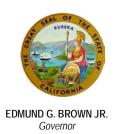


State of California—Health and Human Services Agency Department of Health Care Services



August 15, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 17-31

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY PUBLIC HEALTH DIRECTORS ALL COUNTY MENTAL HEALTH DIRECTORS ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: Updated State Hearing Contact Information on the NA BACK 9 Form for

all Medi-Cal Notices of Action

(Reference: All County Welfare Directors' Letters 13-13, 15-27, and 16-14)

Purpose

The purpose of this letter is to provide counties with updated guidance concerning the California Department of Social Services (CDSS) form NA BACK 9 that must be included with all Medi-Cal notices of action (NOAs).

The NA BACK 9, which designates the State Hearing Affordable Care Act (ACA) Bureau contact information, must be included with **all** NOAs for the Medi-Cal program, including NOAs for Modified Adjusted Gross Income (MAGI) and Non-MAGI based eligibility determinations.

Background

The NA BACK 9 form is a universal "back" page to be used on all NOAs for Medi-Cal, the California Work Opportunity and Responsibility to Kids program, and/or CalFresh, that includes all information regarding an applicant's or beneficiary's right to a hearing as required by federal and state regulations. Historically, the State Hearing contact information on the NA BACK 9 included CDSS telephone numbers and a location for counties to add their specific county hearing office mailing address. This NA BACK 9 shall be referred to as the NA BACK 9.

In 2015, counties were advised that all English and Spanish NOAs for MAGI based Medi-Cal eligibility determinations must include an NA BACK 9 that included the CDSS

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ACA Bureau telephone numbers and mailing address. This revised NA BACK 9 shall be referred to as the NA BACK 9 (ACA/MEDI-CAL). The only difference between the NA BACK 9 and the NA BACK 9 (ACA/MEDI-CAL) is the ACA Bureau contact information.

The ACA Bureau address included on the NA BACK 9 (ACA/MEDI-CAL) is:

California Department of Social Services State Hearings Division, ACAB 744 P Street, MS 9-17-97 Sacramento, CA 95814

The ACA Bureau telephone numbers included on the NA BACK 9 (ACA/MEDI-CAL) are:

Toll Free: 1-855-795-0634 TDD: 1-800-952-8349 Fax: 1-916-651-2789

NA BACK 9 (ACA/MEDI-CAL) with ACA Bureau Contact Information Included with All Medi-Cal NOAs

Because of updated guidance from the CDSS Hearing Division, counties must now include the NA BACK 9 (ACA/MEDI-CAL) with the ACA Bureau contact information, with **all** system generated or manual Medi-Cal NOAs (MAGI and Non-MAGI). This guidance is effective immediately. The Statewide Automated Welfare System (SAWS) must make the programming changes necessary to include the NA BACK 9 (ACA/MEDI-CAL) with all Medi-Cal NOAs (MAGI and Non-MAGI) during the next available SAWS release. Counties must continue to send NOAs with the existing NA BACK 9 until the SAWS programming of the NA BACK 9 (ACA/MEDI-CAL) is complete.

The NA BACK 9 (ACA/MEDI-CAL) is located on the CDSS website at the following locations:

English

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NAback9ACAMediCal.pdf

Arabic

http://www.cdss.ca.gov/cdssweb/entres/forms/Arabic/NABack9_ACA_Arabic.pdf

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Armenian

http://www.cdss.ca.gov/cdssweb/entres/forms/Armenian/NABack9_ACA_Medi_Cal_Armenian.pdf

Cambodian

http://www.cdss.ca.gov/cdssweb/entres/forms/Cambodian/NABack9_ACA_CB.pdf

Chinese

http://www.cdss.ca.gov/cdssweb/entres/forms/Chinese/NA_Back9_CH%20.pdf

Farsi

http://www.cdss.ca.gov/cdssweb/entres/forms/farsi/naback9farsi.pdf

Hmong

http://www.cdss.ca.gov/cdssweb/entres/forms/Hmong/NABack9_ACA_Medi_Cal_Hmong.pdf

Korean

http://www.cdss.ca.gov/cdssweb/entres/forms/Korean/NABack9_ACA_Medi_Cal_Korean.pdf

Russian

http://www.cdss.ca.gov/cdssweb/entres/forms/Russian/NABack9RS.pdf

Spanish

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/NABack9SP.pdf

Tagalog

http://www.cdss.ca.gov/cdssweb/entres/forms/Tagalog/NABack9_ACA_Medi_Cal_Tagalog.pdf

Vietnamese

http://www.cdss.ca.gov/cdssweb/entres/forms/Vietnamese/NABack9_ACA_Medi_Cal_V ietnamese.pdf

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

Original Signed By

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