

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-2941



March 24, 2000

TO: All County Social Services Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Outstationed Eligibility Workers Coordinators  
All County Public Health Directors  
All County Mental Health Directors  
All CalWORKs Coordinators  
All Welfare to Work Specialists  
All Food Stamps Coordinators

Letter No.: 00-21

**NOTICES TO PARENTS ABOUT THE CHANGES IN THE DEFINITION OF DEPRIVATION (UNEMPLOYED PARENTS) AND THE INCREASED INCOME LIMITS FOR THE SECTION 1931(b) PROGRAM AND INFORMATION ON PROCESSING THE REQUESTS FOR ELIGIBILITY**

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

Enclosed are two notices that the Department of Health Services will be sending out the week of April 3, 2000, to inform parents of their possible eligibility under the change in the definition of deprivation or the increase in income limits for the Section 1931(b) program, both effective March 1, 2000. Parents, in responding to the notices, will have an option to call the county, go to the county office, or mail the notice to the county to indicate their interest in the new programs.

The Department will be mailing about 200,000 notices to potentially eligible parents, in English and Spanish. Included with the notices to the parents will be an envelope marked "New Medi-Cal Program for Working Parents." By labeling the envelope in this manner, counties will be able to quickly identify those persons interested in these new programs. Counties must be ready to answer calls or respond to the notices they will be receiving after April 3, 2000. It is essential that the county eligibility workers are made aware of the new laws and that they are prepared to provide the appropriate response to callers or mailed-in notices and to make eligibility decisions based upon the new eligibility criteria.

These notices will be sent to:

1. 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).

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Because many of these parents are not currently enrolled in Medi-Cal, and asset, property and deprivation information was not obtained for the children, it may be necessary to now obtain this information to determine the parent's eligibility. The information may be obtained by phone or by mail, or the parent may choose to bring the information into the county office. A face-to-face interview is not required for these cases. (See ACWDL 00-17.)

2. 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) with zero SOC because the income limit for applicants and some recipients who benefit from this change will be 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).

Because information is already available concerning assets, property and deprivation, the county will be able to make a determination of eligibility without a face-to-face and without having to contact the parents. At the time of request by the parents through a telephone call or return of the notice, but not later than the first quarterly status report for those who did not respond to the notices but may be eligible based upon the increase in the Section 1931(b) income limit or change in the definition of deprivation, counties must evaluate eligibility under the March 1, 2000 program changes.

There are two important procedures that counties must follow in completing eligibility determinations for families who are eligible under either of the program changes effective March 1, 2000:

1. When the county receives an application for parents and children and no asset information is available for the county to complete a Section 1931(b) eligibility determination for the entire family, the county **MUST** aid all family members who are income eligible under the percent programs first. All other family members who must meet the asset/property eligibility requirements shall be put on pending status until the county receives adequate information/verification. **Do not delay the eligibility process for any family member by placing the entire family on pending status.** This procedure is consistent with ACWDL 99-01 Mail-in Application Procedures for Children and Pregnant Women.

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2. There may be children or adults in a zero SOC program and the Department is not requiring that those individuals be shifted from one zero SOC program to another if they are Section 1931(b) eligible. However, anyone in a Medically Needy aid code who loses zero SOC eligibility, or a child in a percent program who loses eligibility for the percent program, must be evaluated to determine if they would have been in Section 1931(b) and therefore eligible for Transitional Medi-Cal (TMC). For example, if during the eligibility redetermination, it is discovered that the parent could have been eligible for the Section 1931(b) program in the past, then eligibility should be established so that the beneficiary may qualify for TMC, if needed, in the future.

If you have questions on ACWDL 00-17, please contact Linda Rahmeyer at (916) 657-0398. If you have any questions regarding the notices to parents, please contact Richard Brantingham at (916) 654-6821.

Sincerely,

**ORIGINAL SIGNED BY**

Angeline Mrva, 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!



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.*

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

My Name \_\_\_\_\_

My Address \_\_\_\_\_

\_\_\_\_\_

My Phone #: \_\_\_\_\_

My Social Security # is: \_\_\_\_\_

Or My Case Number 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*

# 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, para que sus hijos sean elegibles para obtener beneficios del Medi-Cal.

¡Aún si hay dos padres en la vivienda!



¡Aún si usted está trabajando!



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.*

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

Mi Nombre \_\_\_\_\_

Mi Dirección \_\_\_\_\_  
\_\_\_\_\_

Mi Número de Teléfono : \_\_\_\_\_

Mi Número de Seguro Social es: \_\_\_\_\_

O Mi Número de Caso es: \_\_\_\_\_

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 inscribamos en el plan de cuidado médico administrado.

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Even if there are two parents in the home!

✓✓✓✓

Even if you are working!

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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.*

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

My Name \_\_\_\_\_

My Address \_\_\_\_\_

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My Phone # : \_\_\_\_\_

My Social Security # is: \_\_\_\_\_

Or My Case Number 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.

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¡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.*

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

Mi Nombre \_\_\_\_\_

Mi Dirección \_\_\_\_\_

\_\_\_\_\_

Mi Número de Teléfono : \_\_\_\_\_

Mi Número de Seguro Social es: \_\_\_\_\_

O Mi Número de Caso es: \_\_\_\_\_

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 inscribamos en el plan de cuidado médico administrado.