

Notice Type/ Description	Current Snippet	Planned Snippet Change	CR Where Change Expected to Occur
Full Scope Approval	<p>You qualify for Medi-Cal because your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <MAGI_SIZE> and your monthly household income is <MAGI_INCOME>. The monthly Medi-Cal income limit for your household size is <MAGI_INCOME_LIMIT>. Your income is below this limit, so you qualify for health coverage.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this</p>	<p>Good news! Your application dated <month dd, yyyy> has been approved. You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins <effective date- Month Day, Year>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>We counted your household size and income to make our decision. For Medi-Cal, your household size is <MAGI_SIZE> and your monthly household income is <MAGI_INCOME>. The monthly Medi-Cal income limit for your household size is <MAGI_INCOME_LIMIT>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>	CR 32297 (15.7)
Full Scope Approval for Retro Month	N/A	<p>Good news! We evaluated your request for Medi-Cal for the month of <eligibility month year>. You qualify for Medi-Cal in <eligibility month year> because your household income is below the Medi-Cal limit. This notice is only related to your request for eligibility for this month. This notice does not affect your application for current and continuing Medi-Cal.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <MAGI_SIZE> and your monthly household income is <MAGI_INCOME>. The monthly Medi-Cal income limit for your household size is <MAGI_INCOME_LIMIT>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.</p>	CR 32297 (15.7)

<p>Limited Scope Approval</p>	<p>You qualify for limited-scope Medi-Cal because you are pregnant and your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal or until you report a change.</p> <p>Limited-scope Medi-Cal only covers pregnancy-related services. This includes prenatal care, services for pregnancy complications, labor, delivery, postpartum care, and family planning.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for health coverage.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.</p>	<p>Your application dated <month dd, yyyy> has been approved. You qualify for pregnancy related Medi-Cal because you are pregnant and your household income is below the Medi-Cal limit. Your eligibility for pregnancy related Medi-Cal begins <effective date- Month Day, Year>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Pregnancy related Medi-Cal covers pregnancy-related services such as prenatal care, labor, delivery, postpartum care, family planning, emergency care, some dental services, and any medical condition that can affect your health during your pregnancy or the health of your unborn child.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>	<p>CR 32297 (15.7)</p>
<p>Limited Scope Approval for a Retro Month</p>	<p>N/A</p>	<p>We evaluated your request for Medi-Cal for the month of <eligibility month year>. You qualify for pregnancy related Medi-Cal in <eligibility month year> because you are pregnant and your household income is below the Medi-Cal limit. This notice is only related to your request for eligibility for this month. This notice does not affect your application for current and continuing Medi-Cal.</p> <p>Pregnancy related Medi-Cal covers pregnancy-related services such as prenatal care, labor, delivery, postpartum care, family planning, emergency care, some dental services, and any medical condition that can affect your health during your pregnancy or the health of your unborn child.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.</p>	<p>CR 32297 (15.7)</p>

Restricted Scope Approval	You qualify for restricted-scope Medi-Cal because your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.	Your application dated <month dd, yyyy> has been approved. You qualify for restricted-scope Medi-Cal because you did not provide written proof of your U.S. Citizenship or satisfactory immigration status for Medi-Cal purposes.	CR 32297 (15.7)
Restricted Scope Approval (Age 6 - 19)	You qualify for restricted-scope Medi-Cal because you are a child aged 6-19 and your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.	Your eligibility for restricted-scope Medi-Cal begins <effective date- Month Day, Year>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.	
Restricted Scope Approval (Age 1 - 6)	You qualify for restricted-scope Medi-Cal because you are a child aged 1-6 and your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.	If you have written proof of your immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted-scope to full-scope when you provide us with your documents.	
Restricted Scope Approval (Up to 1 Year)	You qualify for restricted-scope Medi-Cal because you are an infant up to 1 year old and your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <application month>. Your Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.		
Restricted Scope Approval for Retro Month	N/A	We evaluated your request for Medi-Cal for the month of <eligibility month year>. You qualify for restricted-scope Medi-Cal in <eligibility month year> because you did not provide written proof of your U.S. Citizenship or satisfactory immigration status for Medi-Cal purposes. This notice is only related to your request for eligibility for this month. This notice does not affect your application for current and continuing Medi-Cal.	CR 32297 (15.7)
Denial (Header)	You do not qualify for Medi-Cal because:	Your application dated <Month Day, Year> has been denied. You do not qualify for Medi-Cal because:	CR 27802 (15.7)
Denial for Retro Month (Header)	N/A	Your application for the month of <month year> has been denied. This notice is only related to your request for eligibility for this month. This notice does not affect your application for current and continuing Medi-Cal. You do not qualify for Medi-Cal because:	CR 32297 (15.7)

<p>Denial Reason (Child Applied for Self) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i></p>	<p>You are a child and an adult must apply for you.</p>	<p>You are a child and an adult must apply for you. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.</p>	<p>CR 27802 (15.7)</p>
<p>Denial Reason (Failed to Complete Determination) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i></p>	<p>You did not give us the information we asked for.</p>	<p>You did not give us the information needed to complete your eligibility determination.</p>	<p>CR 27802 (15.7)</p>
<p>Denial Reason (On Aid Another Case) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i></p>	<p>You are already receiving Medi-Cal benefits on another case.</p>	<p>You are already receiving Medi-Cal benefits on another case therefore you are not entitled to receive Medi-Cal benefits on this case.</p>	<p>CR 27802 (15.7)</p>

Denial Reason (Withdrawn Application) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i>	You withdrew your application for Medi-Cal.	You withdrew your application for Medi-Cal and requested that we do not evaluate you for eligibility.	CR 27802 (15.7)
Denial Reason (Duplicate Application)	N/A	This was a duplicate application. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.	CR 27802 (15.7)
Denial Reason (Deceased)	N/A	We received notification of the death of <PersonName>. Also, for your information, there are no special death or burial benefits provided under the Medi-Cal program.	CR 27802 (15.7)
Denial Reason (Whereabouts Unknown)	N/A	We do not know where you live and do not have a way to reach you. We sent this notice to your last known address.	CR 27802 (15.7)
Denial Reason (Receives SSI)	N/A	You are already receiving Medi-Cal benefits through the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program, therefore you are not entitled to receive Medi-Cal benefits on another case.	CR 27802 (15.7)
Denial (Footer)	<p>We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, call or write to your worker right away. You can ask for an appeal. Read the back of this page to learn how to appeal.</p> <p>You can re-apply at any time.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.</p>	<p>We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.</p> <p>You can also ask for an appeal.</p> <p><Regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.</p>	CR 27802 (15.7)

<p>Discontinuance (Header) <i>Not being changed by an upcoming release, but shown here as a reference to see what the complete discontinuance NOA language will look like when combined with reason and footer.</i></p>	<p>Your Medi-Cal will end the last day of <month> because:</p>		
<p>Discontinuance Reason (Failed to Complete Annual Redetermination) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i></p>	<p>You no longer qualify for Medi-Cal because you did not complete the annual redetermination process.</p> <p>We did not get the information we asked for. You have 90 days to send the information. If we do not get the information by <date> you must re-apply for Medi-Cal.</p>	<p>You did not complete the annual redetermination process.</p> <p>We did not get the information we asked for. You have 90 days from the date you are discontinued to send the information to the county so we can review your case to determine if you are still eligible. If we do not get the information by <date> you must re-apply for Medi-Cal.</p>	<p>CR 27802 (15.7)</p>
<p>Discontinuance Reason (Beneficiary Request for Discontinuance) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i></p>	<p>You no longer qualify for Medi-Cal because you told us you wanted your Medi-Cal benefits to end.</p>	<p>You told us you wanted your Medi-Cal benefits to end.</p>	<p>CR 27802 (15.7)</p>

Discontinuance Reason (Stop Aid for Optional Member) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i>	You no longer qualify for Medi-Cal because you told us you wanted your Medi-Cal benefits to end.	You told us you wanted your Medi-Cal benefits to end.	CR 27802 (15.7)
Discontinuance Reason (Whereabouts Unknown) <i>The "current snippet" was programmed with the original Negative Action CR 7900 but was never implemented or sent.</i>	You no longer qualify for Medi-Cal because we do not know where you live and do not have a way to reach you. We sent this notice to your last known address.	We do not know where you live and do not have a way to reach you. We sent this notice to your last known address.	CR 27802 (15.7)
Discontinuance Reason (TMC Report Not Completed)	N/A	You failed to return a completed TMC status report. The completion of this report is required to continue receiving Medi-Cal benefits.	CR 27802 (15.7)
Discontinuance Reason (TMC Report Not Received)	N/A	You failed to return a completed TMC status report. The completion of this report is required to continue receiving Medi-Cal benefits.	CR 27802 (15.7)
Discontinuance Reason (On Aid Another Case)	N/A	You are already receiving Medi-Cal benefits on another case therefore you are not entitled to receive Medi-Cal benefits on this case.	CR 27802 (15.7)
Discontinuance Reason (Non-Payment of Premium - OTLICP)	N/A	Premiums have not been paid for two consecutive months. If you wish to pay the premiums and remain eligible for Medi-Cal, please contact the Medi-Cal Premium Payment Section at (800) 880-5305 to arrange for repayment and then let your worker know you have paid your premiums. Please note that you may be required to pay past due premiums if your child(ren) become eligible for Medi-Cal with a premium in the next twelve (12) months.	CR 27802 (15.7)

Discontinuance (Footer)	If you have questions or think we made a mistake, call or write to your worker right away. You can appeal this decision. Read the back of this page to learn how to appeal. <Regulation> authorized this decision. If you think we made a mistake, you can appeal. See " Your Hearing Rights " on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.	We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away. You can also ask for an appeal. <Regulation> authorized this decision. If you think we made a mistake, you can appeal. See " Your Hearing Rights " on the last page to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.	CR 27802 (15.7)
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