



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



**SANDRA SHEWRY**  
Director

**ARNOLD SCHWARZENEGGER**  
Governor

October 9, 2008

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 08-44  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: TRANSLATED MEDI-CAL NOTICES OF ACTION FOR THE  
CITIZENSHIP/IDENTITY REQUIREMENTS OF THE DEFICIT  
REDUCTION ACT OF 2005

The Deficit Reduction Act of 2005 (DRA) requires most United States (U.S.) citizens and U.S. nationals to provide evidence of their citizenship/national status and identity as a condition of Medi-Cal eligibility. The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with additional translated versions of the Notices of Action (NOAs) related to the citizenship/identity requirements of the DRA. These notices were originally published in English and Spanish in ACWDL 08-03, and have now been translated into the following additional threshold languages: Vietnamese, Chinese, Korean, Russian, Armenian, Farsi, Khmer, Hmong, Arabic, and Tagalog. The translated notices include the:

- MC 239 DRA-1
- MC 239 DRA-2
- MC 239 DRA-3
- MC 239 DRA-4
- MC 239 DRA-5

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All of these notices, in all languages are available to County Welfare Departments on the secure MEDS website. Counties should note that these NOAs use the term “limited benefits” instead of the technically accurate “restricted benefits” because this is a term that is more understandable to applicants and beneficiaries.

If you need to obtain further clarification on any of the information in this letter, please contact Ms. Amar Singh at [amar.singh@dhcs.ca.gov](mailto:amar.singh@dhcs.ca.gov) or (916) 552-9457.

**ORIGINAL SIGNED BY**



Vivian Auble, Chief  
Medi-Cal Eligibility Division