

Medi-Cal Program Guide Letter #645

September 03, 2008

Subject **ARTICLE A – COUNTY MEDICAL SERVICES (CMS) GENERAL PROPERTY LIMITATIONS NOTICE (HHSA:CMS-007/HHSA:CMS-007(SP) AND INSTRUCTIONS FOR PROCESSING SPENDDOWN DOCUMENTATION**

Effective Date Upon receipt

Reference County Policy

Purpose The purpose of this letter is to:

- inform staff of new notice HHSA:CMS-007/HHSA:CMS-007(SP) County Medical Services (CMS) General Property Limitations and
- provide staff with instructions for processing spenddown documentation.

Background Property ownership and determination of excluded and included property for CMS is the same as Medi-Cal. However, CMS spenddown rules differ from Medi-Cal.

Currently, the worker must tell every CMS applicant/beneficiary the CMS property limit for the applicable Case Family Budget Unit (CFBU) size, explain the method of computing the excess property amount, and the rules for reducing excess property in order to become eligible for CMS coverage. The worker must narrate in the case record that CMS spenddown rules were explained to the applicant/beneficiary at each interview. If the applicant/beneficiary provides receipt(s) for spenddown, the worker verifies that the excess property was spent correctly and the applicant/beneficiary is now within the CMS property limit. Worker notates the dollar amount of medical receipts received for spenddown in the case record and attaches a copy of the receipt(s) to the Registration Information Form (CMS-4) sent to the Administrative Services Organization (ASO) Data Entry Eligibility Supervisor. The CMS-4 and receipts enable ASO to identify the applicant and which provider(s) the applicant has paid.

Article A does not currently provide instructions for worker to complete a CMS-4, attach a copy of the receipt(s) and send the CMS-4 with receipts via interoffice mail to ASO.

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Change HHSA:CMS-007/HHSA:CMS-007 (SP) County Medical Services (CMS) General Property Limitations

Notice CMS-007 has been created to provide all CMS applicants and beneficiaries a general overview of the CMS property requirements, reserve limits and CMS spenddown regulations for reducing excess property in order to become eligible to CMS coverage.

All CMS applicants/beneficiaries will be given notice CMS-007 to read and sign at each initial application, recertification and reapplication intake appointment.

Spenddown Documentation

Instructions have now been added to Article A, Section 5, Item 3 instructing the worker that upon receipt of allowable spenddown receipts, the worker must attach a copy of the receipt(s) to the completed CMS-4 before sending documentation via interoffice mail to the ASO Data Entry Eligibility Supervisor at mail stop 0557B.

Required Action

At each initial application, recertification and reapplication intake appointment, worker must:

- ensure the applicant/beneficiary was given notice CMS-007;
 - narrate in the case record that applicant/beneficiary read and signed notice CMS-007 and was advised of the CMS property limit for the applicable CFBU size, the method of computing the excess property amount and of the rules for reducing excess property;
 - image and save the completed CMS-007 notice, CMS-4 and spenddown receipts into the CMS IT System; and
 - attach a copy of the receipt(s) for spenddown to form CMS-4 and send to ASO Spenddown Data Entry Eligibility Supervisor via interoffice mail at mail stop 0557B.
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Automation Impact

All HHSA/CMS forms completed by the worker and/or the patient and all spenddown documentation must be imaged and saved into the CMS IT System.

Forms Impact

The table below shows the new notice added to the list of CMS forms.

| Form # | Title | Change | Attachment |
|---------|----------------------------------|--------|------------|
| CMS-007 | CMS General Property Limitations | New | A1-A3 |

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Forms Impact (continued)

| Form # | Title | Change | Attachment |
|--------------|--|--------|------------|
| CMS-007 (SP) | CMS General Property Limitations (Spanish) | New | B1-B3 |

These forms will be uploaded into iWay and available to be ordered.

Quality Assurance Impact

Effective with the October 2008 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

Summary of Changes

The table below shows the changes made to Article A of the Medi-Cal Program Guide (MPG).

| Article/Section | Changes |
|----------------------|--|
| Article A, Section 5 | Information regarding notice HHSA:CMS-007 and processing spenddown documentation added to section. |
| Article A, Section 9 | Notice HHSA:CMS-007/HHSA: CMS-007 (SP) added to list of forms. |

Filing Instructions

The table below shows how to file the MPG material.

| Action | Pages |
|---------|-----------------------------|
| Remove | Article A-5-5 through A-5-6 |
| | Article A-9-1 |
| Replace | Article A-5-5 through A-5-6 |
| | Article A-9-1 |

Important Note

The MPG is available in its entirety on the County Intranet by accessing http://hhsa_intranet.co.san-diego.ca.us/manuals/mpg/index.html. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

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**Managers
Approval**

ORIGINAL SIGNED BY:

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