



JENNIFER KENT
Director

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



EDMUND G. BROWN JR.
Governor

August 9, 2018

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

SUBJECT: Revised Notice of Action for the Approval of Benefits as a 250 Percent Working Disabled Program Individual or Couple (MC 338 D). (Reference: Welfare & Institutions Code § 14007.9; Title 22 California Code of Regulations § 50179; All County Welfare Directors Letters 00-16, 09-33, 11-38, 12-36, 17-23, 17-31)

The purpose of this letter is to transmit the revised MC 338 D Notice of Action (NOA) to the counties for the approval of benefits as a 250 Percent Working Disabled Program (250% WDP) Individual or Couple.

The objectives for the 250% WDP Approval NOA (MC 338 D) revisions are to:

1. Clarify that couples are not required to pay a separate monthly premium for the 250% WDP and that the premium listed on the NOA is the combined total for both spouses and should not be doubled;
2. Provide a case example to demonstrate that the premium amount listed on the NOA is a combined monthly premium;
3. Remove outdated information regarding the pre-paid, self-addressed envelopes, which, as of September 2013, are no longer provided to counties or beneficiaries; and,
4. Clarify that same-sex spouses or registered domestic partners per All County Welfare Directors Letter (ACWDL) 12-36, are considered couples in the 250% WDP.

Some counties currently include the Important Information about Medi-Cal 250 Percent Working Disabled Program Premium Payment Methods (form MC 0384 (Rev 12/12)), with their approval NOAs. However, the current version of the form contains incorrect

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payment information. The Department of Health Care Services (DHCS) is in the process of updating the MC 0384, but until the revised form is available, please include the enclosed flyer, Electronic Funds Transfer Payment Options for the 250 Percent Working Disabled Program Premium Payments, with the 250% WDP approval NOA. This will assist clients in making their monthly premium payments. Once the MC 0384 form is revised, DHCS will inform the counties in a subsequent Medi-Cal Eligibility Division Information Letter (MEDIL).

Implementation Timeline

The Statewide Automated Welfare Systems (SAWS) must make programming changes to automate the 250% WDP NOA during the next available SAWS release. To the extent possible, counties are to utilize the new 250% WDP Approval NOA, included with this letter, until SAWS programming is complete. DHCS will provide translated versions in the threshold languages in a subsequent MEDIL for SAWS programming.

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

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

Enclosures

**MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS
AS A 250% WORKING
DISABLED INDIVIDUAL OR COUPLE**

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

District: _____

This affects: _____

(Name)

We checked to see if you qualify for the **250% Working Disabled Program**. The program allows eligible persons and couples to pay premiums for full Medi-Cal coverage. We found that you meet the eligibility requirements for the 250% Working Disabled Program starting _____ (month, day, year).

To have your medical expenses covered by Medi-Cal, you must pay the monthly premium each month. Your monthly premium for the 250% Working Disabled Program is \$ _____.

This is based on your net non-exempt income of \$ _____. We did not count your disability income.

If you and your spouse or registered domestic partner* are approved for the 250% Working Disabled Program as an eligible couple, the monthly premium above is for **both** of you even though you each got a notice of action. You do not each pay a separate monthly premium. For example, if each spouse got a 250% Working Disabled Program notice of action with a monthly premium of \$30, the total premium the couple must pay each month is \$30, not \$60.

If you have a Benefits Identification Card (BIC), you can use it for this program. If you do not have a BIC, you will receive one soon. Keep your BIC. Your BIC is good as long as you qualify for Medi-Cal. Show your BIC to your doctor or other Medi-Cal provider when you get medical services.

To stay in this program, you must pay your monthly premium each month. Your premium payment is due on the 5th of the next month. To make sure you get credit for your payment, write your **name** and **client index number (CIN)** on your check or money order. Your CIN is the 8 numbers in a row on your BIC. It starts with 9 and ends with a letter. For example, 90000000A. Your CIN is also your California Department of Health Care Services account number for the 250% Working Disabled Program.

You can send your premium by mail or electronic funds transfers (EFT). Information on how to make your premium payments came with this notice.

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

*Couples include same-sex spouses or registered domestic partners; reference All County Welfare Directors Letter 12-36



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ELECTRONIC FUNDS TRANSFER PAYMENT OPTIONS FOR
250 PERCENT WORKING DISABLED PREMIUM PAYMENTS

The State of California offers two Electronic Funds Transfer (EFT) payment options to the 250 Percent Working Disabled Program (250% WDP) beneficiaries. EFT payments are secure, easy to submit, and free!

As an **Enrolled User**, you can schedule or cancel payments and check your payment history. If you prefer to submit a single payment, you can use the **TPLRD One-Time Pay option**. Please visit our 250% WDP website at <http://dhcs.ca.gov/WDP> to access the **EFT Information Guide** and **Frequently Asked Questions**.

To use the **Enrolled User** option:

1. Go to <http://dhcs.ca.gov/WDP>.
2. Under the **To Enroll** section, click on the **Online EFT Enrollment Auto Form** or the **EFT Enrollment Mail-in (PDF)** form.
3. Enter the required information and submit to the Department of Health Care Services (DHCS). You will receive an email and letter once you are enrolled.
4. Once you receive these, go back to <http://dhcs.ca.gov/WDP>. Under the **DHCS – Electronic Funds Transfer (EFT) Payments** section, click on the **Sign In** link.
5. Under the **First Time User** section, click the **Register** button to enter the required information and complete the registration process. ****Remember to write down your username and password****
6. After registration, return to the **Sign In** page and go to the **Returning User** section. Login with the username and password that you created.
7. Make and/or schedule payments.

To use the **TPLRD One-Time Pay option**:

- a. Go to <http://dhcs.ca.gov/WDP>. Under the DHCS – Electronic Funds Transfer (EFT) Payments section, click on the **Sign In** link.
- b. Click the **TPLRD One-Time Pay option** tab found at the **top** of the page.
- c. Enter the beneficiary's DHCS Account Number, in addition to required payment, contact, and banking information.
- d. Print or record the Payment Confirmation Number and information for your records.

If you do not want to use an EFT option, please make your monthly premium check or money order payable to DHCS. Write your name and Medi-Cal Client Index Number (CIN) on the payment and mail it to:

**Department of Health Care Services
Third Party Liability and Recovery Division
Working Disabled Program - Dept. 155, MS 4718
P. O. Box 997421
Sacramento, CA 95899-7421**