

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

Approvals

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Background

Workers enter the applicant's/beneficiary's information directly into the CMS IT system to certify CMS applications. When the applicant/beneficiary is determined to be eligible to CMS benefits, the CMS IT System generates an Approval Notice of Action (NOA).

Policy:

A: CMS Benefits Approved

The CMS IT System generates and sends an Approval NOA for all CMS eligible beneficiaries, except homeless. This NOA is used to inform the applicant of the approval and the eligibility category to which they have been approved.

B: CMS Approved and Disability Medi-Cal (DDSD) Pending

The worker opens an automated Medi-Cal case in CalWIN and places it in a pending status. The worker must also evaluate for retroactive Medi-Cal when the applicant/beneficiary has had CMS coverage in the retroactive period.

HOS Worker

The HOS worker shall assist applicants, as needed, with the Medi-Cal application process including helping them complete the Statement of Facts (SOF) and DDSD packet (Refer to 02.05 Medi-Cal Linkage for more instructions). The HOS worker CANNOT approve CMS until the Medi-Cal application and DDSD packet are received fully completed and all eligibility and verification requirements for both Medi-Cal and CMS have been met.

The date the DDSD packet was sent to DHCS must be recorded on the CalWIN Disability screen within 30 days from the date of application. If CalWIN Disability Screen input is not completed within 30 days from the date of application, all CalWIN entries will fail. The worker records the CMS certification period and the date the DDSD packet was imaged into CERMS in case comments of the CMS and Medi-Cal case. The HOS worker then sends the Medi-Cal case to the DDSD worker at the Family Resource Centers (FRC).

Reminder: Refer to MPG 5.04 regarding when to submit the DDSD packet

Non-HOS Worker

As a condition of eligibility, applicants/beneficiaries with a disabling condition that may potentially link them to disability Medi-Cal (DDSD) must apply for and complete the Medi-Cal application process for full scope benefits. The applicant/beneficiary is informed that the CMS case will remain pending until all Medi-Cal application requirements are met. Refer to 02.06 for verification request timelines. If otherwise eligible, CMS benefits may be approved. The DDSD decision is not required prior to approving CMS benefits.

The worker will approve CMS benefits when the:

- Applicant/beneficiary has met all Medi-Cal eligibility and verification requirements,
- Medi-Cal disability application is pending in CalWIN, and
- The completed DDSD packet has been imaged into CERMS

Note: CMS should not be certified if there is a pending fraud investigation on the Medi-Cal application.

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Other Program Impact:

None

Reference(s):

None

Sunset Date:

This policy will be reviewed for continuance by 04/30/2019.

Release Date:

April 04, 2016