



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



DATE: November 22, 2022

Medi-Cal Eligibility Division Information Letter No.: 22-48

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

SUBJECT: INSTRUCTIONS FOR THE REQUEST FOR ADDITIONAL INCOME
INFORMATION FOR MEDI-CAL FORM TO OBTAIN A REASONABLE
EXPLANATION

The purpose of this letter is to provide counties with instructions on how to use the DHCS 7103 *Request For Additional Income Information For Medi-Cal Form* to assist county eligibility workers (CEW) in manually obtaining a reasonable explanation until system automation is implemented in California Eligibility, Enrollment, and Retention System (CalHEERS).

Background

Effective July 1, 2022, the state's eligibility verification plan was updated to include reasonable explanation as part of the verification process when self-attested income information is found not reasonably compatible with information obtained through electronic data sources. DHCS published [ACWDL 22-22](#) to provide counties with guidance on reasonable explanation. Until system functionality is available, and including where necessary thereafter, in order to support counties in manually obtaining a reasonable explanation DHCS has created the [DHCS 7103 Request For Additional Income Information For Medi-Cal Form](#).

Use of the DHCS 7103 "Request For Additional Income Information For Medi-Cal Form"

Once the CEW finds that the self-attested income information is found not reasonably compatible with electronic data sources, CEWs that are unable to obtain a reasonable explanation in person or through phone may send the *Request For Additional Income Information For Medi-Cal Form* in conjunction with the appropriate request for information form in an attempt to obtain a reasonable explanation and/or a manual verification. As a best practice, counties should first try to obtain reasonable explanations by phone or in person.

As a reminder, the [DHCS 7103 “Request For More Income Information For Medi-Cal Form”](#) is not intended to be utilized as an independent form for requesting information and must be sent with the appropriate request for information form. Additionally, CEWs are reminded that they must obtain a reasonable explanation through the beneficiary’s preferred method of contact, when available. CEW can reference [ACWDL 22-22](#) for guidance on determining Medi-Cal eligibility based on a reasonable explanation, including the documentation of reasonable explanation. For more information on which verification request forms, including timeframe and contact requirements to use for Medi-Cal applications, CEWs can refer to [ACWDL 08-07](#) and [Medi-Cal Eligibility Division Information Letter \(MEDIL\) 20-13](#). Information regarding the correct verification request forms, timeframe, and contact requirements for Medi-Cal beneficiaries at annual renewal or when changes are reported can be found in [ACWDL 18-25](#) and [MEDIL 22-01](#).

At the time of publication, the English version of the DHCS 7103 is available for use. DHCS is currently translating the form into all threshold languages, and once completed, will inform counties in a future MEDIL. The form can be found at the following URL address link below:
<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsDHCS7000.aspx>.

If you have any questions, or if we can provide further information, please contact Janis Kimball, by phone at (916) 345-8060, or by email at Janis.Kimball@dhcs.ca.gov.

Original Signed By

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