

Letter No: 07-10
Issue Date: June 14, 2007

CMSP
GOVERNING BOARD

TO: ALL COUNTY WELFARE DIRECTORS

RE: CMSP CASES WITH CMSP OR MEDI-CAL ELIGIBILITY
GRANTED GREATER THAN ONE YEAR

The purpose of this letter is to provide instructions to the counties on how to process CMSP cases when a CMSP member receives either 1) a Medi-Cal approval with an onset date greater than one year from the current month or 2) a CMSP approval due to a CMSP Fair Hearing or an Administrative Error granted past one year from the current month.

The counties are instructed to take the following actions:

1. Manually update MEDS for as many applicable months as the system will allow for.
2. Complete the enclosed CMSP 211 form.
3. Depending on the circumstances of the case, attach a copy of one of the following documents:
 - (a) DDSD Approval Letter;
 - (b) Social Security Disability Approval letter;
 - (c) CMSP Fair Hearing Ruling; or,
 - (d) Explanation of the Administrative Error and copy of the CMSP Approval Notice sent to the member.
4. Fax all of required information to the CMSP Governing Board Office (fax number indicated on the form).

Note, if the case involves retroactive Medi-Cal eligibility, CMSP will contact the county to arrange to obtain MC 180 form(s) to facilitate in CMSP's recoupment of funds paid that should have otherwise been paid by Medi-Cal. CMSP will be billing Medi-Cal for former CMSP members that have been granted Medi-Cal eligibility as a Medi-Cal provider.

If you have any questions regarding this notification, please contact Ms. Anna Bedrina, Eligibility Specialist with the CMSP Governing Board, at (916) 649-2631 ext 20.

Sincerely,



Lee D. Kemper
Administrative Officer

Enclosure

Notification of CMSP or Medi-Cal Eligibility Greater than 1 Year

CMSP County Instructions: Complete this form only when a CMSP member has been granted either CMSP or Medi-Cal eligibility past 1 year from the current month. Please manually update MEDS for as many months as the system will allow for.

Member Information:		
Name:	DOB:	
CIN:	<i>COUNTY USE ONLY:</i> Case Number:	County:

Eligible Months:		
Month Requiring Change	Month & Year	New CMSP or Medi-Cal Aid Code
Month 13:		
Month 14:		
Month 15:		
Month 16:		
Month 17:		
Month 18:		
Month 19:		
Month 20:		
Month 21:		
Month 22:		
Month 23:		
Month 24*:		
* Please complete & submit another form if member's eligibility is effected past 2 years		

Reason for eligibility granted past 1 year:
<p>Check (✓) what situation is applicable in this case:</p> <p><input type="checkbox"/> CMSP member with a Medi-Cal disability approval with an onset date greater than 1 year from the current month.</p> <p><input type="checkbox"/> CMSP approval due to Fair Hearing or Administrative Error granted past 1 year from the current month.</p>
<p>Documentation:</p> <p>Depending on the case, one of the following supporting documents must be attached to the CMSP 211 and submitted to CMSP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DDSD Approval Letter <input type="checkbox"/> Social Security Disability Approval Letter <input type="checkbox"/> CMSP Fair Hearing Ruling <input type="checkbox"/> Explanation of Administrative Error with a copy of the Approval Notice sent to the member
<p>County comments:</p>

County Representative:	
Name & Title of Person Completing Form:	Date:
Signature:	Telephone Number: ()

**Please fax form with supporting documentation to the
CMSP Governing Board Office, Attention: Eligibility at (916) 649-2606**