



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



DATE: November 23, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-38

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIASONS

SUBJECT: CLARIFICATION ON ELECTRONIC SIGNATURE REQUIREMENTS  
(Reference: All County Welfare Directors Letter [19-17E](#); Medi-Cal Eligibility Division Information Letter [118-13](#), California Department of Social Services All County Letter [17-57](#))

### **Purpose**

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide clarification on the Department of Health Care Services (DHCS) policy on electronic signatures collected by a third party and submitted to the county.

### **Background**

All County Welfare Directors Letter (ACWDL) [19-17E](#) provides guidance on telephonic and electronic signature requirements for counties. ACWDL 19-17E states that counties:

- Must accept applications, renewals, appointments of Medi-Cal authorized representatives (ARs), and reported changes in information over the telephone; and
- Must accept telephonically recorded and electronic signatures and handwritten signatures transmitted via any other electronic transmission for any form that must be signed for the Medi-Cal program.

This MEDIL provides clarification regarding the ability to accept electronic signatures collected or initiated by a third party and provided to the county. For example, a community based organization utilizing an electronic signature service, such as

DocuSign or a similar service, and submitting the electronically signed form to the county.

### **County Requirements for Electronic Signatures**

Federal law requires that counties accept electronic signatures on Medi-Cal applications, renewals, and authorized representative forms submitted through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) or the Statewide Automated Welfare System (SAWS) portals per 42 Code of Federal Regulations (CFR), Sections [435.907](#), [435.916](#), and [435.923](#).

Additionally, counties may establish and utilize an electronic signature process to accept electronic signatures for the Medi-Cal program through an electronic signature platform such as DocuSign.

The Uniform Electronic Transactions Act, California Civil Code Section [1633.2](#), defines an electronic signature as:

- An electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.

### **Clarifications on Electronic Signatures Collected by a Third Party**

DHCS provides the following policy clarification to counties regarding their responsibility for collection of electronic signatures for the Medi-Cal Program:

Counties must be the entity to establish and adopt an electronic signature process. The county must have record of the authentication from the Medi-Cal applicant/beneficiary/authorized representative; and attach or logically associate the applicant/beneficiary/authorized representative's electronic signature to the county's electronic record.

Counties may not accept applicant/beneficiary/authorized representative's electronic signatures for Medi-Cal applications and forms collected and submitted by a third party. This includes platforms such as DocuSign or typed signatures on forms submitted to the county, when the county has not established the process, would not have the record of authentication from the applicant/beneficiary/authorized representative, or be able to attach the electronic signature to the county's electronic record.

In addition to reviewing applicable state laws governing electronic signatures, DHCS consulted with the Centers for Medicare and Medicaid Services (CMS) in development of these guidelines to ensure the policy is consistent with CMS' guidelines on electronic signatures.

As a reminder, counties are required to accept telephonic or electronic signatures on all forms that require a signature for the Medi-Cal program when those processes are established by the county. Additionally, [MEDIL I 20-16](#) allows certified application assisters or other individuals provisioned to submit applications through the Statewide Automated Welfare System (SAWS) to complete and submit an online application on behalf of an applicant, based on information the applicant has provided over the phone, for the period of the public health emergency, provided the applicant has designated and confirmed that assister or other individual to be an authorized representative with limited authority to sign and submit the application on their behalf. Please refer to [MEDIL I 20-16](#) for more information.

If you have any questions or if we can provide further information, please contact Alison Brown, by phone at (916) 345-8078 or by email at [Alison.Brown@dhcs.ca.gov](mailto:Alison.Brown@dhcs.ca.gov).

Original Signed By

Yingjia Huang  
Assistant Deputy Director  
Health Care Benefits and Eligibility  
Department of Health Care Services