

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



316) 657-2941

March 3, 1994

**TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons**

**Letter No.: 94-25****MEDICAL SUPPORT NOTICES OF ACTION AND SPEED LETTERS****Ref.: Article 4R, MEM Manual Letter No. 104**

The purpose of this letter is to transmit reproducible copies of two Notices of Action and two Speed Letters to be used in the Medical Support Enforcement Program. These have been renumbered, and are as follows:

- o Medi-Cal Notice of Action (MC 269, 11/93)--Denial of Medi-Cal Benefits for Noncooperation in Medical Support Enforcement;
- o Medi-Cal Notice of Action (MC 268, 11/93)--Discontinuance of Medi-Cal Benefits Due to Denial of Good Cause Claim For Noncooperation in Medical Support Enforcement; and
- o Speed Letters (MC 270, 11/93; MC 271, 11/93)--Approval of Good Cause Claim For Noncooperation in Medical Support Enforcement--One approves Claim and FSD/DA will not proceed with support enforcement; One approves Claim, but FSD/DA will proceed with support enforcement.

These forms were finalized in coordination with the Medi-Cal Forms Committee, SAWS, and AFDC personnel to closely parallel the forms and notices used in the AFDC Child Support Program.

A supply of these forms are available in the DHS warehouse. They can be obtained by contacting:

**DHS WAREHOUSE  
1037 N. Market Boulevard, Suite 9  
Attn: Norma Cline  
Sacramento, CA 95834  
(916) 928-9217**

All County Welfare Directors  
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If you have any questions regarding the revised forms, please contact Seymour Reed at (916) 654-0840, or you may contact Elena Lara at (916) 657-0712 if you have any questions about the Medical Support Enforcement Program.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

**MEDI-CAL  
NOTICE OF ACTION  
DISCONTINUANCE OF MEDI-CAL BENEFITS  
DUE TO DENIAL OF GOOD CAUSE CLAIM FOR  
NONCOOPERATION IN MEDICAL SUPPORT  
ENFORCEMENT**

(COUNTY STAMP)

CASE NO.: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

DISCONTINUANCE: \_\_\_\_\_

(names)

Your Medi-Cal benefits will be discontinued effective the last day of \_\_\_\_\_.

You do not have good cause for refusing to cooperate in medical support enforcement. Good cause can only be granted when it is decided that cooperating with the District Attorney will result in harm or risk to you or your child(ren).

You may reapply at any time, but you will not receive Medi-Cal benefits until the District Attorney's Office has confirmed that you have cooperated with their office. This action does not affect the Medi-Cal benefits of your child(ren). However, your child(ren)'s case will be referred for medical support enforcement without your cooperation. If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Date)

( \_\_\_\_\_ )

\_\_\_\_\_  
(Phone)

**PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION**

**MEDI-CAL  
NOTICE OF ACTION  
DENIAL OF MEDI-CAL BENEFITS  
FOR NONCOOPERATION IN  
MEDICAL SUPPORT ENFORCEMENT**

(COUNTY STAMP)

CASE NO.: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

DENIAL: \_\_\_\_\_

(names)

You have been denied Medi-Cal benefits because you refused to cooperate in medical support enforcement.

You may reapply at any time, but you will not receive Medi-Cal benefits until the District Attorney's Office has confirmed that you have cooperated with their office. This action does not affect the Medi-Cal benefits of your child(ren). However, your child(ren)'s case will be referred for medical support enforcement without your cooperation. If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Date)

( )

\_\_\_\_\_  
(Phone)

**PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION**

**MEDI-CAL  
SPEED LETTER  
APPROVAL OF GOOD CAUSE CLAIM  
FOR NONCOOPERATION IN  
MEDICAL SUPPORT ENFORCEMENT**

(COUNTY STAMP)

CASE NO.: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

(names)

The County has decided that you have good cause for not cooperating with the District Attorney Family Support Division in obtaining medical support services from your child(ren)'s absent parent. However, it has been decided that the District Attorney can proceed with your case without harm or risk to you or your child(ren). Your child(ren) will be referred for medical support enforcement without your cooperation.

If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Date)

( \_\_\_\_\_ ) \_\_\_\_\_  
(Phone)

