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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

May 15, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAMS SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: ACCEPTABLE VERIFICATION REQUEST FORMS
(Reference: All County Welfare Directors Letter Numbers [08-07](#), [14-18](#),
[18-25](#), 18-25E)

The purpose of this letter is to provide clarification to counties regarding which verification request forms to use at intake for Medi-Cal applicants and for existing beneficiaries at annual renewal and reported changes in circumstance who are:

- Medi-Cal-only cases
- Combined Medi-Cal and CalFresh or California Work Opportunity and Responsibility for Kids (CalWORKs) cases.

Medi-Cal-Only and Combined Cases During Intake

- Counties may use the Statewide Automated Welfare System (SAWS) CW 2200 Request For Verification or other county generated verification forms to request verifications and information from applicants to determine Medi-Cal eligibility. Counties should follow the two applicant contacts and timeframe requirements in [All County Welfare Directors Letter \(ACWDL\) 08-07](#) when requesting verifications using the CW 2200 or other county generated forms.
- Counties should not use the MC 355 form during intake as the form messaging is intended for continuing cases.

Continuing Cases during Annual Renewal and Change of Circumstance

- **Medi-Cal-Only Cases:** Counties should use the MC 355 Medi-Cal Request for Information Form at redetermination of eligibility. Counties should not use the CW 2200 form for continuing Medi-Cal-only cases.

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- Combined Cases: Counties may use either the MC 355 form or another verification request form, such as the CW 2200 for Medi-Cal beneficiaries in a combined case at redetermination of eligibility.
- Counties should follow the verification request requirements, such as: beneficiary contacts and timeframes in [ACWDL 18-25](#) when using the MC 355, CW 2200, or other county generated forms at redetermination of eligibility.

If you have any questions or if we can provide further information, please contact Jessie Choi by phone at (916) 345-8077 or by email at Jessie.Choi@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division