

County Medical Services Program Guide (CMSPG) Letter #17

June 22, 2012

Subject ARTICLE A – LOW INCOME HEALTH PROGRAM (LIHP), LIMITED STATE FUNDED MEDI-CAL BENEFITS AND CHANGE TO THE BOARD AND CARE POLICY

Effective Upon receipt.

Reference

- Centers for Medicare & Medicaid Services Special Terms and Conditions 11-W-00193/9
- County Policy

Purpose The purpose of this letter is to provide clarification regarding the Low Income Health Program (LIHP) eligibility criteria related to state funded Medi-Cal benefits and change to the Board and Care policy.

Background Individuals who reside in a Board and Care or Long Term Care facility are **not** eligible to LIHP.

Highlighted Changes The Department of Health Care Services (DHCS) has clarified that an individual eligible for a state funded Medi-Cal program (i.e. Medically Indigent Adult Long Term Care (LTC) program [Aid code 53], Tuberculosis (TB) program [Aid code 7H]), may also be eligible for LIHP, if all LIHP eligibility criteria and requirements are met. In addition, the policy of Board and Care (B&C) individuals not eligible to LIHP no longer applies. Eligibility to limited scope state funded Medi-Cal and LIHP will ensure that low-income San Diego county adults have access to health benefits, which supports the County's 'Live Well, San Diego!' initiative.

Required Actions Applicants who have been determined eligible for state funded Medi-Cal benefits may be eligible to LIHP concurrently, if all LIHP eligibility criteria and requirements are met.

B&C is no longer to be considered when evaluating for LIHP.

Note: In situations where a beneficiary's state funded Medi-Cal

benefits are converted to federally funded Medi-Cal as outlined in [MPG 05.04.02](#) and [MPG 05.04.08](#), the worker will discontinue LIHP with timely notice as outlined in [A.06.01](#).

CMS IT Impact

No impact.

Forms Impact

No impact.

ACCESS Impact

No impact.

Quality Assurance Impact

Effective with the August 2012 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

Summary of Changes

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

Section	Changes
A.02.01E	<ul style="list-style-type: none">• Revised reference to individuals in LTC.• Removed reference to B&C.
A.02.02C	Added section on limited scope State funded Medi-Cal coverage.

Approval for Release



JP

Article A Section 02.01 Eligibility

A.02.01E Long Term Care

Individuals who reside in a Long Term Care (LTC) facility may be eligible to LIHP. Refer to [A.02.02C](#).

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Article A Section 02.02 Eligibility Criteria

A.02.02C Medi-Cal Linkage Established

Full Scope Medi-Cal Coverage

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.

Limited Scope State Funded Medi-Cal Coverage

An individual eligible to limited coverage State funded Medi-Cal program such as the Medically Indigent Adult Long Term Care (LTC) program [Aid code 53] or the Tuberculosis (TB) program [Aid code 7H] may also be eligible for LIHP.

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

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