

## **CMSP Member Rights and Responsibilities**

### **You have the right to:**

- Ask for an interpreter to help you in applying for CMSP benefits if you have difficulty in speaking or understanding the English language.
- Be treated fairly and equally regardless of your race, color, religion, national origin, sex, age, sexual orientation, marital status or political beliefs.
- Apply for CMSP benefits and to be told in writing whether or not you qualify for CMSP, even if the county representative tells you during the interview that it appears that you are, or are not now, eligible.
- Review manuals containing the rules of CMSP if you want to question the basis on which your eligibility is approved or denied.
- Receive a Benefits Identification Card (BIC) as soon as possible if you have a medical emergency and qualify for CMSP.
- Have all information you give to the county department kept in the strictest confidence.
- Qualify for CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the month of application.
- Receive an explanation of possible ways that you may spend your excess property as long as you receive adequate consideration.
- Speak to a social service worker about other public or private services or resources that may be available to you.
- Request a hearing from the county if you are dissatisfied with an action taken, or not taken, by the county Department of Social Services. If you wish such a hearing, you must request one within 30 days of the date the Notice of Action was mailed to you. If you do not receive a Notice of Action, you must request the hearing within 30 days of the date that you became aware of the action of which you are dissatisfied.
- Have someone accompany you or represent you at the hearing.
- Disenroll from CMSP upon request.

### **You have the responsibility to:**

- Make a declaration about your citizenship/immigration status and provide proof if requested.
- Present when requested verification that you are a resident of the county in which you are applying for CMSP.
- Tell your medical provider (doctor, dentist, etc.) that you have applied for CMSP or are a CMSP beneficiary.
- Sign and keep your BIC and use it only to obtain medically necessary health care.
- Take your BIC to your medical provider when you receive medical care, as soon as possible if you receive services and do not have your BIC with you.
- Provide a social security number to the county or apply for one if you have legal status in the United States.
- Apply for Medicare benefits if you are blind, disabled, or aged 64 years and 9 months or

older and are eligible for these benefits.

- Apply for any income which may be available to you or your family members.
- Report to the county department any health care insurance that you have or are entitled to have.

**You have the responsibility to:**

- Use any health insurance which you have before using CMSP.
- Report to the county department when CMSP benefits received are a result of an accident or injury caused by some other person's action or failure to act.
- Cooperate with the county if your case is selected for a quality control review.
- Cooperate with Medi-Cal regulations if you are potentially eligible for Medi-Cal and provide all necessary documentation to determine eligibility for Medi-Cal (this includes the disability evaluation process). If you do not cooperate and you are found ineligible for Medi-Cal due to non-cooperation, you will not be eligible for CMSP.
- Cooperate with Covered California if you are potentially eligible for Covered California and provide all necessary documentation to determine eligibility for Covered California. This includes picking a plan and continued premium payments to maintain coverage through Covered California. If you do not cooperate and you are found ineligible for Covered California due to non-cooperation, you will not be eligible for CMSP.

**YOU HAVE THE RESPONSIBILITY TO NOTIFY YOUR COUNTY ELIGIBILITY WORKER WITHIN TEN DAYS WHENEVER:**

- You move or plan to move to another address in your county, to another county, or to another state or country.
- You plan to be away from your home (residence) for more than 60 days.
- Any person moves into or out of your home.
- You or your spouse enters or leaves a nursing home or long-term care facility.
- You or a family member becomes a fleeing felon.
- You or a family member becomes pregnant or the pregnancy ends.
- You or a family member applies for any disability benefits, such as SSI/SSP, Social Security, Railroad Retirement, Veterans Benefits, Workers' Compensation, etc.
- You or a family member has a change in health insurance, citizenship, or immigration status.