

DISTRICT NAME AND ADDRESS

DATE: 10/23/2017
CASE NAME:
CASE/FILE NUMBER:
WORKER NAME:
WORKER PHONE:
CUSTOMER ID:

IMPORTANT INFORMATION NOTICE

Deemed Eligible Children

This notice is being sent to you because there is an infant in your Medi-Cal household under age one. Infants born to mothers who were receiving Medi-Cal during the birth month are eligible to Medi-Cal until the end of the month they turn age one. These infants are identified as **Deemed Eligible** infants.

Deemed Eligible infants can continue to receive Medi-Cal regardless of any changes that impact the mother's Medi-Cal case during that first year. This includes instances when all other household members are discontinued because the annual renewal of eligibility was not completed.

If you receive a letter from DPSS indicating that the Medi-Cal benefits for your infant will end prior to their first birthday please call this toll-free this number immediately.

(800) ### - ####

Call the toll-free number above if you are informed by any of the following that your infant is not eligible for Medi-Cal, and your infant is not yet one year old:

- Doctor,
- Hospital/Clinic,
- Managed care health plan,
- Other medical provider.