

<u>County</u>	<u>No. of Individuals</u>
Orange	2
Plumas	1
Riverside	2
San Diego	1
San Joaquin	1
Santa Clara	1
Solano	1
Stanislaus	1
Ventura	1

Please refer to attachment 2 to identify in your particular county those individual(s) and their appropriate disregard amount(s) who have been notified (by DHS) that the deadline to apply under the OBRA 85 provision has been extended to June 30, 1988. Counties who do not have potential eligibles will not receive a copy of attachment 2.

Counties are to follow procedures contained in ACWD Letter No. 87-5 to determine eligibility. Please note that an Errata Notice was mailed to all counties correcting an error on page 2, fifth paragraph, which instructed counties to use the MC 210 in lieu of the "Pickle" application (DHS 7038). Also, counties need to be aware that these individuals are only entitled to three months retroactive benefits from the date they apply for OBRA 87 benefits.

Thank you for your cooperation in complying with the new OBRA 87 provision. Any questions should be directed to RaNae M. Dunne at (916) 324-4955/ATSS 454-4955.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

All County Welfare Directors
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Attachments

cc: Medi-Cal Liaisons
Medi-Cal Consultants

Expiration Date: May 1, 1989

NOTICE PREPARATION DATE:

Beneficiary ID Number:

Last Month SSI/SSP Received:

Ud. necesita un interprete, favor de comunicarse con su trabajador del condado.

NOTICE OF POSSIBLE MEDI-CAL ELIGIBILITY WITHOUT SHARE OF COST

Your records indicate that you were notified in October 1986 that you were potentially eligible for Medi-Cal under the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) as it related to your Social Security benefits. The notice gave you specific instructions on how to apply for zero share of cost Medi-Cal benefits under the COBRA provision. The COBRA provision established a deadline of June 30, 1987 to apply for zero SOC Medi-Cal benefits. The purpose of this notice is to inform you that the prior deadline of June 30, 1987 has been extended to June 30, 1988. If you are now receiving Medi-Cal without a share of cost, you do not have to do anything about this notice. However, if you are not now receiving Medi-Cal or if you are required to pay a share of cost before you receive your Medi-Cal card, this notice is important. PLEASE READ IT CAREFULLY!

If you are one of the persons covered by the COBRA Act, you will be eligible for Medi-Cal without a share of cost. To be eligible, all of the following conditions must apply to you:

- You were under age 60 when you first began receiving Social Security benefits; and
- You are now receiving Social Security benefits and have been continuously since December 1983; and
- You received Social Security Disabled Widows or Widowers benefits in January 1984; and
- At any time you received both SSI/SSP and Social Security benefits in the same month; and
- You no longer receive SSI/SSP as a result of the 1983 increases in your widows or widowers benefits.

To find out if you are entitled to receive Medi-Cal without a share of cost, contact your local county welfare department at the following address:

If you are eligible for Medi-Cal under the COBRA Act, you may receive up to three months retroactive Medi-Cal (effective three months from the date you apply).

Applications for Medi-Cal without a share of cost under COBRA filed after June 30, 1988 will not be eligible for consideration under the COBRA Act. It would be to your advantage to apply at the county welfare department as soon as possible in order to obtain maximum benefits.

If you need assistance, or have questions, you should check your Social Security records, call your local Social Security Office, or contact the Department of Health Services, Medi-Cal Eligibility Branch, attention RaNae M. Dunne at (916) 324-4955.