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) 657-0258

February 27,2001

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

Letter No.:01-17

SENATE BILL (SB) 87 CHANGES TO THE MEDI-CAL NOTICES OF ACTION (NOA)

Ref: All County Welfare Directors Letter No. 96-56

This letter describes changes to the Medi-Cal NOAs as required by SB 87 (Chapter 1088, Statutes of 2000). These changes affect the NOAs for persons discontinued from the California Work Opportunity and Responsibility to Kids (CalWORKs) program and persons transferred from the Section 1931(b) program to another Medi-Cal program.

Effective July 1, 2001, persons who are discontinued from CalWORKs and remain eligible for Medi-Cal under Section 1931(b) must receive a NOA containing certain information. Persons who are no longer eligible for Section 1931(b) but are eligible for another Medi-Cal program must receive a NOA with the name of the program they have been transferred to and a description of that program.

These NOAs must also contain the following information:

1. A statement that receipt of Medi-Cal benefits is not counted against CalWORKs time limits.

2. A statement that monthly or quarterly status reports are not required, except for an annual redetermination form (and Transitional Medi-Cal forms, where applicable); however, significant changes that may affect eligibility or share of cost must be reported by the beneficiary within ten days.

3. The eligibility worker's name, telephone number, and hours.

If the eligibility worker has been reassigned, the county must notify the beneficiary within ten days of the new worker's name, address, telephone number, and the hours during which an eligibility worker can be contacted. Counties may use the office hours or the worker's core hours.

The Department of Health Services has created draft language for two new NOAs. One will be sent to CalWORKs persons who were discontinued and remain eligible for Section 1931(b) and the other will be sent to all persons who are discontinued from Section 1931(b) and transferred to the Medically Needy or Medically Indigent program. There were no specific NOAs for these programs.

We are still receiving comments from various groups on these draft NOAs. When these NOAs are finalized, the camera-ready copies will be sent to you by advanced mail.

Counties may continue to use the existing Section 1931(b) Approval NOA (MC 339) for all persons who are not discontinued CalWORKs persons. Counties should use the Section 1931(b) Denial or Discontinuance NOA (MC 340) for former CalWORKs persons who are discontinued from Section 1931(b) or for non-CalWORKs persons who are applying for Medi-Cal, but determined not eligible. These and other NOAs will be modified to include worker hours and reporting requirements. If you have any further questions, please contact Margie Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosures

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

_____ (COUNTY STAMP) _____

DRAFT

Notice date:_____
Case number _____
Worker name:_____
Worker number __:_____
Worker telephone: _____
Office hours _____
Notice for:_____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low- income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report and you had significant changes that affected your eligibility, you should report these changes to your Medi-Cal worker now.

Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

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

- Have an eligible child living in the home who qualifies for Medi-Cal with no share of cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always show 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

MEDI-CAL NOTICE OF ACTION APPROVAL FOR MEDICALLY NEEDY OR MEDICALLY INDIGENT PROGRAM BENEFITS

(COUNTY STAMP)

DRAFT

Notice date:_____
Case number:_____
Worker name.:_____
Worker number _____
Worker telephone :_____
Office Hours _____
Notice for:_____

You have been approved for the following program(s):

- ☐ Medically Needy Program for a family with a child whose parent(s) is/are absent from the home, deceased, incapacitated, unemployed or working with limited earnings.
- ☐ Medically Needy Program for the aged, blind, or disabled.
- ☐ Medically Indigent Program for pregnant women.
- ☐ Medically Indigent Program for persons under age 21.
- ☐ Medically Indigent Program for a child who is the responsibility of a public agency.
- ☐ Other _____.

☐ You are entitled to receive Medi-Cal benefits beginning the first day of _____.

- You do not have to fill out monthly or quarterly status reports to get Medi-Cal.
- You must report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition or household situation.
- You will have to complete the form for your Medi-Cal annual review when it is sent to you.
- Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

☐ You are entitled to full benefits beginning _____.

☐ Your benefits cover only emergency and pregnancy-related services beginning _____.

☐ You are eligible with no share of cost.

☐ Your income exceeds the income limit. You have a share-of cost to pay or obligate towards your monthly medical care. Your share-of-cost is $_____ beginning _____. Your share-of-cost was computed as follows:

Gross income	$_____
Net Nonexempt Income	$_____
Maintenance Need	$_____
Excess Income/Share of Cost	$_____

Always show 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, Sections 50203 and 50251.