Notice Type/ Description/ Snippet ID	Current Dynmaic Snippet in CalHEERS	Planned Dynamic Snippet Change in CalHEERS	to Occur	Updated Dynamic Snippet Language Based on May 2015 Advocate Feedback
Full Scope	You qualify for Medi-Cal because your household	Good news! Your application dated <month dd,="" yyyy=""> has been</month>	15.7	Good news! Your application *for health coverage* dated <month dd,="" yyyy=""> has been</month>
Approval	income is below the Medi-Cal limit. You are eligible	approved. You qualify for Medi-Cal because your household	(CR 32297)	approved. You qualify for Medi-Cal because your household income is below the Medi-
Spinnet ID: 421	for Medi-Cal coverage in <application month="">. Your</application>	income is below the Medi-Cal limit. Your eligibility for Medi-Cal		Cal limit. Your eligibility for Medi-Cal begins <effective date-="" day,="" month="" year="">. Your</effective>
Snippet ID: 421	Medi-Cal coverage will continue until your eligibility is reevaluated at your annual renewal, or until you report a change.	begins <effective date-="" day,="" month="" 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</effective>		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.
	W/a a sunkad usun hausahald siaa and in asusaha	your situation changes.		We counted your household size and income to make our decision. For Medi-Cal, your
	We counted your household size and income to make our decision.	We counted your household size and income to make our decision. For Medi-Cal, your household size is <magi_size> and</magi_size>		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.</magi_income_limit></magi_income></magi_size>
	For Medi-Cal, your household size is	your monthly household income is <magi_income>. The</magi_income>		
	<pre><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</magi_income_limit></magi_income></magi_size></pre>	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.</magi_income_limit>		<regulation> *is the regulation or law we relied on for-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.</regulation>
	limit, so you qualify for health coverage.	<regulation> authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last</regulation>		
	<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.</regulation>	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.		

-	•			
Full Scope	N/A	Good news! We evaluated your request for Medi-Cal for the	15.7	Good news! We evaluated your request for *retroactive* Medi-Cal *for a month prior
Approval for		month of <eligibility month="" year="">. You qualify for Medi-Cal in</eligibility>	(CR 32297)	to your application month of [application month year]. for the month of <eligibility< td=""></eligibility<>
Retro Month		<eligibility month="" year=""> because your household income is below</eligibility>		month year>.* You qualify for Medi-Cal in <eligibility month="" year=""> because your</eligibility>
		the Medi-Cal limit. This notice is only related to your request for		household income is below the Medi-Cal limit. *This notice is only related to your
Snippet ID: 190		eligibility for this month. This notice does not affect your		request for eligibility for this month.* This notice does not affect your application for
		application for current and continuing Medi-Cal.		current and continuing Medi-Cal. *It only covers the time before your application was
				submitted. You will receive a separate notice about your eligibility for other retroactive
		We counted your household size and income to make our		months that you requested and for current and continuing Medi-Cal.*
		decision.		
		For Medi-Cal, your household size is <magi_size> and your</magi_size>		We counted your household size and income to make our decision.
		monthly household income is <magi_income>. The monthly</magi_income>		For Medi-Cal, your household size is <magi_size> and your monthly household income</magi_size>
		Medi-Cal income limit for your household size is		is <magi_income>. The monthly Medi-Cal income limit for your household size is</magi_income>
		<magi_income_limit>. Your income is below this limit, so you</magi_income_limit>		<magi_income_limit>. Your income is below this limit, so you qualify for Medi-Cal.</magi_income_limit>
		qualify for Medi-Cal.		
				<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
		<regulation> authorized this decision. If you think we made a</regulation>		think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to
		mistake, you can appeal. See "Your Hearing Rights" on the last		learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the
		page to learn how to appeal. You have only 90 days to ask for a		day after the county sent you this notice.
		hearing. The 90 days started the day after the county sent you		
		this notice.		

Full Scope	We must check if you still qualify for Medi-Cal once a	No Planned
Approval at	year. We checked your case and you still qualify for	Changes
Annual	Medi-Cal because your household income is below	
Renewal	the Medi-Cal limit for your family size. Your Medi-	
	Cal coverage will continue unless you are found no	
Snippet ID: 350	longer eligible. This could happen at the time your	
	eligibility is renewed or when your circumstances	
	change.	
	We counted your household size and your	
	household income to make our decision. If the	
	information we list for your household size or	
	income is not correct, please contact us to report	
	your updated information.	
	For Medi-Cal, your household size is <household< td=""><td></td></household<>	
	size> and your monthly household income is	
	<modified adjusted="" gross="" income="">. The monthly</modified>	
	Medi-Cal income limit for your household size is	
	<magi limit="">. Your income is below this limit, so you</magi>	
	qualify for Medi-Cal.	
	<regulation> authorized this decision. If you think</regulation>	
	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.	

Full Scope	N/A
Approval with a Premium	
(OTLICP)	
Snippet ID: N/A	

Your application dated <month dd, yyyy> has been approved. You qualify for Medi-Cal because your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <eligibility month, yyyy>. 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.

We counted your household size and income to make our decision.

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.

Your household size and income requires that you pay a monthly premium to remain eligible for Medi-Cal.

You will receive a separate billing statement from the Medi-Cal Premium Payment Section. It will tell you the monthly premium amount you must pay and your payment options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60 days to receive this information.

Your first premium payment is not due until you receive the first billing statement. You must pay the monthly premium to maintain your eligibility for this program. Until you receive this information, if you have questions on your premium, you can

16.6 (CR 32299) Your application *for health coverage* dated <month dd, yyyy> has been approved. You qualify for Medi-Cal because your household income is below the Medi-Cal limit. You are eligible for Medi-Cal coverage in <eligibility month, yyyy>. 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.

We counted your household size and income to make our decision.

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.

Your household size and income requires that you pay a monthly premium to remain eligible for Medi-Cal.

You will receive a separate billing statement from the Medi-Cal Premium Payment Section. It will tell you the monthly premium amount you must pay and your payment options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60 days to receive this information.

Your first premium payment is not due until you receive the first billing statement. You must pay the monthly premium to maintain your eligibility for this program. Until you receive this information, if you have questions on your premium, you can visit: http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx

<Regulation> *is the regulation or law we relied on for 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.

i it

visit: http://www.dhcs.ca.gov/services/Pages/Medi- CalPremiumPayments.aspx	
<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 day to ask for a hearing. The 90 days started the day after the date on this notice.</regulation>	

Approval

Snippet ID: 422

Limited Scope 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.

> Limited-scope Medi-Cal only covers pregnancyrelated services. This includes prenatal care, services for pregnancy complications, labor, delivery, postpartum care, and family planning.

We counted your household size and income to make our decision.

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.

<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 vou this notice.

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.

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.

We counted your household size and income to make our decision.

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.

<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.

15.7 (CR 32297)

Your application *for health coverage* 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 *pregnancy related* 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.

Pregnancy related Medi-Cal covers *only* 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.

We counted your household size and income to make our decision.

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.

<Regulation> *is the regulation or law we relied on for 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.

Limited Scope	N/A	We evaluated your request for Medi-Cal for the month of	11 7	114/a avalvatad vavu nagovad tau XustusastivaX Madi Cal Xfan a nagoth mulau ta vavu
A 1 C			15.7	We evaluated your request for *retroactive* Medi-Cal *for a month prior to your
Approval for a		<eligibility month="" year="">. You qualify for pregnancy related Medi-</eligibility>	(CR 32297)	application month of [application month year]*the month of <eligibility month="" year="">.</eligibility>
Retro Month		Cal in <eligibility month="" year=""> because you are pregnant and</eligibility>		You qualify for pregnancy related Medi-Cal in <eligibility month="" year=""> because you</eligibility>
		your household income is below the Medi-Cal limit. This notice		pregnant and your household income is below the Medi-Cal limit. This notice is only
Snippet ID: 189		is only related to your request for eligibility for this month. This		related to your request for eligibility for this month. This notice does not affect
		notice does not affect your application for current and		your application for current and continuing Medi-Cal.*It only covers the time before
		continuing Medi-Cal.		ppph ication was submitted. You will receive a separate notice about your eligibility for
				other retroactive months that you requested and for current and continuing Medi-Cal.
		Pregnancy related Medi-Cal covers pregnancy-related services		
		such as prenatal care, labor, delivery, postpartum care, family		Pregnancy related Medi-Cal covers *only* pregnancy-related services such as
		planning, emergency care, some dental services, and any medical		prenatal care, labor, delivery, postpartum care, family planning, emergency care,
		condition that can affect your health during your pregnancy or		some dental services, and any medical condition that can affect your health during
		the health of your unborn child.		your pregnancy or the health of your unborn child.
		We counted your household size and income to make our		We counted your household size and income to make our decision.
		decision.		
				For Medi-Cal, your household size is <household size=""> and your monthly household</household>
		For Medi-Cal, your household size is <household size=""> and your</household>		income is <modified adjusted="" gross="" income="">. The monthly Medi-Cal income limit for</modified>
		monthly household income is <modified adjusted="" gross="" income="">.</modified>		your household size is <magi limit="">. Your income is below this limit, so you qualify for</magi>
		The monthly Medi-Cal income limit for your household size is		Medi-Cal.
		<magi limit="">. Your income is below this limit, so you qualify for</magi>		
		Medi-Cal.		<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
				think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page to
		<regulation> authorized this decision. If you think we made a</regulation>		learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the
		mistake, you can appeal. See "Your Hearing Rights" on the last		day after the county sent you this notice.
		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.		
Restricted	You qualify for restricted-scope Medi-Cal because	Your application dated <month dd,="" yyyy=""> has been approved.</month>	15.7	Your application dated <month dd,="" yyyy=""> has been approved. You qualify for *only</month>
Scope	your household income is below the Medi-Cal limit.	You qualify for restricted-scope Medi-Cal because you did not	(CR 32297)	restricted-scope Medi-Cal because you did not provide written proof of your U.S.
Approval	You are eligible for Medi-Cal coverage in	provide written proof of your U.S. Citizenship or satisfactory		Citizenship or satisfactory immigration status for Medi-Cal purposes. *Restricted-scope
	<application month="">. Your Medi-Cal coverage will</application>	immigration status for Medi-Cal purposes.		Medical only covers emergency services, pregnancy related services such as prenatal
Snippet ID: 423	continue until your eligibility is reevaluated at your			care, labor, delivery, postpartum care, and long-term care service. If you are not sure if
	annual renewal, or until you report a change.	Your eligibility for restricted-scope Medi-Cal begins <effective< td=""><td></td><td>a service is covered, ask your medical provider. *</td></effective<>		a service is covered, ask your medical provider. *
		date- Month Day, Year>. Your Medi-Cal coverage will continue		
		unless you are found no longer eligible. This could happen at the		Your eligibility for restricted-scope Medi-Cal begins <effective date-="" day.="" month="" year="">.</effective>

Restricted	You qualify for restricted-scope Medi-Cal because
Scope	you are a child aged 6-19 and your household
Approval (Age 6 - 19)	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</application>
Snippet ID: 424	is reevaluated at your annual renewal, or until you report a change.
Restricted	You qualify for restricted-scope Medi-Cal because
Scope	you are a child aged 1-6 and your household income
Approval (Age	is below the Medi-Cal limit. You are eligible for Medi-
1 - 6)	Cal coverage in <application month="">. Your Medi-Cal</application>
	coverage will continue until your eligibility is
Snippet ID: 425	reevaluated at your annual renewal, or until you
	report a change.
Restricted	You qualify for restricted-scope Medi-Cal because
Scope	you are an infant up to 1 year old and your
Approval (Up	household income is below the Medi-Cal limit. You
to 1 Year)	are eligible for Medi-Cal coverage in <application month="">. Your Medi-Cal coverage will continue until</application>
Snippet ID:	your eligibility is reevaluated at your annual renewal
426	or until you report a change.

unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

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.

(Snippets 423, 424, 425 and 426 will all read the same as of 15.7 regardless of age) *

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.

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. *Full scope benefits allow you to see a doctor for all of your medical needs. *

Restricted-scope Medi-Cal only covers emergency, pregnancy related, and long-term care services. If you are not sure if a service is covered, ask your medical provider.

We counted your household size and income to make our decision.

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.

If you have written proof of your immigration status that you have not sent us, it's not too late. If you can show us proof, you might be eligible for full-scope Medi-Cal-coverage.

<Regulation> *is the regulation or law we relied on for 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.

Restricted	N/A	We evaluated your request for Medi-Cal for the month of	15.7	We evaluated your request for *retroactive Medi-Cal *for a month prior to your
Scope			(CR 32297)	application month of [application month year]. for the month of <eligibility month<="" td=""></eligibility>
Approval for		Cal in <eligibility month="" year=""> because you did not provide</eligibility>	(0110==01)	year> You qualify for restricted-scope Medi-Cal in <eligibility month="" year=""> because</eligibility>
Retro Month		written proof of your U.S. Citizenship or satisfactory immigration		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		status for Medi-Cal purposes. *Restricted-scope Medical only covers emergency
Snipet ID: 209,		request for eligibility for this month. This notice does not affect		services, pregnancy related services such as prenatal care, labor, delivery, postpartum
213, 207 and		your application for current and continuing Medi-Cal.		care, and long-term care service. If you are not sure if a service is covered, ask your
206				medical provider.*
		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		*This notice is only related to your request for eligibility for this month.* This notice
		getting your document, please call your county worker at the		does not affect your application for current and continuing Medi-Cal. *It only covers
		number listed on this notice. Your benefits may change from		the time before your application was submitted. You will receive a separate notice
		restricted-scope to full-scope when you provide us with your		about your eligibility for other retroactive months that you requested and for current
		documents.		and continuing Medi-Cal. *
				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. *Full scope benefits
				allow you to see a doctor for all of your medical needs. *
				We counted your household size and income to make our decision.
				For Medi-Cal, your household size is <household size=""> and your monthly household</household>
				income is <modified adjusted="" gross="" income="">. The monthly Medi-Cal income limit for</modified>
				your household size is <magi limit="">. Your income is below this limit, so you qualify for</magi>
				Medi-Cal.
				*If you have written proof of your immigration status that you have not sent us, it's not
				too late. If you can show us proof, you might be eligible for full-scope Medi-Cal-
				coverage* .
				<regulation> *is the regulation or law we relied on for-authorized* this decision. If you</regulation>
				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.
		L	I	

	In the last teacher	In	46.6	There is a second of the secon
Restricted	Restricted-scope Medi-Cal only covers emergency,	Restricted-scope Medi-Cal only covers emergency, pregnancy	16.6	*(Updated Langauged as requested by advocates has been moved into
Scope	pregnancy related, and long-term care services. If	related, and long-term care services. If you are not sure if a	(CR 32299)	restricted scope approval snippets that are shown in this column above) *
Approval	you are not sure if a service is covered, ask your	service is covered, ask your medical provider.		
(Footer)	medical provider.			
		We counted your household size and income to make our		
Snippet ID: 278	We counted your household size and income to	decision.		
	make our decision.			
		For Medi-Cal, your household size is <household size=""> and your</household>		
	For Medi-Cal, your household size is <household< td=""><td>monthly household income is <modified adjusted="" gross="" income="">.</modified></td><td></td><td></td></household<>	monthly household income is <modified adjusted="" gross="" income="">.</modified>		
	size> and your monthly household income is	The monthly Medi-Cal income limit for your household size is		
	<modified adjusted="" gross="" income="">. The monthly</modified>	<magi limit="">. Your income is below this limit, so you qualify for</magi>		
	Medi-Cal income limit for your household size is	Medi-Cal.		
	<magi limit="">. Your income is below this limit, so you</magi>			
	qualify for health coverage.	If you have written proof of your immigration status that you		
		have not sent us, it's not too late. If you can show us proof, you		
	<regulation> authorized this decision. If you think</regulation>	might be eligible for full-scope Medi-Cal coverage.		
	we made a mistake, you can appeal. See "Your			
	Hearing Rights" on the last page to learn how to	<regulation> authorized this decision. If you think we made a</regulation>		
	appeal. You have only 90 days to ask for a hearing.	mistake, you can appeal. See "Your Hearing Rights" on the last		
	The 90 days started the day after the county sent	page of this notice to learn how to appeal. You have only 90 days		
	you this notice.	to ask for a hearing. The 90 days started the day after the date		
	you this notice.	on this notice.		
		on this house.		

Restricted	N/A	Your application dated <month dd,="" yyyy=""> has been approved.</month>	16.6	Your application *for health coverage* dated <month dd,="" yyyy=""> has been approved.</month>
Scope		You qualify for restricted-scope Medi-Cal because you did not	(CR 32299)	You qualify for *only* restricted-scope Medi-Cal because you did not provide written
Approval with		provide written proof of your U.S. citizenship or satisfactory		proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes.
a Premium		immigration status for Medi-Cal purposes.		*Restricted-scope Medical only covers emergency services, pregnancy related services
(OTLICP)				such as prenatal care, labor, delivery, postpartum care, and long-term care service. If
		If you have written proof of your immigration status that you can		you are not sure if a service is covered, ask your medical provider.*
Snippet ID:		give us now, or want to let us know you are having problems		
N/A		getting your document, please call your county worker at the		If you have written proof of your immigration status that you can give us now, or want
		number listed on this notice. Your benefits may change from		to let us know you are having problems getting your document, please call your county
		restricted-scope to full-scope when you send us your documents.		worker at the number listed on this notice. Your benefits may change from restricted-
				scope to full-scope when you send us your documents. *Full scope benefits allow you
		You are eligible for Medi-Cal coverage in <eligibility month,<="" td=""><td></td><td>to see a doctor for all of your medical needs. *</td></eligibility>		to see a doctor for all of your medical needs. *
		yyyy>. Your Medi-Cal coverage will continue unless you are		
		found no longer eligible. This could happen at the time your		You are eligible for Medi-Cal coverage in <eligibility month,="" yyyy="">. Your Medi-Cal</eligibility>
		eligibility is renewed or when your situation changes.		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 Medi-Cal only covers emergency, pregnancy		
		related, and long-term care services. If you are not sure if a		*Restricted-scope Medi-Cal only covers emergency, pregnancy related, and long-term
		service is covered, ask your medical provider.		care services. If you are not sure if a service is covered, ask your medical provider.*
		We counted your household size and income to make our		We counted your household size and income to make our decision.
		decision.		
				For Medi-Cal, your household size is <household size=""> and your monthly household</household>
		For Medi-Cal, your household size is <household size=""> and your</household>		income is <modified adjusted="" gross="" income="">. The monthly Medi-Cal income limit for</modified>
		monthly household income is <modified adjusted="" gross="" income="">.</modified>		your household size is <magi limit="">. Your income is below this limit, so you qualify for</magi>
		The monthly Medi-Cal income limit for your household size is		Medi-Cal.
		<magi limit="">. Your income is below this limit, so you qualify for</magi>		
		Medi-Cal.		Your household size and income requires that you pay a monthly premium to remain
				eligible for Medi-Cal.
		Your household size and income requires that you pay a monthly		

premium to remain eligible for Medi-Cal. You will receive a separate billing statement from the Medi-Cal Premium Payment Section. It will tell you the monthly premium amount you must pay and your payment You will receive a separate billing statement from the Medi-Cal options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60 Premium Payment Section. It will tell you the monthly premium days to receive this information. amount you must pay and your payment options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60 days to receive this information. must pay the monthly premium to maintain eligibility for this program. Until you receive this information, if you have questions on your premium, you can visit: Your first premium payment is not due until you receive the first http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx billing statement. You must pay the monthly premium to *If you have written proof of your immigration status that you have not sent us, it's not maintain eligibility for this program. Until you receive this information, if you have questions on your premium, you can

> http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx

visit:

If you have written proof of your immigration status that you have not sent us, it's not too late. If you can show us proof, you might be eligible for full-scope Medi-Cal coverage.

<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.

Your first premium payment is not due until you receive the first billing statement. You

too late. If you can show us proof, you might be eligible for full-scope Medi-Cal coverage.*

<Regulation> *is the regulation or law we relied on for 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.

	T .			
Accelerated	Good news! You qualify for Medi-Cal for now. If you	Good News! You qualify for Medi-Cal for now, while we are	16.6	Good News! You qualify for Medi-Cal for now, while we are processing your application.
Enrollment	don't have a California Benefits Identification Card	processing your application. If you don't have a California	(CR 32307)	If you don't have a California Benefits Identification Card (BIC), we will send one in the
	(BIC), we will send one in the mail. You can use your	Benefits Identification Card (BIC), we will send one in the mail.		mail. You can use your BIC to get medical services from a Medi-Cal provider as soon as
Snippet ID: 210	BIC to get medical services as soon as you get it. You	You can use your BIC to get medical services from a Medi-Cal		you get the card.
	qualify for Medi-Cal until we make our final decision.	provider as soon as you get the card.		
				When we make our final decision, you may still qualify for Medi-Cal, or your
	We need more information to make our final	When we make our final decision, you may still qualify for Medi-		circumstances may have changed and you may no longer qualify for Medi-Cal. We
	decision. Fill out and sign the form that came with	Cal, or your circumstances may have changed and you may no		will send you a letter to let you know whether you *still* qualify for Medi-Cal or
	this letter.	longer qualify for Medi-Cal. We will send you a letter to let you		another health program. If you do not qualify for Medi-Cal after our review, *we will
		know whether you qualify for Medi-Cal or another health		send you another letter and your Medi-Cal benefits will stop. Yy*ou will not need to
	<regulation> authorized this decision. If you think</regulation>	program. If you do not qualify for Medi-Cal after our review, you		pay back the costs of any services you got from a Medi-Cal provider during this
	we made a mistake, you can appeal. See "Your	will not need to pay back the costs of any services you got from a		period.
	Hearing Rights" on the last page to learn how to	Medi-Cal provider during this period.		*We may If we* need more information to make our final decision*,. Yy*our county
	appeal. You have only 90 days to ask for a hearing.			social services office *will may* contact you to get this information. It is important
	The 90 days started the day after the county sent	We may need more information to make our final decision. Your		you provide any information that is requested otherwise you may risk losing your
	you this notice.	county social services office may contact you to get this		Medi-Cal coverage.
		information. It is important you provide any information that is		
		requested otherwise you may risk losing your Medi-Cal coverage.		
<u> </u>				

Change in
Benefits: Ful
to Restricted

Your Medi-Cal changed to restricted-scope on <date>.

Restricted-scope Medi-Cal only covers emergency, Snippet ID: 205 pregnancy-related and long-term care services. If you are not sure if a service is covered, call your medical provider.

> Your Medi-Cal is changing from full to restricted because you did not give us acceptable proof of citizenship/immigration status or identity. And you stopped making a good faith effort to give us your proof. If you give us acceptable proof within one year, your Medi-Cal will change from restricted back to full Medi-Cal starting the month your restricted benefits began.

If your Medi-Cal changes to full-scope in the future, and you paid for medical care that was not covered while you were getting restricted Medi-Cal, you may be able to ask for a reimbursement. This means you may get back the money you paid for the service. If 403-2007.

<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 vou this notice.

Your Medi-Cal changed to restricted-scope on <month 01, yyyy> Restricted-scope Medi-Cal only covers emergency, pregnancyrelated and long-term care services. If you are not sure if a service is covered, call your medical provider.

Your Medi-Cal is changing from full to restricted because you did not provide written proof of your U.S citizenship or satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide proof.

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 send us your documents.

If you give us acceptable proof within one year, your Medi-Cal may change back to full-scope Medi-Cal starting the month your restricted benefits began.

In the meantime, your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time you have questions about reimbursement, call 1-916-your eligibility is renewed or when your situation changes.

> <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.

16.6 (CR 33932)

Important change to your benefits. Your Medi-Cal changed to restricted-scope on <month 01, yyyy>. Restricted-scope Medi-Cal only covers emergency *services, pregnancy-related *services such as prenatal care, labor, delivery, postpartum care, and long-term care services. If you are not sure if a service is covered, call your medical provider.

Your Medi-Cal is changing from full to restricted because you did not provide written proof of your U.S citizenship or satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide proof.

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 restrictedscope to full-scope when you send us your documents. *Full scope benefits allow you to see a doctor for all of your medical needs. *

If you give us acceptable proof within one year, your Medi-Cal may change back to fullscope Medi-Cal starting the month your restricted benefits began.

In the meantime, 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.

<Regulation> *is the regulation or law we relied on for 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.

Change in	N/A	Good news! Your Medi-Cal changed to full-scope on <month dd,<="" th=""><th>16.6</th><th>Good news! Your Medi-Cal changed to full-scope on <month dd,="" yyyy="">.</month></th></month>	16.6	Good news! Your Medi-Cal changed to full-scope on <month dd,="" yyyy="">.</month>
Benefits:		уууу>.	(CR 33932)	
Restricted to				Your Medi-Cal is changing from restricted-scope to full-scope because you were able to
Full		Your Medi-Cal is changing from restricted-scope to full-scope		prove your U.S. citizenship or satisfactory immigration status. Your Medi-Cal coverage
		because you were able to prove your U.S. citizenship or		will continue unless you are found no longer eligible. This could happen at the time
Snippet ID:		satisfactory immigration status. Your Medi-Cal coverage will		your eligibility is renewed or when your situation changes.
N/A		continue unless you are found no longer eligible. This could		
		happen at the time your eligibility is renewed or when your		Your eligibility for full-scope Medi-Cal benefits may be effective for past months. If you
		situation changes.		paid for medical care that was not an emergency, pregnancy-related, or long-term care
				service while you had restricted Medi-Cal benefits, you may be able to get your money
		If Your eligibility for full-scope Medi-Cal benefits may be effective		back. Call Beneficiary Services at the Department of Health Care Services for answers to
		for past months. If you paid for medical care that was not an		your reimbursement questions at 1-916-403-2007.
		emergency, pregnancy-related, or long-term care service while		
		you had restricted Medi-Cal benefits, you may be able to get		<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
		your money back. Call Beneficiary Services at the Department of		think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of
		Health Care Services for answers to your reimbursement		this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90
		questions at 1-916-403-2007.		days started the day after the date on this notice.
		(Descriptions out to original this desiring 15 years think you would		
		<regulation> authorized this decision. If you think we made a mistake, you can appeal See "Your Hearing Bights" on the last.</regulation>		
		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.		

Change in	N/A	Your Medi-Cal will change from full-scope coverage to pregnancy 16.6	*Important change to your benefits*. Your Medi-Cal will change from full-scope
Benefits: Full		related Medi-Cal on <month 01,="" yyyy=""> because your income (CR 339)</month>	32) coverage to pregnancy related Medi-Cal on <month 01,="" yyyy=""> because your income</month>
to Limited		and/or household size changed. Your pregnancy related Medi-	and/or household size changed. Your pregnancy related Medi-Cal coverage will
		Cal coverage will continue unless you are found no longer	continue unless you are found no longer eligible. This could happen at the time your
Snippet ID:		eligible. This could happen at the time your eligibility is renewed	eligibility is renewed or when your situation changes.
N/A		or when your situation changes.	
			Pregnancy related Medi-Cal covers *only *pregnancy-related services such as
		Pregnancy related Medi-Cal covers pregnancy-related services	prenatal care, labor, delivery, postpartum care, family planning, emergency care,
		such as prenatal care, labor, delivery, postpartum care, family	some dental services, and any medical condition that can affect your health during
		planning, emergency care, some dental services, and any medical	your pregnancy or the health of your unborn child.
		condition that can affect your health during your pregnancy or	
		the health of your unborn child.	We counted your household size and income to make our decision.
		We counted your household size and income to make our	For Medi-Cal, your household size is <household size=""> and your household income is</household>
		decision.	<modified adjusted="" gross="" income="">. The Medi-Cal income limit for your household size is</modified>
			<magi limit="">. Your income is below this limit, so you qualify for pregnancy related Medi-</magi>
		For Medi-Cal, your household size is <household size=""> and your</household>	Cal.
		household income is <modified adjusted="" gross="" income="">. The</modified>	
		Medi-Cal income limit for your household size is <magi limit="">.</magi>	If you have questions or think we made a mistake, call or write to your county eligibility
		Your income is below this limit, so you qualify for pregnancy	worker right away.
		related Medi-Cal.	
			Because you are eligible for pregnancy related Medi-Cal, you may also be able to enroll
		If you have questions or think we made a mistake, call or write to	in a Covered California health plan. For more information contact your county eligibility
		your county eligibility worker right away.	worker at the number listed on this notice or call 1-800-300-1506.
		Because you are eligible for pregnancy related Medi-Cal, you	<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
		may also be able to enroll in a Covered California health plan.	think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of
		For more information contact your county eligibility worker at	this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90
		the number listed on this notice or call 1-800-300-1506.	days started the day after the date on this notice.

		<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.</regulation>		
Change in	N/A	Good news! Your Medi-Cal is changing to full-scope on <month< td=""><td>16.6</td><td>Good news! Your Medi-Cal is changing to full-scope on <month 01,="" yyyy=""> because your</month></td></month<>	16.6	Good news! Your Medi-Cal is changing to full-scope on <month 01,="" yyyy=""> because your</month>
Benefits:			(CR 33932)	income and/or household size changed. Your Medi-Cal coverage will continue unless
Limited to Full		Your Medi-Cal coverage will continue unless you are found no		you are found no longer eligible. This could happen at the time your eligibility is
		longer eligible. This could happen at the time your eligibility is		renewed or when your situation changes.
Snippet ID:		renewed or when your situation changes.		
N/A				We counted your household size and income to make our decision.
		We counted your household size and income to make our		
		decision.		For Medi-Cal, your household size is <household size=""> and your household income is</household>
				<modified adjusted="" gross="" income="">. The Medi-Cal income limit for your household size is</modified>
		For Medi-Cal, your household size is <household size=""> and your</household>		<magi limit="">. Your income is below this limit, so you qualify for full-scope Medi-Cal.</magi>
		household income is <modified adjusted="" gross="" income="">. The</modified>		
		Medi-Cal income limit for your household size is <magi limit="">.</magi>		<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
		Your income is below this limit, so you qualify for full-scope Medi-		think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of
		Cal.		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.
		<regulation> authorized this decision. If you think we made a</regulation>		
		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.		

	,			
	N/A	Good news! You will no longer have to pay a premium for Medi-	16.6	Good news! You will no longer have to pay a premium for Medi-Cal because your
Benefits:		Cal because your income and/or household size changed. Your	(CR 33932)	income and/or household size changed. Your Medi-Cal coverage will continue unless
Premium to No		Medi-Cal coverage will continue unless you are found no longer		you are found no longer eligible. This could happen at the time your eligibility is
Premium		eligible. This could happen at the time your eligibility is renewed		renewed or when your situation changes.
		or when your situation changes.		
Snippet ID:				We counted your household size and income to make our decision.
N/A		We counted your household size and income to make our		
		decision.		For Medi-Cal, your household size is <household size=""> and your household income is</household>
				<modified adjusted="" gross="" income="">. The Medi-Cal income limit for your household size is</modified>
		For Medi-Cal, your household size is <household size=""> and your</household>		<magi limit="">. Your income is below this limit, so you qualify for Medi-Cal without a</magi>
		household income is <modified adjusted="" gross="" income="">. The</modified>		premium.
		Medi-Cal income limit for your household size is <magi limit="">.</magi>		
		Your income is below this limit, so you qualify for Medi-Cal		<regulation> *is the regulation or law we relied on for authorized* this decision. If you</regulation>
		without a premium.		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
		<regulation> authorized this decision. If you think we made a</regulation>		days started the day after the date on this notice.
		mistake, you can appeal. See "Your Hearing Rights" on the last		days started the day arter the date on this hotice.
		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.		
				1

Change in	N/A	Your Medi-Cal is changing to Medi-Cal with a premium on	16.6	*Important change to your benefits.* Your Medi-Cal is changing to Medi-Cal with a
Benefits: No	1.7,1	<pre><month 01,="" yyyy=""> because your income and/or household size</month></pre>	(CR 33932)	premium on <month 01,="" yyyy=""> because your income and/or household size changed.</month>
Premium to		changed. Your Medi-Cal coverage will continue unless you are	(======================================	*That means you have to pay a small fee each month to keep your Medi-Cal.* Your
Premium		found no longer eligible. This could happen at the time your		Medi-Cal coverage will continue unless you are found no longer eligible *or stop
		eligibility is renewed or when your situation changes.		paying your premium.* This could happen at the time your eligibility is renewed or
Snippet ID:				when your situation changes.
N/A		We counted your household size and income to make our		, ,
•		decision.		We counted your household size and income to make our decision.
		For Medi-Cal, your household size is <household size=""> and your</household>		For Medi-Cal, your household size is <household size=""> and your monthly household</household>
		monthly household income is <modified adjusted="" gross="" income="">.</modified>		income is <modified adjusted="" gross="" income="">. The monthly Medi-Cal income limit for</modified>
		The monthly Medi-Cal income limit for your household size is		your household size is <magi limit="">. Your income is below this limit, so you qualify for</magi>
		<magi limit="">. Your income is below this limit, so you qualify for</magi>		Medi-Cal.
		Medi-Cal.		
				Your household size and income requires that you pay a You must pay a monthly
		Your household size and income requires that you pay a You must pay a monthly premium to remain eligible for Medi-Cal.		premium to remain eligible for Medi-Cal.
				You will receive a separate billing statement from the Medi-Cal Premium Payment
		You will receive a separate billing statement from the Medi-Cal		Section. It will tell you the monthly premium amount you must pay and your payment
		Premium Payment Section. It will tell you the monthly premium		options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60
		amount you must pay and your payment options. Monthly		days to receive this information.
		premiums are from \$13 up to \$39 per family. Please allow up to		
		60 days to receive this information.		Your first premium payment is not due until you receive the first billing statement. You
				must pay the monthly premium to be eligible for this program. Until you receive this
		Your first premium payment is not due until you receive the first		information, if you have questions on your premium, you can visit:
		billing statement. You must pay the monthly premium to be		http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx
		eligible for this program. Until you receive this information, if		

		you have questions on your premium, you can visit: http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx <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.</regulation>		<regulation> *is the regulation or law we relied on for 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.</regulation>
Former Foster Youth Generic Language Snippet to be included on any NODO2 where the individual is age 18 to 26 (including 18 year olds and 26 year olds)		If you believe that you were in foster care under the responsibility of any state or tribe on or after your 18th birthday, you may qualify for Medi-Cal up to age 26 and your income does not matter. If you are a former foster youth, contact your county social services office and tell them you want to be moved into the Medi-Cal program for former foster youth.	16.6 (CR 32299)	If you believe that you were in foster care *under the responsibility of in*any state or tribe on or after your 18th birthday, you may qualify for Medi-Cal up to age 26 and your income does not matter. If you are a former foster youth, contact your county social services office and tell them you want to be *put-moved*into the Medi-Cal program for former foster youth.
Denial (Header) Snippet ID: 297	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:</month>	15.7 (CR 27802)	Your application dated <month day,="" year=""> has been denied. You do not qualify for Medi-Cal because:</month>

Denial for Retro Month (Header) Snippet ID: 427	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:</month>	15.7 (CR 32297)	*We evaluated your request for retroactive Medi-Cal for a month prior to your application month of [application month year]. *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. *It only covers the time before your application was submitted. You will receive a separate notice about your eligibility for other retroactive months that you requested and for current and continuing Medi-Cal. *You do not qualify for Medi-Cal because:</month>
Denial Reason (No CA Residency) Snippet ID: 212	You are not a resident of California.		No Planned Change	You are not a resident of California.
Denial Reason (Incarcerated) Snippet ID: 295	You are incarcerated.		No Planned Change	You are in *jail or prison. incarcerated.*

Denial Reason	You did not give us the information we asked for.	You did not give us the information needed to complete your	15.7	*In andon to consider an action of the more limiting to the
(Failed to		eligibility determination.	(CR 27802)	*In order to complete our review of your application, we needed the
'		lengionity determination.	(CR 27802)	following information from you:
Complete				
Determination)				*[List what was requested].
The current				
snippet was				*We asked for that information, but you did not give us the information
programmed				needed to complete your eligibility determination.
with the				needed to complete your eligibility determination.
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Snippet ID: 308				
Denial Reason	You are already receiving Medi-Cal benefits on	You are already receiving Medi-Cal benefits on another case	15.7	You are already receiving Medi-Cal benefits on another case therefore you are
	another case.		(CR 27802)	not entitled to receive Medi-Cal benefits on this case. *You can use the BIC
Another Case)		this case.	(0.1 / 00 _ /	
The current				card you already have to get services. If you do not have one contact your
snippet was				worker right away. *
programmed				
with the				
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
1 -				
or sent.				
Colone et ID: 400				
Snippet ID: 409	1	1	I	
Shippet 15. 405				

Denial Reason	You withdrew your application for Medi-Cal.	You withdrew your application for Medi-Cal and requested that	15.7	You withdrew your application for Medi-Cal and requested that we do not
(Withdrawn	The titulation year approaches to the areas can		(CR 27802)	evaluate you for eligibility.
Application)		0	,	evaluate you for eligibility.
The current				
snippet was				
programmed				
with the				
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Snippet ID: 316				
''				
Denial Reason	N/A	This was a duplicate application. If you have questions or think	15.7	This was a duplicate application. *If you have questions or think we made
(Duplicate		we made a mistake, or if you have more information to give us,	(CR 27802)	a mistake, or if you have more information to give us, call or write to your
Application)		call or write to your worker right away.	ĺ	worker right away*.
, ,		, , ,		worker right away .
Snippet ID: 408				
Denial Reason	N/A		15.7	We received notification of the death of <personname>.</personname>
(Deceased)			(CR 27802)	Also, for your information, there are no special death or burial benefits
		benefits provided under the Medi-Cal program.		provided under the Medi-Cal program.
Snippet ID: 415				
Denial Reason	N/A	We do not know where you live and do not have a way to reach	15.7	We do not know where you live and do not have a way to reach you. We sent
(Whereabouts	<u>'</u>		(CR 27802)	this notice to your last known address.
Unknown)		,		tills flotice to your last known address.
Snippet ID: 413				
]				
L		I.		1

Denial Reason (Receives SSI) Snippet ID: 410		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.	15.7 (CR 27802)	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. *You can use the BIC card you already have to get services. If you do not have one contact your worker right away. *
Denial Reason (Child Applied for Self) Snippet ID: 406	N/A	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.	15.7 (CR 27802)	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.*
Snippet ID; 211	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. You can re-apply at any time. <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.</regulation>	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.</regulation>	15.7 (CR 27802)	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> *is the regulation or law we relied on for 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.</regulation>

Discontinuance	Your Medi-Cal will end the last day of <month></month>	No Planned	Your Medi-Cal will end the last day of <month> because:</month>
	because:	Changes	
The current		.	
snippet was			
programmed			
with the			
original			
Negative			
Action CR			
7900 but was			
never			
implemented			
or sent.			
Snippet ID: 293			
Discontinuance	You are not a resident of California.	No Planned	You are not a resident of California.
Reason (No CA		Changes	
Residency)			
Snippet ID: 212			

Discontinuance	You are incarcerated.	No Plann	*Beginning on (date), Medi-Cal benefits will be suspended for
Reason		Changes	the person named above.
(Incarcerated) Snippet ID: 295			*Here's why: *We have received information that the person named above is an inmate of a public institution. State law requires that when someone on Medi-Cal becomes an inmate, Medi-Cal benefits must be suspended. Medi-Cal benefits remain suspended, as long as the person named above remains otherwise eligible for
			Medi-Cal, for up to one year from the date the person became an inmate or until the person is no longer an inmate, whichever is sooner.
			*While benefits are suspended, Medi-Cal cannot be used to pay for health care services. If an inmate is released from incarceration while Medi-Cal benefits are suspended, he or she can receive Medi-Cal benefits without a new application if still eligible. While benefits are suspended, you must still complete the annual redetermination.
			*If Medi-Cal eligibility ends for any reason while benefits are suspended, the county will send a separate notice of action.

Discontinuance	You no longer qualify for Medi-Cal because you did	You did not complete the annual redetermination process.	15.7	*You did not complete the annual redetermination process.
	not complete the annual redetermination process.		(CR 27802)	In order to see if you are still eligible for Medi-Cal, we needed the following
to Complete		We did not get the information we asked for. You have 90 days		information from you: *
Annual	We did not get the information we asked for. You	from the date you are discontinued to send the information to		
Redeterminati	have 90 days to send the information. If we do not	the county so we can review your case to determine if you are		*[List what was requested].
on or Comply	get the information by <date> you must re-apply for</date>	still eligible. If we do not get the information by <date> you must</date>		[List what was requested].
with Change in	Medi-Cal.	re-apply for Medi-Cal.		Market and and Control of Control of the control of
Circumstances)				*We asked for that information, but you did not give us the information
The current				needed to complete your eligibility determi nation. We did not get the
snippet was				information we asked for.* You have 90 days from the date you are
programmed				discontinued to send the information to the county so we can review your
with the				case to determine if you are still eligible. If we do not get the information by
original				<date> you must re-apply for Medi-Cal.</date>
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Snippet ID: 309				

Discontinuance	You no longer qualify for Medi-Cal because you told	You told us you wanted your Medi-Cal benefits to end.	15.7	You told us you wanted your Medi-Cal benefits to end.
	us you wanted your Medi-Cal benefits to end.	, ,	(CR 27802)	Tour cold do you mainted your moun our collection to chair
(Beneficiary			ľ ,	
Request for				
Discontinuance				
)				
The current				
snippet was				
programmed				
with the				
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Sninnet ID: 311				
			15.7	You told us you wanted your Medi-Cal benefits to end.
	us you wanted your Medi-Cal benefits to end.		(CR 27802)	
Aid for				
Optional				
Member)				
The current				
snippet was				
programmed				
with the				
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Snippet ID:				

<u> </u>	h	h.,	I	T.,
	You no longer qualify for Medi-Cal because we do	,	15.7	We do not know where you live and do not have a way to reach you. We sent
Reason	not know where you live and do not have a way to	you. We sent this notice to your last known address.	(CR 27802)	this notice to your last known address.
-	reach you. We sent this notice to your last known			
Unknown) <i>The</i>	address.			
current				
snippet was				
programmed				
with the				
original				
Negative				
Action CR				
7900 but was				
never				
implemented				
or sent.				
Snippet ID: 413				
Discontinuance	N/A	You failed to return a completed TMC status report. The	15.7	You failed to return a completed *Transitional Medi-Cal (TMC)* status report.
Reason (TMC		· · · · · · · · · · · · · · · · · · ·	(CR 27802)	The completion of this report is required to continue receiving Medi-Cal
Report Not		Cal benefits.		benefits.
Completed)				benefits.
' '				
Snippet ID: 411				
Discontinuance	N/A	You failed to return a completed TMC status report. The	15.7	You failed to return a completed *Transitional Medi-Cal (TMC)* status report.
Reason (TMC	1	· · · · · · · · · · · · · · · · · · ·	(CR 27802)	The completion of this report is required to continue receiving Medi-Cal
Report Not		Cal benefits.		1
Received)				benefits.
, icceived,				
Snippet ID: 412				
5ppct 15. 412				
L	<u>I</u>	ı		l .

Discontinuance Reason (On Aid Another Case) Snippet ID: 409		You are already receiving Medi-Cal benefits on another case therefore you are not entitled to receive Medi-Cal benefits on this case.	15.7 (CR 27802)	You are already receiving Medi-Cal benefits on another case therefore you are not entitled to receive Medi-Cal benefits on this case. Y*ou can use the BIC card you already have to get services. If you do not have one contact your worker right away. *
Discontinuance Reason (Non- Payment of Premium - OTLICP) Snippet ID: 414		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.	15.7 (CR 27802)	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.
(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.</regulation>	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.</regulation>	15.7 (CR 27802)	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>* is the regulation or law we relied on for 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.</regulation>

MCAP MAGI Approval - (Currently Enrolled in MCAP, become MAGI eligible also. Will also get MAGI approval language) Snippet ID: TBD	N/A	You are enrolled in MCAP and can keep your coverage through the end of your pregnancy and post-partum period. If you want to voluntarily end your MCAP coverage and have Medi-Cal coverage only, you must call MCAP at 800-433-2611 and tell them that.	15.9 (CR 8517)	You are enrolled in MCAP and can keep your coverage through the end of your pregnancy and post-partum period. If you want to voluntarily end your MCAP coverage and have Medi-Cal coverage only, you must call MCAP at 800-433-2611 and tell them that.
MCAP MAGI Approval - (Currently Enrolled in MCAP, become MAGI eligible also. Snippet ID: TBD	N/A	If you think this is a mistake, you may appeal to the Medi-Cal Access Program. Your appeal must be in writing and submitted to the address provided below within 60 calendar days from the date of the decision letter. Mail your appeal to: Executive Director-Benefits Appeal P.O. Box 15559 Sacramento, CA 95852-0559	15.9 (CR 8517)	If you think this is a mistake, you may appeal to the Medi-Cal Access Program. Your appeal must be in writing and submitted to the address provided below within 60 calendar days from the date of the decision letter. Mail your appeal to: Executive Director-Benefits Appeal P.O. Box 15559 Sacramento, CA 95852-0559