

CMSP Letter No. : 06-05  
Issue Date : May 10, 2006



TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CHANGES TO CMSP ELIGIBILITY MANUAL: VEHICLE VALUATION  
AND SELECTED FORMATTING CHANGES

The purpose of this letter is to transmit recent changes to County Medical Services Program (CMSP) eligibility rules. The CMSP Governing Board recently approved recommendations of the CMSP Eligibility Committee to adopt the Medi-Cal Eligibility Procedures Manual Number 301, issued February 7, 2006, regarding the motor vehicle valuation. The Vehicle License Fee Rate (VLF) chart was updated by the Department of Motor Vehicles. The previously existed 2% VLF chart was replaced with a .65% VLF chart.

As a part of this action, the Governing Board also approved revision of the requirements for when a motor vehicle is exempt for CMSP eligibility purposes. The effective date of the changes is April 27, 2006. Please see the attached revised CMSP Eligibility Manual pages.

In addition, a number of pages of the CMSP Eligibility Manual have also been updated to correct formatting errors.

**FILING INSTRUCTIONS:**

**Remove Pages:**

Article 3  
Pages 3-4 through 3-8  
Article 7  
Pages 7-20 through 7-29  
Article 8  
Page 8-9  
Page 8-18

**Insert Pages:**

Article 3  
Pages 3-4 through 3-8  
Article 7  
Pages 7-20 through 7-29  
Article 8  
Page 8-9  
Page 8-18

If you have any questions regarding this notification, please contact Ms. Anna Bedrina, in the CMSP Unit, at (916) 649-2631 ext 20.

Sincerely,

A handwritten signature in black ink that reads "Lee D. Kemper". The signature is fluid and cursive, written over the printed name.

Lee D. Kemper,  
Administrative Officer

Enclosure

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2. Provide a DAPD packet within 10 days of notification if the disability is expected to last at least one year, or result in death. If the packet is not completed and returned within thirty (30) days, eligibility for CMSP should be terminated with timely notice.

### **3-017. CMSP Application for County General Assistance/General Relief (GA/GR) Recipients**

The County may follow an abbreviated CMSP eligibility process for Recipients of County GA/GR payments who request medical assistance. GA/GR eligibility shall serve as verification of CMSP eligibility until GA/GR eligibility is terminated. Such Applicants must sign and complete the following forms:

- A. MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status);
- B. CMSP 219
- C. CMSP 1153 or other approved form or process.

### **3-018. Date of Application**

The date of Application for CMSP shall be the date the Application or a SAWS 1 is received by the County Department.

### **3-019. Withdrawal of Application--Request for Discontinuance**

An Applicant or Client may withdraw or request discontinuance at any time. The County shall note such request in the case file. If a written request is not submitted by the Applicant or Client, the County shall issue a Notice of Action (NOA) which indicates that the action is being taken to withdraw the Application or discontinue benefits and that the Applicant/Client must contact the County to indicate if they desire that the Application process or eligibility continue.

### **3-020. Face-To-Face Interview**

A face-to-face interview with the Applicant, or the person completing the Statement of Facts, is optional at the time of Application, Reapplication, or Restoration. However, the County eligibility staff may require the Applicant to complete a face-to-face interview before benefits are established when eligibility staff determine any of the following conditions exist:

- A. Information provided on the Application form or verifying information provided is questionable;

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- B. The individual has no visible means of support, such as in-kind income (as discussed in Section 8-016), or means of support is not reported for the individual; or
- C. Income and expenses of a self-employed individual do not match reported income, and the questionable information cannot be resolved with follow-up telephone contact and/or mail.

If needed, the interview:

- D. Shall be completed within 30 days of the date of the Application or Reapplication.
- E. Shall not be required for persons who have a government representative, such as a public guardian, acting on their behalf.
- F. Shall be conducted by a representative of the County Department unless, for good reason, a direct interview between the County Department and the Applicant/Client or the person completing the Statement of Facts is not possible. In such a situation, the interview may be conducted by another Public Agency acting on behalf of the County Department.

### 3-021. Statement of Facts

Shall include the completion and explanation of the contents of the Client rights and responsibilities form, CMSP 219. The representative of the agency conducting the interview is responsible for meeting the requirement.

Following completion and submission of the Application form, a Statement of Facts (CMSP 210/MC 210/SAWS 2) or other approved form shall be completed, signed, and filed with the County Department. The CMSP 210 is the preferred form to use for an Application, but the MC 210 may be used in lieu of CMSP 210. The Statement of Facts shall be used by the County Department in the determination of the Applicant's eligibility, Share of Cost, and other health coverage.

### 3-022. Persons Who May Complete and Sign the Statement of Facts

The Applicant or spouse of the Applicant shall complete and sign the Statement of Facts, unless:

- A. The Applicant has a conservator, guardian, or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.
- B. The applicant is not Competent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:

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- (1) The County Department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services.
  - a) If the County Department determines that there is a need for protective services, it shall make a referral to the public guardian or Adult Protective Services (APS) Division. The public guardian or APS social worker may complete and sign the Statement of Facts.
  - b) If the County Department determines that there is no need for a referral to the public guardian or APS division, or if the public guardian or APS division is unable or refuses to complete the eligibility process, then the Statement of Facts may be completed and signed, in accordance with Section 3-024, by a family representative or a representative of a Public Agency or the County Department.
  - c) The person completing the Statement of Facts on behalf of the Applicant shall provide all available information required on the Statement of Facts regarding the Applicant's circumstances.
  - d) If a County Department representative completes and signs the Statement of Facts, another representative of that County Department shall:
    - (i) Confirm, by personal contact, the Applicant's inability to act on his own behalf.
    - (ii) Countersign and approve any recommendation for eligibility.
    - (iii) The Applicant cannot be located before completing the Statement of Facts. In this case, the County Department shall obtain as much information as possible regarding the Applicant's circumstances. In such cases, a Relative, friend, or a representative of a Public Agency or the County Department may complete the Statement of Facts on behalf of the Applicant in accordance with (B)(1)(b), and (B)(3)(b).
    - (iv) The Client dies before completing the Statement of Facts. The County Department shall discontinue processing of CMSP. At this point the County Department will pursue Medi-Cal eligibility via the DAPD process based on presumptive eligibility. In such cases, a Relative, friend, or a representative of a Public Agency, or the County Department may complete a Medi-Cal Statement of Facts

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and DAPD packet on behalf of the Applicant in accordance with Medi-Cal manual Section Article 22 and Procedures Section 4A. If forms are completed by the County Department a diligent search must be initiated.

### 3-023. Filing the Statement of Facts

The County Department shall:

- A. Set a reasonable deadline for returning the Statement of Facts to the County Department and inform the Applicant of the deadline at the time the Statement of Facts is given or mailed to the Applicant.
- B. Attempt to contact the Applicant or Client to determine the reason for delay if the Statement of Facts is not returned by the deadline specified in (A).
- C. Extend the deadline for returning the Statement of Facts if a valid reason for the delay, such as incapacity, is found.
- D. Deny the Application or discontinue eligibility if a valid reason for the delay, such as incapacity, is not found.
- E. Provide a copy of the completed Statement of Facts to the individual who signed it, at their request.

### 3-024. Obtaining Information for the Completion of the Statement of Facts

The County Department or the representative of a Public Agency completing the Statement of Facts in accordance with Section 3-022 (B) shall:

- A. Perform a reasonably diligent search to obtain available information regarding the Applicant's circumstances applicable to a CMSP eligibility determination.
- B. Complete the Statement of Facts based upon the findings of the diligent search.
- C. Initiate a Medi-Cal Application in those cases where a disability is expected to last for more than 12 months. If the Applicant is Competent and refuses to apply for Medi-Cal based on a disability and to complete a DAPD Application to determine disability, the County shall deny the Application due to non-cooperation after the County has explained the additional benefits available to the Applicant under the Medi-Cal program.

### 3-025. Verification--Prior to Approval

The County Department shall obtain verification of the following information contained on the Statement of Facts prior to Approval of Eligibility:

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- A. Identity as specified in Section 3-025.1.
- B. Income.
- C. The value of stocks, bonds, and mutual funds.
- D. Trust deeds.
- E. Other Real Property.
  
- F. All CMSP income deductions such as child care costs, health insurance premiums, alimony, etc.

G. Any other item which the County determines to be necessary to establish eligibility.

Note: In emergency situations the clients signed statement may be accepted to verify anticipated income, the worker will give the client ten (10) days to provide written verification. If the verification is not received the worker will discontinue case. Future benefits cannot be issued without client providing verification of the anticipated income.

The following can be verified by Client's sworn statement or Statement of Facts:

A. Savings and checking accounts – as long as Client provides:

- The type of account
- The account number
- Bank name
- Balance

B. Life insurance FMV as long as Client provides:

- Insurance company name and address
- Type of insurance (Whole or Term)
- Face value
- Cash surrender value (CSV)

C. Burial Insurance and trusts as long as Client provides:

- Company's name and address
- Face value
- CSV

D. Non-exempt vehicles:

- Must provide enough information and (make, model, year) details for worker to determine FMV.

NOTE: If other members of the individual's family are ineligible for Medi-Cal solely due to not providing valid Medi-Cal resource verifications, their failure to comply will not

