

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Amend sections: 50179

NOTICE OF APPROVAL OF REGULATORY
ACTION

Government Code Section 11349.3

OAL Matter Number: 2024-0605-01

OAL Matter Type: Regular (S)

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

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 2023-0912-02	REGULATORY ACTION NUMBER 2024-0805-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

JUN 24 2024
2:00 PM

OFFICE OF ADMIN. LAW
2024 JUN 5 PM 12:24

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		TITLE(S) 22	FIRST SECTION AFFECTED 50179	2. REQUESTED PUBLICATION DATE 9/22/23
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Erika Drayton-Jebali	TELEPHONE NUMBER (916) 345-8404	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Notice of Action - County Contact Information	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 50179 REPEAL
TITLE(S) 22	

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Erika Drayton-Jebali	TELEPHONE NUMBER (916) 345-8404	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) erika.drayton-jebali@dhcs.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) 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	DATE 5-29-2024
TYPED NAME AND TITLE OF SIGNATORY Michelle Baass, Director	

For use by Office of Administrative Law (OAL) only
ENDORSED APPROVED
JUN 24 2024
Office of Administrative Law

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.