

MEDI-CAL  
NOTICE OF ACTION

DISCONTINUANCE OF IHSS-ONLY MEDI-CAL--  
EXTENDED MEDI-CAL ELIGIBILITY

Beneficiary Name  
Address  
City

Social Security Number:  
XXX-XX-XXXX

The Department of Social Services has notified you that you are no longer eligible for In-Home Supportive Services (IHSS) effective \_\_\_\_\_. Because you are no longer eligible for IHSS, your eligibility for IHSS-based Medi-Cal benefits have also stopped.

Even though you will not be eligible for IHSS-based Medi-Cal benefits after \_\_\_\_\_, you have been granted extended Medi-Cal through the month of \_\_\_\_\_.

If you want to continue your Medi-Cal coverage after that, you must take the following action:

If you have a spouse, or a child under 21 living in the home, and he/she is already receiving Medi-Cal benefits, contact your family's Medi-Cal eligibility worker. You do not need to complete the enclosed application forms.

If you do not have a spouse, or a child under 21 living in the home receiving Medi-Cal benefits, you must complete the enclosed application forms and mail them by \_\_\_\_\_ to:

If there are things you don't understand about the application forms, fill them out as best you can and enclose a note in the same envelope you mail your application forms in asking the county for help. You may also call the telephone number listed above if you have questions.

The county will review your application and determine your continuing Medi-Cal eligibility. If necessary, they may contact you for further information. After the county has received your application, you will continue to receive Medi-Cal until a determination has been made on your ongoing eligibility.

Because your IHSS was terminated, you are responsible for paying your in-home provider. If you are found eligible for Medi-Cal with a share of cost, your payment to your in-home provider, MAY, under certain circumstances, be subtracted from your income, reducing any Medi-Cal share of cost you might have. Ask the county for more information about this.

If you do not return the application, your extended Medi-Cal eligibility will end. If you want Medi-Cal again, you will have to apply at your county welfare department.

The regulation which requires this action is Welfare and Institutions Code section 12305.

If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. If you don't get your application in on time, there may be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, or you may receive a bill for your Part B premiums. To minimize this break, contact your county welfare office as soon as possible to apply for Medi-Cal.

You should include any bill which you have received from the Social Security Administration for your Part B premiums when you apply to the county welfare office. If premiums have been withheld from your check, notify the county welfare office when you apply. They will advise you how to get a refund or get the bill paid for by Medi-Cal.

Keep this letter. It may help the county welfare department determine your Medi-Cal status.

DO NOT THROW AWAY YOUR PERMANENT PLASTIC CARD! YOU CAN USE IT AGAIN IF THE COUNTY FINDS YOU ELIGIBLE FOR MEDI-CAL.