification Card Use and Issuance

12-010. State of California Beneficiary Identification Card (CA-BIC) Use

A. The CA-BIC is not proof of CMSP eligibility. It is used as a permanent form of identification and will be issued even to individuals who may not be eligible for the current month. The CA-BIC issued to CMSP beneficiaries is identical to that issued to Medi-Cal beneficiaries, and individuals may use the same card even if they transition from one program to the other (i.e., Medi-Cal to CMSP or CMSP to Medi-Cal).

B. Providers may use the CA-BIC to determine eligibility status, clear any Share of Cost, and to submit electronic billing. Once the CA-BIC is "swiped" through a point of service (POS) device, or eligibility is verified through the Automated Eligibility Verification System (AEVS) or the Claims and Eligibility Real-Time System (CERTS), the provider will receive a message indicating eligibility status, Share of Cost, and any restrictions placed on the individual's benefits.

12-011. State of California Paper Immediate Need Cards

Some beneficiaries may receive a State of California paper immediate need card instead of a CA-BIC. These cards are valid for 30 days, but the 30 days may cover a two-month period (i.e., "Issue Date," 03/03/202798, and "Good Thru Date," 04/02/202798). The provider will be able to verify eligibility status and Share of Cost with the State of California paper card in the same manner as the CA-BIC is used.

12-012. Locations at Which Cards May be Used

The CA-BIC or paper immediate need card shall be authorization for payment for CMSP covered services received in any California County and in designated border state areas outside of California.

12-013. Format of CA-BIC

The CA-BIC or State of California paper immediate need card issued by the Department or County Department, in accordance with the CMSP contract with the State DHCS, shall be used to verify eligibility to enable authorization of CMSP services.

12-014. CA-BIC for Restricted CMSP Benefits to Certain Aliens

An alien who is eligible for Restricted CMSP Benefits, and who meets all other eligibility requirements, shall receive a CA-BIC or State of California paper immediate need card which entitles him or her to program-covered services to treat an emergency medical condition.

Article 13. Other Health Care Coverage

13-010. Other Health Care Coverage--General

An Applicant or Beneficiary shall apply for, and/or retain any available health care coverage when no cost is involved. This shall include but is not limited to coverage provided through Covered California.

13-011. Beneficiary Responsibility--Other Health Care Coverage

An Applicant or Beneficiary shall:

A. Report any entitlement to other health care coverage to the County Department at the time of Application, Reapplication, and at any time that entitlement changes.

B. Utilize other health care coverage, which is available prior to utilizing CMSP.

C. Report services received and information as specified in Sections 13-014(B) and 13-014 (C) (2). Report any changes in coverage or termination of coverage to the County Department within 10 days.

13-012. County Department Responsibilities--Other Health Care Coverage

The County Department shall:

A. Determine the other health care coverage available to an Applicant or Beneficiary, which shall include coverage available through Covered California.

B. Code CalSAWS~~WIN/C-IV/County Consortia~~ appropriately using other health care coding prescribed by Medi-Cal.

C. Report the other health care coverage to Governing Board's Third Party Benefits Administrator by completing and submitting the Form CMSP 203 (Health Insurance Questionnaire) when other health care coverage is determined. Forms should be batched and mailed monthly. See the CMSP website for the mailing address.

D. Report termination of other health care coverage by:

1. Follow the Medi-Cal rules and process pursuant to All County Welfare Director Letter 13-12 as set forth on the DHCS website.

2. A copy of the original CMSP 203 (Health Insurance Questionnaire) indicating the ending date of the OHC must be faxed to the Governing Board's Third Party Benefits Administrator. See the CMSP website for the fax number.

3. Remove other health care coverage coding from MEDS

13-013. Governing Board Responsibilities--Other Health Care Coverage

The Governing Board's Third Party Benefits Administrator shall:

A. Recover payments made for CMSP services that should be paid through other health care coverage.

B. Distribute other health care coverage payments collected which exceed both the CMSP payments for services and the administrative cost incurred in collecting the payment as follows:

(1) The difference between the provider's billing and the amount paid through other health care coverage.

(2) Funds remaining shall be paid to the legally entitled person or entity.

13-014. Recovery of Third-Party Payments

A. A Beneficiary shall reimburse the Governing Board for any payment received for health care services which were paid for by CMSP if the payment received by the Beneficiary is made by either of the following:

(1) A federal or state program; or

(2) A legal or contractual entitlement.

B. A Beneficiary who receives health care services as a result of an accident or injury caused a person's action or failure to act shall furnish the Governing Board's Third Party Benefits Administrator with an assignment of rights to receive payment for those services, if those services will be billed to CMSP. If the Beneficiary is unable to make the assignment, the Beneficiary's guardian, attorney, or the person acting on the Beneficiary's behalf shall do so.

C. The Program may file a lien against the property of a Beneficiary if the Beneficiary fails to comply with the requirement in (A).

D. The County Department shall provide the following written information to the Governing Board's Third Party Benefits Administrator concerning a Beneficiary who may meet the conditions in (A) using one of the following methods:

1. ~~CalWIN~~ Counties must use the CMSP 1176 (Potential Third Party Liability Notification).

a. Either Beneficiary or Eligibility Worker may complete, the 1176 does not have to be signed by the beneficiary

b. The CMSP 1176 is to be batched and mailed monthly to the Governing Board at the address listed on the form.~~'s Third Party~~

~~Benefits Administrator. See the CMSP website for the mailing address.~~

2. ~~C-IV Counties may use the C-IV printout, or the CMSP 1176 (see 13-014D.)~~

~~The County must ensure that the printout contains an address label to ensure that the printout is sent to the Governing Board's Third Party Benefits Administrator and not the Department of Health Services.~~

~~The printouts may be batched monthly and mailed to the Governing Board's Third Party Benefits Administrator. See the CMSP website for the mailing address.~~

E. Recovery of Costs

To ensure that recovery of costs of medical care occurs, EWs must notify the Governing Board's Third Party Benefits Administrator when:

1. An Individual or Pooled Trust is discovered, or
2. The EW finds out that the disabled individual or disabled spouse has died, or
3. The trust is being terminated.

Send the beneficiary's name, Social Security number, Medi-Cal I.D. number, and photocopies of the trust document to the Governing Board's Third Party Benefits Administrator using a Third Party Liability Notification of Trust Cover Letter (CMSP 205). See the CMSP website for the mailing address.

Note: It is the responsibility of the trustee to contact the Governing Board in writing to obtain the dollar amount of medical assistance provided by CMSP and then submit that amount, or the amount remaining in the trust, whichever is less, to the Governing Board's Third Party Benefits Administrator.

13-015. Veterans Aid and Attendance Payments

Veterans Aid and Attendance payments, a veterans benefit designated to purchase aid and attendance services, shall be considered third-party payments and are exempt as per section 8-014 (F).