

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



July 23, 1992

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 92-47

SUBJECT: Sneede v. Kizer Media Campaign

The purpose of this letter is to advise you that the Department of Health Services will initiate a three week media campaign on August 3, 1992 as part of a settlement in the Sneede v. Kizer lawsuit.

The Department of Health Services is advising those persons and families who may be eligible for Medi-Cal under this program to contact their local county welfare office.

The Sneede media campaign will consist of the following articles (see enclosed):

- 1) A Sneede poster that was posted in counties' facilities last year.
- 2) A Sneede ad that is being placed in 109 local and ethnic newspapers.
- 3) A Sneede public service announcement which we will request 298 radio stations to air.
- 4) A Sneede press release which we will request 102 newspapers to run.

If you have any questions on this issue, please call Mary Maestas-Sandoval at (916) 657-1248.

Sincerely,  
ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

# IMPORTANT NOTICE POSTER

**YOU MAY DESERVE MORE MEDI-CAL BENEFITS!  
SNEEDE V. KIZER LAWSUIT**

A federal court found that Medi-Cal wrongly denied some people their Medi-Cal cards and told others their share of cost was higher than it should have been.

You may be one of these people if your household includes:

- a stepparent, OR
- a stepchild, OR
- a child with his her own income or property, OR
- another unmarried person and you have a child together, OR
- a caretaker relative who is not a parent.

The welfare office is trying to find everyone who may be affected by this ruling. If you think you are one of these people, you should contact the welfare office right away.

If you are now getting Medi-Cal, the welfare office will review your case and let you know, at a later date, if:

- your family's share of cost may be lower, or
- additional family members may be able to get Medi-Cal.

If you are not getting Medi-Cal now, you may want to apply.

For further information, contact the local county welfare office.

# AVISO IMPORTANTE

# Poster

**¡ES POSIBLE QUE USTED TENGA DERECHO A RECIBIR  
MÁS BENEFICIOS DE MEDI-CAL!  
DEMANDA DEL CASO: SNEEDE VS. KIZER**

Una corte federal estableció que Medi-Cal, erróneamente, negó tarjetas de Medi-Cal a algunas personas e informó a otras que su parte del costo era mayor de lo que debiera haber sido.

Es posible que usted sea una de estas personas si entre los miembros que integran su hogar se incluyen:

- un padrasto/madrasta, o
- un hijastro(a), o
- un menor con ingresos o bienes propios, o
- una persona con la cual no está casado(a) y con la cual tiene un hijo(a), o
- una persona encargada del cuidado continuo de un pariente, sin que éste(a) sea el padre(madre) de tal persona.

La oficina de bienestar está tratando de localizar a todas las personas que podrían estar incluidas en esta decisión. Si usted cree que es una de ellas, debe comunicarse de inmediato con la oficina de bienestar.

Si actualmente usted está recibiendo beneficios de Medi-Cal, la oficina de bienestar reevaluará su caso y le informará, más adelante, si es que:

- es posible que la parte del costo que le corresponde pagar a su familia sea menor, o si
- es posible que otros miembros de su familia puedan recibir beneficios de Medi-Cal.

Si en la actualidad usted no está recibiendo beneficios de Medi-Cal, es posible que desee solicitarlos.

Para obtener más información, comuníquese con la oficina de bienestar en su localidad.

# IMPORTANT NOTICE

*Sneeede Ad*

## YOU MAY DESERVE MORE MEDI-CAL BENEFITS! SNEEDE V. KIZER LAWSUIT

A federal court found that Medi-Cal wrongly denied some people their Medi-Cal cards and told others their share of cost was higher than it should have been.

You may be one of these people if your household includes:

- a stepparent, OR
- a stepchild, OR
- a child with his or her own income or property, OR
- another unmarried person and you have a child together, OR
- a caretaker relative who is not a parent.

The welfare office is trying to find everyone who may be affected by this ruling. If you think you are one of these people, you should contact the welfare office right away.

If you are now getting Medi-Cal, the welfare office will review you case and let you know, at a later date, if:

- your family's share of cost may be lower, or
- additional family members may be able to get Medi-Cal.

If you are not getting Medi-Cal now, you may want to apply. For more information, contact the local county welfare office.

# **AVISO IMPORTANTE** *Sneed E Ad*

## **ES POSIBLE QUE USTED TENGA DERECHO A RECIBIR MAS BENEFICIOS DE MEDI-CAL**

### **DEMANDA DEL CASO: SNEEDE V. KIZER**

Una corte federal encontró que Medi-Cal, erróneamente, negó tarjetas de Medi-Cal a algunas personas e informó a otras que su parte del costo era mayor de lo que debiera haber sido.

Es posible que usted sea una de estas personas si entre los miembros que integran su hogar se incluyen:

- un padrastro/madrastra, o
- un hijastro(a), o
- un menor con ingresos o bienes propios, o
- una persona con la cual no está casado(a) y con la cual tiene un hijo(a), o
- una persona encargada del cuidado continuo de un parienta, sin que éste(a) sea el padre(madre) del tal persona.

La oficina de bienestar está tratando de localizar a todas las personas que podrían estar incluidas en esta decisión. Si usted cree que es una de ellas, debe comunicarse de inmediato a la oficina de bienestar.

Si actualmente usted está recibiendo beneficios de Medi-Cal, la oficina de bienestar reevaluará su caso y le informará, más adelante, si es que:

- es posible que la parte del costo que le corresponde pagar a su familia sea menor, o si
- es posible que otros miembros de su familia puedan recibir beneficios de Medi-Cal.

Si en la actualidad usted no está recibiendo beneficios de Medi-Cal, es posible que desee solicitarlos. Para obtener más información, comuníquese con la oficina de bienestar en su localidad.

# Public Service Announcement

## SNEEDE PUBLIC SERVICE ANNOUNCEMENT

START: AUGUST 3, 1992  
STOP: SEPTEMBER 1, 1992

FOR MORE INFORMATION CONTACT:  
MARY MAESTAS-SANDOVAL (916) 657-1248

TIME: 30 SECONDS

ATTENTION MEDI-CAL CLIENTS, YOU MAY DESERVE MORE HEALTH BENEFITS.  
A RECENT COURT DECISION FOUND THAT SOME PEOPLE MAY HAVE BEEN DENIED  
MEDI-CAL CARDS OR CERTAIN BENEFITS. YOU MAY BE ONE OF THESE  
PERSON IF YOUR HOUSEHOLD INCLUDES A STEPPARENT, A STEPCHILD, A  
CHILD WITH THEIR OWN INCOME OR AN UNMARRIED COUPLE WITH A CHILD  
TOGETHER OR A NON-PARENT RELATIVE RECEIVING MEDI-CAL WITH CHILDREN  
IN HIS OR HER CARE. CONTACT THE LOCAL WELFARE OFFICE FOR MORE  
INFORMATION ABOUT THE SNEEDE LAWSUIT.

NUMBER: 39-92  
FOR RELEASE: August 3, 1992

DATE: July 13, 1992  
CONTACT: Betsy Hite  
(916) 657-3064

HOLD FOR RELEASE: AUGUST 3, 1992

MEDI-CAL ELIGIBLES INCREASE DUE TO LEGAL SETTLEMENT

SACRAMENTO - On August 3, 1992, the Department of Health Services will initiate a three week media campaign as part of a settlement in the Sneede v. Kizer lawsuit. On January 5, 1990, a United States District Court ruled that Medi-Cal regulations violated federal laws governing how families are evaluated for Medi-Cal. To date, several thousand individuals have been identified as being eligible for new benefits under the Sneede criteria.

The media campaign will be conducted in small weekly and biweekly community newspapers which will include ethnic papers throughout California. Radio and public service announcements will also be utilized for this campaign. In addition, flyers and announcements are being distributed to health centers, hospitals, refugee programs, schools, non-profit community agencies and government benefit program offices.

The campaign is intended to identify persons or families who were either denied benefits or who are currently receiving Medi-Cal benefits and may be entitled to these benefits at no cost or a lower cost.

Affected households or families include:

- \* a stepparent, or
- \* a stepchild, or
- \* a child with his or her own income or resources, or
- \* unmarried persons with mutual children, or
- \* a non parent caretaker relative receiving Medi-Cal with children in his/her care.

The Department of Health Services is informing those persons and families who may be eligible for Medi-Cal under this ruling that they should contact their local welfare office. If someone meets the Sneede criteria, the welfare office will review their case and let them know if their family's share of cost may be lower or that additional family members may be able to get Medi-Cal.