

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:	<u>COUNTY USE ONLY:</u> 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**