



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

July 11, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No. 14 - 26E
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS ALL
COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: IMPLEMENTATION OF ASSEMBLY BILL (AB) 720 - SUSPENSION OF
MEDI-CAL BENEFITS FOR ALL INMATES AND OTHER REQUIREMENTS
(Errata to All County Welfare Directors Letter (ACWDL) 14-26)

The purpose of this erratum is to modify the “Suspension of Medi-Cal Benefits for An Inmate” Notice of Action (NOA) included with ACWDL 14-26, dated May 6, 2014. Please replace the prior Suspension NOA form MC 0377 dated May 14, 2014, (Attachment 1 in ACWDL 14-26) with the updated June 14, 2014 version (Attachment 1 to this erratum). Specifically, the second paragraph of the notice was revised, as follows, to clarify that the Medi-Cal eligibility of an inmate with suspended benefits will be restored without a new application if the individual is eligible:

“While benefits are suspended, Medi-Cal cannot be used to pay for health care services. If the person named above is an inmate for one year or less, and the person’s benefits are still suspended, Medi-Cal benefits will be restored upon release without a new application provided that he or she meets all eligibility requirements for continued Medi-Cal coverage.”

If you have any questions, please contact Jeff Baca at (916) 449-5286 or by email at jeff.baca@dhcs.ca.gov.

Original Signed By:

Tara Naisbitt, Chief
Medi-Cal Eligibility Division

Attachment

**NOTICE OF ACTION
SUSPENSION OF MEDI-CAL BENEFITS
FOR AN INMATE**

Enclosure 1

Notice Date: _____
Case Number: _____
Worker Name: _____
Worker ID Number: _____
Worker Telephone Number: _____
Office Hours: _____

SUSPENSION OF BENEFITS NOTICE FOR:

Insert Name(s) Here

Beginning on ____ (date) ____, Medi-Cal benefits will be suspended for the person named above.

Reason:

The county has received information that the person named above is an inmate of a public institution. State law requires that when someone on Medi-Cal becomes an inmate, Medi-Cal benefits must be suspended. Medi-Cal benefits are suspended, as long as the person named above remains otherwise eligible for Medi-Cal, for up to one year from the date the person became an inmate or until the person is no longer an inmate, whichever is sooner.

While benefits are suspended, Medi-Cal cannot be used to pay for health care services. If the person named above is an inmate for one year or less, and the person's benefits are still suspended, Medi-Cal benefits will be restored upon release without a new application provided that he or she meets all eligibility requirements for continued Medi-Cal coverage.

While benefits are suspended, you must still complete the annual redetermination. If Medi-Cal eligibility ends for any reason while benefits are suspended, the county will send a separate notice of action.

If the person named above is not an inmate, or if you have questions about this notice, please immediately contact the Eligibility Worker listed above.

Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.

DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD. If you already have a plastic Benefits Identification Card, do not throw it away. You can use it again if you become eligible for Medi-Cal benefits.

This action is required by Welfare and Institutions Code section 14011.10, 14005.37 and California Code of Regulations, title 22, section 50179. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.