



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



November 1, 2022

Medi-Cal Eligibility Division Information Letter No.: I 22-42

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

SUBJECT: Adding a Person to an Existing Case Policy Reminder
(References All County Welfare Directors Letter Nos: [08-07](#), [18-25](#))

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with reminders on adding a person to an existing case during normal Medi-Cal operations. During the COVID-19 Public Health Emergency unwinding, please refer to MEDIL I 22-43 for guidance on adding a person to the case.

Adding a Person to an Existing Case

The applicant, the case holder, or the authorized representative may request to add a person to an existing Medi-Cal case through any available means such as online, telephone, mail, in-person, or other commonly available electronic means.

Adding a person to an existing case includes notifying the county when a new person moves into the household, or a person becomes a new tax household member. The person added to the case may or may not request Medi-Cal. In addition to adding a new person to an existing case, a current non-applying member of the case may also request to apply for coverage following the guidelines in this letter.

Application Processing

Counties shall follow the application processing timeframes for new persons and current non-applying case member applying for coverage:

- 90 days to complete the eligibility determination for applicants who apply based on disability; and,
- 45 days for all other applicants.

Even though other case members have current Medi-Cal eligibility, counties must follow normal application processes to obtain sufficient data regarding a new person who requests coverage. This includes collecting updated tax household information to enter the new applicant's information into the Statewide Automated Welfare System (SAWS) and run the case through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), when appropriate, to complete the eligibility determination. As a reminder, for any Medi-Cal application or redetermination, counties must follow the ex parte review process by gathering all available information relevant to the determination prior to contacting the applicant or beneficiary for additional verification. If data is not reasonably compatible, additional information may be required about the new applicant or beneficiaries already on the case. Counties must follow normal processes to request information from the applicant or beneficiaries in the existing case as follows:

Applicant Information Requests: Counties may use the 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 shall follow the Second Contact process and timeframe requirements in All County Welfare Directors Letter (ACWDL) [ACWDL 08-07](#) when requesting information or verifications from applicants using the CW 2200 or other county generated forms.

Example: Parent and one child household. Child is an existing beneficiary. The parent's employer-sponsored coverage ended and the parent is now requesting coverage. The child's income continues to e-verify. However, the applicant parent's income does not e-verify. The county must send a request for income verification to establish eligibility for the new applicant only. The county sends the CW 2200 or other county request for verification and follows the second contact process.

Beneficiary Information Requests: When counties need information or verification to complete an eligibility determination from current beneficiaries or from both the new applicant and current beneficiaries, counties may use the MC 355 form to request it when necessary information is not available through electronic verification or ex parte. Counties shall follow the change in circumstance guidance in [ACWDL 18-25](#) and allow 30 days for a response for all needed verification and information. Counties must attempt an additional contact at midpoint for the needed information and document it in the case file.

Example: Two adult household. New applicant is new spouse to the existing beneficiary. Income does not e-verify for both the new applicant and existing beneficiary. The county sends the MC 355 Request for information to obtain income verification needed to establish eligibility for the new applicant and to evaluate ongoing

eligibility for the existing beneficiary. The county sends the MC 355 Request for Information and provides 30 days for response.

Reminders:

- The MC 371 form is an optional form when adding a person to the case.
- A signature under penalty of perjury is not required when adding a person as there is no required form to use when adding a person to the case.
- Send the Request for Tax Household Information (RFTHI) form with the request for information if tax household information is required.
- Any requested information and verifications may be submitted by mail, fax, telephone, in person, or online using the county's online system if document uploading is available in the county, or the Covered California portal if the beneficiary has a Covered California account. [ACWDL 19-17E](#) provides information on collecting telephonic signatures.
- If the new person added to the case does not want coverage, counties would follow the normal change in circumstance process update the case with the person's information, and redetermine eligibility for the existing case members.
- Adding a person is a new application for a person requesting coverage and a change in circumstance for the existing case members. Counties must determine eligibility for all insurance affordability programs for both the newly added person as well as the other household members.
- After adding a person and completing the eligibility determination for the new applicant and the existing case members, send appropriate notices of action (NOAs) and reset the renewal date when there is continued Medi-Cal eligibility.
- If the county receives a newborn referral (MC330) from the provider to add an infant to the case, please follow guidance in ACWDL 11-33: Deemed Eligibility And Continued Eligibility For Infants.
 - For MAGI tax household information for Deemed Infants, counties may follow guidance in [ACWDL 20-10](#) (Pages 5-6) to leverage Non-Filer Rules when tax filing status is uncertain.

Future Updates

Currently, the MC 371 form is under redevelopment to include data required to make an eligibility determination based on the Modified Adjusted Gross Income (MAGI) methodology. Once the MC 371 is completed and released, an ACWDL will be published.

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If you have any questions or require additional information, please contact Nancy Liu by phone at (916) 345-7838 or by email at nancy.liu@dhcs.ca.gov.

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