MEDI-CAL
NOTICE OF ACTION
SECTION 1931(b)
APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Notice for: _____

The Section 1931(b) program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

☐ You are entitled to full benefits beginning _____.

☐ Your benefits cover only emergency and pregnancy-related services beginning _____.

In order to remain eligible for this program, you must:

- Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost or you must be an eligible child living with a relative.
- Your income and property must remain under a certain limit.
- Meet all other Medi-Cal requirements.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MEDI-CAL
NOTICE OF ACTION
SECTION 1931(b)
DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Notice for: _____

☐ Your benefits under the Section 1931(b) program will be discontinued effective the last day of _____.

☐ You are not eligible for the Section 1931(b) program.

Here is/are the reason(s) why:

☐ Your income is over the limit. If you are already eligible for Medi-Cal with a share-of-cost, your benefits will not change.

☐ Your property is over the limit.

☐ You do not have an eligible child living in the home who qualifies for Medi-Cal without a share-of-cost.

☐ You are working 100 hours or more and your family's earned income is over the limit.

☐ Your child is over the age limit.

☐ Other: _____

_____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MEDI-CAL
NOTICE OF ACTION
DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER
APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date:_____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone:_____

This affects:_____

_____
(Name)

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

☐ You are eligible for this program at no cost.

☐ You are eligible for this program with a monthly share-of-cost of $ _____.

Please notify your worker if there are any changes in your medical condition, living situation, income, or property.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center

MEDI-CAL
NOTICE OF ACTION
DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER
DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

This affects: _____

_____
(Name)

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

Your benefits under this program will be discontinued effective the last day of _____.

☐ Your application date of _____ is denied.

Here is/are the reason(s) why:

☐ Your property is over the limit of _____.

☐ The regional center has informed us that you are no longer eligible for waiver services.

☐ You are now living in a community care facility.

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center