

# County Medical Services Program Guide (CMSPG) Letter #11

March 6, 2012

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**Subject**            **ARTICLE A – LOW INCOME HEALTH PROGRAM (LIHP)  
ELIGIBILITY CRITERIA RELATED TO MEDI-CAL LINKAGE**

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**Effective Date**    January 01, 2012

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**Reference**            Centers For Medicare & Medicaid Services Special Terms and  
Conditions 11-W-00193/9

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**Purpose**                The purpose of this letter is to provide clarification regarding the LIHP  
eligibility criteria related to Medi-Cal.

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**Background**        Current policy requires LIHP applicants who meet the Medi-Cal  
eligibility criteria to comply with the Medi-Cal eligibility requirements,  
including spending down excess assets.

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**Change**                The Department of Health Care Services (DHCS) has clarified that  
individuals determined ineligible for Medi-Cal due to excess property  
cannot be required to complete a Medi-Cal property spend down as an  
eligibility requirement for LIHP.

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**Worker  
Required  
Action**                Applicants who have been determined ineligible for Medi-Cal for the  
sole reason of excess property, shall be evaluated for LIHP and shall  
not be required to complete a Medi-Cal property spend down as an  
eligibility requirement for LIHP.

Strategic Planning and Operational Support (SPOS) shall coordinate activities related to identification of individuals who have been denied LIHP benefits on or after 7-1-11 due to an excess property denial in Medi-Cal. These individuals shall have their LIHP eligibility reevaluated. A list of enrollees who require a new LIHP evaluation shall be generated for follow up action. It is anticipated that the list will contain a small number of individuals requiring review. If so, the re-evaluation shall be conducted by SPOS Health Coverage Access. FRCs shall be notified if their assistance is required.

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**ACCESS  
Impact**

No impact.

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**CMS IT  
System**

No impact.

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**Quality  
Assurance**

Effective with the April 2012 review month, Health Care Policy Administration (HCPA) will cite with the appropriate error any case that does not comply with the requirements outlined in this letter.

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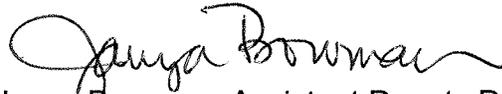
**Summary of  
Changes**

The table below shows the changes made to Article A of the CMSPG.

<b>Section</b>	<b>Change</b>
<u>A.02.02B</u> , <u>A.02.02C</u> , <u>A.02.02E</u> & <u>A.02.02.K</u>	Update to the property criteria.

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**Manager  
Approval**



Janya Bowman, Assistant Deputy Director  
Health Care Policy Administration  
Strategic Planning and Operational Support Division

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## Article A Section 02.02 Eligibility Criteria

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### A.02.02B

LIHP shall follow the CMS rules regarding potential Medi-Cal linkage. Refer to [CMSPG Article 2](#).

Refer to [A.02.02.K](#) for information related to Medi-Cal excess property denials.

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### A.02.02C

LIHP shall follow the CMS rules when Medi-Cal linkage is established. Refer to [CMSPG Article 2](#).

Refer to [A.02.02.K](#) for information related to Medi-Cal excess property denials.

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### A.02.02E Age

The individual must be between the age of 19 and 64.

**NOTE:** Individuals between the age of 19 and 20 **must** have applied for Medi-Cal and determined not eligible for reasons other than not meeting the Medi-Cal eligibility criteria/requirements in order to be evaluated for LIHP.

Refer to [A.02.02.K](#) for information related to Medi-Cal excess property denials.

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### A.02.02K Property

LIHP is an asset waiver program. No property verification is required unless it is necessary to verify that the only reason the applicant is ineligible to Medi-Cal is due to excess resources.

**NOTE:** An applicant who is determined to be ineligible for Medi-Cal for the sole reason of excess property, will be evaluated for LIHP, and shall not be required to complete a Medi-Cal property spend down as an eligibility requirement for LIHP.

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