

DEPARTMENT OF HEALTH SERVICES

1744 P STREET  
SACRAMENTO, CA 95814  
(916) 445-1912



January 31, 1983

To: All County Welfare Directors

Letter No. 83-9

DENIAL OR DISCONTINUANCE LANGUAGE FOR MIA NOTICES OF ACTION

As a result of the passage of AB 799 (Chapter 328, Statutes of 1982), effective January 1, 1983, medically indigent adults are no longer covered under the Medi-Cal program, with the exception of certain categories (pregnant women, persons in intermediate care or skilled nursing facilities, or refugees in their first 18 months). This letter provides you with suggested language for the denial or discontinuance of pregnant women, pending disabled, Ramos v. Myers cases, MIAs, persons under aid code 53, and persons previously categorized as medically needy.

If you have any questions, please contact Gerry Senini or Catherine Buber-Chatten at (916) 445-1797.

Sincerely,

ORIGINAL SIGNED BY

Madalyn M. Martinez, Chief  
Eligibility Branch

Attachment

Ramos v. Myers

Because your SSI/SSP was discontinued, you have been receiving Medi-Cal-Only benefits until the welfare department could determine your eligibility. Based upon the information you have provided to us, we have determined that you are a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults. If your circumstances change, please contact your county welfare department.

If you have a medical need which you can not afford, you may be eligible for the \_\_\_\_\_ County Medical Services Program. Please contact your county welfare department or your county health department for more information.

The regulations which require this action are Sections 50201 through 50251 of the CAC, Title 22.

Persons in LTC, Aid Code 53

Because your eligibility for Medi-Cal was based upon your residence in a skilled nursing or intermediate care facility and you no longer reside there, your eligibility for Medi-Cal has been discontinued. Based upon information you have provided to us, you are a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults. If your circumstances change and you return to long-term care, please contact your county welfare department.

If you have a medical need which you can not afford, you may be eligible for the \_\_\_\_\_ County Medical Services Program. Please contact your county welfare department or your county health department for more information.

The regulations which require this action are Sections 50201 through 50251 of the CAC, Title 22.

Pending Disableds

Your application for Medi-Cal benefits has been denied because the Disability Evaluation Division, State Department of Social Services has determined that you are not disabled. Based upon the information you have provided to us, we have determined that you are a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults. If your circumstances change, please contact your county welfare department.

If you have a medical need which you can not afford, you may be eligible for the \_\_\_\_\_ County Medical Services Program. Please contact your county welfare department or your county health department for more information.

The regulations which require this action are Sections 50201 through 50251 and Section 50167 of the CAC, Title 22.

Pregnant Women

You are no longer eligible for Medi-Cal benefits effective \_\_\_\_\_ because you are no longer pregnant. Based upon the information you furnished, we have determined that you are a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults.

The regulations which require this action are Sections 50201 through 50251 of the CAC, Title 22.

MIAs

Your application for Medi-Cal benefits has been denied because based upon the information you have provided to us, we have determined that you are a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults. If your circumstances change, please contact your county welfare department.

The regulations which require this action are Sections 50201 through 50251 of the CAC, Title 22.

Persons Previously Categorized as MN

Because your circumstances have changed and you are no longer (blind, disabled, deprived, etc.) your eligibility for Medi-Cal benefits has been discontinued. Based upon information you have provided to us, you have been determined to be a medically indigent adult. The Medi-Cal program is prohibited by state law from providing services to medically indigent adults. If your circumstances change, please contact your county welfare department.

If you have a medical need which you can not afford, you may be eligible for the \_\_\_\_\_ County Medical Services Program. Please contact your county welfare department or your county health department for more information.

The regulations which require this action are Sections 50201 through 50251 of the CAC, Title 22.