

MEDI-CAL FOR ADULTS

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> Persons aged 65 years or over, or legally blind or disabled (in accordance with standards set by Social Security) may be eligible.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> Comprehensive care services, primary and specialty care, medical office visits, prescription medicines, hospitalization, dental, and mental health services are generally covered.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> No-cost Medi-Cal is based on family size and income after certain allowances for health insurance and working expenses. For persons over 65 or disabled, additional deductions may apply to these limits. 1 adult \$600 2 adults \$934 <i>Persons with income above these limits may have to pay a share of the cost of their medical expense.</i>
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> Yes, depending on family size. 1 adult \$2,000 2 adults \$3,000 <i>Couples with one spouse living in a nursing home may have a higher limit.</i>
CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> Yes.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> Medi-Cal costs nothing. <i>Based on a person's income, they may have to pay a share of their medical expenses.</i>
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> Yes, for full Medi-Cal coverage. If not a legal resident, the person may be eligible for emergency services only.
IS THERE A PROCESSING PERIOD?	<ul style="list-style-type: none"> Yes, it usually takes 30 – 45 days, if aged or already determined disabled by Social Security Administration. For other applicants, processing time varies substantially.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> Fresno County Human Services, Aged, Blind and Disabled (ABD) Medi-Cal *4944 E. Clinton Way, Suite 112, Fresno, CA 93727 Call for mailing of applications at (559) 253-9294 or (559) 253-9169 or go to www.medi-cal.ca.gov for more information. <i>*There are plans for ABD Medi-Cal to move to the Senior Resource Center, the old Sierra Hospital site, some time in 2002.</i>

MEDI-CAL FOR FAMILIES

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> Parents or needy caretakers and children up to their 21st birthday. 																									
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> Comprehensive preventative care services, primary and specialty care Medical office visits, vision care and mental health services Hospitalization and prescription medicines 																									
IS THERE AN INCOME LIMIT?	<p>Yes, no-cost Medi-Cal is based on monthly income after allowances for childcare and working expenses. If income exceeds 100% FPL, then these limits apply. Families with income above these limits may have to pay a share of cost for medical services.</p> <table style="margin-left: 20px;"> <tr> <td><u>Family size:</u></td> <td>1 person</td> <td>\$600</td> <td>6 persons</td> <td>\$1417</td> </tr> <tr> <td></td> <td>2</td> <td>\$750</td> <td>7</td> <td>\$1550</td> </tr> <tr> <td></td> <td>3</td> <td>\$934</td> <td>8</td> <td>\$1692</td> </tr> <tr> <td></td> <td>4</td> <td>\$1100</td> <td>9</td> <td>\$1825</td> </tr> <tr> <td></td> <td>5</td> <td>\$1259</td> <td>10</td> <td>\$1959</td> </tr> </table> <p>NOTE: Other rules may apply which might allow no-cost Medi-Cal in some cases.</p>	<u>Family size:</u>	1 person	\$600	6 persons	\$1417		2	\$750	7	\$1550		3	\$934	8	\$1692		4	\$1100	9	\$1825		5	\$1259	10	\$1959
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IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> Yes, depending on family size. <table style="margin-left: 20px;"> <tr> <td><u>Family size:</u></td> <td>1 person</td> <td>\$2000</td> <td>6 persons</td> <td>\$3600</td> </tr> <tr> <td></td> <td>2</td> <td>\$3000</td> <td>7</td> <td>\$3750</td> </tr> <tr> <td></td> <td>3</td> <td>\$3150</td> <td>8</td> <td>\$3900</td> </tr> <tr> <td></td> <td>4</td> <td>\$3300</td> <td>9</td> <td>\$4050</td> </tr> <tr> <td></td> <td>5</td> <td>\$3450</td> <td>10</td> <td>\$4200</td> </tr> </table>	<u>Family size:</u>	1 person	\$2000	6 persons	\$3600		2	\$3000	7	\$3750		3	\$3150	8	\$3900		4	\$3300	9	\$4050		5	\$3450	10	\$4200
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CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> Yes. 																									
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> The family may have a share of cost if their monthly income exceeds the income limits shown. 																									
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> Yes, for full coverage. If not a legal resident, the person may be eligible for emergency services only. 																									
IS THERE A PROCESSING PERIOD?	<ul style="list-style-type: none"> It varies by individuals, but usually takes about 30-45 days. 																									
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> Applications may be made at the office of Employment & Temporary Assistance, Intake Building, 4468 E. Kings Canyon, Fresno, CA 93702. Call (559) 456-7447 or (559) 456-7503 for locations of Employment & Temporary Assistance offices located in other outlying communities. Call 1(800) 952-5253 for more information or go to www.medi-cal.ca.gov 																									

LONG TERM CARE MEDI-CAL

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> Persons in Long Term Care facilities. The Medi-Cal program will reimburse only for Skilled Nursing and Intermediate Care Facilities. Residential Care and Assisted Living Facilities are not covered expenses under Medi-Cal.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> Reimbursement for nursing home and convalescent care as well as comprehensive preventive care services, primary and specialty care, medical office visits, vision care, dental care, mental health services, hospitalization and prescription medicines.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> No, but patients pay a share of cost based on income after allowing a deduction for health insurance premiums and other limited expenses. A spouse living at home, who is not aided on Medi-Cal is allowed to retain up to \$2,175 in monthly income, effective 1/1/01.
IS THERE A PROPERTY OR RESOURCE LIMIT?	<ul style="list-style-type: none"> Yes, the person in the nursing home may keep up to \$2,000 in resources. A spouse living at home, who is not aided on Medi-Cal is allowed to retain \$87,000 in property as of 1/1/01.
CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> Yes.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> The individual's share of cost is based on how much their countable income exceeds \$35.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> Yes, for full coverage. Certain types of coverage are available for those who are not legal residents.
IS THERE A PROCESSING PERIOD?	<ul style="list-style-type: none"> It varies by individual, but usually takes 30-45 days.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> Fresno County Human Services, Aged, Blind and Disabled (ABD) Medi-Cal *4944 E. Clinton Way, Suite 112, Fresno, CA 93727 or applications are available in most nursing homes. Call for mailing of applications at (559) 253-9294 or (559) 253-9169 or go to www.medi-cal.ca.gov for more information. <p><i>*There are plans for ABD Medi-Cal to move to the Senior Resource Center, the old Sierra Hospital site, some time in 2002.</i></p>

MEDICARE

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> • Persons eligible to receive Social Security or Railroad Retirement benefits due to age (65 years or older) or persons who are disabled or blind and have received Social Security for at least 24 consecutive months.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> • Part A (hospitalization) • Part B (outpatient)
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> • No.
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> • No.
CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> • Yes.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> • Premium for Part B (\$45.50 as of January 2000) • Deductibles (State will pay premium if beneficiary also receives Medi-Cal)
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> • Yes.
WHEN WILL COVERAGE TAKE EFFECT?	<ul style="list-style-type: none"> • Varies depending on individual's circumstances.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • Social Security Administration 1052 C Street, Fresno (559) 487-5391 Serving areas with Zip Codes: 93706, 93701, 93721 • Social Security Administration 5060 E. Clinton Way, Fresno (559) 487-5548 Serving areas with Zip Codes: 93702, 93727, 93616, 93621, 93633, 93646, 93648, 93654, 93657 • Social Security Administration S/W of Shaw and West Ave., Fresno (559) 487-5061 Serving all other Fresno County Zip Codes • Call 1(800) MEDICARE for more information.

MEDICARE SAVINGS PROGRAMS

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> • Medicare beneficiaries entitled to receive Part A Medicare.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> • The government pays all or part of your Medicare premium based on your income. The programs are referred to as the QMB, SLMB and QI.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> • Yes, for a single person \$1218 OR a couple \$1641. • If over the limit, a person may qualify for assistance with the Medicare premium by applying for regular Medi-Cal.
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> • Yes, depending on family size. *1 Person \$4000 * 2 Persons \$6000 <i>Couples with one spouse living in a nursing home may have a higher limit.</i>
CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> • Yes.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> • Nothing.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> • Yes.
WHEN WILL COVERAGE TAKE EFFECT?	<ul style="list-style-type: none"> • N/A
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • Fresno County Human Services, Aged, Blind and Disabled (ABD) Medi-Cal *4944 E. Clinton Way, Suite 112, Fresno, CA 93727 • Call for mailing of applications at (559) 253-9294 or (559) 253-9169 or go to www.medi-cal.ca.gov for more information. <i>*There are plans for ABD Medi-Cal to move to the Senior Resource Center, the old Sierra Hospital site, some time in 2002.</i>

KAISER PERMANENTE STEPS PROGRAM

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> • Low income, uninsured individuals who are not eligible for other health coverage, to be eligible, one has to be: <ol style="list-style-type: none"> 1) A Kaiser Permanente Personal Advantage Plan or Health Plan member for at least 6 of the last 12 months before experiencing a <i>qualifying event</i>*, OR 2) A parent or legal guardian of a child enrolled in the Kaiser Permanente Cares for Kids, Child Health Plan or Healthy Families Program, OR 3) Currently or within the last 3 months participated in a vocational or occupational training program sponsored by a social assistance or government agency or private industry council. • In addition, one must be: <ol style="list-style-type: none"> 1) A resident in a Kaiser Permanente service area in California; 2) Not previously been a Steps Program member or participated in the Dues Subsidy Program prior to 1998; 3) Not eligible for other health care programs, such as Medicare, no-cost Medi-Cal or health care coverage paid by an employer. <p>*A <i>qualifying event</i> is one that has occurred within the last 12 months, including loss of employment, reduction of hours, divorce/legal separation, death of spouse/domestic partner, loss of membership eligibility in the AIM program or no-cost Medi-Cal or COBRA benefits.</p>
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> • The program offers assistance for those who are in financial need but are not eligible for other health coverage, including Medi-Cal, Medicare or Group Coverage.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> • The family unit's monthly income must be at or below 300% of the Federal Poverty Level.
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> • No.
CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> • No.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> • Qualifying individuals begin by paying 20% to 80% of total monthly premium, depending on family size and income, and pay a larger portion of the premium every year for up to 4 years.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> • No.
HOW LONG IS THE PROCESSING TIME?	<ul style="list-style-type: none"> • Usually 45 business days for processing time. If one signs up prior to the 25th of the month, coverage takes effect on the first of the upcoming month.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • Call Kaiser Permanente's Stockton Call Center at 1(800) 464-4000.

**THE DEPARTMENT OF VETERANS AFFAIRS
UNIFORM BENEFITS PACKAGE**

WHO IS ELIGIBLE?	All United States veterans are eligible.
WHAT SERVICES ARE OFFERED?	Comprehensive medical care including any necessary medical outpatient and inpatient services such as preventive services (immunizations, screening tests, health education and training classes), primary medical care including outpatient surgery, diagnosis and treatment, mental health and substance abuse treatment, rehabilitation, home health care, respite and hospice care, emergency care in VA facilities, and drugs in conjunction with VA treatment.
IS THERE AN INCOME LIMIT?	No.
IS THERE A PROPERTY LIMIT?	No.
CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	Yes. Veterans are encouraged to retain existing healthcare coverage. VA enrollment can be used as a complement to such coverage.
HOW MUCH DOES IT COST?	Co-payments range from \$0 to \$15 for primary care visits or \$50 for specialty care visits. The co-payments are based on the veteran's placement into one of seven priority groups, which consider factors such as service-connected conditions and degree of disability thereof, income, and wars participated in.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	Yes.
IS THERE A PROCESSING PERIOD?	The application takes approximately 15 minutes to complete. Processing of the application takes approximately one month. Services cannot be received until enrollment is processed. Some veterans are not required to apply for enrollment, but all are encouraged to do so.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> ● For information and enrollment forms contact the VA Medical Center at 2615 E. Clinton Ave., Fresno, CA 93703 or phone (559) 225-6100 x6950 or x5372 ● Or call toll free 1-877-222-VETS (8387), or go to http://www.va.gov/1010ez.htm

MEDICAL INDIGENT SERVICES PROGRAM (MISP)

WHO MAY BE ELIGIBLE?	Persons who are residents of Fresno County between the ages of 21-64 years of age who are not eligible for Medi-Cal, Medicare or covered by other health insurance.
WHO DETERMINES ELIGIBILITY?	Trained staff at Community Medical Centers determines eligibility. <i>Please see certification sites below.</i>
WHAT SERVICES ARE OFFERED?	Full range of medical services including dental and specialty services. Scope of services is similar to services provided through Medi-Cal. All services must be provided through Community Medical Centers and their outpatient clinics.
IS THERE AN INCOME LIMIT?	Yes, family income must be below 150% of the Medi-Cal Maintenance Needs Level (refer to chart at the front of this binder).
IS THERE A PROPERTY LIMIT?	Yes. Personal property limits based on household size. Person's home and one car are exempt as personal property. Other real property in excess of \$6000 limits eligibility.
CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	No. MISP is not intended to replace other health insurance coverage.
HOW MUCH DOES IT COST?	Share of cost is determined by household size and income level.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	No, but individual must be a resident of Fresno County.
WHEN WILL COVERAGE TAKE EFFECT?	When applying, you will find out that same day if you qualify for the services. The certification period will cover an individual for a maximum of three months; then, they may reapply.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • University Medical Center MISP Certification Office (559) 459-4323 • Community Medical Centers in Firebaugh at (559) 659-1433, Coalinga (559) 935-1282, Auberry (559) 855-3603, or the Community Care Mobile (559) 269-5677 • Mendota dental site (559) 459-4801

CALIFORNIA MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP)

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> • Any resident of the State of California who is: <ol style="list-style-type: none"> 1. Not eligible for both Part A and Part B of Medicare 2. Not eligible to purchase and health insurance for continuation of benefits under COBRA or CalCOBRA and 3. Unable to secure adequate coverage (Must have proof).
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> • Subscriber and dependant (family) hospitalization, physicians office visits, inpatient professional services, diagnostic X-ray and lab tests, prescription drugs, durable medical equipment, maternity care, ambulance, emergency care, mental health care, infusion therapy and occupational/physical/speech therapy
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> • No.
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> • No.
CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> • MRMIP will coordinate its coverage of benefits with any other health insurance you may have and by State law will only pay after your other insurance has paid (not including Medi-Cal and other State programs). MRMIP will not duplicate coverage.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> • The annual Out of Pocket maximums for all participating plans (plans differ per county) is \$2,500 (per covered person) and \$4,000 (per family). • Annual maximum benefits are \$75,000 per covered person with a maximum lifetime benefit of \$750,000 per covered person.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> • In order to be eligible for the MRMIP must be a resident of the State of California. A resident is a person who is present in California with intent to remain in California except when absent for transitory or temporary purposes. A person who is not absent from the State for a period greater than 210 consecutive days shall be considered a resident.
WHEN WILL COVERAGE TAKE EFFECT?	<ul style="list-style-type: none"> • It varies with each individual.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • Mail-in applications may be obtained directly from MRMIP at : California Major Risk Medical Insurance Program, P.O. Box 9044, Oxnard, CA 93031-9044 <ul style="list-style-type: none"> • Call 1(800) 289-6574 or go to www.mrmip.ca.gov

**COUNTY MEDICAL SERVICE PROGRAM (CMSP)
MADERA COUNTY**

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> Persons over 18 and under 65 years of age residing in the county of application, with no linkage or connection to the TANF (formerly AFDC) program.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> Services are generally the same as are covered by Medi-Cal, with the exception of pregnancy-related services, long-term care facility services, chiropractors, psychologists and acupuncturists.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> Yes, income over the Maintenance Needs Level (please see chart at the front of this binder) results as a share-of-cost (SOC)
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> Yes, the property limits are identical to those of the Medi-Cal program, with non-exempt resource limits of \$2,000 for a single person and \$3,000 for a couple.
CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> Yes, other health coverage usually must be billed first, as it is for Medi-Cal. The covered member is responsible for reporting to the County what type of other health coverage they have. Their Benefit Identification Card will be appropriately coded.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> The only cost of CMSP may be in the determination that a beneficiary is responsible to meet an assigned share-of-cost. As in the Medi-Cal program, a beneficiary may be charged a co-pay of \$1.00 for each medical service or prescribed drug and \$5.00 if they present to a hospital emergency room for non-emergency service.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> Yes, to be eligible for full benefits, an applicant or recipient must be a California resident, who is either (1) a U.S. citizen or a national of U.S. Samoa or Swain's Island, (2) a legal immigrant admitted to the U.S. for permanent residence, (3) an immigrant permanently residing in the U.S. under color of law, or (4) an amnesty immigrant whose status has been adjusted in accordance with Section 210, 210A or 245A of the Immigration and Nationality Act.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> At any County Department of Social Services Office, or any outstation, which includes the Madera County Social Services Office at (559) 675-7670, Chowchilla Outstation at (559) 665-0205, Madera Community Hospital Clinic at (559) 675-5528, Darin Camarena Health Center at (559) 675-5600, or Oakhurst Outstation at (559) 683-6263.

COUNTY MEDICAL SERVICE PROGRAM (CMSP) KINGS COUNTY

WHO IS ELIGIBLE?	<ul style="list-style-type: none"> • A person who is at least 21 years of age but less than 65 years. • A person who cannot meet the linkage factors necessary to be eligible for the Medi-Cal program. • Has not yet been determined eligible for Medi-Cal or other public assistance or as a medically needy person because of a pending application based on allegations of blindness or disability.
WHAT SERVICES ARE OFFERED?	<ul style="list-style-type: none"> • Services are generally the same as are covered by Medi-Cal, with the exception of pregnancy-related services, long-term care facility services, chiropractors, psychologists and acupuncturists.
IS THERE AN INCOME LIMIT?	<ul style="list-style-type: none"> • Yes, income over the maintenance need level results in a share-of-cost (SOC).
IS THERE A PROPERTY LIMIT?	<ul style="list-style-type: none"> • Yes, the property limits are identical to those of the Medi-Cal program, with non-exempt resource limits of \$2,000 for a single person and \$3,000 for a couple.
CAN SERVICE BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?	<ul style="list-style-type: none"> • Yes, other health coverage usually must be billed first, as it is for Medi-Cal. The covered member is responsible for reporting to the County what type of other health coverage they have. Their Benefit Identification Card will be appropriately coded.
HOW MUCH DOES IT COST?	<ul style="list-style-type: none"> • The only cost of CMSP may be in the determination that a beneficiary is responsible to meet an assigned share of cost. As in the Medi-Cal program, a beneficiary may be charged a co-pay of \$1.00 for each medical service or prescribed drug and \$5.00 if they present to a hospital emergency room for non-emergency service.
IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?	<ul style="list-style-type: none"> • Yes, to be eligible for full benefits, an applicant or recipient must be a California resident, who is either: <ol style="list-style-type: none"> 1. A U.S. citizen or a national of U.S. Samoa or Swain's Island, 2. A lawfully present alien, including but not limited to, legal immigrants, refugees, and permanent alien residents, 3. An alien permanently residing in the U.S. under Color of Law (PRUCOL). 4. Certain aliens are entitled only to restricted (emergency services only) CMSP benefits.
IS THERE A PROCESSING PERIOD?	<ul style="list-style-type: none"> • The county department shall complete the determination of eligibility and share of cost as quickly as possible but no later than 45 days following the date of application.
WHERE WOULD I APPLY OR RECEIVE MORE INFORMATION?	<ul style="list-style-type: none"> • At the Kings County Human Services Agency at (559) 582-3241, or any outstation, including Corcoran District Hospital at (559) 992-5051 x116, Corcoran Outstation at (559) 992-5080, Central Valley Hospital at (559) 583-2116, or Hanford Community Medical Center at (559) 585-5151.