

90-250.7. COUNTY MEDICAL SERVICES (CMS)

**A.
General**

This section provides information regarding the CMS program as it relates to the GR Program.

**B.
Policy**

CMS helps indigent adult county residents get medical care. Non-citizen GR recipients who have been in the United States for less than five years and are over 21 and under 65 years of age who are not linked to Medi-Cal are automatically eligible for the CMS Program for any month in which they receive GR. United States citizen GR recipients and non-citizens who have been in the country for five years are more likely to be enrolled in Medi-Cal.

GRPG Letter #69 (2/12)

**C.
Initial
Screening**

During initial screening, the applicant must complete a Medical Services Screening Sheet (11-119 HHSA). Information from this screening sheet helps determine if the applicant is potentially eligible to [Medi-Cal](#) or [CMS](#). The worker must ask the applicant if they have a Social Security or SSI application or appeal that is pending a determination and if they have applied for Medi-Cal with a county worker. The worker must check the Medi-Cal and SSI appeal information using CalWIN and MEDS. After verifying, refer to Medi-Cal, if potentially eligible.

If the applicant is ...	Then the worker will ...
potentially eligible for Medi-Cal	refer the applicant to apply for Medi-Cal. The applicant must apply for and cooperate with the Medi-Cal application process.
a non-U.S. citizen or national who has been in the country for less than five years	certify CMS eligibility for three months to ensure that the applicant follows the requirements to apply and cooperate with the Medi-Cal application. In addition, the screening worker must ask the applicant if they have an urgent medical need that cannot wait 30 days. If they state they do, then the worker shall refer the applicant to the Primary Care Clinic (PCC) that they choose (see L , below).

GRPG Letter #72 (9/13)

Continued on next page

90-250.7. COUNTY MEDICAL SERVICES (CMS), Continued

**D.
CMS Card**

Upon approval, a GR or clerical worker shall issue a CMS card to the GR recipient. The card is white and is attached to a CMS Informing Letter. It is printed on regular paper from the printer in the Family Resource Center (FRC). The worker must print the Informing Letter from AuthMed after CMS is certified.

GRPG Letter #59 (3/10)

**E.
Replacement
CMS Card**

If a GR recipient contacts the worker and requests a replacement for a lost or stolen CMS card, the worker must take the action in the table below.

Step	Action
1	Clear AuthMed to locate the Informing Letter that was created when CMS was certified.
2	Reprint the Informing Letter with the CMS card.
3	Give the replacement card to the recipient.

GRPG Letter #59 (3/10)

**F.
Patient
Handbook**

Upon approval, the worker shall give a CMS Patient Handbook to the GR recipient. The handbook provides:

- Information on how to access care through the CMS Program
 - Lists the CMS scope of services and contracted clinics, hospital and pharmacies
 - Contains information about how to resolve problems and file complaints and appeals.
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**G.
CMS
Certification
Periods**

The certification periods for the following programs are:

AB

AB cases shall have a four-month certification period with the count beginning the first month of aid.

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90-250.7. COUNTY MEDICAL SERVICES (CMS), Continued

CMS Certification Periods (continued)

EL

These programs shall have a six-month certification period with the count beginning the first month of aid. Individuals claiming to be incapacitated or have limitations for more than 12 months must have a Medi-Cal application pending and a disability packet sent to State Programs-Disability Determination Service Division (SP-DDSD).

IP/IAP

IP and IAP cases shall have a 12-month certification period with the count beginning the first month of aid. Individuals pending an SSI disability application or appeal must have a Medi-Cal application pending and a disability packet sent to SP-DDSD.

Exceptions as noted:

- **Aid through First Payday** is considered employable and is to receive a three-month certification to eliminate any potential barriers to ongoing employment.
- **Transfers between programs.** Once the initial card has been issued, any recipient that transfers between programs, such as AB to EL or EL to IAP, to get the longer certification period the worker must update AuthMed with the new certification period and issue a new CMS card before the certification period expires.

GRPG Letter #59 (3/10)

H. CMS Liens

All CMS and CMS Expansion applicants are required to complete and sign the CMS Grant of Lien (CMS-122) and CMS Lien Information (CMS-123) forms as a condition of eligibility for CMS. Since GR recipients are categorically eligible for CMS, they must also sign the CMS lien forms.

These forms will be used to apply a lien towards the applicant's/recipient's current or future real estate holdings to recover the cost of claims paid by CMS on the applicant's/beneficiary's behalf. Liens are not initiated until the beneficiary is no longer active to CMS and CMS has paid claims of \$5,000 or more on the beneficiary's behalf.

Continued on next page

90-250.7. COUNTY MEDICAL SERVICES (CMS), Continued

I. Completing the Lien

The worker must clear CERMS and the AuthMed to see if a completed lien is on file.

If the recordable lien is ...	Then ...
on file,	do not complete a new Lien.
not on file,	complete a new Lien.

See the [EDG](#) for instructions on completing the lien.

GRPG Letter #73 (1/14)

J. Failure to Complete the CMS Lien

If the applicant/recipient fails to sign the CMS Lien, then CMS eligibility will be denied/discontinued. GR eligibility will not be affected. The worker is to continue to count the \$40 Medical Expense In-Kind Income against the GR grant.

K. Questions and Answers

Upon approval, the worker shall give the CMS Questions and Answers (CMS-112) to the GR recipient. The Questions and Answers provide additional information about the CMS program requirements. The Lien section (starts on Page 4) is the only part that pertains to the GR recipient. It is suggested that the worker turn the Questions and Answers to Page 4 when giving it to a GR recipient.

GRPG Letter #55 (5/09)

L. Selecting a Clinic

GR recipients must select a primary care clinic. Upon approval, the worker asks the GR recipient to pick one of the PCCs that contract with CMS. The worker gives the GR recipient the CMS Handbook and directs them to the list of clinics found in the Handbook. The worker puts the label for the selected clinic on the front of the CMS card and the inside cover of the Patient Handbook. The worker records the primary care clinic number on the CMS IT system.

Continued on next page

90-250.7. COUNTY MEDICAL SERVICES (CMS), Continued

M. Changing Clinics

Recipients may change their PCC if they:

- Have moved to a new area in the County
- Need medical care that cannot be provided by the current PCC
- Have conflicts with the provider that cannot be resolved through the provider's complaint process.

The recipient calls CMS Patient Information at (858) 492-4444 or (760) 471-9660 to request a change. CMS will send the recipient a new label for the card.

Homeless recipients can walk into a CMS Eligibility location to request a change.

N. Enrolling a Recipient

The worker will complete the GR Apps window of the CMS IT system.

O. CMS Re- certification

The GR worker will follow the same steps as above for when completing the GR recertification as for a new GR approval. The recipient should not be referred to CMS to complete the recertification.

P. Important Notice

No matter who provides the Card and Handbook to the recipient....The GR worker is responsible to explain to the recipient the certification period assigned and the basic usage of the CMS program. The worker should also explain the discontinuance policy as stated below.

GRPG Letter #69 (2/12)

Continued on next page

90-250.7. COUNTY MEDICAL SERVICES (CMS), Continued

Q.
CMS Dis-
continuances

When the GR case closes before the end of the certification period (for example, the client fails to return the CW 7/QR 7), the CMS case must also be discontinued to coincide with the discontinuance date for GR. The worker shall follow the instructions in the table below.

Step	Action
1	Clear AuthMed to identify the CMS worker.
2	Notify the CMS worker of the following information allowing for timely notice: <ul style="list-style-type: none">• Effective date of the discontinuance• Reason for discontinuance

GRPG Letter #76 (8/14)
