

DEPARTMENT OF HEALTH SERVICES

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(916) 657-2941

December 14, 1998



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

Letter No.: 98-52E

ERRATA TO 98-52: CUSTODIAL PARENTS TO APPLY FOR THE HEALTHY FAMILIES PROGRAM

The purpose of this letter is to inform you that the enclosures that were included with All County Welfare Directors Letter No. 98-52 were in error. The three pages which displayed the MEDS screens for Healthy Families coverage should be discarded and replaced with the three pages enclosed with this letter. The three screens are identified in the left-hand top corner of each page and are entitled INQM, INQ1, and INQ2.

If you have any questions, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures


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CASE-NAME                DISTRICT
COUNTY-ID 37-9H-        EW-CODE
MEDS-ID                  SSN-VER 7  REDETERM-MO
BIRTHDATE                SEX M      GOVT-RESP 6
CHAINED-ID              LAST-MC/CP-CHG
PRIOR-MEDS-ID           LAST-OTH-CHG 08-20-98  ADDRESS-FLAG
WELFARE-PGM 001        DEATH-DT          DEATH-CD      HIC-NO      RECOVERY
IA-DL/ID-NO            CLIENT-INDEX-NO    TERM-DT      PICKLE
PGM-ELIG: MC/CP       SP1 (HFAMILY) C H  SP2          FS          AFDC
                        1998=====> 1997=====>
COUNTY 09-98 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
AID-CODE 37
ELIG-STAT 691
SOC-AMT
BERT-DAY
HC 9
RESTRIC
EDICARE
ECPI-NUM
ECPI-STAT
PTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

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CASE-NAME DISTRICT
 COUNTY-ID EW-CODE
 MEDS-ID SSN-VER 7 REDETERM-MO
 BIRTHDATE SEX M GOVT-RESP 6
 CHAINED-ID LAST-MC/CP-CHG ADDRESS-FLAG RECOVERY
 PRIOR-MEDS-ID LAST-OTH-CHG 08-20-98 HIC-NO PICKLE
 WELFARE-PGM 001 DEATH-DT DEATH-CD TERM-DT TERM-REAS
 IA-DL/ID-NO CLIENT-INDEX-NO
 PGM-ELIG: MC/CP SP1 (HFAMILY) C H SP2 FS AFDC
 1998===== > 1997===== >
 09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

COUNTY
 ID-CODE
 ELIG-STAT
 SOC-AMT
 PERT-DAY
 HC 9 9 9
 RESTRICT
 MEDICARE
 CPI-NUM
 CPI-STAT
 OPTION ___ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN