STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

(916) 323-0503

August 24, 1988
CMSP Letter 88-8

ALL CMSP COUNTY WELFARE DIRECTORS

SUBJECT: **CMSP FORMS**

This letter transmits camera ready copies of the revised Summary CMSP Eligibility form (CMSP Information Notice 2, English/Spanish) and the new Notification of Potential Third Party Liability form (CMSP 1176). The CMSP Information Notice 2 includes revisions to the property limits and maintenance need levels while the Notification of Potential Third Party Liability form standardizes the procedure for collecting, and forwarding information on potential third party liability to the Department (refer to Section 0771 of the CMSP Eligibility Manual).

The CMSP 1176 form should be completed when the county determines that a CMSP beneficiary received medical care services under the Program as a result of an accident, injury or illness caused by some other person's action or failure to act, and either:

a) The beneficiary intends to file a claim or lawsuit against the liable party <u>or</u>

b) The liable party has insurance or Workers' Compensation coverage.

One copy of the completed form should be placed in the CMSP case file and the original completed form must be sent to the DHS Casualty/Workers' Compensation Section at the address shown on the form. Upon receipt of this letter, the county is responsible for the immediate reproduction of an adequate supply of both forms, using the camera-ready copies enclosed, and for implementation of the forms. The county's remaining supply of any outdated forms should be destroyed upon receipt of the new supply of English and Spanish forms.

Please contact Linda McFarland of the CMSP unit at (916) 324-4203, if you have any questions concerning this new form.

Sincerely,

Jim Martinez

Jim Martinez, Chief
County Medical Services Program

Enclosures

CMSP Contact Persons

NOTIFICATION OF POTENTIAL THIRD PARTY LIABILITY

INSTRUCTIONS: COMPLETE THIS FORM ONLY WHEN ONE OR MORE OF THE FOLLOWING APPLY

The county determines that a CMSP beneficiary has used or will use CMSP for an injury or illness resulting from some other person's action or failure to act and:

1. The liable party has liability insurance or Workers' Compensation Insurance *OR*
2. The beneficiary has filed or intends to file a claim or lawsuit against the liable party.

To	Date Prepared
Department of Health Services Casualty/Workers' Compensation Section P. O. Box 2471 Sacramento, CA 95812-2471	

From: County Agency

Agency Address

POTENTIAL THIRD PARTY LIABILITY INFORMATION

CMSP Beneficiary's Name	Social Security Number
Present Address	CMSP Identification Number (14 digits)
	Date of Birth
	Date of Injury

Beneficiary's Attorney

Attorney's Address

Liability Insurance Carrier (if available)

Liability Insurance Carrier's Address (if available)

Comments

Eligibility Worker's Name	Eligibility Worker's Number (if applicable)	Telephone Number

SUMMARY CMSP ELIGIBILITY

Description of Eligible Person	Medically Indigent Adult(s) not eligible for Medi-Cal
Age Limits	Over 21 and under 65.
Residence and Citizenship	California residence. Residence in a CMSP county. A citizen of the United States or an alien who is: Lawfully admitted for permanent residence; permanently residing in the United States under color of law; an IRCA individual.
Personal Property Limits	

Number of Persons Whose Property is Considered	Property Limit 1988	Property Limit 1989
1 person	$1,900	$2,000
2 persons	2,850	3,000
3 persons	3,000	3,150
4 persons	3,150	3,300
5 persons	3,300	3,450
6 persons	3,450	3,600
7 persons	3,600	3,750
8 persons	3,750	3,900
9 persons	3,900	4,050
10 or more persons	4,050	4,200

Spenddown of excess property permitted.

Motor Vehicle Limits	One (1) vehicle exempt—no maximum value.
Real Property Limits	Principal residence, including any appertaining buildings and land used as a home is exempt if the applicant/beneficiary lives there. Other real property with a net market value of $6,000 or less is exempt if utilization requirements are met.
Relative Responsibility	Spouse for spouse. Parent for ineligible child living in parent's home.
Need Standard	

	CMSP Monthly Maintenance Need
1 person	$ 575
2 persons	717
2 adults	892
3 persons	892
4 persons	1,059
5 persons	1,200
6 persons	1,350
7 persons	1,484
8 persons	1,617
9 persons	1,742
10 persons	1,875

Each additional person add $13

Beneficiary Responsible for Cost of Health Care	Net nonexempt income minus maintenance need equals share of cost. Share of cost must be paid or obligated before certification for Program benefits.

Please note that this is a general summary. For exceptions and details, consult your county welfare department.

RESUMEN PARA ELEGIBILIDAD CMSP

Descripción de la Persona Elegible	Adulto(s) Medicalmente Indigente Inelegible para Medi-Cal.
Límites en la Edad	Mayor de 21 y menor de 65.
Residencia y Nacionalidad	Residencia en California. Residencia en un condado CMSP. Un ciudadano de los Estados Unidos o un extranjero que está: admitido legalmente con residencia permanente; residiendo permanentemente en los Estados Unidos bajo las regulaciones de la ley; una persona IRCA.
Límites Personales en la Propiedad	

Número de Personas Cuyas Propiedades se Consideran	Límite en la Propiedad 1988	Límite en la Propiedad 1989
1 persona	$1,900	$2,000
2 personas	2,850	3,000
3 personas	3,000	3,150
4 personas	3,150	3,300
5 personas	3,300	3,450
6 personas	3,450	3,600
7 personas	3,600	3,750
8 personas	3,750	3,900
9 personas	3,900	4,050
10 o más personas	4,050	4,200

Deducción permitida en el exceso de la propiedad.

Límites en Vehículos Motorizados	Un (1) vehículo exento—sin pasar el valor máximo.
Límites en Bienes Raíces	Residencia principal, incluyendo cualquier construcción y terreno adherente que están exentos, si el solicitante/beneficiario vive allí. Otros bienes raíces con un valor neto en el mercado de $6,000 o menos están exentos si se satisfacen los requisitos para su utilización.
Responsabilidad del Relacionado	Esposo(a) por esposo(a). Padre/madre por niño(a) inelegible que vive con su padre/madre.
Criterio de Necesidad	

	Ingreso Mensual CMSP Necesario para Mantenerse
1 persona	$575
2 personas	717
2 adultos	892
3 personas	892
4 personas	1,059
5 personas	1,200
6 personas	1,350
7 personas	1,484
8 personas	1,617
9 personas	1,742
10 personas	1,875

Por cada persona adicional añada $13

Responsabilidad del Beneficiario por el Costo del Cuidado de la Salud	El ingreso neto no exento menos el ingreso por mantenimiento iguala a la parte del costo. La parte del costo debe ser pagada u obligada a pagarse antes de la certificación de los beneficios del programa.

Por favor tenga en cuenta que éste es un resumen general. Por excepciones y detalles, consulte con su departamento de bienestar de condado.