

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

TEST
USE
ONLY
DISTRIBUTION

NOTICE OF ACTION
MEDI-CAL TERMINATION

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

We evaluated your situation to see if you are eligible for the Medicare Savings Programs (Qualified Medicare Beneficiary [QMB], Specified Low-Income Medicare Beneficiary [SLMB] or Qualifying Individual –1 [QI-1]).

We determined that your eligibility for the program ends 08/31/2019.

Here is why:

You were sent a Medi-Cal Request for Information Form, the following verification(s) have not been received:

MERRIS BROWN

Disability/Incapacity - Proof of Incapacity

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Disability/Incapacity - Proof of Physical Disability

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Disability/Incapacity - Social Security Award Letter

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Former Foster Youth - Documented Proof

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income - Earned Income

Rules: These rules apply; you may review them at your local welfare office: California Code of Regulations Title 22 Section 50167 (a) (7), 50168, 50175, 50185, 50187, 50189, 50258, 50258.1, and 14005.37(i)

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Other

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - RFTHI

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Retirement or Pension

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Self Employed (Schedule C)

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Social Security Benefits

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Tax Filing Status

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..
Income - Tax Filing Status

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit



YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got.

To let us lower or stop your benefits before the hearing check below:

Yes, lower or stop: Cash Aid CalFresh Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: This action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give you hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**
Appeals & Hearing Section
P.O. Box 18890
Los Angeles, CA 90018

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Legal Aid Foundation of Los Angeles (LAFLA)
(800) 399-4529

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of LOS ANGELES County about my:

- Cash Aid CalFresh Medi-Cal
 Other (List) _____

Here's Why: _____

- If you need more space, check here and add a page.**
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

TEST USE ONLY

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

displays on the MC 355 form. Count chars..
Income - Unemployment or Disability

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income - Veteran's Benefits

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income Deductions - Alimony

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income Deductions - Child Care

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income Deductions - Child Support

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income Deductions - Health Insurance

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Income Deductions - Other

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Information on Person requesting Medi-Cal - California Driver's License or Photo ID

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

Information on Person requesting Medi-Cal -

Immigration Documentation

Please provide all the verifications listed on this form. This is the verbiage to test 150 characters limit displays on the MC 355 form. Count chars..

You can still get Medi-Cal, but you need to give us more information. We need it within 90 days, by 11/30/2019.

We can give you Medi-Cal from 08/31/2019 if you are eligible. If we do not get the information by 11/30/2019,

you must reapply for Medi-Cal.

DO NOT DISTRIBUTE