

# MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE MEDICALLY NEEDY OR MEDICALLY INDIGENT PROGRAM BENEFITS



(COUNTY STAMP)



Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Notice for: \_\_\_\_\_

You have been  approved for the following program:  
 transferred to the following program:

- You do not have to fill out monthly or quarterly status reports; however, you must complete a midyear report if you are asked to do so.
  - 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.
  - Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.
- 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 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 maintenance need amount. 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 regulations that require this action are California Code of Regulations, Title 22, Sections 50203, 50251, and 50653.