



Guidance on CIPP and New Medi-Cal Eligibility Information Visibility in Sage

Guidance on Clients Ineligible for Federal Programs

Effective 1/1/2026, individuals with Unsatisfactory Immigration Status (UIS) are no longer eligible for full-scope Medi-Cal. However, clients currently enrolled with Medi-Cal are able maintain coverage by renewing their Medi-Cal benefits during the reverification period, which is currently annually and will transition to every six (6) months effective 12/31/2026. As such, it is important that a client's eligibility status is regularly monitored, and immediate action is taken to prevent a lapse in coverage.

SAPC has created the Client Ineligible for Federal Programs (CIPP) guarantor for clients who have an at-risk immigration status and whose treatment cannot be funded with federal dollars. Clients who qualify for Non-DMC funding sources such as General Relief, AB 109, CalWORKS, etc. should continue to be setup with a Non-DMC funding source and would not qualify for the new CIPP guarantor.

In cases where a client with UIS has lost Medi-Cal eligibility and providers are unable to re-verify their eligibility for re-enrollment, please update the client's Financial Eligibility in Sage-PCNX to include "Client Ineligible for Federal Programs (5)" as the last guarantor. Prior guarantor coverage for DMC or Non-DMC should not be removed from the Financial Eligibility form. The Coverage Expiration Date should be entered for the DMC and/or non-DMC guarantors for the date the client lost their coverage. The Coverage Effective Date for the new CIPP guarantor would be the day after the DMC or Non-DMC coverage ended.

Existing DMC and/or Non-DMC guarantor on Financial Eligibility	CIPP eligible Client with no previous Financial Eligibility
Add "Client Ineligible for Federal Programs (5)" as the last guarantor	Add "Client Ineligible for Federal Programs (5)" as primary guarantor
Enter "CIPP" in the Subscriber's Policy #	Enter "CIPP" in the Subscriber's Policy #
Enter date coverage was lost in the Coverage Expiration Date for DMC and/or non-DMC Guarantors	

Financial Eligibility for Client with previous DMC and Non-DMC coverage

Guarantor Order

Guarantor #1
(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAM

Guarantor #2
(3) LA County - Non DMC

Guarantor #3
(5) Client Ineligible for Federal Programs

A new authorization under Non-DMC is not required.

A current CalOMS episode must be discharged to close the open admission in the State system under the DMC status. Additionally, a new Cal-OMS Admission is required with “Other Funding Source” selected as CIFP; this is for SAPC tracking only and the CIFP admission will not be submitted to the State. For any additional questions related to CalOMS, please contact hoda.caloms@ph.lacounty.gov.

Funding Programs

3.7. Other Funding Programs (Choose all that apply)

All |Clear Search

- CalWORKS Family Solution Center
- CalWORKS
- Client Ineligible for Federal Programs
- DCFS-PSSF (TLFRG)
- Family Dependency Drug Court
- General Relief

Webinar on CIFP Guarantor in Sage-PCNX

SAPC is hosting a webinar on appropriate use of the “Client Ineligible for Federal Programs” (CIFP) guarantor in Sage-PCNX. The webinar is scheduled for Wednesday, 2/25/2026, from 1 – 2pm PST. All providers should send a representative to learn the process for enrolling a client in Sage under this new guarantor. Registration is required. Participants can [register here](#). The registration link will also be posted to the SAPC Training calendar.

New Medi-Cal Eligibility Information Visibility in Sage

SAPC has added two (2) powerful options in Sage to provide visibility on critical eligibility information enabling providers to better help clients maintain MCAL eligibility.

The new **Medi-Cal Eligibility Change Report** is now available to all financial and support staff user roles as of Friday, 1/30/2026. This report shows any changes in key eligibility fields over any 2-month period selected in the report parameters. The report contains data on the Aid Code, Eligibility Status Code, County Code and Resident County Code. If any of those items change, that client will populate the report for both months for providers to further investigate. The report is coded to only pull information on current clients with an approved authorization within 6 months of the date parameters.

The primary use cases for this report are for changes to the Eligibility Status Code and the Resident County Code. If the Eligibility Status Code is 999 for a given month, that typically indicates the client's Medi-Cal has been temporarily suspended, usually due to missing redetermination paperwork. It is very important to act quickly and work with your clients to contact DPSS to submit necessary documentation to reinstate Medi-Cal immediately. Additionally, if the Eligibility Status Code is 600 or higher, that will also indicate potential issues with eligibility for that month that need to be investigated.

The second use case is to track Inter-County Transfers (ICT) from month to month. LA County is code 19 and should be listed in either the County Code or the Resident County Code for whichever month services are rendered. Running this report will help to show any clients where their County of Responsibility or County of Residence changes from one month to the next.

SAPC recommends running this report at the beginning of every month and entering the current month into the search parameters. The parameters are for the Month and Year of any month you are searching, and the report will automatically pull that month and the immediately preceding month to compare. For example, entering month: 01 and year: 2026 will pull Medi-Cal eligibility information for December 2025 and January 2026.

SUBSTANCE ABUSE PREVENTION AND CONTROL						
<u>Medi-Cal Eligibility Change Report</u>						
Parameters Selected:						
Recovery Inc						
12/1/2025 - 1/1/2026						
Provider	Client Name (PATID)	Eligibility Month	Aid Code	Eligibility Status Code	County Code	Resident County Code

SAPC also published a new **MEDI-CAL ELIGIBILITY INFORMATION- LAST 3 MONTHS** widget which was added to the Client Dashboard in Sage. This new widget will pull data from the Medi-Cal eligibility file (MEDS) sent to SAPC from Medi-Cal each month. SAPC is now able to make the Resident County Code visible to providers as is on file with Medi-Cal on the first day of the month. This is a critical piece of information for Inter-County Transfer clients, that has previously been unavailable to providers. Since this information is sent monthly, any changes to the Resident County during the month will show on the following month's record. For updated information prior to the next month, providers should continue to contact SAPC-EST@ph.lacounty.gov for up-to-date information.

This widget will also include the standard demographic and eligibility information on file with DHCS, such as Name, Date of Birth, Aid Code, Eligibility Status Code, OHC coverage code, the primary Managed Care Plan and the County of Responsibility Code that are needed for determining scope of Medi-Cal coverage.

The widget will contain the last three months of eligibility information if available. If the client does not have three months of eligibility, then only the month with eligibility will display. For example, if the client received eligibility for the first time in February, then only the February data will display (or if the client received eligibility in January, then January and February will display). Additionally, the widget will only populate clients where the CIN entered on the Financial Eligibility for your agency matches the CIN on the MEDS file. This will ensure the correct client is displayed.

This information can be useful for determining current month's eligibility and for comparing changes to eligibility within the last three months for that specific client.

MEDI-CAL ELIGIBILITY INFORMATION- LAST 3 MONTHS											
Search: <input type="text"/>											
Eligibility Month	Client Name/PATID	Client Index Number	Date of Birth	County of Responsibility	County of Residence	Eligibility Status Code	OHC code	Managed Care Plan (MCP)	Initial Share of Cost Amount		
Eligibility Mo	Client Name/PATID	Client Inde:	Date of	County of Respo	County of Re	Eligibility Sta	OHC co	Managed Care F	Initial Share		