STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
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August 16, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-42

INCOME VERIFICATION CHANGE AT TIME OF REDETERMINATION AND QUARTERLY STATUS REPORTING.

Ref.: All County Welfare Directors Letter (ACWDL) No. 99-31E

The purpose of this letter is to inform counties that effective July 1, 2000, the Department of Health Services has changed the income verification requirements for the annual eligibility redetermination and for the quarterly status report.

At the time of application, annual redetermination, and filing of quarterly status report, counties may only require the most recent paystub as income verification.

Counties may still request further income verification if income reported is inconsistent with that of the submitted paystub.

For further clarification on a single paystub, please see ACWDL- 31E.

If you have any questions regarding redetermination and quarterly status reporting, please contact Ms. Tanya Homman at (916) 657-1469. For questions regarding verification, please contact Mr. Edmund Carolan at (916) 657-1064.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch