

DATE: January 10, 2025

Medi-Cal Eligibility Division Information

Letter No.: I 25-02

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 January 7, 2025, Governor Gavin Newsom declared a [State of Emergency](#) in Los Angeles and Ventura Counties in response to the 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 I 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.

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Intercounty Transfers

Members 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.

County questions regarding policy guidance should be sent to MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division