



JENNIFER KENT
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

March 15, 2018

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 18-05
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Medi-Cal Notice of Actions for the 250 Percent Working Disabled Program
(Reference: Welfare & Institutions Code § 14007.9; Title 22 California
Code of Regulations § 50179; All County Welfare Directors Letters 00-16,
09-33, 11-38, 17-23, 17-31)

The purpose of this letter is to provide county welfare departments with additional Notices of Action (NOAs) for the 250 Percent Working Disabled Program (WDP). The Department of Health Care Services worked in partnership with the County Welfare Directors Association and stakeholders to create two new NOAs for the 250 percent WDP:

1. 250 Percent WDP denial NOA
2. 250 Percent WDP discontinuance NOA

The Statewide Automated Welfare System (SAWS) shall make programming changes to automate the 250 Percent WDP NOAs during the next available SAWS release, as described below. To the extent possible, counties are to utilize the new 250 Percent WDP NOAs included with this letter until SAWS programming is complete. A Medi-Cal Eligibility Division Information Letter will be issued later with the new 250 percent WDP notices in each of the counties' threshold languages for SAWS programming.

Reminder: County Eligibility Workers (CEWs) and SAWS shall include a multilingual notification (GEN 1365) with every NOA sent to all applicants/beneficiaries, regardless of the primary language specified on Medi-Cal Eligibility Data System. Please see All County Welfare Directors Letter (ACWDL) 17-23 for more information. In addition, the NOAs shall include the NA BACK 9 (ACA/MEDI-CAL) pursuant to ACWDL 17-31.

Summary of the Need to Send the 250 Percent WDP NOAs

Effective immediately, CEWs shall use the attached denial or discontinuance NOAs for the 250 Percent WDP when an applicant/beneficiary specifically requests to be evaluated for eligibility under the 250 Percent WDP and is found ineligible, or when a 250 Percent WDP beneficiary is being discontinued from the program. The NOAs include the various reasons an individual may be denied or discontinued from the 250 Percent WDP. The CEW shall select the specific reason for denying or discontinuing 250 Percent WDP eligibility that applies in the beneficiary's individual case.

1) Denial of Eligibility for 250 Percent WDP

The 250 Percent WDP denial NOA is used to notify an individual that they are not eligible for the 250 Percent WDP. The county shall mark the appropriate reason the individual is not eligible for the 250 Percent WDP program.

This includes a beneficiary eligible for the MN program with a Share of Cost (SOC) who requests an evaluation of eligibility under the 250 Percent WDP, and is determined ineligible for the program. In this instance, the county shall send the denial NOA for the 250 Percent WDP, but does not need to send the individual an additional NOA for their existing MN SOC eligibility, unless it is determined there is a separate change in his/her MN eligibility status.

2) Discontinuance of Eligibility for 250 Percent WDP

The 250 Percent WDP discontinuance NOA is used to notify a beneficiary that they are no longer eligible for the 250 Percent WDP. The county shall mark the appropriate reason the beneficiary is no longer eligible for the program, and the 250 Percent WDP discontinuance NOA shall be sent timely with 10-day notice.

Before discontinuing eligibility for the 250 Percent WDP, the county shall consider any reported change in circumstance and evaluate the individual for all Modified Adjusted Gross Income (MAGI) and Non-MAGI Medi-Cal programs. A separate NOA shall be sent to the individual, as appropriate, to approve or deny eligibility for these programs, or advise of any Medi-Cal SOC or change in level of benefits.

If you have questions regarding this letter, please contact Tammy Kaylor at (916) 327-0406 or by email at Tammy.Kaylor@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

All County Welfare Directors Letter No.: 18-05
Page 3
March 15, 2018

Enclosures

**MEDI-CAL
NOTICE OF ACTION
DENIAL OF BENEFITS UNDER THE
250 PERCENT WORKING DISABLED PROGRAM**

(COUNTY STAMP)
Notice date: _____
Case number: _____
Worker name: _____
District: _____
Worker number: _____
Worker telephone: _____
Worker hours: _____

Your application dated ___/___/___ for the 250 Percent Working Disabled Program has been denied.

- You do not qualify for this program because your net countable income is _____, which is over the Supplemental Security Income/State Supplementary Payment (SSI/SSP) level, which is _____ for a household of _____.
- You do not qualify for this program because your nonexempt resources are over the limit. The limit is \$2,000 for an individual or \$3,000 for a couple.
- You do not qualify for this program because you did not provide documentation showing you are working.
- You do not qualify for this program because you do not meet the definition of disability, as defined in federal law.
- You do not qualify for this program because your net countable income is above 250 Percent of the Federal Poverty Level, which is _____ for a household size of _____.
- You do not qualify for this program because you are not otherwise eligible for SSI/SSP because _____.
- Other _____

If you are already receiving Medi-Cal benefits, this does not affect those benefits.

This denial notice of action for the 250% Working Disabled Program does not affect your eligibility for any other Medi-Cal program. You will receive, or may have already received, another notice from your county Department of Social Services concerning any other Medi-Cal coverage for which you may be eligible. If you have any questions about such eligibility, please write or telephone your county eligibility worker.

This action is required by Welfare & Institution Code § 14007.9 and Title 22 C.C.R. § 50179

If you think we made a mistake, you can appeal. See the backside of the first page of this notice for "Your Hearing Rights" to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

DO NOT THROW YOUR PLASTIC ID CARD AWAY. You can use it again if you are or become eligible for Medi-Cal in the future.

**MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS UNDER THE
250 PERCENT WORKING DISABLED PROGRAM**

Notice date: _____ (COUNTY STAMP)
Case number: _____
Worker name: _____
District: _____
Worker number: _____
Worker telephone: _____
Worker hours: _____

Your eligibility for the 250 Percent Working Disabled Program will be discontinued as of ___/___/___.

- You are no longer eligible for this program because your net countable income is above 250 Percent of the Federal Poverty Level, which is _____ for a household size of _____.
- You are not eligible for this program because your nonexempt resources are over the limit. The limit is \$2,000 for an individual or \$3,000 for a couple.
- You are no longer eligible for this program because you are not working, or have exceeded the allowed 26 weeks of unemployment without going back to work.
- You do not qualify for this program, as you are no longer disabled, as defined in federal law.
- You are no longer eligible for this program because your net countable income is _____, which is over the Supplemental Security Income/State Supplementary Payment (SSI/SSP) level, which is _____ for a household size of _____.
- You do not qualify for this program because you are not otherwise eligible for SSI/SSP because _____.
- Other _____

This discontinuance notice of action for the 250% Working Disabled Program does not affect your eligibility for any other Medi-Cal program. You will receive, or may have already received, another notice from your county Department of Social Services concerning any other Medi-Cal coverage for which you may be eligible. If you have any questions about such eligibility, please write or telephone your county eligibility worker.

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