

Client Ineligible for Federal Programs (CIFP) Overview and Training February 25, 2026



Overview

- CIFP and Unsatisfactory Immigration Status (UIS)- SAPC IN 26-02
- General Workflow and Required Sage Configuration
- Monitoring Plan
- Medi-Cal Redetermination Considerations
- Q and A

SAPC IN 26-02
Coverage for Clients who are
ineligible for federal programs
for SUD treatment
(1/29/2026)

SAPC | Substance Abuse
Prevention and Control



SAPC IN 26-02 Coverage for CIFP

- SAPC is committed to ensuring that eligible County residents have access to quality SUD treatment services- Regardless of immigration status.
- We must also comply with all Federal and State guidelines
- In order to help those Angelenos in need of SUD services and comply with federal mandates, SAPC created a way to fund those services without billing Medi-Cal, keeping the billing and client information exclusive to SAPC.
 - As of January 1, 2026, clients with “Unsatisfactory Immigration Status” (UIS) no longer can apply for Medi-Cal or other federally funded programs. (If these clients lose their Medi-Cal, they cannot reapply.)
 - Clients under UIS with existing Medi-Cal coverage MUST keep it in good standing to avoid losing their benefits.

New Funding and Guarantor



**CLIENT INELIGIBLE
FOR FEDERAL PROGRAMS
(CIFP)**

CIFP guarantor will cover the same services as DMC and RBH benefits.

Any service listed on the Rates and Standards Matrix will be covered exactly the same as other guarantors.

General Workflow and Required Sage Configurations



CIFP Pre-requisites

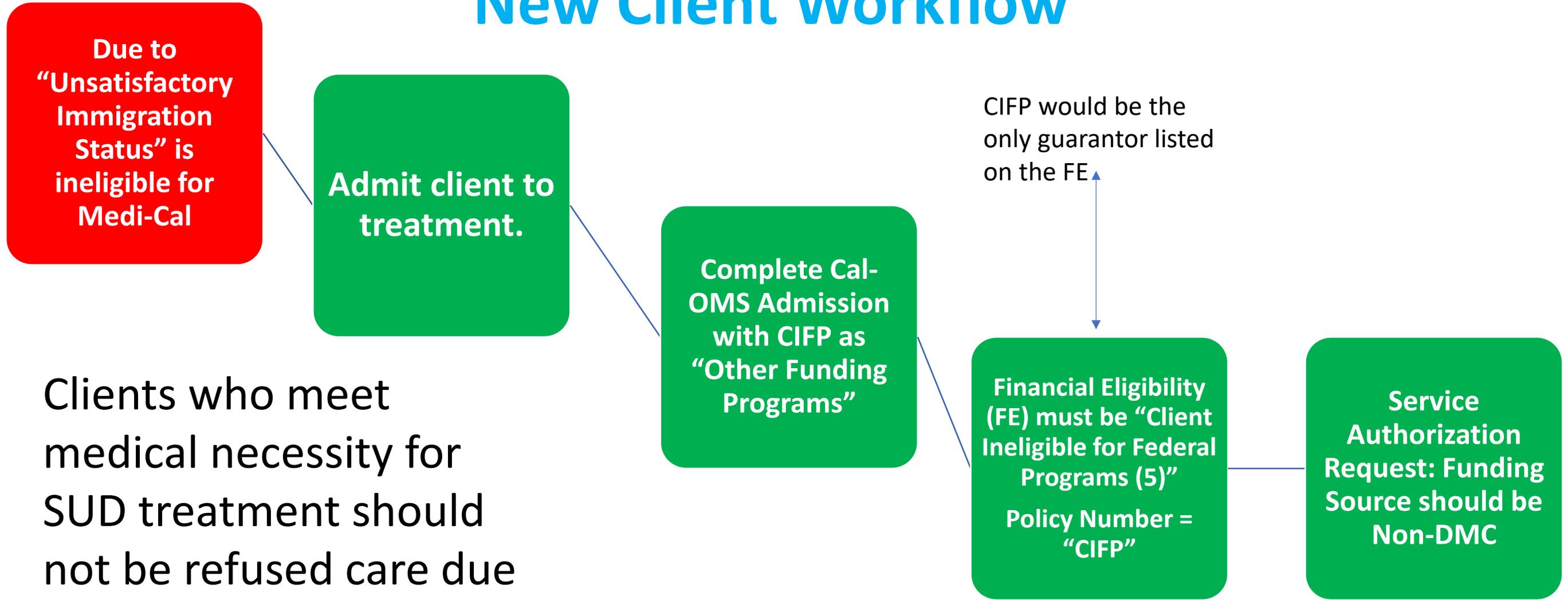
Client meets criteria
for at-risk immigration
status

Treatment cannot be
funded with federal
dollars

Client does NOT meet
criteria for other
County Funding such
as AB 109

[DHCS Immigration Status and Changes to Medi-Cal Eligibility](#)

New Client Workflow



CIFP would be the only guarantor listed on the FE

Clients who meet medical necessity for SUD treatment should not be refused care due to immigration status.

Existing Client Workflow



Providers do not need to change the existing authorization if already approved under DMC funding.

NOTE: When billing in Sage, the funding source selected on Fast Service Entry Submission must match the funding source on the authorization.

Updating the Financial Eligibility

Financial Eligibility

- Episode Information
- Guarantor Order
- Guarantor Selection**
- Guarantor Information
- Subscriber Information
- Benefits and Eligibility
- Eligibility Inquiry
- Employer Information

Customize Plan

Policy Number Override

[Online Documentation](#)

Benefits and Eligibility

Eligibility Verified *

Yes

Coordination Of Benefits * (REQUIRED)

Yes

Coverage Effective Date *

10/09/2025 T Y

Coverage Expiration Date

02/26/2026 T Y

Subscriber Assignment Of Benefits *

Yes No

If there is an existing DMC guarantor and/or NonDMC guarantor, enter the Coverage Expiration Date in this section.

Updating the Financial Eligibility

▼ Guarantor Order

Guarantor #1
(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS ▼

Guarantor #2
(3) LA County - Non DMC ▼

Guarantor #3
(5) Client Ineligible for Federal Programs ▼

Guarantor #4
Select ▼

Then create a new guarantor for CIFP as the LAST guarantor in the order. Do not change the current order of existing guarantors.

Importance of Following Procedures

- Coverage Effective dates for guarantors on the Financial Eligibility form are **critical**.
 - If the Coverage Effective and End Dates are not correctly entered, services will be assigned to the wrong guarantor and result in recoupments.
- Missing DMC guarantor for patients with prior coverage.
 - Do **NOT** delete the DMC guarantor if a client loses coverage.
 - ADD in the new CIFP guarantor and end date the DMC guarantor.
 - Services will be recouped if the client had DMC previously and the DMC guarantor was removed from the Financial Eligibility form.

Cal-OOMS: CIFP FE: Missing

- 10 out of 25 records
- Will result in Auth denials or billing recoupments

FE: CIFP CalOOMS: Missing

- 4 out of 25 records
- Will result in Auth denials or billing recoupments

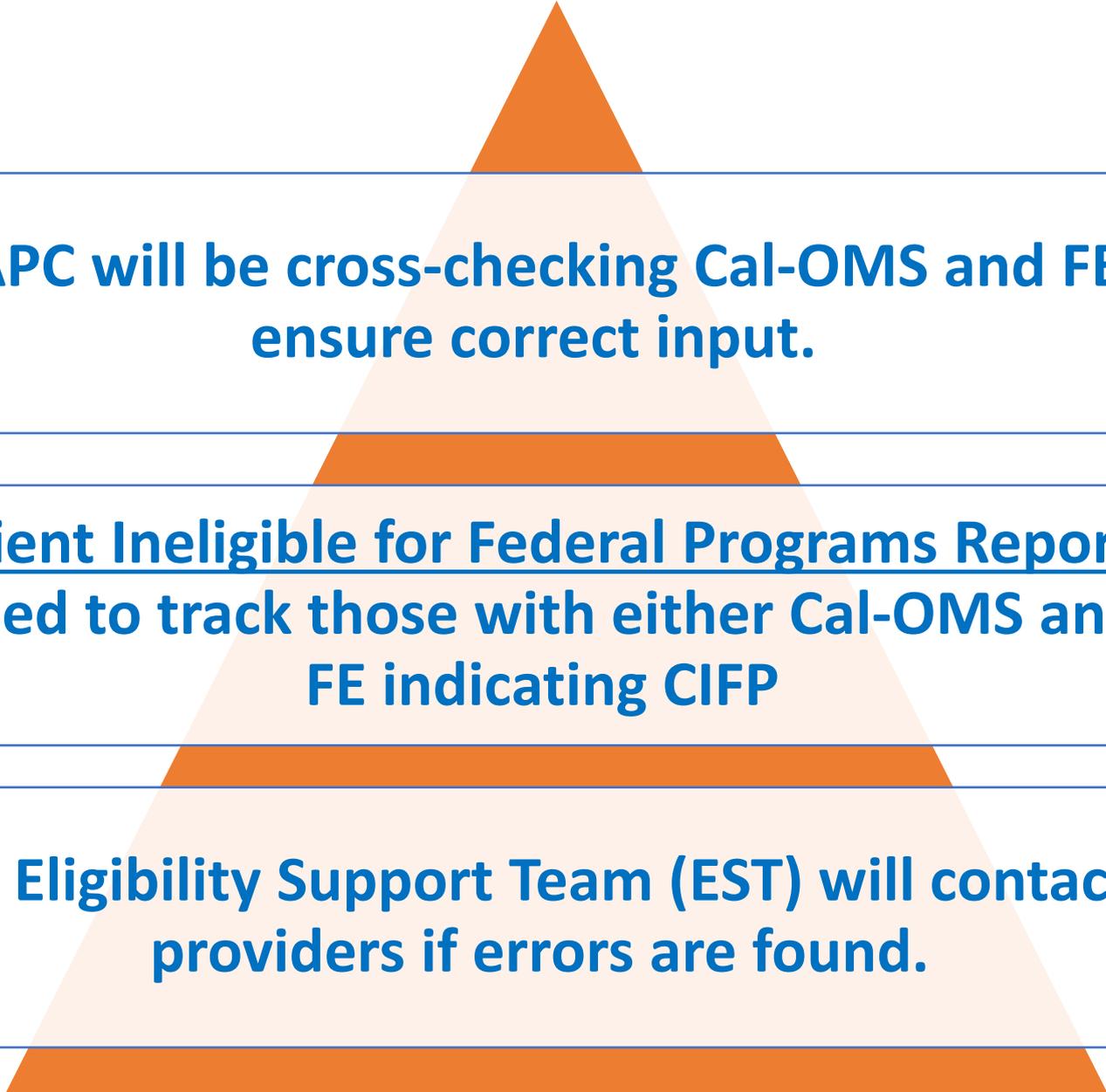
CalOOMS: CIFP FE: CIFP

- 11 out of 25 records
- No issues

Monitoring Plan

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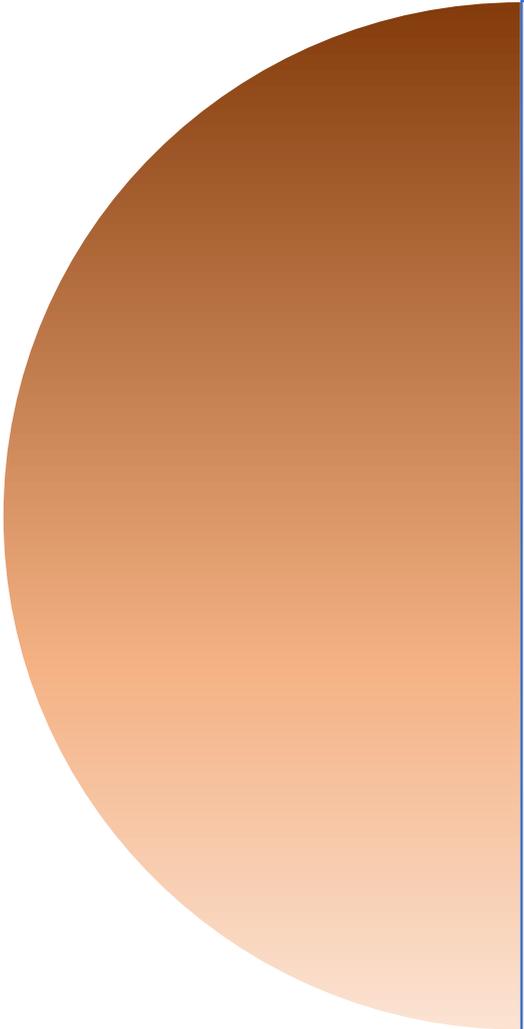
1. SAPC will be cross-checking Cal-OMS and FE to ensure correct input.

2. Client Ineligible for Federal Programs Report to be used to track those with either Cal-OMS and/or FE indicating CIFP

3. Eligibility Support Team (EST) will contact providers if errors are found.



SAPC will be verifying configuration and validity of CIFP request to ensure client meets criteria.



UM will be checking both
CalOMS and Financial Eligibility
for CFP match before
approving new authorizations
or reauthorizations.

Traditionally, this has been a small percentage of SAPC's overall population. SAPC will be monitoring the number of CIFP clients throughout the year for patterns.

Unfortunately, we do expect the number to rise this year and next with changes to redetermination periods.

REMINDER: If the client is UIS, but currently has Medi-Cal, they will not automatically lose it. **BUT THEY MUST RENEW** during the redetermination period.

Providers should make every effort to assist clients maintain their coverage.

The new Medi-Cal Eligibility Change Report will be crucial.

- Enter the desired month in MM and desired year in YYYY format

Select Eligibility Month (mm) *	Select Eligibility Year (yyyy) *
02	2026

- Report will automatically pull the previous month from the date entered.
- In the case below, the client’s eligibility changed to 999 from January to February. This likely indicates suspension of benefits that can be corrected if the client acts quickly and works with DPSS. Client’s usually have up to 60 days from this point.

1/1/2026 - 2/1/2026				
Eligibility Month	Aid Code	Eligibility Status Code	County Code	Resident County Code
2/1/2026	M3	999	19	19
1/1/2026	M3	341	19	19

Medi-Cal Redetermination Considerations for UIS Population

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- This section of our presentation emphasizes the need for UIS populations who currently have active Medi-Cal to complete the annual Medi-Cal Redetermination in a timely manner. If not, the Medi-Cal benefit will be lost and cannot be regained.
- While receiving active Medi-Cal, the client's BenefitsCal account is the best place to note the renewal month and track and complete DPSS requirements.
- If questions remain, contact the EST team at SAPC-EST@ph.lacounty.gov. Below is the information that can be obtained via the MEDSLITE electronic verification system available at SAPC only.

There are 3 important elements highlighted below in MEDSLITE on the Eligibility tab that together point to the Medi-Cal Redetermination window of time.

- Medi-Cal eligibility abruptly become inactive
- Term Reason is 61 (Refused to provide essential information)
- Status code is 999



Skip to: [Content](#) | [Footer](#) | [Accessibility](#)

- New Search
- Identification
- Address
- Eligibility
- Eligibility Cont.
- Health Care Plan
- Medicare
- County Case Data
- Authorized Rep

QUICK LINKS

- [Reset Password](#)
- [Help and Support](#)
- [Data Dictionary](#)
- [Logout](#)
- [Link to Eligibility Verification](#)

Session expires in 20 minutes

MEDS ID		Last Name		
Date of Birth		First Name		M.I.

Current Primary Eligibility

MOE	2026-01	Status	999	SOC Cert Day	
Resp County	19	Resd County	19	Term Date	2025-10-31
Aid Code	M1	SOC		Term Reason	61
Worker	1V37	OHC Code	N	Restrict	

Special Programs Current

MOE	Program	County	Aid Code	Serial #	FBU	Person #	Elig Status	Worker	Term Date	Term Reas
2026-01	SP1	19	9G		1	01	999	1V37	2025-08-31	98
2026-01	SP2	19	X7		0	7E	999		2025-12-31	99
2026-01	SP3									

Primary Eligibility History/Special Programs History

MOE	Aid Code	Elig Status	Resp County	SOC SOC Cert Day	OHC Restrict	SP1 Aid Code	SP1 Elig Status	SP1 County	SP2 Aid Code	SP2 Elig Status	SP2 County	SP3 Aid Code	SP3 Elig Status	SP3 County
2025-12					N				X7	691	19			
2025-11					N				X7	691	19			
2025-10	M1	301	19		N									
2025-09	M1	301	19		N									
2025-08	M1	301	19		N	9G	691	19						
2025-07	M1	301	19		N	9G	691	19						
2025-06	M1	301	19		N	9G	691	19						
2025-05	M1	301	19		N	9G	691	19						
2025-04	M1	301	19		N	9G	691	19						
2025-03	M1	301	19		N	9G	691	19						
2025-02	M1	301	19		N	9G	691	19						
2025-01	M1	301	19		N	9G	691	19						

- The R.V. (Redetermination Verification) Due noted below is 10 (October).
- Even though the R.V. Completed shows 2025-10, the cells where information must be entered under Worker and District are blank. This indicates that the annual renewal requirements have not been met according to DPSS.



Skip to: [Content](#) | [Footer](#) | [Accessibility](#)

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MEDS ID	[REDACTED]	Last Name	[REDACTED]	
Date of Birth	[REDACTED]	First Name	[REDACTED]	M.I.

	Case Name	Worker	District	R.V. Due	R.V. Completed
Primary	[REDACTED]	1V37	14	10	2024-08
Special 1	[REDACTED]	1V37	14	12	2025-01
Special 2	[REDACTED]	[REDACTED]	[REDACTED]	10	2025-10
Special 3					



QUESTIONS REGARDING MEDI-CAL ANNUAL REDETERMINATION

DHCS FAQ: <https://www.dhcs.ca.gov/keep-your-Medi-Cal/Pages/faqs.aspx#:~:text=Cal%20is%20ending.-,What%20can%20I%20do?,your%20local%20Medi%2DCal%20office>

When is the Annual Medi-Cal Redetermination Due?

- The DPSS office will mail a renewal form in a bright yellow envelope.
- The renewal date is noted in the client's BenefitsCal account.
- There are 60 days provided to complete the renewal requirements.

How can the renewal form and related information be submitted?

- The fastest and easiest way is to complete the requirement information in the client's BenefitsCal account.
- It can also be submitted to the DPSS office in person or by mail.

What happens after turning in the Medi-Cal renewal?

- If there is missing information, DPSS will send a notice indicating what more needs to be submitted. It will also be posted in the BenefitsCal account.
- If all requirements are submitted, a notice is sent indicating if Medi-Cal will remain active for another year or be terminated.

What happens if the renewal form or required information are not submitted and Medi-Cal is ending?

- If it is less than 90 days from the date of the letter (notice), the client needs to do so immediately before the 90 days expire.
- If it is more than 90 days from the date of the letter (notice) Medi-Cal is terminated.
- Remember, if an individual with unsatisfactory immigration status loses their Medi-Cal, a new application will not be accepted.

2027 Renewal Period

Next year the renewal period will change from annual to every 6 months.



Thank You!