



## County Medically Indigent Services Program Fact Sheet

### Purpose

The purpose of the County Medically Indigent Services Program (CMISP) is to provide medically necessary care to eligible indigents who are residents of Sacramento County. It is a program of “last resort”. CMISP is available to residents who have no other resources for health care, are not eligible for any other health coverage programs, including Affordable Care Act options, and who meet the program’s eligibility requirements.

### Application for Health Coverage Programs Including CMISP

Persons who want to apply for health coverage programs, including CMISP services, may do so at the time they request medical services or when filling a prescription. Applicants will be evaluated for all other available health coverage programs prior to evaluation for CMISP program.

### Medical Services

Patients are seen by appointment and on a walk-in basis. At the time you are seen at the Primary Care Center, you will receive an application packet for the health coverage programs including CMISP

Primary Care Center 4600 Broadway, Lobby A or B Sacramento, CA	Clinic Phone Numbers Main Line: 916-874-9670
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**Eligibility questions** should be directed to **CMISP Eligibility** with the Department of Human Assistance at **916-874-9238**.



## Eligibility Rules

CMISP eligibility may be approved for up to 12 months at a time if not eligible for any other programs. You must provide the necessary proof and be determined eligible to qualify for CMISP services. Eligibility may be discontinued at any time if eligibility requirements are not met.

The following rules must be met to qualify for CMISP:

### 1. U.S. Citizenship or Immigration Status

United States citizens and lawful immigrants admitted to permanently reside in the United States may be eligible for CMISP.

### 2. Sacramento Residency

Applicants must have established residency in Sacramento County by physical presence and the intent to reside in Sacramento County.

### 3. Available Resources

All available resources must be utilized. A CMISP applicant and beneficiary must apply for all resources that may be available at no cost.

## Income

Cash or contributions in-kind received by an applicant or beneficiary is considered income in the month of receipt. When the net nonexempt monthly income is over the Income Limit, the beneficiary will be required to pay a share-of-cost before CMISP will pay for medical expenses.

Share of Cost begins at 138% Federal Poverty Level. Maximum income is set at 400%Federal Poverty level.

Monthly Income Limits 2017		
Household	138% FPL	400% FPL
1 adult	\$1387	\$4020
2 adults	\$1868	\$5414

## Beneficiary's Responsibility

All CMISP applicants are required to apply for other health coverage programs, including Affordable Care Act options during annual open enrollment. If CMISP has been granted, the beneficiary is responsible for reporting changes to CMISP Eligibility, such as: changes in income, household composition, address or new eligibility for other health coverage programs. The report must be made within 10 days of the change.

## Administrative Hearings

If you disagree with the action taken regarding your application for services through the County Medically Indigent Services Program (CMISP), you have a right to an Administrative Hearing by the Sacramento County Department of Human Assistance. You must request an Administrative Hearing within 10 days from the date you are notified of an action. To request a hearing, call (916) 874-3293.