

DATE: December 10, 2024

Medi-Cal Eligibility Division Information

Letter No.: I 24-31

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

SUBJECT: MEDI-CAL REQUEST FOR POLICY INTERPRETATION

Purpose

The purpose of this letter is to establish a new process and provide resources for counties regarding submitting Medi-Cal policy requests as well as providing counties guidance to request clarification on or receive an interpretation of existing Medi-Cal policy.

Background

The Department of Health Care Services (DHCS) receives numerous county requests on a daily basis for policy guidance and clarification. Typically, the county contacts subject matter experts (SMEs) based on a SME list provided by DHCS, contact information on policy guidance letters, or SMEs they have previously contacted for past assistance. Over the years of program implementation, the number of requests and the nature of the requests have started to recycle many of the same types of questions. DHCS has identified a need for a standardized process for daily requests that SMEs receive from their county counterparts. In order to provide a more beneficial experience for both counties and DHCS SMEs, an internal process has been developed to effectively respond and resolve county policy inquiries.

MCED Policy Inboxes

DHCS has created a central inbox to host communication from the counties in addition to the current program inboxes that have already been established. The MCED-Policy@dhcs.ca.gov inbox will serve as a channel for policy guidance with county offices for policy questions. Counties may continue to send questions to MCED established inboxes directly but should also include the MCED-Policy inbox in those correspondences for consistency and tracking. The MCED-Policy inbox will generate an automatic response that will acknowledge receipt of the inquiry. Counties must use the new Policy Interpretation Form when submitting questions.

Instructions for Counties

The Medi-Cal Eligibility Division (MCED) receives policy questions from counties, stakeholders, advocates, other divisions, and members. To streamline and track the

progress for providing guidance or clarifications on policy, please follow the instructions below to submit a request.

Step 1. Request for Policy Interpretation Form

1. Complete the Request for Policy Interpretation Form.
2. Fill out each question, providing information for the receiving analyst.
 - a. Forms that are missing responses will be considered incomplete and returned to the sender for completion.
 - b. If the county request contains Protected Health Information (PHI) or Personal Information (PI), please send securely by using the county's protocol or send a request to the inbox for a [secure] email.
3. Follow the Request for Policy Interpretation Form instructions attached for details on each item.

Step 2. Policy Questions

1. Counties should only include one subject per Request for Policy Interpretation Form.
 - a. Each subject may have multiple questions.
 - b. Additional subjects will require a separate Request for Policy Interpretation Form to be filled out.
2. For each question, provide as much supporting documentation, citation, policy, or regulations that support the inquiry.
 - a. Refer to the following resources:
 - i. [ACWDLs](#),
 - ii. [MEDILs](#),
 - iii. [MEPM](#),
 - iv. Regulations (Federal, State, and/or DHCS regulations),
 - v. Previous guidance from DHCS.
3. If the request submitted requires an expedited response due to it being part of a fair hearing or an access to care issue, please add "**Expedite**" as the first word in the Subject (Box 5 on the form and title of the email).
4. An assigned analyst will contact the person who submitted the form to confirm receipt and for any necessary clarifications.

Step 3. Submission

1. Ensure all sections of the form are complete.
2. Attach the Request for Policy Interpretation Form, all support documentation, and/or addendum.

Medi-Cal Eligibility Division Information Letter No.: I 24-31
Page 3
December 10, 2024

3. Send an email or a secure email if the email contains PHI or PI to MCED-Policy@dhcs.ca.gov.

DHCS will provide a response or a status update on the response within 10 business days. If DHCS does not respond a response based on the timeline outlined in this email, resend the initial request to the MCED-Policy@dhcs.ca.gov with “**Second Request**” in the email subject line. Submit the Policy Interpretation Form again to the inbox or reach out directly to Candyce Flynn and Nancy Liu.

If you have any questions or require additional information, please contact Candyce Flynn or Nancy Liu by email at candyce.flynn@dhcs.ca.gov or nancy.liu@dhcs.ca.gov.

Sincerely,

Sarah Crow
Division Chief, Medi-Cal Eligibility
Department of Health Care Services

Enclosures

REQUEST FOR POLICY INTERPRETATION

(STATE USE ONLY) Request #:

Complete all items of this form. Instructions included on page 3. To submit your request, send a **secure email** with this form attached to MCED-Policy@dhcs.ca.gov. The MCED Policy inbox will generate an automatic response that will acknowledge receipt of the inquiry.

1. REQUESTOR NAME: EMAIL: PHONE:	2. SECONDARY CONTACT: EMAIL: PHONE:
--	---

3. COUNTY:

4. DATE OF REQUEST:

5. SUBJECT:

6. REFERENCES: (Citations, ACWDLs, MEDILs, Court Cases, etc.)

7. QUESTION:

SCENARIO: ☐ Actual ☐ Hypothetical ☐ Not Applicable

8. REQUESTOR'S PROPOSED ANSWER OR POLICY INTERPRETATION:

FOR STATE USE ONLY

RESPONSE DUE DATE: _____

DHCS POLICY RESPONSE:

SAMPLE

NOTES:

RESPONDER NAME:	PHONE:	DATE:
APPROVING MANAGER:	PHONE:	DATE:

REQUEST FOR POLICY INTERPRETATION - INSTRUCTIONS

General Information

1. Complete items 1-8 of the form.
2. Use a separate form for each policy interpretation request.
3. **The form must be completed in its entirety, or it will be returned for completeness.**
4. If additional space is needed, please attach a second page.
5. Retain a copy of this form for your records.
6. If a member's Protected Health Information (PHI) or Personal Information (PI) is included, **please send a secure e-mail.**
7. **Send this form to the MCED-Policy@dhcs.ca.gov inbox.**

Instructions for filling out form Request for Policy Interpretation

1. Provide the name of the requesting County Eligibility Worker, the contact's direct phone number (the contact phone number should not be a call center), and email address.
2. Provide the secondary contact information in the event the requester is unavailable.
3. Enter the requesting county.
4. Enter the date of the request.
5. Enter the subject or quick description of the inquiry being made (i.e. Former Foster Youth aging out, MAGI Medi-Cal Household Composition, Medi-Cal Annual Renewal, etc.). If the request submitted requires an expedited response due to it being part of a fair hearing or an access to care issue, please add Expedite as the first word in the Subject (Box 5 on the form and the title of the email). Enter your references to your inquiry. They can be listed as any of the following:
 - a. Citations: this includes federal and state regulations, legislation, CMS guidance, etc.,
 - b. ACWDLs: [All County Welfare Director's Letters](#) that contain policy or related guidance,
 - c. MEDILs: [Medi-Cal Eligibility Division Information Letters](#),
 - d. Court Cases: Information from court cases, re-hearings, etc.,
 - e. Or Other: any other documentation or references that may be related to the question.
6. Submit your specific policy inquiry question in this section. Provide a scenario or case example that illustrates the question. The scenario or case example can be either an actual case or a hypothetical case.
7. The analyst's response and/or interpretation of the question and information that supports the county's question (citations, regulations, letters, and related communications).

Request for Policy Interpretation County Instructions

The Medi-Cal Eligibility Division (MCED) receives policy questions from counties, stakeholders, advocates, other divisions, and members. To streamline and track the progress for providing guidance or clarifications on policy, please follow the instructions below to submit an inquiry.

Step 1. Request for Policy Interpretation Form

1. Download the Request for Policy Interpretation Form from the DHCS website.
2. Fill out each question providing information for the receiving analyst.
 - a. Forms that are missing responses will be considered incomplete and returned to the sender for completion.
 - b. If the county request contains Protected Health Information (PHI) or Personal Information (PI), please send securely by using the county's protocol or send with [secure] in the subject of the email.
3. Follow the form instructions attached to Request for Policy Interpretation Form for details on each item.

Step 2. Policy Questions

1. The Request for Policy Interpretation Form will provide a maximum of one subject per submission.
 - a. Multiple questions may be submitted for the same subject.
 - b. Additional questions may be received while the inquiry is open.
2. When submitting the inquiry, please make sure to be specific as possible.
 - a. The assigned analyst will contact the person who submitted the form for any clarifications if necessary.

Step 3. Research

1. Prior to submission, please provide as much supporting citations, regulations, letters, and related communications that supports the policy question.
2. Reference the following resources when filling out form Request for Policy Interpretation Form:
 - a. Previous guidance from DHCS
 - b. [ACWDLs](#)
 - c. [MEDILs](#)
 - d. Regulations (Federal, State and/or DHCS regulations)
 - e. [MEPM](#)

Step 4. Submission

1. Ensure all sections of the form is complete before submitting.
2. Submit completed form with any corresponding attachments as appropriate.
3. Send email or secure email if PI or PHI is included to:

- a. MCED-Policy@dhcs.ca.gov
- b. The MCED Policy inbox will generate an automatic response that will acknowledge receipt of the inquiry.
- c. If the request submitted requires an expedited response due to it being part of a fair hearing or an access to care issue, please add “**Expedite**” as the first word in the Subject (Box 5 on the form and the title of the email). The response time will be three days for an expedited issue.
- d. The turnaround timeframe for a response from DHCS will be 10 business days.

DHCS will provide a response or a status update on the response within 10 business days. If DHCS does not respond a response based on the timeline outlined in this email, resend the initial request to the MCED-Policy@dhcs.ca.gov with “Second Request” in the email subject line and submit the Policy Interpretation Form again to the inbox or reach out directly to Candyce Flynn and Nancy Liu.