

*ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY*

**COUNTY MEDICALLY INDIGENT SERVICES (CMSP) PLAN  
Including ALAMEDA COUNTY EXCELLENCE (ACE) PROGRAM**

**Eligibility, Applications, and Enrollment**

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**ALAMEDA COUNTY  
COUNTY MEDICALLY INDIGENT SERVICES/ ALAMEDA COUNTY EXCELLENCE PLAN**

**A. POLICY STATEMENT AND PROGRAM OBJECTIVES:**

As mandated per Section 17000 of the Welfare and Institutions Code, it is the policy of the County of Alameda to provide comprehensive health care services through a contracted network of health care providers to its medically indigent population. This program is referred to as the County Medically Indigent Services Plan (CMSP). Health care services are provided through the CMSP Provider Network, which includes both the Alameda County Medical Center and primary care community-based organizations. The Alameda County Excellence (ACE) program, an enhancement to the CMSP program, is a chronic disease management program.

The Program objectives are to (1) optimize patient health by focusing on prevention and proactive health management, (2) reduce per patient expenditures by reducing inappropriate use of emergency room, (3) provide an equitable and uniform method of payment for health services, (4) provide consistency in application of eligibility standards, (5) develop a standardized and coordinated demographic and service database and (6) more fully empower patients to take a more active role in their own care. The ACE program attempts to manage chronic conditions by offering full health coverage and services to qualified individuals.

**B. PROGRAM MANAGEMENT:**

The County Medically Indigent Services/Alameda County Excellence Plan, under the direction of the Board of Supervisors, is administered by the Alameda County Health Care Services Agency (ACHCSA).

**C. ELIGIBILITY:**

**1. TO BE ELIGIBLE FOR CMSP COVERAGE INDIVIDUALS MUST:**

- a. Be a resident of the County of Alameda
  - i. persons with a valid Visa are not eligible, **and**
  
- b. Have a gross monthly income level at or below the 200% Federal Poverty Level (FPL) (refer to Appendix A, Federal Poverty Level Schedule and Appendix B, Guidelines for Determining Family Unit Size). For inpatients only, resources cannot exceed the Maximum Resource Allowance, equal to 200% of the Federal Poverty Level as determined by the Resource Conversion Worksheet procedures (refer to Appendix C, Resource Conversion Worksheet), **and**
  
- c. Not have another payor source to cover the needed service including:
  - i. Have no other payor source or do not qualify for any other local, state or federal insurance plan or program for the service(s) provided, **or**
  - ii. Have other payor source that does not cover the service provided, **or**

- iii. Be on Restricted Medi-Cal or have an unmet Medi-Cal share of cost (note that CMSP only covers the service not covered by Medi-Cal and/or the Medi-Cal share of cost), **or**
- iv. Have private insurance (or Medicare) that has a deductible (note that **patient is eligible for CMSP until his/her deductible is met**).

**2. TO BE ELIGIBLE FOR ACE COVERAGE INDIVIDUALS MUST:**

- a. Be a resident of the County of Alameda, **and**
- b. Have a gross monthly income level at or below the 200% Federal Poverty Level (FPL) (refer to Appendix, A, Federal Poverty Level Schedule and Appendix B, Guidelines for Determining Family Unit Size). For inpatients only, resources cannot exceed the Maximum Resource Allowance, equal to 200% of the Federal Poverty Level as determined by the Resource Conversion Worksheet procedures (refer to Appendix C, Resource Conversion Worksheet), **and**
- c. Have a specific medical diagnosis, **and**
- d. Be age 19 through 64, **and**
- e. Not be eligible for any Medi-Cal Programs, the Healthy Families Program, or the Access for Infants and Mothers Program, **and**
- f. Have documentary evidence of United States citizenship (or Legal Residency for five years) and identity (refer to Appendix D CMSP/ACE Verification Documents and Appendix E Exceptions to Five Year Bar for Legal Residency), **and**
- g. Not have had health insurance in the three months prior to enrollment that was self-terminated.

**D. APPLICATION:**

**1. SCREENING FOR THE CMSP/ACE APPLICATION:**

The CMSP Provider Network should determine CMSP and ACE eligibility for the entire family unit using One-e-App, the web-based health enrollment system.

- a. All reasonable efforts should be made to initiate CMSP and ACE applications prior to the clinical appointment in order to be covered by CMSP/ACE.
- b. Eligibility for inpatient services in which income does not exceed the Maximum Resource Allowance as determined by resource conversion procedures should be determined at time of admission (refer to Appendix C, Resource Conversion Worksheet).
- c. Eligibility for unscheduled services, i.e., ER/UC should be determined at time of service unless previously enrolled.

## 2. **APPEAL PROCESS FOR DENIED APPLICATIONS**

- a. Applicants may appeal the decision of denial in **CMSP** by contacting the provider of service. The provider of service shall give written response to the applicant within twenty (20) days of receipt of the appeal request. Appeals that the provider of service are unable to resolve shall be forwarded to the Alameda County Health Care Services Agency (ACHCSA) CMSP-ACE Program Administrator, accompanied with the appropriate background documentation and provider's recommendation on appeal.
- b. Applicants may appeal the decision of denial in **ACE** by contacting the provider of service. The provider of service shall forward the appeal to the Alameda County Health Care Services Agency (ACHCSA) CMSP-ACE Program Administrator. ACHCSA will provide written response to the applicant within twenty (20) days of receipt of the appeal request.

## E. **ENROLLMENT:**

### 1. **ENROLLMENT PERIOD**

#### **Enrollment period for CMSP/ACE will be for a one-year period.**

- i. If enrollment has not been pre-determined ER and Urgent Care visits will be provided with an enrollment period in **CMSP** of up to 5 days, unless the patient has the required documentation when seeking ER or Urgent Care in which case the patient can be enrolled for a one-year period.

### 2. **DOCUMENTATION REQUIREMENTS:**

- a. Enrollment in **CMSP** requires documentation to prove identity, income, and Alameda County residency (see Appendix D, CMSP/ACE Verification Documents, Appendix E, Exceptions to Five Year Bar for Legal Residency and Appendix F, CMSP Statement of Income and Residency).
- b. Enrollment in **ACE** requires documentation to prove identity, income, Alameda County residency, age, and United States citizenship (or Legal Residency for five years) (see Appendix D, CMSP/ACE Verification Documents, Appendix E, Exceptions to the Five Bar for Legal Residency, and Appendix F, CMSP Statement of Income and Residency).

### 3. **RETROACTIVE ENROLLMENT:**

- a. Retroactive eligibility for **CMSP** may be determined up to six months from the date of enrollment, as long as the applicant was eligible for services at the time they were received, for the following reasons **via secure override capability (i.e., requires supervisor user type review)**.
  - i. Medi-Cal was denied due to excess assets,
  - ii. SSI was denied due to no disability,

- iii. Healthy Families was denied due to any reason other than non-compliance assuming that the family meets the Alameda County residency requirement and that income does not exceed 200% of the Federal Poverty Level,
  - iv. The patient was not screened at the time of service:
    - 1) The patient was seen by the provider and left prior to being screened (Drop-In Clinics or unscheduled services only).
    - 2) Eligibility staff was not available at the time of service, or prior to discharge (ER/UC and Inpatient only).
    - 3) Third-Party payor coverage was terminated prior to service received.
    - 4) Third-Party payor did not cover the service provided,
  - v. Or, in other situations determined on a case by case basis at the discretion of the supervisor user.
- b. There is no retroactive eligibility for **ACE**.

#### 4. **SERVING PARTICIPANTS**

- a. **CMSP** eligibility determined for any family member by any provider within the **CMSP outpatient** provider network shall be honored by all providers within the **CMSP outpatient** provider network for the duration of the eligibility determination period.
- b. Eligible **ACE** participants will receive an ACE identification card indicating membership and a designated medical home chosen by the participant. Primary care services will only be provided by the stated medical home provider. Specialty, emergency room, and inpatient services will be provided through the Alameda County Medical Center at the Highland Campus.

#### 5. **DISENROLLMENT:**

- a. A person may be disenrolled from **CMSP** for the following reasons:
  - i. He/she has other third party payor source, is linked to another program or refuses to apply for other third party payor source for which s/he is eligible,
  - ii. He/she no longer meets the Federal Poverty Level requirement,
  - iii. He/she no longer meets the Alameda County residency requirement,
  - iv. He/she did not comply with other payor application process. Specifically, for those individuals who were determined preliminarily eligible in One-e-App for Medi-Cal or Healthy Families but did not complete the application process or were denied due to failure to comply with the application process.
  - v. He/she requests disenrollment.
- b. A person may be disenrolled from **ACE** for the following reasons:
  - i. He/she has other third party payor source, is linked to another program or refuses to apply for other third party payor source for which s/he is eligible,
  - ii. He/she no longer meets the Federal Poverty Level requirement,
  - iii. He/she no longer meets the Alameda County residency requirement,

- iv. He/she did not comply with other payor application process. Specifically, for those individuals who were determined preliminarily eligible in One-e-App for Medi-Cal or Healthy Families but did not complete the application process or **were** denied due to failure to comply with the application process.
- v. He/she requests disenrollment.
- vi. He/she turns 65.

**F. FINANCIAL LIABILITY:**

1. CMSP and ACE eligible persons may be responsible for a co-payment (refer to Appendix G, CMSP/ACE Liability Schedule).
2. CMSP/ACE eligible persons who receive inpatient services who have excess liquid assets as determined by the Medi-Cal Maintenance of Need schedule may have his/her CMSP Liability calculated in accordance with resource conversion procedures (refer to Appendix C, Resource Conversion Worksheet).
3. CMSP/ACE eligible persons who are referred for outside medical services from the Alameda County Medical Center (ACMC) who have excess liquid assets as determined by the Medi-Cal Maintenance of Need Schedule may, at the discretion of ACMC, have his/her CMSP Liability calculated in accordance with resource conversion procedure (refer to Appendix C, Resource Conversion Worksheet).
4. CMSP eligible persons who have a referral from the Public Health Department that requires a mandated Public Health Service shall have their CMSP co-payment waived. This includes assessment, evaluation, and treatment for: outpatient Tuberculosis (TB), sexually transmitted diseases (STDs), immunizations, vaccine preventable diseases, enteric infections and other acute communicable disease related medical services for cases and suspected cases and contacts.

**G. SCOPE OF SERVICES**

The **CMSP** services are the same as the Medi-Cal Scope of Service as defined in Section 14132 of the Welfare and Institutions Code).

**ACE patients** will have their care coordinated through an integrated medical home in addition to the services covered through CMSP.

**H. AUDIT PROTOCOL:**

CMSP and ACE audits will be conducted remotely via the ACHCSA centralized database. Audits will be comprehensive and will include, but not be limited to the following:

1. Review of verifications of identification, residency and income to ensure that appropriate verifications were obtained and retained.
2. Review of supervisory over-rides.
3. Review of episodic enrollments.
4. Review of retroactive eligibility.

**Appendix A: Federal Poverty Level Schedule**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
FEDERAL POVERTY LEVEL  
EFFECTIVE APRIL 1, 2008**

% OF POVERTY LEVEL	***MAXIMUM GROSS MONTHLY INCOME PER FAMILY SIZE***										
	1	2	3	4	5	6	7	8	9	10	FOR EACH ADD'L MEMBER ADD:
0 - 100%	867	1167	1467	1767	2067	2367	2667	2967	3267	3567	300
101 - 150%	1301	1751	2201	2651	3101	3551	4001	4451	4901	5351	450
151 - 200%	1734	2334	2934	3534	4134	4734	5334	5934	6534	7134	600
Over 200%	PATIENTS WHOSE GROSS MONTHLY INCOME IS OVER 200% OF THE FEDERAL POVERTY INCOME GUIDELINES SHALL BE CONSIDERED PRIVATE PAY.										

## APPENDIX B: GUIDELINES FOR DETERMINING FAMILY SIZE

### FAMILY UNIT:

A family unit is comprised of:

- 1) a single adult with or without children,
- 2) a married couple with or without children, or
- 3) an unmarried couple with common children.

**Note:** If there is more than one family unit living in the household—parents of adults, grandparents, uncles/aunts/cousins, etc.--each family would be *considered a separate Family Unit.*)

**Exception:** Other family members may be counted in the family unit if they are declared as a dependent for IRS. In such cases, evidence of dependency must be provided.

### FAMILY INCOME:

Family income includes income from all family members including public funds, i.e., SSI, Cal-Works, etc.

- **Student loans, grants and scholarships are exempt from income.**
- **Care expenses are not deducted from gross income. This includes, but is not limited to alimony, child support, or elderly support.**

Table 1 provides scenarios for determining family unit and family income in order to help determine CMSP/ACE eligibility.

***IN DETERMINING CMSP ELIGIBILITY, ELIGIBILITY OF ANY MEMBER IN THE FAMILY INTO OTHER HEALTH COVERAGE PROGRAMS, I.E., MEDI-CAL, HEALTHY FAMILIES, ETC. NEEDS TO BE PURSUED PRIOR TO ENROLLMENT INTO THE CMSP PROGRAM.***

**Table 1**

<b>SCENARIO</b>	<b>FAMILY UNIT</b>	<b>INCOME CONSIDERED (Refer to CMSP Liability Schedule to determine CMSP eligibility)</b>
1. <i>Single working male/female</i>	<i>One</i>	<i>Total gross income</i>
2. <i>Married working couple w/no children</i>	<i>Two</i>	<i>Total gross income</i>
3. <i>Married working couple with four children under age 21 living in household.</i>	<i>Six</i>	<i>Total gross income</i>
4. <i>Married couple whose elderly parents live with them but parents have no income</i>	<i>Two separate family units</i> <ul style="list-style-type: none"> <li>• <i>Married couple = 2</i></li> <li>• <i>Elderly parents = 2</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Married couple's gross income.</i></li> <li>• <i>Elderly parents, aid in kind from adult children</i></li> </ul>
5. <i>Foster parents receiving foster care allocation for foster children.</i>	<i>Two (foster parents)</i>	<i>Income of foster parents only. (Foster care allocation is not considered when determining gross monthly income.)</i>
6. <i>Grandparents taking care of grandchildren who are on CalWorks.</i>	<i>Two (grandparents)</i>	<i>Income of grandparents only. (CalWorks income for grandchildren is not considered when determining gross monthly income)</i>
7. <i>Married couple, husband receives SSI; wife needs health care and only income is husband's SSI.</i>	<i>Two</i>	<i>Husband's income from SSI.</i>
8. <i>Unmarried couple with no children.</i> <ul style="list-style-type: none"> <li>• <i>Male is working, female is not working and has no health coverage.</i></li> <li>• <i>Female presents for health care</i></li> </ul>	<i>One</i> <ul style="list-style-type: none"> <li>• <i>Male=1</i></li> <li>• <i>Female=1</i></li> </ul>	<i>Complete CMSP Statement of Income and Residency</i>
9. <i>Unmarried couple with two (2) common children and two (2) children from other marriages/relationships.</i> <ul style="list-style-type: none"> <li>• <i>Male works, female does not work, no health coverage.</i></li> <li>• <i>Male or female or common child presents for health care</i></li> </ul>	<i>Six</i>	<i>Income from male</i>

**APPENDIX C: RESOURCE CONVERSION WORKSHEET – (INPATIENTS ONLY)**

**April 1, 2007**

<b>Family Unit (A)</b>	<b>*MAXIMUM RESOURCE ALLOWANCE (B)</b>	<b>TOTAL AVAILABLE RESOURCES (C)</b>	<b>MONTHLY PRORATED RESOURCE AMOUNT (D)</b>	<b>GROSS MONTHLY INCOME (E)</b>	<b>TOTAL GROSS MONTHLY INCOME (F)</b>
1	\$20,424				
2	\$27,384				
3	\$34,344				
4	\$41,304				
5	\$48,264				
6	\$55,224				
7	\$62,184				
8	\$69,144				
9	\$76,104				
10	\$83,064				
More than 10	\$6,960 Per Additional Family Member				

\*Maximum Resource Allowance is equal to 200% of the annual income guidelines. Patients whose total available resources exceed the Maximum Allowance” shall be considered “private pay”.

## PROCEDURE FOR RESOURCE CONVERSION – (HOSPITALS ONLY)

### Step 1:

Determine family size and match with Column A.

### Step 2:

Determine resources available to patient. Enter amount in Column C. If none, follow Ability to Pay Procedure.

### Step 3:

Compare Total Available Resources (Column C) with Maximum Resource Amount (Column B).

- If Column C is greater than Column B, patient shall be considered “Private Pay”. Bill the patient.
- If Column C is less than Column B continue to Step 4.

### Step 4:

Obtain Monthly Resource Amount by deducting Medi-Cal Property Limit Amount (Title 22, 50420) from Column C and divide result by 12. Enter amount in Column D.

### Step 5:

Enter Gross Monthly Income previously determined through CMSP interview from Payor Financial Form in Column E. If none, enter 0.

### Step 6:

Add Monthly Resource Amount (Column D) to Gross Monthly Income (column E) and determine Total Gross Monthly Income. Enter total in Column F.

### Step 7:

Apply Item D (Family Unit) and Column F (Total Gross Monthly Income) to the CMSP Liability Schedule and determine if patient is eligible. Complete budget section following established instructions when eligibility exists.

**NOTE: WHEN APPLICABLE, LONG TERM CARE PATIENTS AT FAIRMONT HOSPITAL SHALL BE CONSIDERED “PRIVATE PAY” UNTIL SUCH TIME AS THEIR ASSETS QUALIFY THEM FOR MEDI-CAL.**

**APPENDIX D: CMSP/ACE VERIFICATION DOCUMENTS  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**

<b>ACCEPTABLE CITIZENSHIP (for ACE only) AND IDENTITY DOCUMENTS</b>			
<ul style="list-style-type: none"> <li>• U.S Passport issued without limitation (expired ones are acceptable)</li> <li>• Certificate of U.S Naturalization (N-550 or N-570)</li> <li>• Certificate of U.S Citizenship (N-560 or N-561)</li> </ul>			
<b>CITIZENSHIP or Legal Residency for Five years<sup>1</sup> (FOR ACE ONLY) (Column 1)</b>	<b>IDENTIFICATION (Column 2)</b>	<b>ALAMEDA COUNTY RESIDENCY (Column 3)</b>	<b>INCOME (Column 4)</b>
➤ <b>If you do not have one of the documents above, provide one citizenship document from this column AND one starred identity document from the next column.</b>	➤ <b>IDENTIFICATION THAT HAS A PICTURE OF THE PERSON IS PREFERRED</b>	◆ <b>POSITIVE IDENTIFICATION AS A COUNTY OF ALAMEDA RESIDENT</b>	
U.S Birth Certificate <sup>1</sup>	<b>PRIMARY ACCEPTABLE DOCUMENTATION (WITH PHOTO ID):</b> ◆ A recent and valid California or out of state motor vehicle driver's license**	➤ A current and valid California motor vehicle driver's license or Identification Card	➤ Paycheck stubs (Most recent, preferably one month)
➤ Certification of Report of Birth (DS-1350)	➤ Identification Card issued by the Department of Motor Vehicles	➤ A current and valid California motor vehicle registration in applicant's/family's name	➤ Award letter or checks showing amount of pension or benefits, including social Security and VA
➤ State Department of Certification of Birth (FS-545 or DS-1350)	➤ Voter's Registration Card from other country which has picture, name and birth date	➤ A recent County of Alameda rent or mortgage receipt or utility bill	➤ Statement from providers of other income (contributions, refunds, child support, etc.)
➤ U.S Citizen Identification Card (I-197 or I-179)	➤ Check cashing card with photo	➤ Evidence that applicant is receiving General Assistance in County of Alameda County	➤ State Unemployment of Disability award letter/application
➤ American Indian Card (I-872)	➤ School Identification Card with a photo**	➤ Utility Bill of relative/Friend with whom living	➤ Self-employment information: Last year's tax return or current ledgers, current inventory, including business equipment and supplies
➤ Northern Mariana Card (I-873)	➤ A U.S Passport (issued with limitation)**	➤ Other Written Documentation (Specify) (Includes but not limited to the following)	➤ Unemployment check stubs (Most recent, preferably one month)
➤ Final adoption decree showing a U.S. place of birth	➤ Work Badge, Building Pass	➤ Voter Registration Card (Current)	➤ Worker's Compensation check stubs (Most recent, preferably one month)
➤ Proof of employment by the U.S. civil service before June 1, 1976	➤ Matricula	➤ Sworn statement from Relative/Friend	➤ Retirement check stubs (Most recent, preferably one month)/Direct Deposit Statement
➤ U.S. military service record that shows a U.S place of birth	➤ Tribal Enrollment Card w/ Photo ID	➤ School Registration	➤ Income tax documentation from prior calendar year
➤ U.S hospital record established at the time of the person's birth*	➤ Border Crossing Card w/Photo	➤ Bank Account Statement w/Home Address	➤ Other Income – <i>Interest from</i> Savings account statements/annuity etc. statements (For persons with no income other than from savings accounts, annuities, etc)
➤ Life, health, or other insurance card*	➤ Work Permit w/Photo	➤ Paycheck Stub w/ Home Address	
➤ Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth*	➤ U.S. Military I.D card or draft record**	➤ Student Loan Grant Award Letter or loan grant papers with home address	➤ CMSP Statement of Income and Residency
➤ Seneca Indian tribal census record*	➤ Federal, state, or local government I.D. card with same identifying information as a driver's license**	➤ CMSP Statement of Income and Residency	➤ Other Written documentation (Specify) ➤ Cal-WIN Printout ➤ Letter from Employer ➤ Aid in Kind
➤ Bureau of Indian Affairs tribal census record of the Navajo Indians*	➤ U.S Military dependent identification card**	<b>ALAMEDA COUNTY RESIDENCY AND INCOME</b>	
➤ U.S. State Vital Statistics birth registration notification*	➤ Certificate of Degree of Indian Blood or other U.S American Indian/Alaska Native Tribal**	➤ Award letter or checks with home address showing amount of pension or benefits including Social Security and VA	
➤ An amended U.S. public birth record (amended more than 5 years after the person's birth)*	➤ U.S Coast Guard Merchant Mariner Card**	➤ GA Referral Form	
➤ Statement of signed by doctor or midwife present at the time of birth*	<b>SECONDARY ACCEPTABLE DOCUMENTATION (for CMSP only):</b> (Secondary documentation is required if ID does not have a photo)	➤ Unemployment check stub with home address (Most recent, preferably one month)	
➤ Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth	➤ Birth Certificate	➤ Disability check stubs with home address (Most recent, preferably one month)	
➤ Medical record (not an immunization record)*	➤ Church membership or baptism/confirmation record	➤ Worker's Compensation check stubs with home address (Most recent, preferably one month)	
➤ I-551 Card (Lawful Permanent Resident/Resident Alien Card) with date indicating 5 years of residency.	➤ Tribal Enrollment Card without Photo ID	➤ Retirement Check stub with home address (Most recent, preferably one month)/Direct Deposit Statement	
	➤ Other Written Documentation (Specify)	➤ Income tax documentation from prior calendar year with current home address	
	➤ In rare cases the Statement of Income and Residency will be accepted.	➤ SSI Check with home address	
		➤ Cal-WIN Printout for Alameda County residency	
		➤ Notice of Action with Home Address	
* Must be dated at least 5 years before your 1 <sup>st</sup> ACE application and show a U.S. place of birth.			

<sup>1</sup> Birth Certificates can be obtained either through a State Department or through [www.VitalChek.com](http://www.VitalChek.com), a service that provides assistance to electronic orders for vital records for all 50 States. If the applicant was born in California you may be able to collect information that will allow ACHCSA make an acceptable birth record match with State records. In order to be eligible for ACE a person must have documentary evidence of United States citizenship (or Legal Residency for five years, also see Appendix E Exceptions to Five Year Bar for Legal Residency).

**APPENDIX D: CMSP/ACE VERIFICATION DOCUMENTS  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
INSTRUCTIONS FOR NEEDED DOCUMENTATION**

Enrollment in **ACE** requires documentation to prove:

- Citizenship/Legal Residency, identity, Alameda County residency, and income.
- The easiest way for U.S citizens or nationals to provide both proof of citizenship and identity is with one of the documents in the top row “Acceptable Citizen and Identity Documents.”
- If the applicant does not have one of those documents they need one citizenship document from the first column and one identity document from the identification column designated with a double star \*\* (column 2).
- If the person has been born in California you can submit the person’s name (first, middle and last birth name and first, middle and last current name), date of birth, gender, birth county and mother’s birth last name to Health Care Services Agency to attempt to get a birth record match. A successful match can be used as proof of citizenship.
- They also need to prove Alameda County residency and income. They can do this with one Alameda County Residency document from the third column and one income document from the fourth column, or one document from the Alameda County Residency and Income section.
- The CMSP statement of Income and Residency can be used to establish residency and income if all attempts have been made to get other documentation.
- In rare cases, the CMSP Statement of Income and Residency can also be used to establish identity.

Enrollment in **CMSP** requires documentation to prove:

1. identity,
  2. Alameda County residency, and
  3. income.
- Applicants do NOT need to prove Citizenship.
  - Applicants DO need to provide one identity document from the second column and either one Alameda County Residency document from the third column and one income document from the fourth column, or one document from the Alameda County Residency and Income section.
  - The CMSP statement of Income and Residency can be used to establish residency and income if all attempts have been made to get other documentation.
  - In rare cases, the CMSP Statement of Income and Residency can also be used to establish identity.

**Appendix E:  
Exemptions to Five Year Bar for Legal Residency for ACE**

Enrollment in ACE requires legal residency for five years; however the **following qualified aliens are exempt** from the five-year bar to eligibility:

- Refugees;
- Asylees;
- Cuban and Haitian Entrants;
- Victims of a severe form of trafficking;
- Aliens whose deportation is being withheld;
- Qualified aliens who also are (1) an honorably discharged veteran, (2) on active duty in the U.S. military or (3) the spouse (including a surviving spouse who has not remarried) or unmarried dependent child of an honorably discharged veteran or individual on active duty in the U.S. military;
- Aliens admitted to the country as an Amerasian immigrant;
- Legal permanent residents who first entered the country under another exempt category (i.e. as a refugee, asylee, Cuban or Haitian entrant, trafficking victim, or alien whose deportation was being withheld) and who later converted to LPR status.

In addition, the five-year bar to eligibility for ACE does not apply to

- Members of a Federally-recognized Indian tribe, as defined in 25 U.S.C. 450b(e); and
- American Indians born in Canada to whom §289 of the Immigration and Nationality Act applies.

Following are the **verification procedures** for determining that an individual is exempt from the five-year bar:

- *Exemptions based on immigration status.* Five of the exemptions from the five-year bar apply to immigrants in a specific immigration status: refugees, asylees, Cuban and Haitian entrants, aliens whose deportation is being withheld and Amerasian immigrants. Immigrants in any of these groups should possess an immigration document establishing their status, which can be verified with the INS in accordance with the procedure generally followed by the state to verify immigration status. Verification of immigration status is discussed in §3212 of the State Medicaid Manual.
- *Exemption based on veteran or active duty status.* Verification of honorable discharge status or active duty requires presentation of an original or notarized copy of the veteran's discharge certificate or current orders showing "Honorable" discharge from or active duty in the Army, Navy, Air Force, Marine Corps or

Coast Guard. Neither discharge “Under Honorable Conditions” nor service in the National Guard satisfies this exemption. States should contact the local Veterans Affairs (VA) regional office if an applicant presents (1) documentation showing honorable discharge from, or active duty in, any other branch of the military; (2) documentation showing any other type of duty (e.g. “active duty for training”) or (3) the state has any other reason to question whether or not an applicant satisfies the requirements for this exemption. Verification of veteran or active duty status is discussed in §3212.5 of the State Medicaid Manual. States may also consult Exhibit B to Attachment 6 of the Interim Guidance at 62 Federal Register 61413-61414.

- *Exemption for certain Native Americans.* For purposes of ACE eligibility, American Indians born in Canada to whom §289 of the INA applies and members of a Federally-recognized tribe also are exempt from the five-year bar. Some American Indians born in Canada to whom §289 of the INA applies may have documentation establishing legal permanent residence status, which can be verified in accordance with the procedure generally followed by the state to verify immigration status. Alternatively, an applicant claiming to fall under this exemption could present a letter or other tribal document certifying at least 50% Indian blood, as required by §289 of the INA, combined with a birth certificate or other evidence of birth in Canada.

Applicants can establish membership in a Federally-recognized tribe by presenting a membership card or other tribal document demonstrating membership in an Indian tribe. If the applicant has no documentation, the state can verify membership by contacting the tribe in question.

Verifying Native American status is discussed in §3212.6 of the State Medicaid Manual as well as in §104.62 and §104.63 of the proposed regulations published by the Department of Justice on August 4, 1998 at 63 Federal Register 41685.

- *Victims of Trafficking.* The Office of Refugee Resettlement (ORR) of the U.S. Department of Health and Human Services has been given authority to certify that an individual is a victim of a severe form of trafficking. ORR issues a letter to all individuals so certified. Thus, to verify an immigrant’s status as a victim of a severe form of trafficking, so as to establish an exemption from the five-year bar, the immigrant should present a certification letter from ORR. The letter will contain a certification date, which can be treated as the date of entry for eligibility purposes, as well as an expiration date. Additional information on the eligibility of trafficking victims for benefits can be found in a letter on the Trafficking Victims Protection Act of 2000 from the ORR dated May 3, 2001.

Appendix F:

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
COUNTY MEDICALLY INDIGENT SERVICES PROGRAM (CMSP)

CMSP Statement of Income and Residency

I/We (1) \_\_\_\_\_,  
(Print Full Name)

(2) \_\_\_\_\_,  
(Print Full Name)

residing at \_\_\_\_\_,  
(Street address) (City) (State) (Zip code)

declare under the penalty of perjury that the following information is true and correct to the best of my/our knowledge and belief:

- \_\_\_\_\_ I/We am/are currently unemployed and have no source of income.
- \_\_\_\_\_ I/We am/are currently residing with a relative/friend who is providing free room and board.
- \_\_\_\_\_ I/We am/are currently living off my/our savings account.
- \_\_\_\_\_ I/We am/are currently a student receiving a student grant/loan.
- \_\_\_\_\_ I/We receive free room and board in lieu of managing an apartment.
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_.
- \_\_\_\_\_ I/We am/are currently receiving cash payment for work performed as follows:

<u>TYPE OF WORK:</u>	<u>PAYMENT METHOD:</u>
_____ Day Care Provider	_____ \$ _____ Daily
_____ Beauty Salon	_____ \$ _____ Weekly
_____ General Labor	_____ \$ _____ Bi-Weekly (every other week)
_____ House Cleaning	_____ \$ _____ Semi-Monthly (twice a month)
_____ Waiter/Waitress	_____ \$ _____ Monthly
_____ Other (Specify) _____	_____ \$ _____ Other (Specify) _____

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**APPENDIX G: CMSP/ACE LIABILITY SCHEDULE**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ALAMEDA COUNTY MEDICAL CENTER/ COMMUNITY BASED ORGANIZATION  
CMSP/ACE LIABILITY SCHEDULE  
EFFECTIVE, APRIL 1, 2008**

% OF POVERTY LEVEL	CMSP/ACE CO-PAYMENT					***MAXIMUM GROSS MONTHLY INCOME PER FAMILY SIZE***										FOR EACH ADD'L MEMBER ADD:
	Emergency Co-Pay <sup>1</sup>	Inpatient Co-Pay	Outpatient Co-Pay <sup>2</sup>	Pharmacy Co-Pay <sup>3</sup>	Special Procedure <sup>4</sup> Co-Pay	1	2	3	4	5	6	7	8	9	10	
0 - 100%	0	0	0*	0	0	867	1167	1467	1767	2067	2367	2667	2967	3267	3567	300
101 - 150%	35	100	10	5	100	1301	1751	2201	2651	3101	3551	4001	4451	4901	5351	450
151 - 200%	50	100	15	5	100	1734	2334	2934	3534	4134	4734	5334	5934	6534	7134	600
Over 200%	PATIENTS WHOSE GROSS MONTHLY INCOME IS OVER 200% OF THE FEDERAL POVERTY INCOME GUIDELINES SHALL BE CONSIDERED PRIVATE PAY.															

<sup>1</sup> The emergency co-pay is waived if the patient is admitted.

<sup>2</sup> Patients between 101-200% FPL may be billed an additional \$10 if they don't bring their co-pay for outpatient services.

<sup>3</sup> Pharmacy charge \$5 per perscription drug with \$35 per visit maximum.

<sup>4</sup> Examples of special procedures include:

- brochoscopy
- cat scans
- cholecystectomy
- echography
- EEG
- EMG (electromyography)
- endoscopy
- holter monitor
- hysteroscopy
- implantation of pumps
- pacemakers
- stimulators or other devices
- IV infusion/chomotherapy (\$100 co-pay to cover duration of treatment plan)
- laparoscopy
- MRI (Magnetic Resonance Imaging)
- myelography
- nuclear med
- thoracoscopy
- venous/arterial catheter placement

\*Clinics have the option of requesting \$5 for outpatient services, and/or for prescriptions for individuals between 0-100% FPL. It is not mandatory and cannot be a deterrent to service.