

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-2941

December 14, 1998



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

Letter No.: 98-52E

**ERRATA TO 98-52: CUSTODIAL PARENTS TO APPLY FOR THE HEALTHY FAMILIES PROGRAM**

The purpose of this letter is to inform you that the enclosures that were included with All County Welfare Directors Letter No. 98-52 were in error. The three pages which displayed the MEDS screens for Healthy Families coverage should be discarded and replaced with the three pages enclosed with this letter. The three screens are identified in the left-hand top corner of each page and are entitled INQM, INQ1, and INQ2.

If you have any questions, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief  
Medi-Cal Eligibility Branch

Enclosures

INQM

## \*\* PRIMARY MEDI-CAL/CMSP INFORMATION \*\*

ENCLOSURES  
HSX - 09/23/98

CASE-NAME  
 COUNTY-ID 37-9H-  
 MEDS-ID  
 BIRTHDATE  
 CHAINED-ID  
 PRIOR-MEDS-ID  
 WELFARE-PGM 001  
 IN  
 GM-ELIG: MC/CP

DISTRICT  
 EW-CODE  
 REDETERM-MO  
 GOVT-RESP 6  
 LAST-MC/CP-CHG  
 LAST-OTH-CHG 08-20-98  
 DEATH-DT  
 HIC-NO  
 SP1 (HFAMILY) C H SP2

ADDRESS-FLAG  
 APDP-IND  
 TERM-DT  
 PAPER-ISSUE  
 FS AFDC

RECOVERY  
 PICKLE  
 TERM-REAS

1998=====		1997=====											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
COUNTY	37	00	00	00	00	00	00	00	00	00	00	00	00
ID-CODE	9H												
LIG-STAT	999												
OC-AMT													
ERT-DAY													
HC	9							9	9				
ESTRICT													
EDICARE													
CP1-NUM													
CP1-STAT													
PTION													

09-98 PEND  
 09-98 PENDING

< PRESS PF13 FOR LIST OF VALID OPTIONS > \* PRESS ENTER KEY TO RETURN

ERRATA - 98-52

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CASE-NAME                DISTRICT
COUNTY-ID 37-9H-        EW-CODE
MEDS-ID                  SSN-VER 7  REDETERM-MO
BIRTHDATE                SEX M      GOVT-RESP 6
CHAINED-ID                LAST-MC/CP-CHG
PRIOR-MEDS-ID             LAST-OTH-CHG 08-20-98
WELFARE-PGM 001          DEATH-DT      DEATH-CD      TERM-DT
IA-DL/ID-NO              CLIENT-INDEX-NO
PGM-ELIG: MC/CP          SP1 (HFAMILY) C H      SP2      FS      AFDC

1998=====> 1997=====>
09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY      37
ID-CODE      9H
ELIG-STAT    691
SOC-AMT
ERT-DAY
HC           9
ESTRICT
EDICARE
CPI-NUM
CPI-STAT
PTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

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CASE-NAME DISTRICT  
 COUNTY-ID EW-CODE  
 MEDS-ID SSN-VER 7 REDETERM-MO  
 BIRTHDATE SEX M GOVT-RESP 6  
 CHAINED-ID LAST-MC/CP-CHG ADDRESS-FLAG RECOVERY  
 PRIOR-MEDS-ID LAST-OTH-CHG 08-20-98 HIC-NO PICKLE  
 WELFARE-PGM 001 DEATH-DT DEATH-CD TERM-DT TERM-REAS  
 A-DL/ID-NO CLIENT-INDEX-NO  
 PGM-ELIG: MC/CP SP1 (HFAMILY) C H SP2 FS AFDC  
 1998=====> 1997=====>  
 09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 COUNTY  
 ID-CODE  
 ELIG-STAT  
 SOC-AMT  
 BERT-DAY  
 HC 9 9 9  
 E-STRIC  
 EDICARE  
 CP1-NUM  
 CP1-STAT  
 PTION \_\_\_\_ < PRESS PF13 FOR LIST OF VALID OPTIONS > \* PRESS ENTER KEY TO RETURN