

DEPARTMENT OF HEALTH SERVICES

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(916) 657-2941



June 26, 1995

ACWDL Information Letter No: I-95-10

TO: All County Welfare Directors
All County Forms Coordinators
All County Medi-Cal Program Specialists/Liaisons

NEW NOTICE OF ACTION (NOA) - MC 239V

Reference: ACWDL 94-47

The enclosed MC 239V is a NOA that combines approval reasons for continuing Medi-Cal with and without a share of cost (SOC), Minor Consent Medi-Cal, and limited time approvals for one or two months. It also includes a request for information.

When the Department of Health Services (DHS) revised NOA's in June 1994 to reflect Benefit Identification Card language requirements, some NOA's were omitted. Counties notified DHS of the omission which resulted in the MC 239V.

This NOA is similar to the MC 239B-M and both may be used for normal Medi-Cal approvals with or without a SOC. However, the MC 239B-M can also be used to grant long-term care Medi-Cal but does not have approval language for Minor Consent and other limited time approvals.

The MC 239V is now available in English and may be ordered from the warehouse. When the Spanish version is available, counties will be notified.

If you have any questions about this NOA, please direct them to Mr. Gary Varner of my staff at (916) 654-5321.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS**

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

Your application for Medi-Cal benefits has been approved.

- ☐ You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive a Medi-Cal Benefits Identification Card soon. **Do not throw this card away.** This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.
- ☐ Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$_____ beginning _____. Your share of cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share of Cost	\$ _____

Your plastic card will show your provider if you have a share of cost to pay. The amount that you must pay or obligate to the provider will be automatically computed. The regulation which requires this action is California Code of Regulations, Title 22, Section 50653.

- ☐ You are eligible for Medi-Cal benefits for _____ only because you have applied for Minor Consent Services and must reapply each month that you need Medi-Cal. The regulations which require this action are California Code of Regulations, Title 22, Sections 50147.1 and 50163. You will receive a paper Medi-Cal Identification card. Take this card to your medical provider when you obtain care for your Minor Consent need.
- ☐ You are eligible for Medi-Cal benefits for _____ only because _____. The regulations which require this action are California Code of Regulations, Title 22, Section(s): _____.
- ☐ You must bring or mail the verification listed below by _____ or your eligibility for Medi-Cal benefits will be discontinued effective the last day of _____.

The regulations which require this action are California Code of Regulations, Title 22, Section(s): _____.

Eligibility Worker_____
Phone_____
Date