County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services Program Guide (CMSPG) Letter

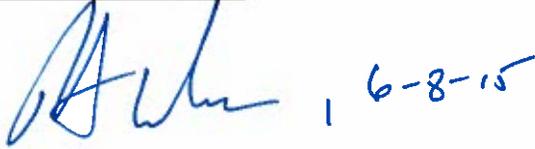| 2015/2016 County Medical Services (CMS) Maintenance Need Levels (MNL'S) and Hardship Maximum Allowable Expenses	Number	Page
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Issue Date:
June 08, 2015

Effective Date:
07/01/2015

Purpose:
To provide staff with the new:
- CMS and CMS Hardship MNL's
- CMS Hardship Maximum Allowable Expenses amounts

Background:
Under the direction of the Board of Supervisors, the CMS and CMS Hardship MNL's and CMS Hardship Maximum Allowable Expenses are adjusted annually effective July 1.

Policy Change:
Effective July 01, 2015, workers must use the new CMS MNL's and CMS Hardship Maximum Allowable Expenses amounts when determining eligibility for CMS.

Summary of Changes:
06.02 Appendix A – Updated MNL amounts

13.03 Appendix A – Updated the Hardship Maximum Allowable Expenses amounts

CMSPG 06.02 and 13.03 have been revised to reflect current format and procedures.

Changes to the CMSPG are noted with highlighted text within each Article/Section.

Impacts:
Forms and Document Capture:
CMS Budget Worksheet (CMS-38H) (Attachment A) has been revised to reflect the 2015/2016 CMS Hardship Maximum Allowable Expenses. In situations where a manual budget is required, the worker must scan the completed CMS-38H into AuthMed.

Automation
AuthMed has been updated with the 2015/2016 amounts and will calculate all budgeted entries.

Other Programs Affected:
None

Quality Control:
Quality Control will cite the appropriate error when the regulations cited in this material have not been followed.

References:
County Policy

Sunset Date:
This policy will be reviewed for continuance by June 30, 2018.

Approval for Release:

6-8-15

Rick Wanne, Director
Eligibility Operations

Patient Name		Budget Month/Year	
Member ID#		Date	
Worker #		Worker Name	

CMS Budget Worksheet

			A	B
1.	Number of people in family unit _____	Complete these columns to determine income eligibility		
2.	Name of adult family members with income			
	A.		A	B
	B.		Earned Income	
3.	Gross Earnings/Earned In-kind (before deductions)		$	$
4.	State Disability Insurance (SDI)			
5.	Subtotal earned (add lines 3 and 4)		=	=
6a.	Work Expenses ($90 for each person with earned income)		-	-
6b	ABD Deduction ($65 + ½ of the remainder for each person with earned income)		-	-
7.	**Total Earned Income (subtract line 6 from line 5)**		**$**	**$**
			Unearned Income	
8.	In-Kind Income		$	$
9.	Other Unearned Income (UIB, VA, SSA, etc.)			
10.	**Total Unearned Income (Add lines 8 and 9)**			
11.	**Total Income (add lines 7 and 10)**		**$**	**$**
12.	Health Insurance Premium ☐ yes ☐ no		-	-
13.	Verified Court Ordered Child Support/Alimony			
14.	**Total Monthly Net Non-Exempt Income (subtract 12 and 13 from 11)**		**$**	**$**
15.	Total CFBU **Monthly Net Non-Exempt** Income (add individual rounded totals for columns 14 A & B)			$
16.	CMS MNL for CFBU Size			$
17.	Subtract line 15 from line 16. If 15 is greater than 16, the applicant is over income. Offer Applicant CMS Hardship Application.			$

If applicant is being denied for the sole reason of excess income, and is otherwise eligible, calculate CMS Hardship Evaluation budget.

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Attachment A

CMS Hardship Evaluation

STEP 1	Determine if the Applicant's monthly net non-exempt income is at or below 350% FPL. Refer to Article A, Section 5, Appendix C for CMS Maintenance Need Levels (MNL)

Applicant's monthly net non-exempt income	
350% FPL	

If Applicant's monthly net non-exempt income is at or less than 350%, go to Step 2.

STEP 2	Determine Total Monthly Allowable Non-Discretionary Expenses (using chart below)

Non-Discretionary Expenses	(A) Applicant's Actual Non-Discretionary Expenses	(B) Maximum Allowable Expense (EFF 7/1/15)		Applicant's Allowable Expenses (Lesser of A or B)
		For 1	For 2	
Housing/Utilities		$859	$1,163	
Transportation		$460	$621	
Food		$250	$339	
Miscellaneous (includes clothing, personal)		$112	$149	
Allowable Out-of -Pocket Health Care Expense Allowance		$177	$238	
Tax expenses (state and federal taxes, SDI, Social Security, and Medicare) include taxes paid whether shown as a deduction on earning statements or paid out of pocket.		Actual		
Court Ordered Payments (e.g., current child support and alimony)		Actual		
Payments on Prior Medical Debt		Actual		
Applicant's Total Monthly Allowable Non-Discretionary Expenses Enter amount in item B below.				

STEP 3	

Calculation of Total Monthly Discretionary Income	
A. Total Gross Monthly Income	
- B. Total Monthly Allowable Non-Discretionary Expenses	-
= C. Total Monthly Available Income	=

Subtract Line B (applicant's Total Monthly Allowable Non-Discretionary Expenses) from Line A (applicant's Total Gross Monthly Income).

The remaining amount (Line C) shall be considered the applicant's Total Monthly Available Income.

STEP 4	Determine Applicant's Monthly Share of Cost
	The Applicant's Total Monthly Available Income (Line C above) is the Applicant's Monthly Share of Cost.

Background:
The maintenance need is the amount of income a person or family is allowed to keep for living expenses. This section shows the monthly Maintenance Need Levels (MNL) used to determine CMS eligibility.

Policy:
A: Determine MNL
The maximum monthly net non-exempt income for CMS is 165% of the Federal Poverty Level (FPL). When monthly net non-exempt income exceeds 165% FPL, the amount should be compared to the maximum amounts allowed for CMS Hardship 350% FPL.

When the application date is June, workers will use the month of certification to determine which year's MNL chart to use.

Example 1	Application date is June 27, 2015. Application disposition is evaluated on July 1, 2015 and CMS is granted effective June 1, 2015. The MNL chart effective July 1, 2014 is used.
Example 2	Application date is June 27, 2015. Application disposition is evaluated on July 1, 2015 and CMS is granted effective July 1, 2015. The MNL chart effective July 1, 2015 is used.

Refer to Appendix A for the CMS and CMS Hardship MNL limits and In-kind income values.

Other Program Impacts:
None

References:
None

Sunset Date:
This policy will be reviewed for continuance by June 30, 2018.

Release Date:
June 8, 2015

Appendix A – Maintenance Need Level (MNL)/FPL Income Limit Charts and In-kind Income Values	Number	Page
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MNL/FPL Income Limit Chart

MNL/FPL CHART – EFF 07/01/15		
CFBU SIZE	CMS 165% FPL	CMS HARDSHIP 350% FPL
1	$1,619	$3,434
2	$2,191	$4,648
3	$2,762	$5,859
4	$3,335	$7,074
5	$3,907	$8,288
6	$4,478	$9,499
7	$5,051	$10,714
8	$5,623	$11,928
9	$6,194	$13,139
10	$6,767	$14,354
Add for additional members	$573	$1,215

In-Kind Income Values

INCOME IN-KIND VALUE EFF 06/01/99				
HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	161	34	90	27
2	217	39	191	52
3	237	42	244	79
4	248	44	301	105
5	248	44	363	133
6	248	44	422	157
7	248	44	470	187
8	248	44	515	209
9	248	44	565	239
10	248	44	612	261

Background:
When the applicant's monthly net non-exempt income is over 165% but <u>not</u> over 350% FPL, the worker continues the CMS eligibility process by evaluating for a CMS Hardship, as long as the applicant meets all other eligibility requirements.

Policy/Procedure:
A: Hardship Application
AuthMed has been programmed to determine Hardship eligibility and will complete the CMS Hardship application during the intake interview. The applicant is given the opportunity to sign the completed CMS-01 and CMS-106 to continue the CMS Hardship evaluation.

In situations where a manual budget is required workers are to follow the steps below.

Step	Action	
1	Determine whether the applicant's monthly net non-exempt income is at or below 350% FPL.	
2	**If the applicant's monthly net non-exempt income is…**	**Then…**
	350% FPL or less,	• Applicant is eligible to apply for CMS Hardship. • Provide applicant a CMS Hardship application (CMS-01) and the Agreement to Reimburse the County of San Diego form (CMS-106).
	in excess of 350% FPL,	Deny the case for excess income.

B: Allowable Expenses
Documentation is required for the following allowable expenses:
- Rent & Utilities
- Transportation
- Taxes
- Court ordered support and payments
- Payments on previously incurred medical debt

Documentation <u>NOT</u> required for the following expenses:
- Food
- Miscellaneous

C: Good Cause
Eligibility staff are required to evaluate for good cause if the applicant has not returned the required documents/verification by the end of the second 10-day period.

Other Program Impacts:
None

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CMS Hardship for Individuals Over 165% FPL	**13.03.01**	2 of 2

References:
None

Sunset Date:
This policy will be reviewed for continuance by June 30, 2018.

Release Date:
June 8, 2015

Appendix A – CMS Hardship Evaluation Process	Number	Page
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The following steps are to be taken when evaluating a CMS Hardship application:

Step	Action
1	Determine if the applicant's monthly net non-exempt income is at or below 350% FPL. Refer to Appendix 06.02A for CMS MNLs.
	<table><tr><td>Applicant's monthly net non-exempt income</td><td></td></tr><tr><td>350% FPL</td><td></td></tr></table> If the applicant's monthly net non-exempt income is at or less than 350%, go to Step 2.
2	Using chart below, determine Total Monthly Allowable Non-Discretionary Expenses:

Non-Discretionary Expenses	(A) Applicant's Actual Non-Discretionary Expenses	(B) Maximum Allowable Expense (EFF 07/01/15)		Applicant's Allowable Expenses (Lesser of A or B)
		For 1	For 2	
Housing/Utilities		$859	$1,163	
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Tax expenses (state and federal taxes, SDI, Social Security, and Medicare) include taxes paid whether shown as a deduction on earning statements or paid out of pocket.		Actual		
Court Ordered Payments (e.g., current child support and alimony)		Actual		
Payments on Prior Medical Debt		Actual		
Applicant's Total Monthly Allowable Non-Discretionary Expenses Enter amount in item B below.				

Step	Action
3	

Calculation of Total Monthly Discretionary Income	
A. Total Gross Monthly Income	
- B. Total Monthly Allowable Non-Discretionary Expenses	-
= C. Total Monthly Available Income	=

Subtract Line B (applicant's Total Monthly Allowable Non-Discretionary Expenses) from Line A (applicant's Total Gross Monthly Income).

The remaining amount (Line C) shall be considered the applicant's Total Monthly Available Income.

4	Determine Applicant's Monthly Share of Cost:
	The Applicant's Total Monthly Available Income (Line C above) is the applicant's Monthly Share of Cost.