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December 21, 2010

**TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-22**  
**ALL COUNTY ADMINISTRATIVE OFFICERS**  
**ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS**  
**ALL COUNTY HEALTH EXECUTIVES**  
**ALL COUNTY MENTAL HEALTH DIRECTORS**

**SUBJECT: NOTICES OF ACTION FOR SUSPENSION OF MEDI-CAL BENEFITS FOR INCARCERATED JUVENILES**

All County Welfare Directors Letter (ACWDL) 10-06 implemented the requirements of Senate Bill (SB) 1147 (Chapter 546, Statutes of 2008) to suspend Medi-Cal eligibility for up to one year for minors incarcerated in juvenile detention facilities. ACWDL 10-06 provided that final notices of action (NOA) would be issued in a subsequent ACWDL. The purpose of this letter is to provide County Welfare Departments with English versions of the final numbered NOAs for the suspension of Medi-Cal benefits for incarcerated juveniles as required by ACWDL 10-06. Counties will be notified in a subsequent letter when the translations of these NOAs are available on the Medi-Cal website. In the meantime, counties are reminded that a multilingual notification must be included with all NOA mailings regardless of the primary language specified on the Medi-Cal Eligibility Data System (MEDS). As required by ACWDL 08-32, the multilingual notification shall be either the MC 4034 Language Services Notice, the GEN 1365 Notice of Language Services, or a county designed notification that has been approved by DHCS.

**NEW NOAs**

The following NOAs are camera ready, and will be available on the Medi-Cal website within two days of the release of this letter. Please note that the enclosed notices include revisions to the notices issued in ACWDL 10-06. These changes reflect comments received after the release of ACWDL 10-06. Therefore, the notices included in

ACWDL 10-06 are obsolete and should no longer be used. Counties must now use the updated notices issued in this letter in accordance with the SB 1147 implementation instructions in ACWDL 10-06. Detailed information on the requirements for issuing these notices is included in ACWDL 10-06. The following NOAs are enclosed with this letter:

- **MC 0377- Notice of Action Suspension of Medi-Cal Benefits for an Incarcerated Minor (Enclosure 1).** This NOA must be sent timely when the Medi-Cal eligibility of an incarcerated juvenile is suspended.
- **MC 0376- Notice of Action Restore Medi-Cal Benefits upon Release of an Eligible Minor (Enclosure 2).** This NOA must be sent when suspended benefits are restored to a juvenile, because he or she is no longer considered an inmate.
- **MC 0375- Notice of Action Discontinuance of Benefits (Enclosure 3).** This NOA must be sent as a ten-day notice when the Medi-Cal eligibility of the incarcerated juvenile is terminated while he or she is under suspension.

**Note:** MC 0375 includes a reference to Welfare and Institutions (W & I) Code Section 14011.10 that requires Medi-Cal benefits for inmates of public institutions, which are under 21 years of age, be suspended for up to one year or until incarceration ends (whichever is sooner). Counties must also include the appropriate reference, which specifies the reason Medi-Cal eligibility is terminated as due to a change in eligibility, (not related to institutional status) that occurs after Medi-Cal benefits have been suspended.

If you have any further questions regarding these documents please contact Mr. Thomas (Antonio) Weary, Policy Analyst, of the Residency and County Unit, at (916) 322-4863 or by email at [thomas.weary@dhcs.ca.gov](mailto:thomas.weary@dhcs.ca.gov)

Original signed by:

René Mollow, MSN, RN, Chief  
Medi-Cal Eligibility Division

Enclosures

**NOTICE OF ACTION  
SUSPENSION OF MEDI-CAL BENEFITS  
FOR AN INCARCERATED MINOR**

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

**SUSPENSION OF BENEFITS NOTICE FOR:**

*[Insert Name\(s\) Here](#)*

Beginning on \_\_\_\_ (date) \_\_\_\_, Medi-Cal benefits will be suspended for the child named above.

Here's why:

The county has received information that the child named above is an inmate of a public institution. State law requires that when someone on Medi-Cal under the age of 21 becomes an inmate, Medi-Cal benefits must be suspended. Medi-Cal benefits are suspended for up to one year or:

- until the child is no longer an inmate;
- turns 21, or;
- becomes ineligible for Medi-Cal for a reason not related to incarceration, whichever is sooner.

While benefits are suspended, the child will not receive Medi-Cal eligible services. If the child is released from incarceration while Medi-Cal benefits are suspended, s/he can receive Medi-Cal benefits without a new application. While benefits are suspended, you must still complete the annual redetermination. If Medi-Cal eligibility ends for any reason while this child is an inmate, the county will send a separate notice of action.

If this child is not an inmate, please immediately contact the Eligibility Worker listed above to prevent Medi-Cal benefits from being suspended. Questions about this notice can also be directed to the Eligibility Worker listed above.

Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.

**DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC).** If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal benefits.

**RULES:** This action is required by Welfare and Institutions Code Section 14011.10. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

**NOTICE OF ACTION  
RESTORE MEDI-CAL BENEFITS  
UPON RELEASE OF AN ELIGIBLE MINOR**

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

**RESTORATION OF BENEFITS NOTICE FOR:**

*Insert Name(s) Here*

Medi-Cal benefits have been restored for the child named above.

Here's why:

The county has received information that the child named above is no longer an inmate of a public institution.

The child's Medi-Cal benefits are restored as of \_\_\_\_ (date) \_\_\_\_\_. This is the date he or she no longer was an inmate.

If this child is still an inmate or was released on a different date, you must tell the Eligibility Worker listed above.

**IF YOU ALREADY HAVE A BENEFITS IDENTIFICATION CARD (BIC) DO NOT THROW IT AWAY.** You should keep using that card. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.

**RULES:** This action is required by Welfare and Institutions Code Section 14011.10. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

**NOTICE OF ACTION  
DISCONTINUANCE OF MEDI-CAL BENEFITS  
FOR AN INCARCERATED MINOR**

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

**DISCONTINUANCE OF BENEFITS NOTICE FOR:**

*Insert Name(s) Here*

Medi-Cal benefits for the child named above will end the last day of     (month)    .

Here's why:

This child's Medi-Cal benefits were suspended. They are now discontinued because:

This means that the child will need to re-apply for Medi-Cal when s/he is no longer incarcerated.

You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page.

Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.

**DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC)**

If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal.

**RULES:** This action is required by Welfare and Institutions Code section 14011.10 and [COUNTIES MUST INSERT HERE THE APPROPRIATE REFERENCE AUTHORIZING THE DISCONTINUANCE].

If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.