

DEPARTMENT OF HEALTH SERVICES

14/744 P STREET
SACRAMENTO, CA 95814



TO: All County Welfare Directors
All County Administrative Officers

July 24, 1989

Letter No.: 89-56

SUBJECT: RAMOS VS. MYERS NOTICE OF ACTION (NOA)

This is to inform counties that beginning with the August Month of Eligibility the Department will include a Statement of Citizenship, Alienage, and Immigration Status (MC 13) form with selected Ramos vs. Myers Notices of Action (NOA). This is necessary due to changes in regulations that now require citizenship or alienage to be established before full Medi-Cal benefits can be issued.

Each month (about 15 days before the end of the month) the Medi-Cal Eligibility Data System (MEDS) produces NOAs for all SSI/SSP beneficiaries that have been terminated during the month. There are eleven different types of notices that can be produced depending on the termination reason given by Social Security. Additional forms are mailed to the beneficiary with the NOA based on the type of notice produced. Enclosure 1 contains a list of notice types and the additional forms sent with each NOA.

If you have any questions please contact Frances Schurer at (916) 322-3463.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 24, 1990

Ramos vs. Myers
Notice Types & Additional Forms

Notice Type

| Forms | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|----|
| Computer Generated Notice of Action | x | x | x | x | x | x | x | x | x | x | x |
| Right to Appeal (MC 239) | x | x | x | x | x | x | x | x | x | x | x |
| Application for Public Assistance (CA-1) | x | | x | | | | x | | | x | |
| Statement of Facts (MC 210) | x | | x | | | | | | | | |
| Medi-Cal Temporary Redetermination (MC 211) | | | | | | | x | | | x | |
| Statement of Citizen- ship, Alienage, and Immigration Status (MC 13) | x | | x | | | | x | | | x | |
| County Addressed #9 Return Envelope | x | | x | | | | | | | | |
| Share of Cost Form (MC 177) | x | | | | | | | | | | |

Notice Type

1
2
3
4
5
6
7
8
9
10
11

Termination Reason

Excess Income (SOC)
Entered Long Term Care
Extended Eligibility
Loss of Residence
Deceased per Social Security
Loss of Contact
Other
Deceased per returned Medi-Cal card
County eligible
Disabled Adult Children
Deceased per State Registrar