

Notice of Action (NOA) language if child otherwise eligible with an SOC

Counties may use the following suggested language for any NOA that imposes an SOC on otherwise eligible children that were receiving full-scope, zero or no SOC Medi-Cal in the month immediately preceding the SOC month.

Although you would otherwise be eligible for continued Medical coverage with a share of cost (SOC) in the month indicated above, we have determined that you may be eligible for the Healthy Families Program (HFP), which provides low cost health coverage to children. For this reason, your no cost Medi-Cal coverage will continue through the end of _____ (month) in order for you to have an opportunity to apply for the HFP or if an individual such as your parent, caretaker relative, or legal guardian gives us consent, we will share your case file with the HFP without you needing to complete a new application. Beginning _____, your SOC will be _____.

We can only refer your case to the HFP if an individual such as your parent, caretaker relative, or legal guardian has given consent.

_____ Consent has been given; therefore, we will forward your information from your Medi-Cal case to the HFP. The HFP will contact you to request any additional information that is necessary to make a HFP eligibility determination.

_____ Consent has not been given; therefore, we will not forward your information to the HFP, but you will have no SOC for one month in order for you to apply for the HFP. You may obtain additional information about the HFP by calling (800) 880-5305. **If you would like to have us forward your information to the HFP, you can still consent now!** To consent, please call your worker whose phone number is at the top of this page and tell him/her that you want us to share your information. If consent is given within two months of the date of this notice, we will forward your case file information to the HFP so that you can enroll in the HFP without having to file a new application.

Notice of Action language if ineligible for reasons such as excess property

Counties may use the following suggested language for any discontinuance NOA issued to otherwise eligible children that were receiving full-scope, zero or no SOC Medi-Cal in the month immediately preceding the month of ineligibility.

Although you are ineligible for free Medi-Cal without a share of cost beginning in the month indicated above, we have determined that you may be eligible for the Healthy Families Program (HFP), which provides low-cost health coverage to children. For this reason, your no-cost Medi-Cal coverage will continue through the end of _____ (month) in order for you to have an opportunity to apply for the HFP or if an individual such as your parent, caretaker relative, or legal guardian gives us consent, we will share your case file information with the HFP without you needing to complete a new application.

We can only refer your case to the HFP if consent is given.

_____ Consent has been given; therefore, we will forward your application and other information from your Medi-Cal case to the HFP. The HFP will contact you to request any additional information that is necessary to make a HFP eligibility determination.

_____ Consent has not been given; therefore, we will not forward your information to the HFP, but you will have no SOC for one month in order for you to apply for the HFP. You may obtain additional information about the HFP by calling (800) 880-5305. **If you would like to have us forward your information to the HFP, you can still consent now!** To consent, please call your worker whose phone number is at the top of this page and tell him/her that you want us to share your information. If consent is given within two months of the date on this notice, we will forward your case file information to the HFP so you can enroll in the HFP without having to file a new application.