TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

October 11, 1996

Letter No.: 96-56

NOTICE(S) OF ACTION (NOAS)

This letter updates the Department of Health Services’ (DHS) policy for NOAs used to inform applicants and beneficiaries of eligibility and program status:

(1) DHS will continue to:

(a) publish and distribute NOAs and NOA changes,

(b) provide state NOA language for all circumstances that might apply to the eligibility for its programs, and

(c) maintain manual NOAs language at the state level.

(2) Counties will decide how to carry out NOA changes and to what degree they are automated. Counties are responsible for the timely and accurate implementation of these NOA changes.

(3) Counties have the flexibility to pick and use appropriate state language suited to applicants’/beneficiaries’ individual eligibility circumstances:

(a) counties can choose the state language to use within their automated welfare systems,

(b) add as appropriate, their own language to NOAS to adapt to special or unforeseen circumstances (provided they obtain approval for such language from DHS), and

(c) consult on an as needed basis with DHS staff for direction/clarification on individual NOA issues/state language.
(4) If counties choose not to automate particular eligibility program NOAs or NOA changes, they will:

(a) notify DHS, Medi-Cal Eligibility Branch they will not automate a new NOA requirement or change within 90 days of its release, and

(b) have available and use manual NOAS with appropriate state language for the program/circumstance in order to remain in compliance with state requirements.

Consortia and counties are reminded the Medi-Cal program does not require a specific NOA format such as TURNER. It is a Consortia/County decision on what sort of format within which to place the appropriate state language.

This policy applies to all Consortia/Counties. If there are questions about NOAS and specific Medi-Cal requirements, please contact Ms. Ana Ramirez at (916) 657-1401.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch