



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



EDMUND G. BROWN JR.
Governor

November 9, 2018

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 18-25
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: Updated MC 355 Medi-Cal Request for Information Form
(Reference: All County Welfare Directors Letter Nos. 01-36, 01-39, 01-39E, 02-48, 02-59, 07-24, 11-23, 14-11, 14-18, 15-32, 16-23 and Medi-Cal Eligibility Division Information Letters I 14-44 I 15-22E, I 15-33)

The purpose of this letter is to inform counties of the availability of the updated Medi-Cal Request for Information form (MC 355 Rev. 07/18).

The updated MC 355 (Rev. 07/18) form takes into consideration program changes resulting from the implementation of the Affordable Care Act. The Department of Health Care Services (DHCS) worked with stakeholders to improve the design and content of the form.

Changes to the form include:

- Reminder: A beneficiary can return the needed information by mail, fax, telephone, in person, or online using the county's online system if document uploading is available in the county, or the Covered California portal if the beneficiary has a Covered California account.
- New section: Request for Tax Household Information.
- New section: Request for Information for Former Foster Youth.

Copies of the MC 355 fillable forms are posted in English and Spanish on the DHCS website, located at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC300.aspx>.

Statewide Automated Welfare System (SAWS) Programming

The MC 355 cover page language and formatting may not be changed. However, counties and SAWS should work together to customize beneficiary information requests from items listed on the updated MC 355 form. Programming changes include generating a two-sided MC 355 form with the cover sheet on one side and the second page of the form listing only each beneficiaries name and the verification types required to redetermine eligibility for members of the case. Unless counties are using a manually generated MC 355 form, it is not required to be three-pages. SAWS must implement the programming changes in the next available SAWS release.

DHCS will provide the MC 355 form in all threshold languages to SAWS for programming in the next available SAWS release via a Medi-Cal Eligibility Division Informational Letter as soon as the translations are available.

Changes to the MC 355 Process

Please note, per Welfare and Institutions Code, Section 14005.37, counties must provide the beneficiary 30 days to respond to requests when the MC 355 form is used. Counties are also required to make one additional beneficiary contact during the 30 days prior to taking action on terminating a case. These changes supersede previous guidance provided in All County Welfare Directors Letters (ACWDLs) [01-36](#), [01-39](#), [01-39E](#), [01-39EE](#), [02-48](#), [02-59](#), and [11-23](#) that did not require an additional beneficiary contact and the beneficiary had a 20-day response period.

Requesting Beneficiary Verification Information

Counties must use the MC 355 form to collect necessary verification information from Medi-Cal-only beneficiaries to complete eligibility redeterminations when the beneficiary submits incomplete information and the necessary information is not available through electronic verification or ex parte. However, counties may continue to use another county request form, instead of the MC 355, to gather verifications and information from applicants and beneficiaries for combined Medi-Cal and CalFresh or California Work Opportunity and Responsibility for Kids (CalWORKs) cases.

The MC 355 form shall be used to only request missing information. The county shall not request information or documentation from the beneficiary:

1. Until after completion of the ex parte review that evaluates the most recent or last known information available to the county. Counties must evaluate information contained in the beneficiary's active Medi-Cal case file, or other information available to the county about the beneficiary and/or the beneficiary's immediate family, or tax household members case files that are either open or were closed within the last 90 days. This includes, but is not

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limited to case file information from CalWORKs, CalFresh, Covered California, as well as other state and federal data records.

2. That is not necessary to complete the eligibility determination; or
3. That is not subject to change.

As a reminder, counties shall only request information for non-applicants necessary to make an eligibility determination or for a purpose directly related to the administration of the state Medicaid plan.

MC 355 Usage During Annual Redetermination (RV)

Counties shall follow current policies for processing beneficiary annual redeterminations based on Modified Adjusted Gross Income (MAGI) or Non-MAGI methodology starting with the ex parte review of available information including electronic databases and case files.

If the county is not able to determine continued eligibility based on the ex parte review, a MC 216 Pre-Populated MAGI Medi-Cal RV form or MC 210 RV Non-MAGI RV form is sent to the beneficiary allowing 60 days for response. If during the 60-day period the beneficiary returns an incomplete form or information, the county shall first attempt to contact the beneficiary using their preferred method to obtain the needed information and additionally the county may use the MC 355 form as a means to provide a written request to the beneficiary for the information. The MC 355 form must identify only the information that is necessary to renew eligibility. For each item checked on the MC 355 form, the county must list only the name of the individual(s) whose information is requested. The MC 355 form informs the beneficiary that he/she may respond to the county by mail, telephone, in person, fax or online using the county's online system if document uploading is available in the county or the Covered California portal if the beneficiary has an account.

The beneficiary shall be given 30 days to respond to the request for information provided on the MC 355 form. If during the 30-day period the beneficiary does not respond, provides incomplete information, or does not provide the requested information, the county shall attempt to contact the beneficiary. The contact can be through any of the means available to the county, and conducted according to the beneficiary's preferred method of contact, if known. The county must document the contact dates and methods in the case file.

If the beneficiary does not provide the necessary information to the county, the county shall follow current guidance to issue an adequate and timely 10-day Notice of Action (NOA) to discontinue Medi-Cal eligibility, including the prescribed 90-day cure period language.

Beneficiary Information Is Returned After Discontinuance

If the beneficiary returns the information requested on the MC 355 form to the county after the county sent the 10-day discontinuance notice, but before the discontinuance action is effective on the last day of the month, the county shall immediately rescind the discontinuance action, redetermine eligibility, and send an appropriate NOA.

If the beneficiary returns the information requested within the 90-Day Cure Period, the county must immediately determine eligibility as though the information was submitted in a timely manner, and if still eligible, rescind the termination, restore Medi-Cal benefits back to the date of termination, and send an appropriate NOA.

If the beneficiary returns the information requested after Medi-Cal has been terminated for more than 90 days and does not have good cause (refer to 22 California Code of Regulations (CCR) Section 50175(b)-(c)), the county shall advise the beneficiary that he/she must re-apply for Medi-Cal and complete a new application.

Use of the MC 355 Form for Returned Mail

Please refer to ACWDL [16-23](#), County Process Prior to Discontinuance When Mail is Returned Undeliverable, for use of the MC 355 form to obtain current address information from the beneficiary.

MC 355 Requests for Verifications

For both MAGI and Non-MAGI methodology eligibility determinations, certain eligibility factors require that the beneficiary provide copies of verifications if ex parte and the electronic verification fail (items such as income, Social Security Number (SSN), citizenship/immigration status, etc.). Additional property verifications, such as copies of bank account statements, property deeds, vehicle registration forms, retirement accounts are required to complete the Non-MAGI determination. The beneficiary may submit these verifications to the county in person, by mail, by fax, or online using the county's online system if document uploading is available in the county. However, telephone is not an option for the beneficiary to submit verifications that require sending a copy of documentation to the county. The MC 355 form instructs beneficiaries to submit copies of these as proofs to the county. If the beneficiary indicates in a telephone call to the county that a copy of required documentation is unavailable or he/she needs assistance in obtaining it, the county must follow guidelines per 22 CCR Section 50167(c) to document the client's attempts in the case notes and advise the beneficiary to submit a written affidavit, where necessary.

When ex parte, including electronic verification and other verification attempts, have been unsuccessful, an affidavit dated and signed by the beneficiary under penalty of perjury is acceptable as verification of all items except to verify the SSN. County workers shall provide beneficiaries with available county declaration forms but shall also

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accept an affidavit submitted without using county-provided forms. Reminder: When a beneficiary submits a declaration to the county, the eligibility worker must:

1. List, and retain in the case file, a record of all actions taken to obtain documentation required for verification; and
2. For property verification, obtain from the beneficiary, an affidavit dated and signed under penalty of perjury which lists a description and, if appropriate, the value of any item for which documentation for verification purposes was determined not available and retain this document in the case record; and
3. For income verification, obtain a signed and dated affidavit from the beneficiary, under penalty of perjury, which lists the amounts of any earned or unearned income received and retain this document in the case record.

Change of Circumstance Redeterminations

In a future ACWDL, DHCS will provide updated guidance to counties and SAWS regarding the prescribed forms to use for obtaining beneficiary information at change of circumstance redeterminations for MAGI and Non-MAGI cases. Until DHCS releases the new guidance, counties should continue using current forms and processes, including the MC 355 form, to request documented proof when attested information does not verify through the ex parte review process at change in circumstance redeterminations.

If you have any questions or if we can provide further information, please contact Jessie Choi at (916) 345-8077 or by email at jessie.choi@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosures

MEDI-CAL REQUEST FOR INFORMATION

Notice Date:
Case Number:
Worker Name:
Worker ID Number:
Worker Fax Number:
Worker Telephone
Number: Office Hours:
Notice For:

ATTENTION: READ THIS PAGE FIRST

We need more information from you to complete our review of your Medi-Cal eligibility. Before we ask you for information, we looked at our records and all other information available to us. Our research did not provide all of the information needed. We still need the information where there is a box checked on the following pages.

We must receive this information by or you may lose your Medi-Cal benefits!

- Use this form to help gather the needed papers or information.
- You do not need to return this form to us.
- You may provide information to us by mail, fax, telephone, in person, or online. Contact your county to find out how to submit your information online.
- A prepaid self-addressed envelope is provided for you to return the requested papers or information.
- Please write the case number listed at the top of this page on any papers you send to us.
- If you have questions, need more information, or cannot provide the requested information please contact us at the telephone number listed at the top of this page.

IMPORTANT! PLEASE READ ALL PAGES OF THIS FORM

Help us keep in touch with you!

Call your eligibility worker if you have a change of address or telephone number. (The worker's contact information is listed at the top of this page)

MEDI-CAL REQUEST FOR INFORMATION

NOTE: WE **ONLY** NEED THE INFORMATION WHERE A BOX IS CHECKED.

Income

Your income information will help us decide if you qualify for free or low-cost Medi-Cal or assistance from Covered California, the state health benefits exchange.

- ☐ A copy of the most recent pay stub or statement from your employer about your job (how much you are paid before taxes, how often you are paid, how many hours you work) for each of your jobs (if you have more than one) for:

If you do not get pay stubs and cannot get a statement from your employer(s), you can do one of the following:

- Give us a copy of your most recent tax return for:
 - Contact your worker to complete a sworn statement signed under the penalty of perjury and dated by you about how much you are paid before taxes, how often you are paid, and how many hours you work.
- ☐ If self-employed, a copy of Schedule C of the most recent tax return, **or** a profit and loss statement for the last three months for:
- ☐ Proof of unemployment or disability benefits—a copy of paid benefits stubs or letter that shows what you earned before deductions for:
- ☐ Proof of Veteran's Benefits (aid and attendance, disability or retirement)- a copy of paid benefits stub or award letter for:
- ☐ Proof of social security benefits received—a copy of paid benefits stub or award letter for:
- ☐ Proof of retirement or pension income received—a copy of benefits or check stub for:
- ☐ Information about your tax filing status and/or the tax filing status of other household members for:
- ☐ Complete the enclosed form titled "Request for Tax Household Information" for:
- ☐ Other:

Deductions

- ☐ A copy of checks or receipts of child care, child support, alimony, or health insurance paid for:
- ☐ Other:

Information on Person(s) Requesting Medi-Cal

- ☐ A copy of your California driver's license or a photo ID for:
- ☐ Social Security Number for:
- ☐ A copy of immigration documentation or card (make a copy of both sides of cards or documents) for:

If you are an immigrant and do not have a social security number or immigration documentation to give us, you may still qualify for emergency and pregnancy-related services. Please call your worker to tell us of any changes in your immigration/citizenship status or if you do not have a social security number or immigration documentation, so we can finish our review.

Former Foster Youth

- ☐ A copy of any document for: _____ that shows you were in foster care on your 18th birthday. We are asking for this information because we have not been able to get proof that you were in foster care at age 18 or older.

The information we checked shows:

Residence

- ☐ Verification of your current address (rent receipt, utility bill, etc.)

Personal or Real Property

- ☐ A copy of all vehicle registrations or titles (if you have more than one vehicle) for:
- ☐ A copy of your most recent bank statement (checking, savings account, etc.) for:
- ☐ A copy of life insurance policy, stocks, bonds, retirement account statement for:
- ☐ Documentation of any other property within or outside the United States (houses other than one lived in, land, etc.) for:
- ☐ Verification that you have sold, traded or given away property or closed an account for:

Disability/Incapacity

- ☐ Social security award letter for disability for:
- ☐ Other proof that you have a physical, mental, or emotional disability that will last 12 months or more for:

If you think you or any family member receiving Medi-Cal is disabled please contact your worker.

- ☐ Other information we need:

SOLICITUD DE INFORMACIÓN (REQUEST FOR INFORMATION) DE MEDI-CAL

Fecha de la notificación:

Número del caso:

Nombre del trabajador:

Número del trabajador:

Número de fax de los trabajadores:

Número de teléfono del trabajador:

Horas hábiles:

Notificación para:

ATENCIÓN: LEA PRIMERO ESTA PÁGINA

Necesitamos más información de usted para poder terminar de revisar su elegibilidad para beneficios de Medi-Cal. Antes de pedirle información, revisamos nuestros registros y otra información que tenemos disponible. Nuestra búsqueda no proporcionó toda la información necesaria. Todavía necesitamos la información donde aparece una casilla marcada en las páginas siguientes.

¡ Tenemos que recibir esta información a más tardar el o usted puede perder sus beneficios de Medi-Cal!

- Use este formulario para ayudar a juntar los papeles o información necesaria.
- No necesita enviarnos este formulario de vuelta.
- Puede proporcionarnos información por correo, por fax, por teléfono, en persona o en línea. Llame a su condado para averiguar cómo presentar su información en línea.
- Un sobre rotulado de prepago es proporcionado para devolver los documentos o información solicitada. Por favor, escriba el número de caso que aparece en la parte superior de esta página en cualquier papel que usted nos envíe.
- Si tiene preguntas, necesita más información o no puede proporcionar la información solicitada, llámenos al número de teléfono que aparece en la parte superior de esta página.

¡IMPORTANTE! LEA POR FAVOR TODA LAS PÁGINAS DE ESTE FORMULARIO

¡Ayúdenos a mantenernos en contacto con usted!

**Llame a su trabajador de elegibilidad si tiene un cambio de dirección o número de teléfono.
(La información de contacto del trabajador está en la parte superior de esta página)**

SOLICITUD DE MEDI-CAL PARA OBTENER INFORMACIÓN

NOTA: **SOLO NECESITAMOS LA INFORMACIÓN DONDE LA CASILLA ESTÁ MARCADA.**

Ingresos

La información de sus ingresos nos ayuda a decidir si usted califica para beneficios gratuitos o de bajo costo de Medi-Cal o para asistencia de Covered California, el mercado de cobertura de salud del Estado.

- ☐ Una copia del talón de pago más reciente o una declaración de su empleador sobre su empleo (cuánto se le paga antes del pago de impuestos, con qué frecuencia se le paga, cuántas horas trabaja) para cada uno de sus empleos (si tiene más de uno) para:
Si usted no recibe talones de pago y no puede obtener una declaración de su(s) empleador(es), puede hacer lo siguiente:
 - Darnos una copia de su declaración de impuestos correspondiente a:
 - Contacte a su trabajador para completar una declaración jurada firmada bajo pena de perjurio y fechada por usted en la que indica cuánto se le paga antes del pago de impuestos, con qué frecuencia se le paga y cuántas horas trabaja.
- ☐ Si trabaja por cuenta propia, una copia del Formulario C de su declaración de impuestos más reciente o un estado de pérdidas y ganancias para los últimos tres meses para:
- ☐ Comprobante de beneficios de desempleo o incapacidad; una copia de los talones de beneficios pagados o una carta que demuestre lo que ganó antes de las deducciones para:
- ☐ Comprobante de beneficios de Veteranos (ayuda y apoyo, discapacidad o jubilación), una copia de los talones de beneficios pagados o carta de notificación de beneficios para:
- ☐ Comprobante de beneficios del seguro social recibidos; una copia del talón de beneficios pagados o carta de notificación de beneficios para:
- ☐ Comprobante de ingresos recibidos de jubilación o pensión; una copia del talón del cheque o beneficios para:
- ☐ Información acerca de su estado de declaraciones de impuestos y/o la presentación de impuestos de otros miembros de su hogar para:
- ☐ Llene el formulario adjunto titulado "Request for Tax Household Information" (RFTHI) para:
- ☐ Otros:

Deducciones

- ☐ Una copia de cheques o recibos de cuidado de niños, manutención de hijos, pensión alimenticia para el/la cónyuge o seguro de salud pagados para:
- ☐ Otros:

Información de la(s) persona(s) que solicita(n) Medi-Cal

- ☐ Una copia de su licencia de conducir de California o una identificación con fotografía para:
- ☐ Número de seguro social para:
- ☐ Una copia del documento o tarjeta de inmigración (haga copias de ambos lados de la tarjeta o documentos) para:
Si usted es inmigrante y no tiene un número de seguro social o documentación de inmigración para darnos, todavía puede calificar para servicios de emergencia o relacionados con el embarazo. Por favor, llame a su trabajador para informarnos de cualquier cambio en su estado de inmigración/ciudadanía o si usted no tiene un número de seguro social o documentación de inmigración para que podamos terminar nuestra revisión.

Jóvenes que anteriormente estuvieron bajo crianza temporal

- ☐ Una copia de cualquier documento para: que demuestre que estuvo en un hogar de crianza temporal en su 18 cumpleaños. Estamos pidiendo esta información porque no hemos recibido un comprobante de que usted estuvo en un hogar de crianza temporal a la edad de 18 años o más.

La información que revisamos muestra:

Residencia

- ☐ Comprobante de su dirección actual (recibo de la renta, factura de servicios públicos, etc.)

Bienes personales o bienes y raíces

- ☐ Una copia de todos los títulos o registros de vehículos (si tiene más de un vehículo) para a:
- ☐ Una copia de su estado de cuenta bancaria (cheques, ahorros, etc.) más reciente para a:
- ☐ Una copia de la póliza de seguro de vida, acciones, bonos, estado de cuenta de jubilación para:
- ☐ Documentación de cualquier otra propiedad dentro o fuera de los Estados Unidos (casas diferentes a aquella en la que vive, terreno, etc.) para:
- ☐ Comprobante de que ha vendido, negociado o regalado propiedades o cerrado una cuenta para:

Discapacidad/incapacidad

- ☐ Carta de notificación de beneficios de incapacidad del seguro social para:
- ☐ Otra prueba de que usted tiene una discapacidad física, mental o emocional que tendrá una duración de 12 meses o más para:

Si usted piensa que usted o un miembro de su familia que está recibiendo Medi-Cal es incapacitado, contacte a su trabajador.

- ☐ Otra información que necesitamos: