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Director

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Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

August 31, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 17-32  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY PUBLIC HEALTH DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: Notices of Action Requirements for Failure to Respond – Compliance with the Settlement of Korean Community Center of the East Bay, et al. v. Department of Health Care Services, et al.  
(Reference: All County Welfare Directors' Letters 08-32, 13-13, 15-27, 15-27E, 16-16, and 16-24; Medi-Cal Eligibility Division Information Letters 15-21 and 16-04)

### **Purpose**

The purpose of this letter is to provide counties with updated guidance concerning discontinuance Notices of Action (NOAs) at redetermination for failure to respond to the Modified Adjusted Gross Income (MAGI) and/or Non-MAGI renewal form. This guidance is in accordance with the settlement in the matter of the Korean Community Center of the East Bay, et al. v. Department of Health Care Services (DHCS), et al.

Previous guidance was provided in All County Welfare Directors Letter (ACWDL) 15-27 and 15-27E related to adequate NOAs at redetermination or change in circumstances for both failure to respond to the renewal form and failure to provide additional necessary information or verification. This ACWDL provides updated guidance related specifically to requirements for adequate discontinuance reason language to be stated on NOAs at annual redetermination for failure to respond to the MAGI or Non-MAGI renewal form. Unless otherwise stated in this ACWDL, the previous guidance provided in ACWDLs 15-27 and 15-27E is current.

### **Exceptions**

Counties are reminded that for former foster youth who are enrolled in the Former Foster Youth's Medi-Cal Program, annual renewals should be automatic until they age out of the program at age 26 unless there is evidence indicating death, incarceration, or no California state residency. For more information, please see ACWDLs 14-41 and

14-41E. Additionally, individuals for whom the county Medi-Cal office does not control the record, such as individuals eligible through Supplemental Security Income/State Supplementary Payment, Kinship Guardianship Assistance Payment Program, or Adoption Assistance are not subject to the requirements of this ACWDL. This ACWDL is specific to the failure to respond to the MAGI or Non-MAGI renewal form at annual renewal where mail was **not** returned as undeliverable. Please see ACWDL 16-23 for more information and for how to process cases where mail is returned as undeliverable.

### **Review of MAGI Beneficiary Renewal Process**

In accordance with ACWDLs 14-18, 14-32, and 14-38, the MAGI Medi-Cal annual renewal process begins with an ex parte review of available information and an attempt to confirm continued eligibility through the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). If a beneficiary's continued MAGI Medi-Cal eligibility cannot be confirmed via the ex parte process, the county must send the Pre-Populated MAGI Annual Renewal form (MC 216), requesting only the information that could not be verified. The reasons why an ex parte review may not confirm a beneficiary has continued MAGI Medi-Cal eligibility include:

- An inability to verify the currently reported income via information from case files of the beneficiary or of any of his or her immediate family members which are open, or were closed in the last 90 days, or information from databases accessed by CalHEERS (such as the federal data services hub) and the county per Welfare and Institutions Code (WIC), Section 14005.37(e)(1); or
- information from any of the above referenced sources indicating that a beneficiary is incarcerated or deceased. Counties should continue to follow current business practices for when these records indicate that a beneficiary is incarcerated or deceased.

Once the MC 216 is sent, the beneficiary has 60 days to respond. Counties are reminded of the requirement to contact the beneficiary in that time period to request the needed information to confirm Medi-Cal eligibility. ACWDL 14-38 also outlines that the county should ensure that a beneficiary's attempt to contact them with information is recorded as an attempted contact, the case is not counted as a "failure to respond", and that the Statewide Automated Welfare System (SAWS) barcode is appropriately marked as received. Additionally, if the beneficiary responds to the request for additional information within the 60 day time period, but the information provided is incomplete or insufficient, the county shall not discontinue benefits and must work with the beneficiary to complete the information.

If a beneficiary's continued MAGI Medi-Cal eligibility was not confirmed via the ex parte process as a result of a failure to verify income, and that beneficiary does not return the MC 216 or otherwise make any attempt to provide the requested information through any of the available means, the county must discontinue the beneficiary from Medi-Cal for failure to respond.

**Required Discontinuance NOA Language -  
Failure to Return the MAGI Pre-Populated Annual Renewal Form**

The timely NOA in this MAGI renewal scenario must state the following reason language for discontinuance, or include reason language that is substantially similar (see section below titled Substantially Similar Language):

*“Your Medi-Cal is ending on <DATE> because you did not provide the renewal information that we asked for. We need you to give us proof of your household income to see if you can still get Medi-Cal. Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.”*

**Review of Non-MAGI Beneficiary Renewal Process**

In accordance with ACWDL 14-35, the Non-MAGI Medi-Cal annual renewal process begins with an ex parte review of available information through any of the available sources outlined in WIC, Section 14005.37(e)(1). If there is not enough information to complete the ex parte renewal for Non-MAGI beneficiaries, the county will send the appropriate Non-MAGI Renewal form, such as the MC 210 RV, MC 262, or MC 14A. Once the Non-MAGI renewal form is sent, the beneficiary has 60 days to respond. Counties are reminded of the requirement to contact the beneficiary in that time period to request the needed information to confirm Medi-Cal eligibility. If the beneficiary does not return the Non-MAGI Renewal form or otherwise provide the requested information through any of the available means, the county must discontinue the beneficiary from Medi-Cal for failure to respond.

**Required Discontinuance NOA Language -  
Failure to Return the Non-MAGI Annual Renewal Form**

The timely NOA in this Non-MAGI renewal scenario must state the following reason language for discontinuance, or include reason language that is substantially similar:

*“Your Medi-Cal is ending on <DATE> because you did not provide the renewal information that we asked for. We need you to give us information about the following to see if you can still get Medi-Cal:*

- *Proof of your property. Some examples of proof of your property are bank account statements, investments statements, or titles for property that you own.*
- *Proof of your income. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.*

*Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information.”*

### **Substantially Similar Language**

If SAWS have already programmed language that is substantially similar to the MAGI and Non-MAGI language shown above, in each of the counties' threshold languages, SAWS may continue to use the existing language. Additionally, counties may choose to develop language that is substantially similar to the MAGI and Non-MAGI language shown above. If the county already has language programmed that is substantially similar, or chooses to develop language that is substantially similar, the county may submit the language to DHCS for review to ensure it is substantially similar.

### **Implementation Timeline**

SAWS must program and implement the MAGI and Non-MAGI language shown above, or the substantially similar language, in English and each of the counties' threshold languages **within the next available SAWS release**. Enclosures 1 and 2 included with this ACWDL provide the threshold language translations for the MAGI and Non-MAGI language shown above. When necessary or advisable, counties should generate manual NOAs using the enclosed English and translated NOA snippets, effective immediately.

### **90-Day Cure Period Reminder**

Counties are reminded that discontinuance NOAs for Failure to Respond, as described in this ACWDL, must also include the updated 90-Day Cure Period language provided in Medi-Cal Eligibility Division Information Letter 16-04 (English and Spanish) and ACWDL 16-24 (the remaining threshold languages).

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If you have any questions or require additional information, please contact Alison Brown at (916) 319-9565 or by email at [Alison.Brown@dhcs.ca.gov](mailto:Alison.Brown@dhcs.ca.gov).

Original Signed By

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Enclosures

## MAGI Failure to Respond Snippet

English	Your Medi-Cal is ending on <DATE> because you did not provide the renewal information that we asked for. We need you to give us proof of your household income to see if you can still get Medi-Cal. Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.
Arabic	سوف ينتهي اشتراكك في Medi-Cal في <DATE> لأنك لم تقدم معلومات التجديد التي طلبناها منك. نحتاج منك تقديم إثبات لدخل الأسرة لتحديد ما إذا كنت مؤهلاً للحصول على Medi-Cal. يرجى الاتصال بنا أو زيارة مكتب الخدمات الاجتماعية بالمقاطعة أو إرسال نموذج التجديد بعد استيفائه وتوقيعه بحيث يحتوي على المعلومات المطلوبة. من أمثلة إثبات الدخل بيان الراتب، أحدث إقرار ضريبي، خطاب صادر عن الشركة التي تعمل بها، أو خطاب أحقية الحصول على منافع.
Armenian	Ձեր «Medi-Cal»-ն ավարտվում է <DATE>-ին, քանի որ Դուք չեք տրամադրել անդամությունը շարունակելու համար անհրաժեշտ տեղեկությունները, որոնք մենք խնդրել էինք Ձեզանից: Մեզ հարկավոր է, որ Դուք մեզ Ձեր ընտանիքի եկամուտի ապացույց ներկայացնեք, որպեսզի պարզենք, թե արդյոք Դուք դեռ կարող եք «Medi-Cal» ստանալ: Այդ տեղեկությունը մեզ տրամադրելու համար խնդրում ենք զանգահարել մեզ, այցելել Ձեր շրջանի սոցիալական ծառայությունների գրասենյակ կամ վերադարձնել անդամությունը շարունակելու լրացված և ստորագրված թերթիկը: Եկամուտի ապացույց կարող են լինել Ձեր վարձատրման վճարագրի կտրոնը, Ձեր ամենավերջին հարկագիրը, Ձեր գործատուի կողմից տրված նամակը, նպաստների տրամադրման մասին նամակը և այլն:
Cambodian	កម្មវិធី Medi-Cal របស់អ្នកនឹងត្រូវបញ្ចប់នៅថ្ងៃទី <DATE> ពីព្រោះអ្នកមិនបានផ្តល់ព័ត៌មានស្តីពីការបន្តកម្មវិធីដូចដែលយើងបានស្នើសុំនោះទេ។ យើងត្រូវការឲ្យអ្នកបង្ហាញភស្តុតាងនៃប្រាក់ចំណូលក្នុងក្រុមគ្រួសាររបស់អ្នកដើម្បីពិនិត្យមើលថាតើអ្នកនៅអាចបន្តទទួលបានកម្មវិធី Medi-Cal ដែរឬយ៉ាងណា។ សូមទូរសព្ទមកកាន់យើងខ្ញុំ ឬអញ្ជើញទៅកាន់ការិយាល័យសេវាសង្គមនៅក្នុងខោនធីរបស់អ្នក ឬក៏ផ្ញើទម្រង់បែបបទបន្តកម្មវិធីដែលបានបំពេញរួចរាល់ដោយមានចុះហត្ថលេខាដើម្បីផ្តល់ជាព័ត៌មានត្រឡប់មកយើងខ្ញុំវិញ។ ឧទាហរណ៍មួយចំនួនស្តីពីភស្តុតាងបញ្ជាក់ពីប្រាក់ចំណូលរបស់អ្នក រួមមានគល់បញ្ជីប្រាក់ខែ បង្កាន់ដៃបង់ពន្ធនាពេលថ្មីៗនេះ លិខិតបញ្ជាក់ពីនិយោជិតរបស់អ្នក ឬលិខិតបញ្ជាក់ពីអត្ថប្រយោជន៍ដែលទទួលបាន។
Chinese	由於您未提供我們所需要的續保資訊，您的 Medi-Cal 將于 <DATE> 終止。我們需要您為我們提供您的家庭收入證明，以核實您是否仍可獲得 Medi-Cal。請致電

	我們、拜訪縣社會服務辦公室、或者將您已填寫并簽署的續保表格交還我們，以提供此類資訊。您的收入證明可以是工資單、您最近的納稅申報單、僱主提供的證明函或者收益賞授書。
Farsi	Medi-Cal شما در تاریخ <DATE> به پایان می رسد زیرا شما اطلاعات مربوط به تجدید را که درخواست کرده بودیم ارائه ندادید. برای اینکه ببینیم که آیا هنوز برای برخورداری از Medi-Cal صلاحیت دارید، از شما می خواهیم تا مدارک اثبات کننده درآمد خانواده تان را به ما ارسال کنید. برای دادن این اطلاعات به ما لطفاً از طریق تلفن با ما تماس بگیرید، به دفتر خدمات اجتماعی کانتی تان مراجعه نمایید یا فرم تجدید تکمیل و امضاء شده را به ما ارسال کنید. چندین نمونه از مدارک اثبات کننده درآمد عبارتند از فیش حقوق، آخرین اظهارنامه مالیاتی، نامه ای از طرف کارفرمای شما یا یک نامه مربوط به اعطای مزایا.
Hmong	Koj li Medi-Cal tab tom yuav tag sij hawm rau <DATE> vim koj tsis khiav ntaub ntauv kom raws li peb tau hais. Peb xam kom koj muab ntauv pov thawj qhia seb koj thiab koj tsev neeg tau nyiaj npaum cas rau peb seb koj puas tseem muaj feem tau txais Medi-cal. Thov hu rau peb, los yog tuaj ntsib ntawm peb tej chaw ua hauj lwm, los sis teb kom tag cov ntaub ntauv thov kev pab ntxiv uas peb muab rau koj lawm, kos koj lub npe thiab xa rov tuaj rau peb. Qee yam ntauv pov thawj txog koj cov nyiaj txiag yog daim tw ntauv qhia nyiaj hli (tw tshev), cov ntauv sau them se, daim ntauv los ntawm koj li chaw ua hauj lwm, los yog daim ntauv koj tau txais paj txiaj ntsig.
Korean	귀하께서는 저희가 요청한 갱신 자료를 제공하지 않아 귀하의 Medi-Cal 은 <DATE> 에 종료합니다. 계속하여 Medi-Cal 을 유지할 수 있는 지 여부를 알아보기 위해 가구 소득에 관한 증명서를 저희에게 제출하셔야 합니다. 전화를 주시거나, 카운티 소셜 서비스 오피스를 방문하시거나, 또는 해당 정보를 제공하기 위해 갱신 신청서를 작성 및 서명하여 다시 보내 주십시오. 소득에 관한 증명서의 예로는 급여 명세서, 최근 세금 신고서, 고용주 서신, 복지 수당 관련 서신 등입니다.
Russian	Действие Medi-Cal заканчивается <DATE>, поскольку Вы не предоставили запрошенную нами информацию для продления действия. Вам необходимо предоставить нам подтверждение Вашего семейного дохода, чтобы выяснить, можете ли Вы продолжать получать Medi-Cal. Пожалуйста, позвоните нам, посетите отдел социального обеспечения Вашего округа или верните заполненную и подписанную форму запроса на продление действия, чтобы предоставить нам эту информацию. В качестве подтверждения Вашего дохода Вы можете предоставить квитанцию о получении заработной платы, самую недавнюю налоговую декларацию, письмо от Вашего работодателя или письмо о назначении льгот.
Spanish	Su Medi-Cal terminará el <DATE> porque usted no nos dio la información de renovación que le pedimos. Necesitamos que nos dé pruebas de los ingresos de su hogar para saber si usted todavía puede recibir Medi-Cal. Por favor

	<p>Ilámenos, visite la oficina de servicios sociales de su condado o devuelva su formulario de renovación completo y firmado para darnos esta información. Algunos ejemplos de pruebas de sus ingresos son un talón de pago, su declaración de impuestos más reciente, una carta de su empleador o una carta de concesión de beneficios.</p>
Tagalog	<p>Ang iyong Medi-Cal ay matatapos sa &lt;DATE&gt; dahil hindi mo binigay ang impormasyon sa pag-renew na hiningi namin. Kailangan mo kaming bigyan ng katibayan ng kita ng inyong sambahayan para makita kung makakakuha ka pa rin ng Medi-Cal. Mangyaring tawagan kami, pumunta sa tanggapan ng panlipunang serbisyo ng county niyo o isauli ang nakumpleto at nilagdaan mong renewal form para ibigay ang impormasyong ito sa amin. Ang ilang halimbawa ng katibayan ng kita mo ay ang iyong payslip, ang pinakahuli mong tax return, isang liham mula sa iyong employer, o liham ng paggawad ng mga benepisyo.</p>
Vietnamese	<p>Medi-Cal của quý vị sẽ kết thúc vào &lt;DATE&gt; bởi vì quý vị đã không cung cấp thông tin gia hạn mà chúng tôi yêu cầu. Chúng tôi cần quý vị cung cấp cho chúng tôi bằng chứng về thu nhập của hộ gia đình quý vị để xem quý vị vẫn có thể hưởng Medi-Cal hay không. Vui lòng gọi cho chúng tôi, đến văn phòng dịch vụ xã hội tại quận hạt của quý vị hoặc gửi lại mẫu đơn gia hạn đã hoàn thành và đã ký tên của quý vị để cung cấp cho chúng tôi những thông tin này. Một số ví dụ về bằng chứng thu nhập của quý vị là một cuống phiếu lương, tờ khai thuế theo thu nhập gần đây nhất của quý vị, lá thư từ chủ sử dụng lao động của quý vị, hoặc thư thông báo trợ cấp.</p>



## Non-MAGI Failure to Respond Snippet

English	<p>Your Medi-Cal is ending on &lt;DATE&gt; because you did not provide the renewal information that we asked for. We need you to give us information about the following to see if you can still get Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Proof of your property. Some examples of proof of your property are bank account statements, investments statements, or titles for property that you own.</li> <li>• Proof of your income. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.</li> </ul> <p>Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information.</p>
Arabic	<p>سوف ينتهي اشتراكك في Medi-Cal في &lt;DATE&gt; لأنك لم تقدم معلومات التجديد التي طلبناها منك. نحتاج منك المعلومات التالية لنحدد ما إذا كنت مؤهلاً للحصول على Medi-Cal.</p> <ul style="list-style-type: none"> <li>• إثبات للممتلكات. من أمثلة ذلك كشوفات الحساب البنكي أو بيان بالاستثمارات أو أوراق إثبات الممتلكات.</li> <li>• إثبات الدخل. من أمثلة إثبات الدخل بيان الراتب، أحدث إقرار ضريبي، خطاب صادر عن الشركة التي تعمل بها، أو خطاب أحقية الحصول على منافع.</li> </ul> <p>يرجى الاتصال بنا أو زيارة مكتب الخدمات الاجتماعية بالمقاطعة أو إرسال نموذج التجديد بعد استيفاءه وتوقيعه بحيث يحتوي على المعلومات المطلوبة.</p>
Armenian	<p>Ձեր «Medi-Cal»-ն ավարտվում է &lt;DATE&gt;-ին, քանի որ Դուք չէք տրամադրել անդամությունը շարունակելու համար անհրաժեշտ տեղեկությունները, որոնք մենք խնդրել էինք Ձեզանից: Մեզ հարկավոր է, որ Դուք մեզ հետևյալի մասին տեղեկություններ տրամադրեք, որպեսզի պարզենք, թե արդյոք Դուք դեռ կարող եք «Medi-Cal» ստանալ.</p> <ul style="list-style-type: none"> <li>• Ձեր գույքի ապացույց: Գույքի ապացույց կարող են լինել բանկային հաշվի քաղվածքները, ներդրումների հայտարարագրերը, սեփականության իրավունքի վկայականները և այլն:</li> <li>• Ձեր եկամտի ապացույց: Եկամտի ապացույց կարող են լինել Ձեր վարձատրման վճարագրի կտրոնը, Ձեր ամենավերջին հարկագիրը, Ձեր գործատուի կողմից տրված նամակը, նպաստների տրամադրման մասին նամակը և այլն:</li> </ul> <p>Այդ տեղեկությունը մեզ տրամադրելու համար խնդրում ենք զանգահարել մեզ, այցելել Ձեր շրջանի սոցիալական</p>



	<ul style="list-style-type: none"> <li>• مدارک اثبات کننده مربوط به ملک شما. چندین نمونه از مدارک اثبات کننده مربوط به ملک شما عبارتند از صورتحساب های بانکی، صورتحساب های مربوط به سرمایه گذاری، یا قباله های املاکی که متعلق به شما است.</li> <li>• مدارک اثبات کننده درآمد. چندین نمونه از مدارک اثبات کننده درآمد شما عبارتند از فیش حقوق، آخرین اظهارنامه مالیاتی، نامه ای از طرف کارفرمای شما، یا یک نامه مربوط به اعطای مزایا.</li> </ul> <p>برای دادن این اطلاعات به ما، لطفاً از طریق تلفن با ما تماس بگیرید، به دفتر خدمات اجتماعی کانتی تان مراجعه نمایید، یا فرم تجدید تکمیل و امضاء شده را به ما ارسال کنید.</p>
Hmong	<p>Koj li Medi-Cal tab tom yuav tag sij hawm rau &lt;DATE&gt; vim koj tsis khiav ntaub ntawv kom raws li peb tau hais. Peb xav kom koj muab ntaub ntawv raws li nram qab no yog koj yuav tau txais Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Ntaub ntawv pov thawj txog qub txeeg qub teg (vaj tsev). Qee yam ntaub ntawv pov thawj ntawm tej qub txeeg qub teg koj muaj yog cov ntawv qhia txog koj li nyiaj los ntawm tsev khaws nyiaj (bank), ntaub ntawv qhia txog kev nqis peev, los yog tej ntawv pov thawj ntawm tej vaj tsev uas yog koj li.</li> <li>• Ntaub ntawv pov thawj txog nyiaj khwv tau. Qee yam ntawv pov thawj yog daim tw ntawv qhia nyiaj hli (tw tshev), cov ntawv sau them se, daim ntawv los ntawm koj li chaw ua hauj lwm, los yog daim ntawv koj tau txais paj txiaj ntsig.</li> </ul> <p>Thov hu rau peb, los yog tuaj ntsib ntawm peb tej chaw ua hauj lwm nyob ib ceeb tsam ntawm koj los sis teb kom tag cov ntaub ntawv thov kev pab ntxiv uas peb muab rau koj lawm, kos koj lub npe thiab xa rov tuaj rau peb.</p>
Korean	<p>귀하께서는 저희가 요청한 갱신 자료를 제공하지 않아 귀하의 Medi-Cal 은 &lt;DATE&gt; 에 종료합니다. 계속하여 Medi-Cal 을 유지할 수 있는 지 여부를 알아보기 위해 다음과 같은 자료들을 저희에게 제출하셔야 합니다.</p> <ul style="list-style-type: none"> <li>• 재산에 관한 증명서. 재산에 관한 증명서의 예로는 은행 계좌 내역서, 투자 내역서, 또는 소유 부동산에 소유권 등입니다.</li> <li>• 소득에 관한 증명서. 소득에 관한 증명서의 예로는 급여 명세서, 최근 세금 신고서, 고용주 서신, 복지 수당 관련 서신 등입니다.</li> </ul> <p>전화를 주시거나, 카운티 소셜 서비스 오피스를 방문하시거나, 또는 해당 정보를 제공하기 위해 갱신 신청서를 작성 및 서명하여 다시 보내 주십시오.</p>
Russian	<p>Действие Medi-Cal заканчивается &lt;DATE&gt;, поскольку Вы не предоставили запрошенную нами информацию для продления действия. Вам необходимо предоставить нам следующую информацию, чтобы выяснить, можете ли Вы продолжать получать Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Подтверждение Вашего имущества. В качестве подтверждения Вашего имущества Вы можете предоставить выписки по банковскому счету, заявления об инвестиционных вложениях или</li> </ul>

	<p>документы о праве собственности на принадлежащее Вам имущество.</p> <ul style="list-style-type: none"> <li>• Подтверждение Вашего дохода. В качестве подтверждения Вашего дохода Вы можете предоставить квитанцию о получении заработной платы, самую недавнюю налоговую декларацию, письмо от Вашего работодателя или письмо о назначении льгот.</li> </ul> <p>Пожалуйста, позвоните нам, посетите отдел социального обеспечения Вашего округа или верните заполненную и подписанную форму запроса на продление действия, чтобы предоставить нам эту информацию.</p>
Spanish	<p>Su Medi-Cal terminará el &lt;DATE&gt; porque usted no nos dio la información de renovación que le pedimos. Necesitamos que nos dé pruebas de lo siguiente para saber si usted todavía puede recibir Medi-Cal.</p> <ul style="list-style-type: none"> <li>• Pruebas de sus propiedades. Algunos ejemplos de pruebas de sus propiedades son estados de cuenta bancarios, estados de cuenta de inversiones o títulos o escrituras de las propiedades que usted tiene.</li> <li>• Prueba de sus ingresos. Algunos ejemplos de pruebas de sus ingresos son un talón de pago, su declaración de impuestos más reciente, una carta de su empleador o una carta de concesión de beneficios.</li> </ul> <p>Por favor llámenos, visite la oficina de servicios sociales de su condado o devuelva su formulario de renovación completo y firmado para darnos esta información.</p>
Tagalog	<p>Ang iyong Medi-Cal ay matatapos sa &lt;DATE&gt; dahil hindi mo binigay ang impormasyon sa pag-renew na hiningi namin. Kailangan mo kaming bigyan ng impormasyon tungkol sa sumusunod para malaman kung makakakuha ka pa rin ng Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Katibayan ng pag-aari mo. Ang ilang halimbawa ng katibayan ng pag-aari mo ay mga statement ng account sa bangko, mga statement ng mga pamumuhunan, o mga titulo ng ari-arian na pag-aari mo.</li> <li>• Katibayan ng kita mo. Ang ilang halimbawa ng katibayan ng kita mo ay ang payslip, ang pinakahuli mong tax return, isang liham mula sa iyong employer, o liham ng paggawad ng mga benepisyo.</li> </ul> <p>Pakitawagan kami, pumunta sa tanggapan ng panlipunang serbisyo ng county niyo o isauli ang nakumpleto at nilagdaan mong renewal form para ibigay ang impormasyong ito sa amin.</p>
Vietnamese	<p>Medi-Cal của quý vị sẽ kết thúc vào &lt;DATE&gt; bởi vì quý vị đã không cung cấp thông tin gia hạn mà chúng tôi yêu cầu. Chúng tôi cần quý vị cung cấp cho chúng tôi những thông tin sau đây để xem quý vị vẫn có thể hưởng Medi-Cal hay không:</p> <ul style="list-style-type: none"> <li>• Bằng chứng về tài sản của quý vị. Một số ví dụ về bằng chứng tài sản của quý vị là giấy báo cáo tài khoản ngân hàng, báo cáo đầu tư, hoặc giấy tờ xác nhận quyền sở hữu cho tài sản mà quý vị sở hữu.</li> <li>• Bằng chứng về thu nhập của quý vị. Một số ví dụ về bằng chứng thu nhập của quý vị là một cuống phiếu lương, tờ khai thuế theo thu nhập</li> </ul>

gần đây nhất của quý vị, lá thư từ chủ sử dụng lao động của quý vị, hoặc thư thông báo trợ cấp.

Vui lòng gọi cho chúng tôi, đến văn phòng dịch vụ xã hội tại quận hạt của quý vị hoặc gửi lại mẫu đơn gia hạn đã hoàn thành và đã ký tên của quý vị để cung cấp cho chúng tôi những thông tin này.