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

_____ (COUNTY STAMP) _____

DRAFT

Notice date:_____
Case number _____
Worker name:_____
Worker number __:_____
Worker telephone: _____
Office hours _____
Notice for:_____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low- income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report and you had significant changes that affected your eligibility, you should report these changes to your Medi-Cal worker now.

Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

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

- Have an eligible child living in the home who qualifies for Medi-Cal with no share of cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always show 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 APPROVAL FOR MEDICALLY NEEDY OR MEDICALLY INDIGENT PROGRAM BENEFITS

(COUNTY STAMP)

DRAFT

Notice date:_____
Case number:_____
Worker name.:_____
Worker number _____
Worker telephone :_____
Office Hours _____
Notice for:_____

You have been approved for the following program(s):

- ☐ Medically Needy Program for a family with a child whose parent(s) is/are absent from the home, deceased, incapacitated, unemployed or working with limited earnings.
- ☐ Medically Needy Program for the aged, blind, or disabled.
- ☐ Medically Indigent Program for pregnant women.
- ☐ Medically Indigent Program for persons under age 21.
- ☐ Medically Indigent Program for a child who is the responsibility of a public agency.
- ☐ Other _____.

☐ You are entitled to receive Medi-Cal benefits beginning the first day of _____.

- You do not have to fill out monthly or quarterly status reports to get Medi-Cal.
- You must report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition or household situation.
- You will have to complete the form for your Medi-Cal annual review when it is sent to you.
- Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

☐ You are entitled to full benefits beginning _____.

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

☐ You are eligible with no share of cost.

☐ Your income exceeds the income limit. You have a share-of cost to pay or obligate towards your monthly 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	$_____

Always show 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, Sections 50203 and 50251.