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Director

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



EDMUND G. BROWN JR.
Governor

September 7, 2016

Medi-Cal Eligibility Division Informational Letter No.: I 16-14

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
STATEWIDE AUTOMATED WELFARE SYSTEMS

SUBJECT: THRESHOLD LANGUAGES OF NOTICES OF ACTION FOR FORMER
FOSTER YOUTH (Reference ACWDL No. 15-32)

PURPOSE

The purpose of this Medi-Cal Eligibility Division Informational Letter (MEDIL) is to advise the County Eligibility Workers of the availability in the threshold languages of the Former Foster Youth (FFY) Notices of Action (NOAs) that were previously released in All County Welfare Directors Letter (ACWDL) No. 15-32.

The threshold language NOAs can be downloaded from the DHCS website at: <http://medshome.dhcs.ca.gov/>.

Please refer to ACWDL No. 15-32 for further guidance regarding when to use these NOAs.

If you have any questions about this ACWDL, please contact the Access Unit at (916) 552-9200 or by email at FFY@dhcs.ca.gov.

Original Signed By

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Branch Chief