



JENNIFER KENT
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

August 25, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-27E
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY PUBLIC HEALTH DIRECTORS
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Errata to All County Welfare Directors' Letter No.: 15-27

The purpose of this erratum All County Welfare Directors Letter (ACWDL) is to provide updated language requirements for the "Notice of Action (NOA) for Discontinuances for Failure to Respond" when the individual is sent the Request for Tax Household Information for Modified Adjusted Gross Income redeterminations. The current NOA language, located on page 5 of ACWDL 15-27 is:

"Your Medi-Cal will end on <termination date> because: You did not complete the redetermination process. In order to complete our review of your annual redetermination or change in circumstance, we needed the following information from you:

- 1. Your current residence address;*
- 2. Your Social Security Number (SSN);*
- 3. Verification of citizenship or immigration status, if it has changed;*
- 4. Your income and deductions; and*
- 5. Who is in your tax household (all people you claim on your taxes as dependents or could claim on your taxes, if you are not required to file taxes?)*

We asked you for that information, but we have not received it and it is needed to complete your annual redetermination or process your change in circumstances."

The updated language for this NOA is specific to number 5 of this listing and must be changed as follows:

"5. Who is in your household?"

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This ACWDL erratum also provides an update to Medi-Cal Eligibility Division Information Letter I 15-21, that provides counties with Spanish language translations for the NOAs. Please use this updated Spanish language phrase for item number 5 in the referenced NOA.

“5. ¿Quién está en su hogar?”

If you have any questions or need further information, please contact Ms. Alison Brown at (916) 319-9565 or by email at Alison.Brown@dhcs.ca.gov.

Original Signed By

Alice Mak
Acting Chief
Medi-Cal Eligibility Division