

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

**Other CMS Required Forms**

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**02.14**

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**Background**

Additional required forms are given to applicant/beneficiary for review and signature.

**Policy:**

Workers will give the appropriate forms to applicant/beneficiary for review and signature. These forms are scanned and maintained in the CMS IT system in the appropriate case record.

**A: Rights and Responsibilities**

Applicants/beneficiaries will sign the Rights and Responsibilities form acknowledging that they have reviewed the information and they understand their rights and responsibilities. The applicant may sign the Image Verification Checklist in lieu of the Rights and Responsibilities form, as outlined in 02.01.

**B: Lien Information**

Effective 12/01/07, as a condition of eligibility, all applicants are required to sign the CMS Lien Information form and CMS Grant of Lien form naming the County of San Diego as grantee to secure any and all real property of the applicant as security for repayment of all claims totaling \$5,000 or more paid by the CMS Program on their behalf.

The lien will be filed against any real property that is currently owned or real property that may be purchased in the future. Refer to 06.06 for additional information regarding liens.

The CMS Lien Information form and the CMS Lien Acknowledge Statement may be included on the Image Verification Checklist. The CMS Grant of Lien form may **not** be included on the Image Verification Checklist.

**C: Coverage Information**

Applicants/beneficiaries will sign the Coverage Information form acknowledging that they have reviewed the information and they understand the limitations of CMS coverage and their responsibilities for Share of Cost (SOC) payments when certified for CMS with a SOC. The applicant may sign the Image Verification Checklist in lieu of the Coverage Information form, as outlined in 02.01.

**D: Notice of Privacy Practices**

Worker will give the "Notice of Privacy Practices" (NPP-002) to all individuals who are certified or re-certified for CMS. This is a federal requirement under the Health Insurance Portability and Accountability Act (HIPAA).

All beneficiaries shall sign the "Notice of Privacy Practices" notice or the Image Verification Checklist in lieu of the receipt acknowledging that they have received the notice. The County will make a good faith effort to obtain the signed acknowledgement that the beneficiary received the notice. If the signed acknowledgement is not received from the beneficiary, county staff will sign the acknowledgement and document in the case record the efforts taken and the reason why the acknowledgement was not obtained.

**NOTE:** The beneficiary is not required to sign the acknowledgement of receipt as condition of eligibility; therefore, the worker will not deny case if the signed acknowledgement is not received.

**E: Credit Check Authorization**

All CMS applicants/beneficiaries are required to sign a Credit Authorization Form as a condition of eligibility. CMS does not consider an applicant's credit history as a basis for eligibility but will use the

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credit check as a verification tool for financial, property, and eligibility information which the applicant/beneficiary provided (Refer to 09.01 for additional information).

**F: Image Verification Checklist**

The Image Verification Checklist form eliminates the scanning need of specific forms. When using the Image Verification Checklist, workers verify that the forms listed have been given to the applicant/beneficiary and that the applicant/beneficiary acknowledges receipt of the forms by initialing next to the forms they have received. This form is scanned into the CMS IT system in lieu of the forms containing an initial. The checklist must list the correct effective/revision date for each form given.

**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