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

JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

November 21, 2016

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 16-24
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY PUBLIC HEALTH DIRECTORS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: Updated 90-Day Cure Period Language Translations
(Ref: MEDIL I 15-21 and 16-04; ACWDL 15-27)

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with the threshold translations of the updated 90-Day Cure Period Notice of Action (NOA) language, previously provided in Medi-Cal Eligibility Division Information Letter (MEDIL) I 16-04.

Background

Guidance previously issued in ACWDL 15-27, County Requirements for Issuing Appropriate Notices of Action for Failure to Respond and/or Provide Necessary Information at Redetermination or Change in Circumstances and Compliance with All County Welfare Directors Letter 13-13, informed counties that all discontinuance NOAs for Failure to Respond must include specified 90-day cure period language.

As a result of discussions with stakeholders, updated 90-Day Cure Period language was developed in March 2016. The English and Spanish versions of the updated 90-Day Cure Period language were provided to counties through MEDIL I 16-04. MEDIL I 16-04 informed the Statewide Automated Welfare Systems (SAWS) they must replace the previous versions of the English and Spanish 90-Day Cure Period language with the updated English and Spanish 90-Day Cure Period language from MEDIL I 16-04 during the next available SAWS release. Additionally, counties were directed to include the

updated English and Spanish 90-Day Cure Period language on any manually generated notice, effective immediately.

Translated 90-Day Cure Period Language - Implementation Timeline

The updated 90-Day Cure Period language from MEDIL I 16-04 has been translated into the threshold languages and the translations are provided as attachments in this ACWDL. The Department of Health Care Services will simultaneously transmit the Word versions of the translated languages to SAWS for programming. This guidance is effective immediately. SAWS must make programming changes to use the attached translated updated 90-Day Cure Period language in its applicable threshold languages, during the next available SAWS release. Counties must include the revised 90-Day Cure Period language translations on any manually generated translated notice, effective immediately.

If you have any questions or require additional information, please contact Alison Brown at (916) 319-9565 or by email at Alison.Brown@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Attachments

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Arabic Text
90-Day Cure Period Language	لا يزال بإمكانك الحصول على Medi-Cal، لكن نحتاج إلى أن تعطينا المزيد من المعلومات. نحن بحاجة إليها خلال 90 يوماً، بحلول <discontinuance + 90 days>. يمكننا أن نوفر لك Medi-Cal ابتداءً من <discontinuance date> إذا كنت لا زلت مؤهلاً. إذا لم نحصل على المعلومات بحلول <discontinuance date + 90 days>، يجب عليك إعادة التقدم بطلب للحصول على Medi-Cal.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Armenian Text
90-Day Cure Period Language	Դուք դեռ կարող եք «Medi-Cal» ստանալ, բայց պետք է մեզ լրացուցիչ տեղեկություններ տրամադրեք: Մենք պետք է դրանք ստանանք 90 օրվա ընթացքում՝ մինչև <discontinuance + 90 days>-ը: Եթե Դուք դեռ համապատասխանում եք ծրագրից օգտվելու չափանիշներին, մենք կարող ենք Ձեզ «Medi-Cal» տրամադրել <discontinuance date>-ից: Եթե մինչև <discontinuance date + 90 days>-ը մենք չստանանք այդ տեղեկությունները, Դուք պետք է կրկին դիմեք «Medi-Cal»-ի համար:

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Cambodian Text
90-Day Cure Period Language	អ្នកនៅតែអាចទទួល Medi-Cal បាន ក៏ប៉ុន្តែអ្នកត្រូវផ្តល់ព័ត៌មានបន្ថែមទៀតមកយើង។ យើងត្រូវការព័ត៌មាននេះ ក្នុងរយៈពេល 90 ថ្ងៃ គឺឲ្យទាន់នឹង <discontinuance + 90 days>។ យើងអាចផ្តល់ Medi-Cal ដល់អ្នកចាប់ពី <discontinuance date> បានប្រសិនបើអ្នកនៅតែមានសិទ្ធិចូលរួម។ បើយើងមិនទទួលព័ត៌មានឲ្យទាន់នឹង <discontinuance date + 90 days> អ្នកត្រូវតែដាក់ពាក្យសុំ Medi-Cal សាជាថ្មី។

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Chinese Text
90-Day Cure Period Language	您仍然可以獲得 Medi-Cal，但您需要向我們提供更多的資訊。我們需要在 90 天內，即<discontinuance + 90 days>之前收到有關資訊。如果您仍然具備資格，我們可以從<discontinuance date> 起向您提供 Medi-Cal 。如果我們在<discontinuance + 90 days>之前沒有收到有關資訊，您就必須重新申請 Medi-Cal。

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Farsi Text
90-Day Cure Period Language	شما کماکان می توانید از Medi-Cal برخوردار شوید، اما باید اطلاعات بیشتری به ما ارائه دهید. ما طی 90 روز ، تا <discontinuance + 90 days> باید این اطلاعات را دریافت کنیم. می توانیم از تاریخ <discontinuance date> به شما Medi-Cal ارائه دهیم، البته اگر هنوز صلاحیت داشته باشید. اگر اطلاعات مورد نیاز را تا <discontinuance date + 90 days> دریافت نکنیم، باید مجدداً برای Medi-Cal تقاضا ارسال نمایید.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Hmong Text
90-Day Cure Period Language	Koj tseem yuav tau Medi-Cal, tiam sis koj yuav tsum tau muab ib co ntaub ntawv qhia ntxiv tuaj rau peb. Peb yuav tsum tau li ntawm 90 hnub, tsis pub dhau lub <discontinuance + 90 days>. Peb yuav muab tau Medi-Cal rau koj thaum lub <discontinuance date> los yog tias koj tseem tsim nyog. Yog tias peb tsis tau cov ntaub ntawv rau thaum lub <discontinuance date + 90 days>, koj yuav tsum tau rov thov Medi-Cal dua.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Korean Text
90-Day Cure Period Language	귀하는 여전히 Medi-Cal 을 받을 수 있지만, 우리에게 추가 정보를 주셔야 합니다. 추가 정보가 90 일 내에 <discontinuance + 90 days>까지 필요합니다. 귀하가 여전히 자격이 되신다면, <discontinuance date>부터 Medi-Cal 혜택을 드릴 수 있습니다. 우리가 <discontinuance date + 90 days>까지 그러한 정보를 받지 못한다면, 귀하는 Medi-Cal 에 재신청하셔야 합니다.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Russian Text
90-Day Cure Period Language	Вы по-прежнему можете получить Medi-Cal. Для этого Вам нужно предоставить дополнительную информацию. Отправьте ее в течение 90 дней, к <discontinuance + 90 days>. Мы можем предложить Вам Medi-Cal с <discontinuance date>, если Вы все еще будете соответствовать требованиям. Если мы не получим информацию до <discontinuance date + 90 days>, Вам потребуется подавать заявку на Medi-Cal повторно.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Tagalog Text
90-Day Cure Period Language	Makakakuha ka pa rin ng Medi-Cal, pero kailangan mo kaming bigyan ng karagdagang impormasyon. Kailangan namin ito sa loob ng 90 araw, bago ang <discontinuance + 90 days>. Mabibigyan ka namin ng Medi-Cal mula sa <discontinuance date> kung nararapat ka pa. Kung hindi namin makuha ang impormasyon bago ang <discontinuance date + 90 days>, dapat kang muling mag-apply para sa Medi-Cal.

NOTICE OF ACTION SNIPPET 90 DAY CURE PERIOD LANGUAGE

Notice Type	Vietnamese Text
90-Day Cure Period Language	Quý vị vẫn có thể được nhận Medi-Cal, tuy nhiên quý vị cần cung cấp thêm thông tin. Chúng tôi cần thông tin này trong vòng 90 ngày, trễ nhất là <discontinuance + 90 days>. Chúng tôi có thể cung cấp Medi-Cal cho quý vị kể từ ngày <discontinuance date> nếu quý vị vẫn hội đủ điều kiện. Nếu chúng tôi không nhận được thông tin trước <discontinuance date + 90 days>, quý vị phải nộp đơn xin lại Medi-Cal.