



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



GAVIN NEWSOM
GOVERNOR

Date August 8, 2022

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22 -22
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

Subject: INTRODUCTION OF REASONABLE EXPLANATION FOR MEDI-CAL ELIGIBILITY DETERMINATIONS

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is for the Department of Health Care Services (DHCS) to provide policy and procedures to counties regarding the inclusion of a “reasonable explanation” as an additional step in the verification process to the Modified Adjusted Gross Income (MAGI) and Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal eligibility determination process.

Background

With the implementation of the Affordable Care Act, California was required to submit an eligibility verification plan to the Centers for Medicare and Medicaid Services (CMS) ([42 CFR § 457.380](#)). The verification plan, known as the MAGI-based Eligibility Verification Plan describes the eligibility verification policies and procedures adopted by the state for information required to complete a Medi-Cal eligibility determination. The verification rules in [42 CFR §435.940-435.965](#), and [§457.380](#) included requirements in which all state verification plans had to conform (such as citizenship, immigration status or those required by law). However, the verification rules also contained areas of flexibility that states could opt into for the verification process. One of the flexibilities that states could choose to include was the ability for the county to request and accept a reasonable explanation to resolve income inconsistencies when self-attested information was not able to be determined reasonably compatible while determining financial eligibility under [42 CFR §435.952\(c\)\(2\)\(i\)](#).

Effective July 1, 2022, the state’s eligibility verification plan includes reasonable explanation as part of the verification process for income. The MAGI-based Eligibility Verification Plan applies to all MAGI applicants and beneficiaries. Additionally, Non-

MAGI applicants and beneficiaries will also have the ability to provide a reasonable explanation for income, when applicable. The inclusion of reasonable explanation, the ability for the applicant or beneficiary to provide an explanation, will assist with the unwinding of the COVID-19 Public Health Emergency (PHE) provisions and will continue after the PHE unwinding period has concluded. This will help streamline the eligibility determination process, which allows individuals the ability for quick access to affordable health care, while increasing administrative efficiencies for counties. The use of reasonable explanation as part of the verification process for income for both MAGI and Non-MAGI is effective July 1, 2022.

Future Work Efforts

In order to support counties in obtaining a reasonable explanation, DHCS is creating the "Request For Additional Income Information for Medi-Cal Form." DHCS will issue a Medi-Cal Eligibility Division Information Letter (MEDIL) with the form and instructions on its use prior to the end of the PHE. While automation of reasonable explanation will occur in the Statewide Automated Welfare Systems (SAWS) and the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) at a future date, this form will continue to be available after system functionality is in place to automate as much of the reasonable explanation process as possible.

This ACWDL outlines DHCS' interim instructions for applying and obtaining reasonable explanations until automated system functionality is available to support most instances of obtaining a reasonable explanation.

Reasonable Explanation Policy

Reasonable explanation is the ability to provide verification through an individual's verbal or written explanation, in an attempt to resolve a discrepancy between an applicant or beneficiary's self-attestation and information received through electronic data sources on required eligibility factors. At this time, DHCS is specifically incorporating reasonable explanation into the income verification process only. Pursuant to [42 CFR 435.952\(c\)\(2\)](#), CEWs must seek additional information, including a statement which reasonably explains the discrepancy, from an applicant or beneficiary if the information provided is not reasonably compatible with data obtained through electronic data source(s). Guidance in this letter does not supersede recent guidance from CMS regarding the requirement that an affidavit be the verification method of last resort. For further information on affidavits please see [ACWDL 21-12](#).

Reasonable Explanation for MAGI and Non-MAGI Medi-Cal

For MAGI Medi-Cal applicants or beneficiaries, when income is found not reasonably compatible from the Federal Data Services Hub (FDSH) or any electronic source, the CEW must attempt to obtain a reasonable explanation or paper documentation in order

to complete the financial eligibility determination. For more information on reasonable compatibility, please refer to [ACWDL 21-04](#) and [ACWDL 22-17](#) on the reasonable compatibility threshold increase.

Conversely, CalHEERS does not currently attempt to leverage reasonable compatibility to electronically verify income through the FDSH for Non-MAGI individuals, since only MAGI Medi-Cal eligibility rules are determined in CalHEERS. Therefore, counties must use reasonable explanations for Non-MAGI applicants or beneficiaries when there are income discrepancies with data found in electronic sources, including (but not limited to):

- Medi-Cal Eligibility Data System (MEDS),
- Income Eligibility and Verification System (IEVS), or
- Verify Current Income Service (VCI) responses, when applicable.

CEWs must continue to follow guidance found in [ACWDL 20-17E](#) for acceptable e-verifications for Non-MAGI Medi-Cal, as well as [ACWDL 22-08](#) regarding the use of VCI Service response for the Aged, Blind, and Disabled Federal Poverty Level (ABD-FPL) Non-MAGI cases. For additional guidance regarding the use of IEVS, CEWs can refer to [Medi-Cal Eligibility Procedures Manual Article 21](#) and [ACWDL 11-30](#). As a reminder, counties must continue to evaluate the accuracy and age of the electronic information received, as they would any other available income information.

Note: While the system that provides the Asset Verification Program (AVP) reports is considered to be an electronic source, inconsistencies found between self-attested property information and data found in the AVP reports, do **not** allow the CEW to obtain a reasonable explanation to verify the property discrepancy. Currently, reasonable explanation has only been approved for use in income verifications. DHCS intends to further research the ability to include the utilization of reasonable explanation for other eligibility factors in the future.

Reasonable Explanation and Covered California

While DHCS and Covered California share some of the same rules regarding case processing, Covered California has its own verification process for consumers eligible to financial assistance when income is not reasonably compatible. Covered California financial assistance programs will not be impacted by reasonable explanation since the income attestation must be within the Medi-Cal limits and the policy is for Medi-Cal only cases at this time. This is true even for individuals that are in Carry Forward which require the CEW to review and confirm the updates.

Examples of Reasonable Explanations That Would Verify an Income Discrepancy

Explanations that are considered reasonable causes for discrepancies between the self-attested income and the FDSH can include, but are not limited to:

- Changes in employment or income, such as:
 - Job Loss,
 - Decrease in hours,
 - Working on commissions,
 - Fluctuating income,
 - Seasonal income, or
 - Self-employment related reasons

- Changes in household, such as:
 - Marital status, or
 - household member moving in or out of the home

- Life Events, such as:
 - Homelessness,
 - Victim of identity theft,
 - Victim of a natural disaster, or
 - Intimate partner violence.

CEWs must accept a reasonable explanation provided by the applicant or beneficiary, whether through phone or in writing, that is consistent with current information found in the applicant or beneficiary's file and that reasonably explains the discrepancy. While reasonable explanations when provided may vary, CEWs must evaluate the explanation provided to determine whether it resolves or explains the income discrepancy. For example, a beneficiary who states that they recently lost their job and previous information on file supports the beneficiary was employed, such as previous case narratives and/or income verification, would be considered a reasonable explanation as to why the income was not able to electronically verify.

Additionally, the reasonable explanations noted above are not intended to be a complete or exhaustive list, and an applicant or beneficiary may have other explanations that are not included in the list above that counties may accept. When an applicant or beneficiary provides a reasonable explanation outside of the options included in the list above, CEWs must evaluate the reasonable explanation to determine whether the explanation provided is consistent with current information found and if it reasonably explains the discrepancy. For example an applicant provides an explanation that they changed their tax filing status from dependent to single. The explanation explains where there would be a discrepancy in the data source, and if this aligns with

other self-attested information provided, no additional information is needed to determine the income used in the Medi-Cal budget. Even though this was not a reason included on the list above, the county may accept this reasonable explanation based on their assessment. Further guidance on procedures once a reasonable explanation is received has been provided below in the *Determining Medi-Cal Eligibility Based on Reasonable Explanation* section on page 6.

Examples of Reasonable Explanations That Would Not Verify the Discrepancy

On the contrary, if an individual provides a reasonable explanation that is not supported by known information to the county, it would not be considered an explanation that reasonably explains the discrepancy. For example, if a beneficiary were to provide a reasonable explanation that their employer reduced their hours at work, when there is no evidence on file that any prior employment existed, this would conflict with the reasonable explanation given and requires additional follow-up. An additional example would include if an applicant or beneficiary were to report their income was not able to be verified due to a household change, such as they were recently divorced, and nothing on file supports that they were ever married, the reasonable explanation would not resolve the discrepancy and the CEW would request additional verification of income.

Further reasonable explanation examples that would **not** resolve an income discrepancy and would require the CEW to request further documentation would include but are not limited to:

- Reporting of one or multiple employers not available in the case file, or
- Report of receiving income from the following below that are not included the case file:
 - Dividends,
 - Royalties, or
 - Capital Gains.

More reasonable explanation examples are provided below, beginning on page 8.

Reporting of Reasonable Explanation

Reasonable explanation can be used when income is determined not reasonably compatible in any of the following circumstances related to the Medi-Cal application or renewal process:

- When the individual completes their application or renewal by phone or in person and the CEW is able to gather a reasonable explanation while speaking with the individual,

- An application or renewal is submitted by mail, fax, or electronically without an income verification and the CEW is able to contact the individual by phone or their preferred method of contact to obtain a reasonable explanation, or
- An application or renewal is submitted without income verification and the county sends a written request, through the appropriate request for information form e.g., MC 355, after attempts to reach the applicant or beneficiary by phone or through their preferred method of contact was not successful.

In order for counties to obtain a reasonable explanation, when self-attested income information is found not reasonably compatible with information obtained through an electronic data source at initial application, or annual renewal, CEWs, as a best practice, should first try to obtain a reasonable explanation by phone or in person. CEWs that are either in person or on the phone with the applicant or beneficiary must provide the list of reasonable explanations included in the letter, including the option for them to provide an explanation outside of those provided, if applicable. When CEWs are unable to obtain a reasonable explanation in person or through phone, the CEW may include the option for the applicant or beneficiary to provide a reasonable explanation and/or verification of their income.

Example language that CEWs may incorporate in the verification request has been provided below:

“We were not able to verify income for [Enter name here]. We need income information from you to see if you can still get Medi-Cal. You can send proof of your income. You can also give a statement telling us why your income is different. You can tell us more about your income in person, phone, or by mail in the envelope that came with this letter. If you have questions, please call us at the telephone number listed at the top of this page.”

For more information on which verification request forms, including timeframe and contact requirements to use for Medi-Cal applications, CEWs can refer to [ACWDL 08-07](#) and [MEDIL 20-13](#). Information regarding the correct verification request forms, timeframe, and contact requirements for Medi-Cal beneficiaries can be found in [ACWDL 18-25](#) and [MEDIL 22-01](#).

Determining Medi-Cal Eligibility Based on Reasonable Explanation

Once the reasonable explanation has been obtained, and the CEW determines the reasonable explanation resolves the income discrepancy, CEWs must not require or request additional information from the applicant or beneficiary and may proceed with processing the application, or renewal. For example, an applicant or beneficiary that

provides an explanation that they have a reduction of hours, or work on commission, additional information such as average or estimated amount of income earned, or hours worked, are not required. CEWs must use the self-attested income information provided on the application or renewal to complete the financial eligibility determination. If the CEW determines the reasonable explanation provided does not resolve the discrepancy, and manual verification was not provided in lieu of the reasonable explanation, CEWs are to follow current business processes for the applicant or beneficiary to be able to provide the requested verification (including adequate time to provide) when applicable. Furthermore, CEWs must continue to take the appropriate action, either a denial or discontinuance, on an application or case if the applicant or beneficiary does not provide the necessary information within the requested amount of time.

When an applicant or beneficiary is being evaluated for Non-MAGI eligibility outside of the Non-MAGI ABD-FPL program, and a discrepancy is found and the CEW obtains a reasonable explanation that verifies the discrepancy, but would result in a share-of-cost (SOC) or higher SOC, the CEW must obtain additional verification before continuing with the eligibility determination. Additionally, when a reasonable explanation cannot be provided for a Non-MAGI applicant or beneficiary, as previously noted above, CEW's must continue to follow guidelines found in [22 California Code of Regulations \(CCR\) § 50167](#) and [ACWDL 22-13](#) regarding income verification required prior to the approval for eligibility of Non-MAGI Medi-Cal.

Note: DHCS will be releasing additional guidance regarding the temporary CMS waiver for ex parte renewals for individuals with no income and no data returned outlined in [MEDIL 22-20](#) and will include information about the use of reasonable explanation in those scenarios.

Documentation of Reasonable Explanation

Counties must accept the reasonable explanation provided by the applicant or beneficiary through any allowable pathway including in person, telephonically, through accessible electronic methods, mail, and fax, and document how the reasonable explanation was obtained in the case file. Pursuant to 42 [CFR § 435.907\(f\)](#) and 42 [CFR § 435.916\(a\)\(3\)\(1\)\(B\)](#), initial applications and renewals are signed under penalty of perjury. Therefore, a reasonable explanation that is provided after the signature on the application or renewal has been received by the county is not required to be signed under penalty of perjury as it is providing additional clarification to support the self-attestation. CEWs are reminded that they must obtain a reasonable explanation through the beneficiary's preferred method of contact, when available. Additionally, CEWs must continue to accept verifications, by phone, email, fax, or other electronic means when applicable ([ACWDL 19-17](#)). CEWs must ensure that case narratives describe the

reasonable explanation that was provided, whether the reasonable explanation resolved the discrepancy, and if not, steps taken to clear up the discrepancy. This is to ensure there is clear documentation of how the discrepancy was verified, including for auditing purposes. The case narrative template has been provided below for CEWs to use in SAWS:

“[Applicant/Beneficiary/Authorized Representative] provided a reasonable explanation necessary to complete an [application, annual renewal] via [telephone, electronically, in-person, in writing, or through the submission of the “*Request For More Income Information For Medi-Cal Form*”] on [date/time]. The reasonable explanation obtained included [enter the reasonable explanation description here].”

The CEW would then narrate whether the reasonable explanation verified the discrepancy, and if not, what additional actions were taken to verify the discrepancy.

As a reminder, CEWs that obtain a reasonable explanation shall not require an applicant or beneficiary to:

- Record the conversation,
- Obtain a telephonic signature (one may be taken, but is not required to document a reasonable explanation), or
- Require the form to be manually completed or submitted in order to obtain a reasonable explanation.

The county is encouraged to image the “*Request For More Income Information For Medi-Cal Form*” form to the county’s filing system when received. However, the county is not required to have the form imaged in the system for audit purposes as long as the required case narrative template is located within the file.

Reasonable Explanation Examples

Example #1: Individual Applies for MAGI Medi-Cal Where Self-Attested Income is Not Reasonably Compatible and a Reasonable Explanation is Obtained

- Individual A applies for Medi-Cal through the CalHEERS portal in September.
- Individual A is found to be pending/conditionally eligible for MAGI Medi-Cal as the self-attested zero income was not found to be reasonably compatible by the FDSH.
- The CEW receives the CalHEERS referral in SAWS, and the CEW begins an ex parte review of available information.
- The CEW finds through the ex parte review that current manual verifications and other relevant information on file does not support the zero income attestation.

- Individual A's preferred method of contact is by phone. The CEW attempts to obtain a reasonable explanation through the beneficiaries preferred method of contact.
- The CEW speaks to Individual A and informs them that the income that was reported could not be verified. The CEW then reads the reasonable explanations listed on page 4 of this ACWDL over the phone for Individual A to determine if any of the listed explanations apply.
- Individual A states they were temporarily employed with Jolly Jumpers, a trampoline park that offers a program that only runs for the summer when school-age children are out for summer break and was employed between May 20th - August 31st. Individual A further attests that they are back in college full-time and are not working.

Outcome: The CEW finds that Individual A's explanation reasonably explains the discrepancy, documents the conversation in the case file, and proceeds with the eligibility determination without requiring further documentation from Individual A.

Example #2: Individual Applies for Medi-Cal at Their Local County Office Where Self-Attested Income is Not Reasonably Compatible, and a Reasonable Explanation Could Not Be Provided.

- Individual B applies for Medi-Cal at their local county office in person.
- The CEW enters self-attested income in SAWS and information is sent to CalHEERS.
- Individual B is found to be pending/conditionally eligible for MAGI Medi-Cal as the self-attested earned income was not found to be reasonably compatible by the FDSH.
- The CEW conducts an ex parte review of all available relevant information on file.
- The CEW finds through the ex parte review that current manual verifications and other relevant information on file does not support the self-attested income attestation.
- While in the office, the CEW informs Individual B that the income that was reported was unable to be verified. The CEW then reads the reasonable explanations listed on page 4 of this ACWDL to Individual B to determine if any of the listed explanations apply.
- Individual B states that none of the reasonable explanations apply.

Outcome: Since income could not be electronically verified and Individual B was unable to provide a reasonable explanation, the CEW would then proceed with providing Individual B the appropriate forms requesting manual verification of Individual B's

earned income. The CEW documents that a reasonable explanation could not be obtained and the steps taken to resolve the discrepancy.

Example #3: Beneficiary Submits Their Annual Redetermination Through Mail Without Income Verification Included. The Reasonable Explanation Obtained Reveals Previously Unreported Income Information.

- Individual C receives the annual redetermination packet as their Medi-Cal case did not auto-renew.
- Individual C completes all forms and mails them back to the local county office self-attesting that Burger King remains their only income and what was previously reported is the same.
- The CEW that is assigned the beneficiary annual redetermination reviews all paperwork and notices that income verification was not included with the returned documents.
- The CEW notices that the preferred method of contact for beneficiary is by phone and the CEW is able to contact beneficiary.
- The CEW informs the beneficiary that they did not include income verification upon returning the annual redetermination packet which is required to complete the financial eligibility determination since income was unable to be verified.
- The CEW then reads the reasonable explanations listed on page 4 of this ACWDL to the beneficiary to determine if any of the listed explanations apply.
- The beneficiary explains that their employment has not changed with Burger King and is unable to explain why the income has not verified however, did mention that they started to earn money by mining cryptocurrency on the side.

Outcome: Since income could not be electronically verified for the earned income and Individual C was unable to provide a reasonable explanation, the CEW would then proceed with mailing Individual C the appropriate forms requesting manual verification of Beneficiary A's earned income from Burger King, along with proof of income for the cryptocurrency. The CEW documents that a reasonable explanation could not be obtained and the steps taken to resolve the discrepancy.

Example #4: Mixed Household (Grandparent, 67 Years Old, Primary Caretaker to Their 10 Year Old Grandchild) Submits Annual Redetermination Paperwork for Medi-Cal Where a Discrepancy is Found Between Self-Attested Income and the VCI Service Response Received.

- Grandparent receives the annual redetermination packet as their Medi-Cal case did not auto renew.

- Grandparent completes all forms and self-attests to monthly Social Security income and the grandchild with zero income. The Grandparent mails the completed forms back with Social Security income verification to their local county office.
- The CEW that is assigned the annual redetermination reviews all paperwork.
- The CEW enters all self-attested information in SAWS and CalHEERS business rules engine is run.
- Grandparent was previously found in the Equifax database and the VCI Service response was sent via eHIT to SAWS.
- The VCI Response confirms unreported earned income with the YMCA.
- The CEW finds through the ex parte review that current manual verifications, and other relevant information on file does not support the unreported earned YMCA income.
- Since both the RSDI and earned income would impact Grandparent's eligibility the CEW must take further action to resolve the discrepancy.
- The preferred method of contact for Grandparent is by phone. The CEW attempts to obtain a reasonable explanation through the beneficiaries preferred method of contact.
- Grandparent provides a reasonable explanation that the income was a seasonal swimming lesson position that has since ended and does not anticipate returning.

Outcome: The CEW finds that Grandparent's explanation reasonably explains the discrepancy, documents the conversation in the case file, and proceeds with the eligibility determination without requiring further financial documentation from Grandparent.

Example #5: Mixed Household Consisting of Spouse 1 (62 years old) and Spouse 2 (70 years old) Complete the Annual Redetermination for Medi-Cal Through CalHEERS. A Discrepancy is Found Between an IEVS Recipient Report and Self-Attested Income Information for Spouse 2.

- Spouse 1 and Spouse 2 receive the annual redetermination packet as their Medi-Cal case did not auto renew and completed their annual redetermination through the CalHEERS portal, including uploading income verification documents.
- Spouse 1 self-attests to monthly earned income and Spouse 2 continues to self-attest to monthly RSDI income.
- Spouse 2 contacts their local county office to make sure it has been received and speaks with a CEW.
- The CEW handling the call reviews all paperwork and documents submitted, including a previously received IEVS Recipient Report and finds earned wages

with the Social Security Number of Spouse 2, and informs them of the discrepancy.

- The CEW then reads the reasonable explanations listed on page 4 of this ACWDL to Spouse 2, to determine if any of the listed explanations apply.
- Spouse 2 informs the CEW that they were a victim of identity theft and that their Social Security Number has been used for multiple instances, including for employment. Spouse 2 states they have filed a police report and informed all credit bureau agencies of the situation.

Outcome: The CEW finds that the explanation provided by Spouse 2 reasonably explains the IEVS discrepancy. The CEW documents the reasonable explanation in the case file, and proceeds with the eligibility determination without requiring further financial documentation from Spouse 1 or Spouse 2.

Example #6 Mixed Household Consisting of Spouse A (62 years old) and Spouse B (70 years old) Complete the Annual Redetermination for Medi-Cal Through CalHEERS. A Discrepancy is Found for Spouse 2 Regarding Unearned Income.

- Spouse A and Spouse B receive the annual redetermination packet as their Medi-Cal case did not auto renew and completed their annual redetermination through the CalHEERS portal, including uploading income verification documents for Spouse A only.
- Spouse A self-attests to monthly earned income and Spouse B self-attests to now receiving monthly Social Security income.
- Spouse B contacts their local county office to make sure it has been received and speaks with a CEW.
- The CEW handling the call reviews all paperwork and documents submitted and notices that income for Spouse B was not submitted.
- The CEW completes an ex parte review in an attempt to verify the Social Security income by reviewing all information previously documented on file, including IEVS and MEDS, and is unable to verify the Social Security income for Spouse B.
- The CEW then reads the reasonable explanations listed on page 4 of this ACWDL form to Spouse B, to determine if any of the listed explanations apply.
- Spouse B informs the CEW that none of the explanations apply and explained that they had just begun earning the Social Security and did not upload any verification for their income.

Outcome: Since the Social Security income for Spouse B failed the ex parte review, and Spouse B was unable to provide a reasonable explanation, the CEW would then

proceed with mailing Spouse B the appropriate forms requesting manual verification of their Social Security income.

Example #7 Mixed Household Consisting of Spouse 1(66) and Spouse 2 (58). A VCI Service Response is Received for Spouse 1, and Self-Attested Income Information for a Non-MAGI Financial Evaluation Is Above ABD-FPL Program Limits

- Spouse 1 (66) and Spouse 2 (58) both apply for Medi-Cal at their local county office in person.
- Both Spouse 1 and Spouse 2 report earned income and did not provide the county manual verification of income with the application.
- The CEW enters self-attested income in SAWS and information is sent to CalHEERS.
- Income for Spouse 2 is found reasonably compatible.
- A VCI Service response is provided by CalHEERS via eHIT to SAWS for Spouse 1, which confirms employment for Spouse 1, however shows earned income information that differs from the self-attested amount and would result in a share-of-cost.
- The CEW completes an ex parte review of all available relevant information on file and finds that current manual verifications and other relevant information on file does not support the self-attested income attestation for Spouse 1.
- The CEW informs Spouse 1 while in the office, that the income that was reported was significantly lower than what is reported in Equifax's database. The CEW then reads the reasonable explanations listed on page 4 of this ACWDL to Spouse 1 to determine if any of the listed explanations apply.
- Spouse 1 stated that his employer temporarily increased their hours to cover other departments where needed while they hired more employees. Spouse 1 further stated that his hours have now been reduced back to his normal scheduled amount and the self-attested income is what he is typically earning.

Outcome: The CEW finds that the explanation provided by Spouse 1 reasonably explains the VCI Service response discrepancy. The CEW documents the reasonable explanation in the case file, and proceeds with the eligibility determination without requiring further financial documentation from Spouse 1 or Spouse 2.

If you have any questions, or if we can provide further information, please contact Janis Kimball, by phone at (916) 345-8060, or by email at Janis.Kimball@dhcs.ca.gov.

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Date August 8, 2022

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