



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



GAVIN NEWSOM
Governor

January 9, 2019

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 19-02
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: Information Regarding Reporting Requirements on Notices of Action

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with guidance regarding the requirement to include information about an applicant's or beneficiary's responsibility to report changes in circumstances on all Modified Adjusted Gross Income (MAGI) and Non-MAGI Notices of Action (NOAs). This information is required on NOAs that approve, change, or continue Medi-Cal eligibility. Title 42 of the Code of Federal Regulations, Section 435.917 requires that the NOA include information about the circumstances under which an individual must report, and the procedures for reporting any changes that may affect the individual's eligibility for Medi-Cal.

Background

As part of Change Request (CR) 35243, which transferred the generation of MAGI Medi-Cal NOAs from the California Healthcare Eligibility, Enrollment, and Retention System to the Statewide Automated Welfare Systems (SAWS), NOA language regarding the applicant's or beneficiary's reporting requirements was added to all MAGI NOAs generated by SAWS. This language was listed under the header, "**Do you have any changes?**" and provided applicants and beneficiaries with information regarding the need to report changes in circumstances within 10 calendar days, the type of information that must be reported, and the ways that information can be reported.

Reporting Requirement Language Shall be Included on Both MAGI and Non-MAGI NOAs

In order to ensure that all applicants and beneficiaries receive the important information about reporting responsibilities, a NOA snippet providing information about the requirement to report changes shall be included on all MAGI, Non-MAGI, and mixed Medi-Cal (combined MAGI and Non-MAGI) NOAs that approve, change, or continue Medi-Cal eligibility. Please note that the language previously provided for use in MAGI NOAs has been revised for clarity and, therefore, the reporting requirement NOA snippet that is provided in this ACWDL for MAGI NOAs shall replace the snippet currently in use.

Reporting Requirement NOA Snippet for MAGI NOAs

The NOA snippet, provided below, shall be included on all MAGI NOAs that approve, change, or continue Medi-Cal eligibility. This language shall replace the language currently in use on MAGI NOAs.

“Do you have any changes?”

Over the next year, you must report any life changes that affect your eligibility for Medi-Cal. You must report within **10** days after the change happened. For example, you must contact us if:

- Your income changes.
- Your household changes, such as you marry, divorce, become pregnant, or have or adopt a child; a person moves into or out of your home; or you change who will be on your tax return.
- You qualify for other health insurance.
- You move. If you move to a new county, you can report your change to your old or new county.

You may report changes to your local county office in person or by mail, fax, phone, or electronically. The contact information is on the first page of this notice.”

Reporting Requirement NOA Snippet for Non-MAGI and Mixed Medi-Cal NOAs

The NOA snippet provided below shall be included on all Non-MAGI and mixed Medi-Cal (MAGI and Non-MAGI) NOAs that approve, change, or continue Medi-Cal eligibility.

“Do you have any changes?”

Over the next year, you must report any life changes that affect your eligibility for Medi-Cal. You must report within **10** days after the change happened. For example, you must contact us if:

- Your income changes.
- Your household changes, such as you marry, divorce, become pregnant, or have or adopt a child; a person moves into or out of your home; or you change who will be on your tax return.
- You qualify for other health insurance.
- You move. If you move to a new county, you can report your change to your old or new county.
- Your property changes.

You may report changes to your local county office in person or by mail, fax, phone, or electronically. The contact information is on the first page of this notice.”

Implementation Timeline

The Department of Health Care Services will release the threshold translations of this NOA snippet in a subsequent Medi-Cal Eligibility Division Information Letter. SAWS shall make all necessary programming changes to ensure all NOAs meet the requirements outlined in this ACWDL within the next available SAWS release.

Multilingual Notification Reminder

As a reminder, 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.

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
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