
Item 00-08-02A**Changes in the ABAWD Regulation****Changes in the ABAWD Regulation**

Effective February 1, 2000, the following language has been added to MPP Section 63-410. Counties shall provide written information at application and recertification which outlines the requirements contained in Section 63-410.

Prior to February 1, 2000, there was no regulatory requirement for the county to advise an applicant or recipient of the ABAWD work requirement. With this new requirement, a county could not properly limit the applicant or recipient to three months of food stamp benefits in a 36 month period (without meeting or being exempt from the ABAWD work requirement) unless it provided the written information about the ABAWD work requirement at application and recertification.

MPP Section 63-410 also now says that an individual who is subject to the ABAWD work requirement shall be ineligible for food stamps, if during the applicable 36 month period, he/she received food stamps for three months or more without meeting or being exempt from the ABAWD work requirement. Previously, the three-month limit applied only to individuals who received food stamp benefits in California.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 16, 2000*

Item 00-08-01A**Medi-Cal Managed Care Medical Exemptions and Disenrollments****Medi-Cal Managed Care Medical Exemptions and Disenrollments**

References: Title 22 CCR §§53800-53898 for Two-Plan Model, §§53900-53928 for GMC

In 12 counties, certain Medi-Cal recipients are required to receive Medi-Cal in one of two contracted managed care plans. This is called the Two-Plan Model Managed Care Program. In Sacramento and San Diego counties, Medi-Cal services are provided through several managed care plans. This is called Geographic Managed Care (GMC).

Full scope Medi-Cal recipients in Two-Plan or GMC counties who have a \$0 share of cost and are linked to the AFDC program as described in the §1931(b) of the Social Security Act (as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) or children under age 21 who receive Medi-Cal as Medically Indigent are required to enroll in a managed care plan. (see Title 22 CCR §§53845 and 53906)