

DATE: September 20, 2024

Medi-Cal Eligibility Division Information Letter

Letter No.: 24-19

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

SUBJECT: REMINDERS TO COUNTIES DUE TO THE CALIFORNIA WILDFIRES

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide reminders to counties on processing applications from individuals affected by the California wildfires. On September 11, 2024, Governor Gavin Newsom declared a [State of Emergency](#) in Los Angeles County, Orange County, Riverside County and San Bernardino County in response to wildfires.

Please refer to the following All County Directors Letters or MEDIL when processing applications from individuals affected by the California fires:

- [ACWDL 19-01](#) – Exceptions due to Public Health Crisis or Disaster,
- [MEDIL 17-16](#) – Processing Applications from Individuals Affected by Disasters, and
- [ACWDL 15-36](#) – Guidance to Counties on Treatment of Applications/Redeterminations in Disaster Areas and Treatment of Disaster Assistance for Modified Adjusted Gross Income and Related Information

As is outlined in the above guidance, for all populations affected by the disaster, counties shall:

- Continue to provide benefits beyond the certification period, as needed,
 - Provide additional time for applicants to submit verifications, and
 - Modify eligibility requirements to allow for self-attestation for applications.
- **Important Reminder:** Counties may accept a signed and dated affidavit, under penalty of perjury, to verify California residency and income from applicants who are unable to provide necessary verifications due to the disasters.

Intercounty Transfers

Beneficiaries who are displaced for an unknown amount of time may contact either the Receiving County or Sending County to assist with transferring the case on a permanent or short-term basis.

Counties should follow the existing processes for changes needed to the Medi-Cal Managed Care Plan coverage.

Submit the online fillable form to the Office of the Ombudsman as directed in MEDIL I [14-59](#). The online, fillable form should be used when requesting expedited:

- Plan Changes;
- Plan Enrollments;
- Plan Disenrollments; or
- Removal of 59 Holds.

Counties must submit the form to the [Office of the Ombudsman](#) or contact the Office of the Ombudsman by phone at 1-888-452-8609.

If you have any questions, or if we can provide further information, please contact Bonnie Tran by phone at (916) 345-8063 or by email at Bonnie.Tran@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division

Enclosure