

**COUNTY MEDICAL SERVICES PROGRAM
NOTICE OF ACTION
APPROVAL/DENIAL OF BENEFITS**

(County Stamp)

Case name: _____
 Case number: _____
 District: _____
 This affects: _____
(Names)

Your application for CMSP benefits has been approved. Your CMSP certification period begins the first day of (month/year) _____ and ends last day of (month/year) _____. You will be eligible as follows:

Month:	_____	_____	_____ through _____
Gross income:	\$ _____	\$ _____	\$ _____
Net nonexempt income:	\$ _____	\$ _____	\$ _____
300% FPL*:	\$ _____	\$ _____	\$ _____
Eligible for the month:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance need:	\$ _____	\$ _____	\$ _____
Excess income/monthly share-of-cost:	\$ _____	\$ _____	\$ _____

* If this information indicates you are not eligible for a particular month, it was because your Net Nonexempt Income exceeded 300% of the Federal Poverty Level (FPL).

For the months that the above indicates you are eligible, you will receive your plastic Benefits Identification Card (BIC) soon. Do not throw this card away. This card is good as long as you are eligible for CMSP. Take this plastic card to a pharmacy, doctor, or other provider participating in the CMSP provider network to get your health care services. Your BIC will show the provider *if* you have a share-of-cost to pay. The amount that you pay or obligate to pay health care providers will be automatically computed. After your total monthly share-of-cost has been paid or obligated, you will not have to pay for covered health care services received that month from providers participating in the CMSP provider network.

In addition to the plastic BIC as described above, you will soon receive a CMSP identification card. You should present this card along with the BIC to your provider when obtaining services, including medications.

CMSP eligibility is limited to individuals aged 21 through 64 years.

CMSP limits the length of your eligibility. You will automatically be discontinued from CMSP at the end of the month stated above. If you continue to need aid after the date of discontinuance, you can reapply during your last month of eligibility. Please do not reapply sooner.

Eligibility Worker	Telephone number	Date
--------------------	------------------	------

Do not throw your plastic ID card away. You can use it again if you become eligible for CMSP or Medi-Cal. The authority that requires this action is in CMSP All County Letter No. 16-02 and/or CMSP Eligibility Manual sections 3-027, 3-028, 3-029, 3-032, 8-011, 8-012, 8-053, 10-012, 11-011.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.