

Medi-Cal Program Guide Letter #636

June 20, 2008

Subject **ARTICLE A—MODIFICATIONS TO COUNTY MEDICAL SERVICES (CMS) PROGRAM**

Effective Date July 01, 2008

Reference County Policy

Purpose This letter is to provide the CMS staff with the most recent modifications to the CMS program.

Background Since December 1, 2007 the CMS program has been under two separate eligibility categories; CMS and CMS Expansion. The CMS program currently provides medical services at no cost to individuals who meet CMS criteria and whose monthly net countable income does not exceed 165% of the Federal Poverty Level (FPL). CMS Expansion offers applicants with incomes over 165% FPL the opportunity to apply for a CMS Hardship Evaluation. The CMS Expansion applicants may be eligible for no-cost CMS benefits if the CMS Hardship computation determines that they do not have any available income to pay for medical expenses. Applicants who do have available income are being held in pending status until they can be re-evaluated for eligibility under the new CMS program modifications.

The CMS Standard Maintenance Need Level (MNL), CMS Hardship MNL, and Maximum Allowable Expenses are adjusted annually, effective July 1.

Program Changes A modification to the CMS Program was approved by the San Diego County Board of Supervisors on May 13, 2008. As a result, the CMS Program benefits shall continue to be certified under the two separate eligibility categories of CMS and CMS Hardship. The maximum monthly net countable income per individual is now 350% of the FPL. If the individual's net countable income exceeds 350% of the FPL, then there is no eligibility to CMS and the applicant is denied.

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Program Changes (continued)

Individuals who meet the CMS criteria and whose monthly net countable income is at or below 165% of the FPL will receive CMS benefits at no cost.

The CMS Standard MNL is increased to \$1431.00 for a single adult and \$1926.00 for a married couple. The CMS Hardship MNL for a single adult is \$3035.00 and \$4085.00 for a married couple.

Effective July 1, 2008, workers shall use the month of certification to determine the year's MNL chart to use.

CMS Hardship

Individuals otherwise eligible for CMS whose monthly net countable income is above 165% of the FPL, up to and including 350% of the FPL will be eligible to CMS and may have a monthly share of cost (SOC). These individuals are not to be denied CMS benefits for excess income. The worker is to continue the evaluation process for CMS Hardship which, when completed, is used to determine whether or not there is a SOC. The SOC calculation will be determined by the CMS Information Technology (IT) system, using the individual's gross income minus allowable expenses. The CMS IT system will transmit the SOC information to the IDX system in the overnight upload. This enhancement is scheduled for July 14, 2008.

At this time, CMS Hardship has not been programmed into the CMS IT System. Until the CMS IT System is updated, workers are to process CMS Hardship by having the applicant complete the hardship application (CMS-01) and by using the HCA workbook to calculate the monthly SOC. Workers must complete a Registration Information Form (CMS-4) to notify AmeriChoice to input the SOC amount into the IDX system. The worker must issue a manual approval NOA (CMS 39A) for the individual. HCA workbook pages are to be printed and scanned back into the CMS IT System case record. These cases are to be manually tracked as workers will need to input the SOC into the CMS IT System after the enhancement.

Coverage Initiative (CI)

Workers will screen individuals for the CI Program. CI is a federally funded program for individuals with chronic conditions such as hypertension, and diabetes (refer to the CI Program Guide for a complete listing of eligible conditions). When an Individual applies for

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Program Changes (continue)

CMS, the worker will screen for the CI Program first (refer to CI Program Guide for instructions). If the applicant is potentially eligible for CI, the worker will explain the benefits of the CI program and ask the applicant if he/she would like to be evaluated for CI. If so, the worker will process the CI and CMS applications concurrently, but will enroll the applicant in only the CI program if the applicant qualifies for CI.

If there are pending verifications for CI, the worker is to send/give the pending verification checklist to the applicant informing them of the 10 day requirement to provide verifications needed for both CI and CMS. The worker will refer the applicant to the Certified Applicant Assistor (CAA) for assistance in getting verifications needed for CI.

The 10/10 process will apply for all pending verifications. If after the first 10 days the applicant has provided needed CMS verifications but not CI verifications, send a second 10-day notice asking for the remaining CI verifications. After the second 10-day period:

If the applicant...	Then ...
Provided the CI verifications,	Grant CI.
Did not provide the CI verifications but did provide the needed CMS verifications,	Grant CMS.
Did not provide the needed verifications for either program and does not have good cause.	Deny both CI and CMS. Applicants are to be provided a separate notice for each program's denial.

Reimbursement Agreement

Applicants/beneficiaries whose income is above 165% of the FPL up to and including 350% of the FPL will be required to sign a reimbursement agreement (CMS106). The reimbursement agreement is for the CMS applicant to reimburse San Diego County via the Office of Revenue & Recovery (ORR), for all services paid for by CMS. Pursuant to County Administrative Code section 238, HHSA will refer CMS cases to the ORR to pursue appropriate collection activities and proceedings to recover CMS costs.

Credit Checks

All CMS applicants/beneficiaries will be required to sign a Credit Check Authorization Form (CMS 99) as a condition of eligibility. CMS does not consider an applicant's credit history as a basis for eligibility, but will use the credit check as a verification tool for financial, property and eligibility information, which the individual has provided.

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Program Changes
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Release of Information

All applicants/beneficiaries will be given the Release of Information form (HCPA 14-127) to sign. This form is used to share patient information with the hospitals, the Administrative Services Organization, and other agencies regarding their CMS eligibility.

Forms Impact

This table shows the forms affected by these changes. Workers shall begin using these new and revised forms immediately.

Number	Title	Change	Action	Attachment
CMS-99	Credit Check Authorization	New	Use Effective Date 7/1/08	A
CMS-99(SP)	Credit Check Authorization (Spanish)	New	Use Effective Date 7/1/08	B
HCPA 14-187	Release of Information	New	Use Effective Date 7/1/08	C
HCPA 14-187 (SP)	Release of Information (Spanish)	New	Use Effective Date 7/1/08	D
CMS 106	Reimbursement Agreement	New	Use Effective Date 7/1/08	E
CMS 106 (SP)	Reimbursement Agreement (Spanish)	New	Use Effective Date 7/1/08	F
CMS 01	Hardship Application	Revised	Use Effective Date 7/1/08	G
CMS 01 (SP)	Hardship Application Spanish	Revised	Use Effective Date 7/1/08	H
CMS 4	Registration Information Form	Revised	Use Effective Date 7/1/08	I
CMS 15	Rights and Responsibilities	Revised	Use Effective Date 7/1/08	J
CMS 15 (SP)	Rights and Responsibilities (Spanish)	Revised	Use Effective Date 7/1/08	K

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Forms Impact
(Continued)

Number	Title	Change	Action	Attachment
CMS 23	Coverage Information Form	Revised	Use Effective Date 7/1/08	L
CMS 23 (SP)	Coverage Information Form	Revised	Use Effective Date 7/1/08	M
CMS 38H	CMS Budget/ CMS Hardship Budget	Revised	Use Effective Date 7/1/08	N
CMS 39A	Eligibility Approval Notice	Revised	Use Effective Date 7/1/08	O
CMS 39A (SP)	Eligibility Approval Notice (Spanish)	Revised	Use Effective Date 7/1/08	P
CMS 39D	Eligibility Denial Notice	Revised	Use Effective Date 7/1/08	Q
CMS 39D (SP)	Eligibility Denial Notice (Spanish)	Revised	Use Effective Date 7/1/08	R
CMS 122	CMS Grant of Lien form	Revised	Use Effective Date 7/1/08	S
CMS 122 (SP)	CMS Grant of Lien form	Revised	Use Effective Date 7/1/08	T
CMS 123	CMS Lien Information	Revised	Use Effective Date 7/1/08	U
CMS 123 (SP)	CMS Lien Information (SP)	Revised	Use Effective Date 7/1/08	V
CMS 22	Reminder Request for Verifications	Revised	Use Effective Date 7/1/08	W
CMS 22 (SP)	Reminder Request for Verifications (SP)	Revised	Use Effective Date 7/1/08	X

These forms are available in iWAY and will be uploaded into the CMS IT system with the next scheduled enhancement.

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Forms Impact This table shows forms which have become obsolete.
(Continued)

Number	Title	Effective Date
CMS 07-22	CMS Hardship Employment Verification Form	4/3/08
CMS 88	CMS Hardship Waiver Medical Statement	4/3/08
CMS 125A	Hardship Approval Notice	4/3/08
CMS 125A (SP)	Hardship Approval Notice (Spanish)	4/3/08
CMS-125AL	Request for Medical Form (2 nd Medical Opinion)	4/3/08
CMS-125AL-M	Request for Hardship Waiver Medical Statement	4/3/08
CMS 125D	Hardship Denial Notice	4/3/08
CMS 125D (SP)	Hardship Denial Notice (Spanish)	4/3/08
CMS 126	Notice of Action (Hardship Co-Payment Waiver)	4/3/08
CMS 126 (SP)	Notice of Action (Hardship Co-Payment Waiver SP)	4/3/08

Automation Impact New forms, including Hardship and SOC will be uploaded to the CMS IT System with next scheduled enhancement.

Quality Assurance Impact Effective August 01, 2008, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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Summary of Changes

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

Article/Section	Changes
Article A, Section 1 & 2 and 5 thru 13	Deletes all references to CMS Co-Payments, (Hardship) 'Waivers', and green CMS cards
Article A, Section 1 & 2 and 5 thru 13	Added references to CMS Hardship, CI, Reimbursement Agreement, and Credit Checks.
Article A, Section 5, Appendix C	CMS Standard/CMS Hardship MNL updated effective July 1, 2008
Article A, Section 9	New forms added obsolete forms deleted.
Article A, Section 9 Appendix A	Updated instructions for completion of CMS-4
Article 11, Section 1, Appendix A	Deleted CMS MNL amount information

Filing Instructions

The table below shows how to file the MPG material.

Action	Pages
Remove	Article A, Section 1 pages 1i, 1 ,6
	Article A, Section 2 pages 2i, 1-6 & 12
	Article A, Section 5 pages 5i, 1-3, 5, 9, 10, Appendix C
	Article A, Section 9 pages 1-3
	Article A, Section 9 Appendix A pg 1-3
	Article A, Section 13 pages 13i & 1-5 & Appendix A pages 1,2 & B pages 1-4
	Article 11, Section 1, Appendix A through Article 11, Section 1, Appendix B

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**Filing
Instructions**
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Replace	Article A, Section 1 pages 1i, 1 ,6
	Article A, Section 2 pages 2i, 1-6 & 12
	Article A, Section 5 pages 5i, 1-3, 5, 9, 10, Appendix C
	Article A, Section 9 pages 1-3
	Article A, Section 9 Appendix A page 1
	Article A, Section 13 pages 13i, 1-3 & Appendix A page 1
	Article 11, Section 1, Appendix A through Article 11, Section 1, Appendix B

**Important
Note**

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

**Managers
Approval**

ORIGINAL SIGNED BY:

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