

# County Medical Services Program Guide (CMSPG) Letter #19

August 8, 2012

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**Subject** COUNTY MEDICAL SERVICES (CMS) AND LOW INCOME HEALTH PROGRAM (LIHP) ELIGIBILITY – LIHP CASE PROCESSING, AND ACCESS TO LIHP ELIGIBILITY

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**Effective Date** Upon receipt.

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**Reference** County Policy

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**Purpose** To inform staff of:

- Changes to LIHP case processing; and
- Updates to additional access points for LIHP eligibility.

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**Background** LIHP Case Processing  
Health Coverage Access (HCA), Hospital Outstation Services (HOS) and Clinic Outstation Services (COS) workers evaluate LIHP and CMS eligibility concurrently. The applicant is enrolled into only one program for which the applicant is eligible. An exception to the concurrent eligibility evaluation was made for Mental Health Uniform Methods of Determining Ability to Pay (UMDAP) workers which states they shall evaluate eligibility for only LIHP. If an applicant meets LIHP eligibility criteria, they are ineligible for CMS.

Access to LIHP Eligibility

LIHP application access points were previously located within HOS, COS, and County mental health clinics. The MC-210 Statement of Facts (SOF) has been the sole LIHP application.

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**Clarification Highlights** Update to LIHP Case Processing  
The County has expanded the LIHP application access points, therefore, the requirement to evaluate LIHP and CMS eligibility concurrently has been modified as outlined below. All LIHP applications are to be evaluated for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).

Eligibility Setting	Eligibility Evaluation Requirement
FRC LIHP	LIHP only.

HCA (HOS, CMS*, Mental Health) FRC CMS POD*	Concurrent LIHP/CMS, as appropriate.
* HCA CMS and FRC CMS POD locations are listed in the <a href="#">CMS Patient Handbook</a> under CMS Eligibility Locations.	

Applicants who meet LIHP eligibility criteria are not eligible for CMS.

Access to LIHP Eligibility

LIHP application access points have been expanded to include FRC locations, selected non-County mental health clinics, and Benefits CalWIN. Any application accepted for Medi-Cal eligibility shall be an acceptable application for LIHP.

**Required Action**

Changes to LIHP Case Processing

Staff shall evaluate LIHP and/or CMS applications as outlined in this letter.

Access to LIHP Eligibility

Staff shall accept any application accepted for Medi-Cal eligibility as a valid application for LIHP.

**ACCESS Impact**

No impact.

**CMS IT System**

No impact.

**Quality Assurance**

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

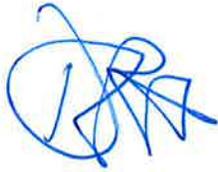
**Summary of Changes**

The table below shows the changes made to the CMSPG.

Section	Change
<a href="#">02.07.01</a>	<ul style="list-style-type: none"> <li>• Revised Table of Content;</li> <li>• Revised the concurrent eligibility evaluation requirement;</li> <li>• Clarified LIHP linkage criteria and GR exception; and</li> <li>• Renumbered section.</li> </ul>

<a href="#">A.01.03</a>	<ul style="list-style-type: none"><li>• Revised Table of Content; and</li><li>• Updated access to LIHP eligibility information.</li></ul>
<a href="#">A.01.04</a>	<ul style="list-style-type: none"><li>• Revised Table of Content;</li><li>• Deleted reference to HCA; and</li><li>• Renumbered section.</li></ul>
<a href="#">A.02.01A</a>	Revised the concurrent eligibility evaluation requirement.

**Approval for  
Release**



JP/SB

## Article 2 Section 07 Low Income Health Program (LIHP)

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TITLE	CMS PG CITE
Low Income Health Program (LIHP)	<a href="#">02.07.01</a>
Linkage	<a href="#">02.07.01A</a>
Case Processing	<a href="#">02.07.01B</a>
LIHP Open Enrollment	<a href="#">02.07.01C</a>

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### 02.07.01 Low Income Health Program (LIHP)

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#### 02.07.01A Linkage

LIHP is a federally funded program for individuals meeting LIHP eligibility criteria, and is dependent on funding and enrollment limits.

Workers must evaluate all applicants for Medi-Cal and LIHP as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#). If the applicant meets the LIHP eligibility criteria, the applicant is not eligible for CMS. Refer to [A.02.02](#) for a complete listing of the eligibility criteria.

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#### 02.07.01B Case Processing

Until it has been determined that the applicant or CMS beneficiary meets LIHP criteria, workers will process the LIHP and the CMS applications concurrently as described in [A.02.01A](#).

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## Article A Section 01.03 Access to Eligibility

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<b>Access to Eligibility</b>	<a href="#">A.01.03</a>
Standard Eligibility Application	<a href="#">A.01.03A</a>
Provider Referral	<a href="#">A.01.03B</a>
County Operated and Contracted Mental Health Clinic Application	<a href="#">A.01.03C</a>

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### A.01.03 Access to Eligibility

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#### A.01.03A Standard Eligibility Application

There are several ways which adults can apply for LIHP. Examples include:

1. Apply on-line at: [www.benefitscalwin.org](http://www.benefitscalwin.org) by selecting the Medi-Cal option
2. Mail a Medi-Cal application to the County
3. Walk in to any of the HHSAs FRCs

Any application form accepted for Medi-Cal eligibility shall be an acceptable application form for LIHP. Additional required LIHP forms must be provided to the applicant. Required LIHP forms are:

- LIHP-15 (Rights and Responsibilities)
- LIHP-23 (Coverage Information)
- LIHP-19 (Grievance and Appeal Rights)
- LIHP Health Plan NPP-002 (Notice of Privacy Practices)

The LIHP-15 and LIHP-23 require the applicant's signature. These forms must be completed by the applicant and returned to the County as a condition of eligibility.

The LIHP Health Plan NPP-002 does not require the applicant's signature, however, in lieu of the applicant's signature, the worker must sign the LIHP Health Plan NPP-002 as outlined in [Article 2, Section 22](#).

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**A.01.03B  
Provider  
Referral**

Hospitals which contract with the Hospital Association for San Diego and Imperial Counties (HASDIC) for HOS may refer their patients to the County for application processing, as outlined in the HOS Policy and Procedures Manual.

LIHP network mental health providers may refer their patients to the HSS designated to their clinic for application processing.

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## Article A Section 01.04 Administrative Responsibilities

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<b>Administrative Responsibilities</b>	<a href="#">A.01.04</a>
Health Care Policy Administration (HCPA)	<a href="#">A.01.04A</a>
Administrative Services Organization (ASO)	<a href="#">A.01.04B</a>

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### A.01.04 Administrative Responsibilities

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**A.01.04A  
Health Care  
Policy  
Administration  
(HCPA)**

This section within HHSA is the LIHP Policy section. HCPA initiates Medi-Cal Disability Determination Service Division (DDSD) applications, and process various types of recovery for LIHP.

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### A.02.01 Eligibility

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**A.02.01A  
General**

New MCE applicants who apply and current LIHP enrollees who recertify for LIHP are required to meet several conditions of eligibility and comply with all eligibility/verification requirements before their application can be approved.

Eligibility workers use the CMS IT System to determine LIHP eligibility. Any application form accepted for Medi-Cal eligibility shall be an acceptable application form for LIHP.

There are several LIHP application access points throughout HHSA.

Staff will evaluate the application for either LIHP only, or LIHP and CMS concurrently, as described below.

All LIHP applications are to be evaluated for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).

<b>Eligibility Setting</b>	<b>Eligibility Evaluation Requirement</b>
FRC LIHP	LIHP only.
HCA (HOS, CMS*, Mental Health) FRC CMS POD*	Concurrent LIHP/CMS, as appropriate.
* HCA CMS and FRC CMS POD locations are listed in the <a href="#">CMS Patient Handbook</a> under CMS Eligibility Locations.	

For those staff who are required to evaluate LIHP and CMS concurrently, until it has been determined that the applicant/enrollee meets the LIHP eligibility criteria, the worker will request all verifications needed for Medi-Cal, LIHP and CMS. The worker may refer the applicant to a LIHP primary care clinic for assistance with getting verifications needed for LIHP. The 10/10 process will apply for all pending verifications for both programs. Refer to [MPG 04.13](#).

As part of the application for or receipt of LIHP benefits, all applicants/enrollees who meet the eligibility criteria for LIHP must be informed of their rights and responsibilities. The worker must give the applicant the LIHP-15, "Rights and Responsibilities of Applicants", at initial application, reapplication and recertification.

When a LIHP case is established using the CMS IT system, all documentation and verifications, including forms completed by the applicant and eligibility staff used to determine eligibility to and level of coverage within LIHP, must be imaged and saved into the CMS IT system.

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