



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



GAVIN NEWSOM
GOVERNOR

October 28, 2020

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 20 -22
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: INFORMATIONAL MATERIALS REQUIRED AT APPLICATION AND RENEWAL (Reference: All County Welfare Directors Letter Nos. [17-26 E](#), [09-42](#), [01-06](#), and [91-78](#), Medi-Cal Eligibility Division Letters [I 19-18](#), [I 19-15](#) and [I 15-35](#))

The purpose of this letter is to provide counties and the Statewide Automated Welfare System (SAWS) with guidelines on the required informational materials to send to all households:

- At the time the county receives an application for insurance affordability programs (IAPs), and
- Annually, to all Medi-Cal beneficiary households whether they are determined Medi-Cal eligible after an ex parte review (auto renewed) or at the time of their annual renewal packet mailing.

This policy guidance addresses the informational materials counties are required to send for:

- Modified Adjusted Gross Income (MAGI) households,
- Non-MAGI households, including Medicare Savings Program (MSP)-only and Low Income Subsidy (LIS) Extra Help Program households, and
- Mixed MAGI and Non-MAGI households.

This All County Welfare Directors Letter (ACWDL) replaces Medi-Cal Eligibility Division Information Letters (MEDIL) I 14-54 and I 14-54E, which are now obsolete. This ACWDL also supersedes the new application packet guidance in [ACWDL 10-04E](#) for LIS Extra Help applicants that are referred to counties by the Social Security Administration.

Reminders:

- Counties/SAWS are to provide translated informational materials (when available) to households in their requested written language and in alternate formats upon request.
- Counties must continue to follow current guidance sending Non-MAGI applicant households the forms and publications referenced in [ACWDL 17-26E](#), in addition to the informational materials to be provided at application in accordance with this ACWDL.

Background

Department of Health Care Services (DHCS) requires that counties furnish applicant and beneficiary households with informational materials to comply with federal and state mandates, including:

- [42 Code of Federal Regulations § 435.905](#), and [§ 441.56](#);
- The Federal National Voter Registration Act of 1993 (NVRA) [52 U.S. Code § 20506](#);
- Title 26, United States Code (U.S.C.) [§ 6055](#);
- Title 26, Code of Federal Regulations [§1.6055-1](#);
- [Revenue and Tax Code § 61005](#);
- Welfare and Institution Code [§14006.4](#), [§14006.7](#); and
- Title 22 California Code Regulations [§ 50184](#).

Materials Provided at Application

The county shall provide the informational materials listed below, to all households at the time county receives an application for IAPs, in person, by phone, by mail, through the SAWS portal, or by other commonly available electronic means. For applicants who apply through the California Healthcare, Eligibility, Enrollment, and Retention System (CalHEERS) online application portal at [CoveredCA.com](#), counties shall provide the informational materials when the county receives the application via the electronic health information transfer (eHIT). For MSP-Only applicants, see page 3.

The applicant household including LIS Extra Help, shall receive the following informational materials:

- [MC Information Notice 018 Medi-Cal Information for Applicants \(All languages\)](#)
- [MC Information Notice 020 Notice to Beneficiaries regarding IRS Form 1095-B \(MC 020 Spanish\)](#)
- [MC 219](#) Important Information for Persons Requesting Medi-Cal
- [PUB 183](#) (English) Child Health and Disability Prevention Program **or**
- [PUB 184](#) (Spanish) Child Health and Disability Prevention Program
- [Pub 68](#) My Medi-Cal – How to Get the Care You Need
- [MC 003](#) Early and Periodic Screening, Diagnosis and Treatment Services
- [PUB 13](#) Your Rights Under California Public Benefits Program
- [MC 372](#) Breast and Cervical Cancer Treatment Program
- [GEN 1365](#) Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- Women, Infants, and Children Brochure
- California Voter Registration Card
- National Voter Registration Act Voter Preference Form

Informational Materials Provided to Non-MAGI and LIS Extra Help at Application

In addition to the application informational materials listed above, Non-MAGI Medi-Cal applicant households and LIS Extra Help applicant households shall receive the following informational materials:

- [MC 007](#) Medi-Cal General Property Limitations
- [DHCS 7077](#) Notice Regarding Standards for Medi-Cal Eligibility
- [DHCS 7077-A](#) Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary

Informational Materials Provided to MSP-Only Applicants

MSP-Only applicants may use the MC 14-A Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, or Qualifying Individual Application instead of the application for IAPs. The county shall send the following informational materials to MSP-Only applicant households:

- [MC 219](#) Important Information for Persons Requesting Medi-Cal
- [Pub 68](#) My Medi-Cal – How to Get the Care You Need
- [MC 372](#) Breast and Cervical Cancer Treatment Program

- [GEN 1365](#) Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- [PUB 13](#) Your Rights Under California Public Benefits Program
- California Voter Registration Card
- National Voter Registration Act Voter Preference Form

Informational Materials Provided at Annual Renewal

MAGI Household Packet

A MAGI beneficiary household shall receive the informational materials listed below annually if they are redetermined continued Medi-Cal eligible after ex parte review (auto renewed) or if sent an MC 216 MAGI annual renewal form to redetermine their eligibility.

The MAGI beneficiary household packet shall include the following informational materials:

- [MC 019](#) Information Notice for Beneficiaries
- [MC 219](#) Important Information for Persons Requesting Medi-Cal
- [MC 372](#) Breast and Cervical Cancer Treatment Program
- [GEN 1365](#) Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- [PUB 13](#) Your Rights Under California Public Benefits Program
- California Voter Registration Card
- National Voter Registration Act Voter Preference Form

MAGI beneficiary households with members under 21 years of age shall also receive the following materials:

- [PUB 183](#) (English) Child Health and Disability Prevention **or**
- [PUB 184](#) (Spanish) Child Health and Disability Prevention Program
- [MC 003](#) [Early and Periodic Screening, Diagnosis and Treatment Services](#)

Non-MAGI Household Packet

A Non-MAGI beneficiary household shall receive the informational materials listed below annually if they are redetermined continued Medi-Cal eligible after ex parte review (auto renewed) or if sent an MC 210 RV Non-MAGI annual renewal form to redetermine their eligibility.

MSP-Only beneficiary households as well as LIS Extra Help beneficiary households shall also receive the Non-MAGI household packet at annual renewal.

The Non-MAGI beneficiary household packet shall include the following brochures, publications, and forms informational materials:

- [MC 019](#) Information Notice for Beneficiaries
- [MC 219](#) Important Information for Persons Requesting Medi-Cal
- [MC 372](#) Breast and Cervical Cancer Treatment Program
- [MC 007](#) Medi-Cal General Property Limitations
- [DHCS 7077](#) Notice Regarding Standards for Medi-Cal Eligibility
- [DHCS 7077-A](#) Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary
- [GEN 1365](#) Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- [PUB 13](#) Your Rights Under California Public Benefits Program
- California Voter Registration Card
- National Voter Registration Act Voter Preference Form

Non-MAGI beneficiary households with members under 21 years of age shall also receive the following materials:

- [PUB 183](#) (English) Child Health and Disability Prevention Program **or**
- [PUB 184](#) (Spanish) Child Health and Disability Prevention Program
- [MC 003](#) Early and Periodic Screening, Diagnosis and Treatment Services

Mixed Household Packet – MAGI and Non-MAGI Households

A MAGI and Non-MAGI beneficiary household shall receive the publications listed below annually if they are redetermined Medi-Cal eligible after ex parte review (auto renewed) or if sent a MC 217 Mixed Household annual renewal form when available in the SAWS system to redetermine their eligibility.

The MAGI and Non-MAGI beneficiary household packet shall include the following informational materials:

- [MC 019](#) Information Notice for Beneficiaries
- [MC 219](#) Important Information for Persons Requesting Medi-Cal
- [MC 372](#) Breast and Cervical Cancer Treatment Program
- [MC 007](#) Medi-Cal General Property Limitations
- [DHCS 7077](#) Notice Regarding Standards for Medi-Cal Eligibility

- [DHCS 7077-A](#) Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary
- [GEN 1365](#) Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- [PUB 13](#) Your Rights Under California Public Benefits Program
- California Voter Registration Card
- National Voter Registration Act Voter preference form

Mixed MAGI and Non-MAGI beneficiary households with members under 21 years of age shall also receive the following materials:

- [PUB 183](#) (English) Child Health and Disability Prevention Program **or**
- [PUB 184](#) (Spanish) Child Health and Disability Prevention Program
- [MC 003](#) Early and Periodic Screening, Diagnosis and Treatment Services

Accessing Forms and Informational Materials:

Reminder: The informational materials listed above are subject to future revisions. Counties and SAWS should review the DHCS website on a regular basis for announcements in ACWDLs, MEDILs and the Forms Index to assure access to the most up-to-date published materials and guidance.

DHCS forms and informational materials are available by program, form number, form name, and translated languages at the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMain.aspx>

If you have any questions, or if we can provide further information, please contact Deborah Pinkowski, by phone at (916) 345-8087 or by email at

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Original Signed By,

Sandra Williams, Chief
Medi-Cal Eligibility Division