

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF REGULATORY ACTION

Government Code Sections 11349.3

OAL Matter Number: 2024-0605-01

OAL Matter Type: Regular (S)

In re:

Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: [Blank]

Amend sections: 50179

Repeal sections: [Blank]

In this regular rulemaking action, the Department of Health Care Services changes the prescribed contents of the Notice of Action form for Medi-Cal-only determinations so that county departments will have greater flexibility to identify on the Notice of Action form the appropriate county department contact to assist applicants and beneficiaries with questions about the Notice of Action.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2024.

Date: June 24, 2024

[Original Signed]

Timothy Findley, Senior Attorney

For: Kenneth J. Pogue, Director

Original: Michelle Baass, Director

Copy: Erika Drayton-Jebali

[Stamp]
REGULAR

**STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 10-2019)
OAL FILE NUMBERS
NOTICE FILE NUMBER: **Z- 2023-0912-02**
REGULATORY ACTION NUMBER: 2024-0605-01S
EMERGENCY NUMBER: [Blank]

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]

REGULATIONS: [Date Stamp]
2024 JUN 05 PM 12:24
OFFICE OF ADMINISTRATIVE LAW

For Use by Secretary of State Only
[Date Stamp]
Endorsed Filed in the office of the Secretary of State of the State of California
JUN 24 2024
2:02 pm

AGENCY WITH RULEMAKING AUTHORITY: Department of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-19-004

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE: Notice of Action - County Contact Information
TITLES: 22
FIRST SECTION AFFECTED: 50179
2. REQUESTED PUBLICATION DATE: 9/22/23
3. NOTICE TYPE
Notice re Proposed Regulatory Action: [Checked]
Other: [Blank]
4. AGENCY CONTACT PERSON: Erika Drayton-Jebali
TELEPHONE NUMBER: 916-345-8404
FAX NUMBER (Optional): [Blank]

OAL USE ONLY

ACTION ON PROPOSED NOTICE

Approved as Submitted: [Blank]
Approved as Modified: [Blank]
Disapproved/Withdrawn: [Blank]
NOTICE REGISTER NUMBER: [Blank]
PUBLICATION DATE: [Blank]

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATIONS: Notice of Action - County Contact Information

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS: [Blank]

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS

(Including Title 26, if toxics related)

SECTIONS AFFECTED (List all section numbers individually. Attach additional sheet if needed.)

ADOPT: [Blank]

AMEND: 50179

REPEAL: [Blank]

TITLES: 22

3. TYPE OF FILING

Regular Rulemaking (Gov. Code Section 11346): [Checked]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]

Emergency (Gov. Code, Section 11346.1(b)): [Blank]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute: [Blank]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]

Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]

Changes Without Regulatory Effect (Cal. Code Regs., Title 1, Section 100): [Blank]

Print Only: [Blank]

Other (Specify): [Blank]

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs, Title 1, Section 44 and Gov. Code Section 11347.1): Dates of Availability: [Blank]

5. EFFECTIVE DATE OF CHANGES (Gov. Code, Sections 11343.4, 11346.1(d)); Cal. Code Regs, Title 1, Section 100):

Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)): [Checked]

Effective on filing with Secretary of State: [Blank]

Section 100 Changes Without Regulatory Effect: [Blank]

Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY.

Department of Finance (Form STD. 399) (SAM Section 6660): [Checked]

Fair Political Practices Commission: [Blank]

State Fire Marshal: [Blank]

Other (Specify): [Blank]

7. CONTACT PERSON: Erika Drayton-Jebali
TELEPHONE NUMBER: 916-345-8404
FAX NUMBER (Optional): [Blank]
EMAIL ADDRESS (Optional): Erika.Drayton-Jebali@dhcs.ca.gov

8. I certify that the attached copy of the regulations is a true and correct copy of the regulations identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [Original Signed]

TYPED NAME AND TITLE OF SIGNATORY: Michelle Baass, Director

DATE: 5/29/24

For use by Office of Administrative Law (OAL) only

[Date Stamp]

Endorsed Approved

JUN 24 2024

Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of the proposed regulation text includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikeout] at the beginning of each deletion, and [end strikeout] at the end of each deletion.

A standard PDF version of this proposed regulation text is also available on the Department's Office of Regulations Internet site.

California Code of Regulations
Title 22. Social Security
Division 3. Health Care Services
Subdivision 1. California Medical Assistance Program
Chapter 2. Determination of Medi-Cal Eligibility and Share of Cost

(1) Amend section 50179 to read as follows:

§ 50179. Notice of Action – Medi-Cal-Only Determinations or Redeterminations.

(a) County departments shall notify applicants and beneficiaries in writing of their Medi-Cal-only eligibility or ineligibility, and of any changes made in their eligibility status or share of cost. This notification shall be called the “Notice of Action.”

(b) Except for notices required pursuant to sections 14005.31 and 14005.32 of the Welfare and Institutions Code, ~~The~~ a Notice of Action shall be on a form prescribed by the Department and shall include the name and telephone number of the ~~eligibility worker who completed the eligibility determination~~ county department worker, county department call center, or other appropriate county department contact that is able to assist applicants and beneficiaries with questions about their Notice of Action, and the date the form was completed. A copy of the Notice of Action shall be placed in the case file.

(c) The Notice of Action shall include the following:

(1) The approval, denial or discontinuance of eligibility, the rescission of a denial or discontinuance, or the change in the share of cost and the effective date of the action.

- (2) The amount of the share of cost, if any, and the amount of the net nonexempt income used to determine the share of cost.
- (3) The reason an action is being taken and the law or regulation that requires the action, if the action is a denial, discontinuance or increase in share of cost.
- (4) The right to request a State hearing if dissatisfied with:
- (A) Any action or inaction by the county department that affects the applicant's or beneficiary's Medi-Cal eligibility or share of cost, except as limited in Section 50951(a).
- (B) Any action taken by, or on behalf of, the Department that affects the applicant's or beneficiary's Medi-Cal benefits.
- (5) The procedures for requesting a State hearing and the time limits within which a ~~State~~ hearing must be requested.
- (6) The circumstances under which aid will be continued if a State hearing is requested.
- (7) A statement, when appropriate, regarding the information or action necessary to reestablish eligibility or determine a correct share of cost.
- (d) The Notice of Action shall be mailed for:
- (1) Adverse actions, at least 10 calendar days prior to the first of the month in which the action becomes effective, excluding the date of mailing.
- (2) Discontinuances or increases in the share of cost which are not adverse actions, in sufficient time to reach the beneficiary by the effective date of the action.
- (3) All other instances, no later than the date the county department takes the action.

(e) Duplicate Notices of Action shall be mailed to the administrator of the long-term care facility in which the applicant or beneficiary resides, if the applicant or beneficiary or person acting on their behalf has made such a request.

(f) Conditional notices, which advise applicants or beneficiaries that eligibility will be denied or discontinued unless specified actions are taken by the applicants or beneficiaries, shall not be considered to meet the Notice of Action requirements of (a).

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 10950, 10951, 11002, 11004, 11052, 11055, 14000, 14005, 14016, 14016.2, 14023, 14023.7 and 14124.90, Welfare and Institutions Code.