



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)
DEFICIT REDUCTION ACT (DRA) LOS ANGELES NOTICE

Notice Date:
Case Tracking No.:
Eligibility Specialist (ES):
ES Telephone: (916) -
ES Work Hours:
Notice For:

A new federal law, the Deficit Reduction Act (DRA), requires that most U.S. citizens and nationals applying for or getting Medi-Cal must show proof of citizenship and proof of identity. The enclosed forms explain who the law affects, who it does not affect, and what papers can be used to prove U.S. citizenship and identity. **IF YOU ARE NOT A U.S. CITIZEN OR NATIONAL, THIS LETTER AND THE ENCLOSED FORMS DO NOT APPLY TO YOU.**

You are getting this notice because:

1. You are a U.S. citizen or national; **and**
2. You applied for Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national,

OR

You are already on Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national in order to stay on Medi-Cal.

The new law requires that the papers used to prove citizenship and identity be originals or copies certified by the issuing agency. We do not think that you should mail in these important papers to us. Instead of mailing the papers, you may:

1. Take the papers to the local county social service office closest to you. The local county social services office will make copies of the papers and will give you the originals and a copy of a receipt. The county office will send the original receipt and copies of the papers to the BCCTP office in Sacramento. For a list of county social services offices closest to you, please call Los Angeles County,

at the toll-free number 1-877-597-4777 for information about where to provide your documents or your BCCTP Eligibility Specialist (ES) at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

OR

2. Take the papers to certain health care providers who are able to inspect the documents and give you a receipt. For a list of these providers closest to you, please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

Please note: You must take this notice, your original or certified copies of the papers that prove your citizenship and identity, and the enclosed pre-paid envelope to the county social services office or certain health care providers near you. You may check the local telephone directory or contact BCCTP to get the names and addresses of the county social services office nearest to you.

You will get time to submit the papers to prove your identity and that you are a citizen. To continue on the BCCTP program if you do not have the papers, you can also tell us that you are making a good faith effort to locate the papers. Please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or the toll-free number at 800-824-0088 if you are having difficulty locating the papers.

It is very important that you either show the correct papers or tell us that you are making a good faith effort to locate the papers. If we do not get your proof of citizenship and/or identity, your Medi-Cal benefits may decrease in both the length of coverage and the services you may receive. **Please provide your papers or tell us you are making a good faith effort to get the papers by _____.** **If you miss the due date and still want full-scope Medi-Cal coverage under the BCCTP, call your BCCTP Eligibility Specialist NOW!**

If you have any questions or need help, please contact your BCCTP Eligibility Specialist at the telephone number listed on this notice or call our toll-free number at 1-800-824-0088.