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
(916) 657-2941

August 9, 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.: 00-38

DRAFT NOTICES OF ACTION FOR THE SECTION 1931(b) PROGRAM

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 00-04, and 00-21

The purpose of this letter is to provide counties with draft copies of two new Notices of Action (NOAs) approving, denying, and terminating benefits for the Section 1931(b) program. As soon as these forms have been finalized and have a form number, we will send out a camera-ready copy.

Counties may continue to use a generic Medi-Cal NOA if they prefer; however, some counties have expressed a desire to have a NOA that is specific to the Section 1931(b) program.

Persons who have received either the notice about the Section 1931(b) income limit increases or the change in the 100-hour deprivation limit and request a determination should receive an appropriate NOA which includes hearing rights. Counties may use the language on these draft NOAs until they are printed and in the warehouse.

If you have any questions, please contact Ms. Margie Buzdas at (916) 657-0726 or Ms. Erin Lynch at (916) 654-5769.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

State of California-Health and Welfare Agency
Medi-Cal Program

Department of Health Services

(COUNTY STAMP) _____

DRAFT

MEDI-CAL NOTICE OF ACTION
SECTION 1931(b)
APPROVAL FOR BENEFITS

Date: _____
Case No.: _____
Worker Name/No.: _____
Worker Telephone No.: _____
Notice for : _____

The Section 1931(b) program provides no-cost Medi-Cal benefits to certain low- income persons with deprived children.

- ☐ You are entitled to full benefits beginning _____.
- ☐ Your benefits cover only emergency and pregnancy related services beginning _____.

In order to remain eligible for this program, you must:

- Have a deprived child living in the home who is eligible for Medi-Cal with no share of cost or you must be a deprived child living with a relative.
- Your income and property must remain under a certain limit.
- Meet all other Medi-Cal requirements.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR plastic BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226

State of California-Health and Welfare Agency
Medi-Cal Program

Department of Health Services

(COUNTY STAMP) _____

DRAFT

MEDI-CAL NOTICE OF ACTION
SECTION 1931(b)
DENIAL OR DISCONTINUANCE OF BENEFITS

Date: _____
Case No.: _____
Worker Name/No.: _____
Worker Telephone No.: _____
Notice for : _____

☐ Your benefits under the Section 1931(b) program will be discontinued effective the last day of _____.

☐ You are not eligible for the Section 1931(b) program.

Here is/are the reason(s) why:

☐ Your income is over the limit. If you are already eligible for Medi-Cal with a share of cost, your benefits will not change.

☐ Your property is over the limit.

☐ You do not have a deprived child living in the home who is eligible for Medi-Cal without a share of cost.

☐ You are working 100 hours or more and your family's earned income is over the limit.

☐ Other:

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226