



Jennifer Kent  
Director

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



EDMUND G. BROWN JR.  
Governor

July 2, 2018

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 18-12  
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: Non-Modified Adjusted Gross Income Denial or Discontinuance Notice of Action Due to no Linkage

### **Purpose**

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide the counties and Statewide Automated Welfare System (SAWS) the revised Notice of Action (NOA) that shall be sent to individuals who are not eligible to Non-Modified Adjusted Gross Income (Non-MAGI) due to not having linkage and guidance on when this notice should be sent.

The County shall send a NOA to individuals who no longer have linkage to Non-MAGI Medi-Cal and do not have eligibility to Medi-Cal on any other basis. The NOA shall also be sent to individuals that are found ineligible for MAGI Medi-Cal and have provided the required Non-MAGI information to be screened for other Medi-Cal programs and are consequently denied or discontinued eligibility from Medi-Cal because they do not have linkage to Non-MAGI Medi-Cal as follows:

### **Denial Notice of Action**

The denial NOA shall be sent due to no linkage for the following:

- At application, for individuals who apply for Medi-Cal but are found ineligible under the MAGI methodology and who request a full Medi-Cal determination but are found to have no linkage to Non-MAGI Medi-Cal
- Individuals who are discontinued from MAGI Medi-Cal and provided the required Non-MAGI information but are found to have no linkage to Non-MAGI Medi-Cal

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In accordance with [ACWDL 14-18](#), if the individual is determined ineligible to Non-MAGI Medi-Cal, the denial NOA shall be sent timely and the beneficiary shall be immediately evaluated for Advanced Premium Tax Credits (APTC) or Cost Sharing Reductions (CSR) eligibility.

### **Discontinuance Notice of Action**

The discontinuance NOA shall be sent due to no linkage for the following:

- At annual renewal or report a change in circumstances, when individuals no longer have linkage to Non-MAGI Medi-Cal and the county cannot establish Medi-Cal eligibility on any other basis

In accordance with [ACWDL 14-18](#), the county shall evaluate the ineligible Non-MAGI individual for MAGI Medi-Cal prior to discontinuing the beneficiary. If the beneficiary is determined to be ineligible for MAGI Medi-Cal, the discontinuance NOA shall be sent timely and the beneficiary shall be immediately evaluated for APTC/CSR.

Note: Individuals shall receive a separate denial or discontinuance NOA for the ineligibility to MAGI Medi-Cal.

### **Implementation Timeline**

SAWS shall make programming changes to automate the revised NOAs during the next available SAWS release. Until SAWS have automated the NOAs, the counties shall issue the NOAs attached to this ACWDL manually and save a copy in the case file. The NOAs are available in English. Counties are required to include a multilingual notification (GEN 1365) with every NOA sent to all applicants/beneficiaries regardless of the primary language specified on the Medi-Cal Eligibility Data System. A Medi-Cal Eligibility Division Information Letter will be issued later with all threshold languages for SAWS programming.

If you have any questions or require additional information, please contact Bonnie Tran at (916) 327-0410 or by email at [Bonnie.Tran@dhcs.ca.gov](mailto:Bonnie.Tran@dhcs.ca.gov).

Original Signed By

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Enclosures

State of California  
Health and Human Services Agency

Department of Health Care Services

**MEDI-CAL**  
**NOTICE OF ACTION**  
DENIAL FOR NON-MODIFIED  
ADJUSTED GROSS INCOME MEDI-CAL

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Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

Dear *<Insert Name(s) Here>*,

Your application dated *<MM/DD/YYYY>* for Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal is denied.

We checked to see if you qualify for any "Non-MAGI" Medi-Cal programs. You are denied because you do not qualify for any of the Non-MAGI Medi-Cal programs. You also do not qualify for Medi-Cal on any other basis and should have received a notice about this. To qualify for a Non-MAGI Medi-Cal program, you must be **one** of the following:

- Blind or disabled
- Pregnant
- Under the age of 21
- Age 65 or older
- A parent or caretaker relative caring for a child under 21 in the home

We found that you do not meet any of the above conditions.

If you think you meet one of the above conditions, call your local county office number listed above. If you meet one of the above conditions, you may be able to qualify for Medi-Cal and can ask for retroactive (backdated) coverage.

**Keep your Benefits Identification Card (BIC)**

If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You will use your BIC number again if you qualify for Medi-Cal in the future.

**You have the right to appeal**

If you think we made a mistake, you can appeal. To learn how to appeal, read "Your Hearing Rights" on the back of this letter. You have **90** days to ask for a hearing. The 90 days started the day after the county sent you this notice.

**Rules we used to make our decision**

You can read these rules at your local welfare office: California Code of Regulations, Title 22, Section(s): 50203, 50219, 50223, 50251.

**MEDI-CAL**  
**NOTICE OF ACTION**  
DISCONTINUANCE FOR NON-MODIFIED  
ADJUSTED GROSS INCOME MEDI-CAL

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Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

Dear *<Insert Name(s) Here>*,

We looked at the information we have about your case. Based on the information we have, your Medi-Cal will end on *<MM/DD/YYYY>*.

Your Medi-Cal will end because you no longer qualify for *<Insert Program(s) Here>*. To qualify for a Non-Modified Adjusted Gross Income Medi-Cal program, you must be **one** of the following:

- Blind or disabled
- Pregnant
- Under the age of 21
- Age 65 or older, **or**
- A parent or caretaker relative caring for a child under 21 in the home

We found that you do not meet any of the above conditions.

You do not qualify for Medi-Cal on any other basis and should have received a notice about this.

If you think you meet one of the above conditions, call your local county office number above. If you meet one of the above conditions, you may be able to stay on Medi-Cal.

**Keep your Benefits Identification Card (BIC)**

If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You can use your BIC number until your Medi-Cal ends. You will also use it again if you qualify for Medi-Cal in the future.

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