STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
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(916) 657-0258

GRAY DAVIS, *Governor*

February 23, 2001

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

Letter No.: 01-11

NOTICES TO PARENTS ABOUT THE MARCH 1, 2000, CHANGES IN THE DEFINITION OF DEPRIVATION (UNEMPLOYED PARENTS) AND THE INCREASED INCOME LIMITS FOR THE SECTION 1931(b) PROGRAM

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 99-54, 00-04 and 00-21

Enclosed is a notice that the Department of Health Services will be sending out the last week of January 2001, informing parents of their possible eligibility under the change in the definition of deprivation and the increase in income limits for the Section 1931(b) program effective March 1, 2000.

Two similar notices were sent to parents in April 1, 2000, as described in ACWDL No. 00-21; however, this time the same notice will be sent to parents rather than two different notices.

This notice will be sent to:

Parents who are not currently eligible for Medi-Cal, but who have children receiving Medi-Cal benefits under the Percent or Medically Indigent programs. As of March 1, 2000, these parents may now be eligible as an unemployed parent even if the principal wage earner is working 100 hours or more if the family's net non-exempt earned income is at or below 100 percent of the federal poverty level. The aid codes that were selected for this mailing are 7A, 7C, 72, 74, 47, 69, 82, 83, and 58 (with an original determination aid code of 82 or 83).

Families with deprivation who are currently receiving Medi-Cal with a share of cost (SOC). These families may be eligible for the Section 1931(b) program that has zero SOC because the income limit for applicants and some recipients who benefit from this change was raised to 100 percent of the federal poverty limit. The aid codes that were selected for this mailing are 37 and 58 (with an original determination aid code of 37).

Counties should ensure that all persons returning the flyer are or have been redetermined for Section 1931(b) and the Medically Needy program based on the March 1, 2000 changes.

If you have questions about the change in the definition of the unemployed parent, please contact Ms. Margie Buzdas at (916) 657-0726 or Ms. Lynch at (916) 654-5769. For questions about the income changes, please contact Mr. Dave Rappolee at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosures

Moms Dads – Attention!

Starting March 1, 2000, changes in California law allow *more working parents* with children to be eligible for Medi-Cal benefits.

Even if there are two parents in the home!
✓✓✓✓
Even if you are working!
✓✓✓✓
Without a Share of Cost even if your income goes up!

☎ **Call your County Medi-Cal Worker, or**

✍ **Complete this form, below, and**

☞ **Take this form, or**

✉ **Mail it (in the enclosed envelope)**
To your County Social Services Office

DO NOT MAIL TO THE STATE DEPARTMENT OF HEALTH SERVICES

Yes, I want to know if I can get Medi-Cal now!

My Name _____

My Address _____
_____

My Phone # : _____

My Child's Social Security # is: _____
My Child's Case Number is: _____
My Child's EW name: _____
My Child's Worker # is _____

Signature: _____

- If I am eligible for the Medi-Cal program and I am in a county with managed care, my family and I may be asked to join a managed care plan.

Español en el reverso

Rev 1/01

Mamás Papás – ¡Atención!

Comenzando el 1º de marzo del 2000, los cambios en la ley de California darán la oportunidad a más padres, que trabajan y que tienen hijos, ser elegibles para obtener beneficios del Medi-Cal.

¡Aún si hay dos padres en la vivienda!
✓✓✓✓
¡Aún si usted está trabajando!
✓✓✓✓
¡Sin parte del costo aún si sus ingresos incrementan!

☎ **Llame a su trabajador(ra) del Medi-Cal en su condado, o**

✍ **Llene esta forma, debajo, y**

☞ **Lleve esta forma, o**

✉ **Mándela por correo (en el sobre proveído)**

A la oficina de Servicios Sociales de su condado.

No mande por correo al Departamento de Servicios de Salud del Estado de California

¡Sí, deseo saber si puedo obtener Medi-Cal ahora!

Mi Nombre : _____
Mi Dirección: _____
_____

Mi Número de Teléfono : _____

Número del Seguro Social de mi hijo(a) es: _____

Número del Caso de mi hijo(a) es: _____

Nombre del trabajador(a) de eligibilidad de mi hijo(a) es: _____

Número de Teléfono del trabajador(a): _____

Firma: _____

- Si soy elegible para el programa de Medi-Cal y si vivo en el condado que provee cuidado médico administrado, es posible que a mi familia y yo se nos pida que nos inscríbamos en el plan de cuidado médico administrado.