

Notice of Action Snippets for the County Medi-Cal Inmate Program

Program	Determination	Type	Language	Comment	Aide Code	Legal Authority
Adult County Inmate Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	{FIRST NAME LAST NAME} ຈະໄດ້ຮັບການບໍລິການ Medi-Cal ໂດຍເລີ່ມແຕ່ {MONTH DD, YYYY}. ການບໍລິການລວມມາການບໍລິການດູແລປົນປົວຜູ້ປ່ວຍໃນຢູໂຮງໝໍ ແລະ ການບໍລິການດູແລເບິ່ງແສງສຸຂະພາບຈິດສໍາລັບຜູ້ປ່ວຍໃນທີ່ໄດ້ຮັບຄວາມຄຸ້ມຄອງເທົ່ານັ້ນ. {FIRST NAME LAST NAME} ຕ້ອງໄດ້ຮັບການບໍລິການເຫຼົ່ານັ້ນຢູ່ນອກພື້ນທີ່ຄຸກຂອງເຂດປົກຄອງ.		F3, G3	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Full Scope and Restricted Scope Approval, Retroactive Approval, and Redetermination	Footer	ທ່ານສາມາດໄດ້ຮັບ , ບັດປະຈາຕິວສໍາລັບຮັບຜົນປະໂຫຍດ (Benefits Identification Card (BIC)) ເມື່ອທ່ານໄດ້ຮັບການປ່ອຍຕົວອອກຈາກຄຸກຂອງເຂດປົກຄອງ. ເພື່ອຮັບເອົາບັດ BIC ຂອງທ່ານ, ໃຫ້ຕິດຕໍ່ຫາພະນັກງານເຂດປົກຄອງຂອງທ່ານ.	Replace current Benefits Identification Card (BIC) language with language provided. BICs are in MEDS but suppressed; plastic cards will not be mailed out to the individual.	F3, F4, G3, G4, N7, N8	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body	{FIRST NAME LAST NAME} ຈະໄດ້ຮັບການບໍລິການ Medi-Cal ໂດຍເລີ່ມແຕ່ {MONTH DD, YYYY}. ການບໍລິການລວມມາການບໍລິການສຸກເສີນສໍາລັບຜູ້ປ່ວຍໃນຢູໂຮງໝໍ, ການບໍລິການສຸກເສີນດ້ານສຸຂະພາບຈິດສໍາລັບຜູ້ປ່ວຍໃນ ແລະ ການບໍລິການທີ່ກ່ຽວຂ້ອງກັບການຖືພາຂອງຜູ້ປ່ວຍໃນທີ່ໄດ້ຮັບຄວາມຄຸ້ມຄອງເທົ່ານັ້ນ. {FIRST NAME LAST NAME} ຕ້ອງໄດ້ຮັບການບໍລິການເຫຼົ່ານັ້ນຢູ່ນອກພື້ນທີ່ຄຸກຂອງເຂດປົກຄອງ.		F4, G4	Pen. Code §5072, Welf. & Inst. Code § 14053.7

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Adult County Inmate Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	{FIRST NAME LAST NAME} ຈະໄດ້ຮັບການບໍລິການ Medi-Cal ໂດຍເລີ່ມແຕ່ {MONTH DD, YYYY}. ການບໍລິການລວມມາການບໍລິການດູແລປົນປົວຜູ້ປ່ວຍໃນຢູ່ໂຮງໝໍ ແລະ ການບໍລິການດູແລເບິ່ງແສງສຸຂະພາບຈິດສໍາລັບຜູ້ປ່ວຍໃນທີ່ໄດ້ຮັບຄວາມຄຸ້ມຄອງເທົ່ານັ້ນ. {FIRST NAME LAST NAME} ຕ້ອງໄດ້ຮັບການບໍລິການເຫຼົ່ານັ້ນຢູ່ນອກພື້ນທີ່ຄຸກຂອງເຂດປົກຄອງ.		N7	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body	{FIRST NAME LAST NAME} ຈະໄດ້ຮັບການບໍລິການ Medi-Cal ໂດຍເລີ່ມແຕ່ {MONTH DD, YYYY}. ການບໍລິການລວມມາການບໍລິການສຸກເສີນສໍາລັບຜູ້ປ່ວຍໃນຢູ່ໂຮງໝໍ, ການບໍລິການສຸກເສີນດ້ານສຸຂະພາບຈິດສໍາລັບຜູ້ປ່ວຍໃນ ແລະ ການບໍລິການທີ່ກ່ຽວຂ້ອງກັບການຖືພາຂອງຜູ້ປ່ວຍໃນທີ່ໄດ້ຮັບຄວາມຄຸ້ມຄອງເທົ່ານັ້ນ. {FIRST NAME LAST NAME} ຕ້ອງໄດ້ຮັບການບໍລິການເຫຼົ່ານັ້ນຢູ່ນອກພື້ນທີ່ຄຸກຂອງເຂດປົກຄອງ.		N8	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Juvenile County Ward Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	{FIRST NAME LAST NAME} ຈະໄດ້ຮັບການບໍລິການ Medi-Cal ໂດຍເລີ່ມແຕ່ {MONTH DD, YYYY}. ການບໍລິການລວມມາທຸກການບໍລິການດູແລປົນປົວຜູ້ປ່ວຍໃນຢູ່ໂຮງໝໍ ແລະ ການບໍລິການດູແລເບິ່ງແສງສຸຂະພາບຈິດສໍາລັບຜູ້ປ່ວຍໃນທີ່ໄດ້ຮັບຄວາມຄຸ້ມຄອງເທົ່ານັ້ນ. {FIRST NAME LAST NAME} ຕ້ອງໄດ້ຮັບການບໍລິການເຫຼົ່ານັ້ນຢູ່ນອກພື້ນທີ່ຄຸກຂອງເຂດປົກຄອງ.	Covers services for juveniles under the age of 21	G5, G7	Pen. Code §5072, Welf. & Inst. Code § 14053.7, 14053.8, 14053.9

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Juvenile County Ward Program	Full Scope Approval, Retroactive Approval, and Redetermination	Footer	ທ່ານສາມາດໄດ້ຮັບ , ບັດປະຈາຕິວສໍາລັບຮັບ ຜົນປະໂຫຍດ (Benefits Identification Card (BIC)) ເມື່ອທ່ານໄດ້ຮັບການປ່ອຍຕົວ ອອກຈາກຄູກຂອງເຂດປົກຄອງ. ເພື່ອຮັບເອົາ ບັດ BIC ຂອງທ່ານ, ໃຫ້ຕິດຕໍ່ຫາພະນັກງານ ເຂດປົກຄອງຂອງທ່ານ.	Replace current BIC language with language provided. BICs are issued in MEDS but suppressed; plastic cards will not be mailed out to the individual.	G5, G7,	Pen. Code §5072, Welf. & Inst. Code § 14053.7, 14053.8, 14053.9
County Compassionate Release/Medical Probation Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for full Scope non-MAGI cases. These individuals are not considered incarcerated and are eligible for full Medi-Cal covered services. *Covers individuals age 65 and over. Individuals are entitled to all Medi-Cal covered long-term care (LTC) services. ** Covers disabled individuals. Individuals are entitled to all Medi-Cal covered LTC services.	J1, J2, *J5, **J7	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7

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County Compassionate Release/Medical Probation Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for restricted scope non-MAGI cases. ***Covers individuals age 65 and over.	J3, J4, ***J6, J8	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
County Compassionate Release/Medical Probation Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for full scope MAGI cases. These clients are not considered incarcerated and are eligible for full Medi-Cal covered services.	K6, K8	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
County Compassionate Release/Medical Probation Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for restricted scope MAGI cases.	K7, K9	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
All County Inmate Programs	Full Scope and Restricted Scope Denial, Retroactive Denial, and Discontinuance	Body		Use current NOA language for denial, retroactive denial, and discontinuance.	F3, F4, G3, G4, N7, N8, G5, G7, J1, J2, J3, J4, J5, J6, J7, J8, K6, K7, K8, K9	Pen. Code §5072, Welf. & Inst. Code §§ 14053.7, 14053.8, 14053.9