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Director

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



EDMUND G. BROWN JR.
Governor

April 7, 2015

Medi-Cal Eligibility Division Information Letter No.: I 15-11

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: New Noticing Requirements and Procedures under *Rivera v. Douglas* (2015)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties of the new noticing requirements and process procedures under the court order issued in *Rivera v. Douglas* (2015).

Background

On January 20 and February 11, 2015, the Department of Health Care Services (DHCS) received two court orders as part of the *Rivera v. Douglas* (2015) lawsuit that require DHCS to notify individuals of their right to file an appeal and request a hearing when a Medi-Cal eligibility determination has not been performed within 45 days as required by state and federal law. As a result, DHCS issued a notice of inaction (NOI) to two groups of individuals informing them of their appeal and hearing rights:

- **Group 1:** Individuals remaining in the Medi-Cal application backlog from the 2014 Open Enrollment Period (October 1, 2013) through the start date of the 2015 Open Enrollment Period (November 15, 2014). These individuals are the exceptions from the statewide batch processes done in June through October 2014, where DHCS expedited coverage for backlogged individuals that were:
 1. Determined pending eligible by the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), but not yet eligible in the Medi-Cal Eligibility Data System (MEDS);
 2. Determined eligible by CalHEERS, but not yet eligible in MEDS; and
 3. Likely eligible as defined in MEDIL 14-55 and 14-55E.

Counties shall refer to MEDIL 15-05: Overview of Statewide Batch Processes

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(March 5, 2015) for further specifics on each batch process. In addition, this group included individuals on county “exclusion lists” provided by counties to DHCS during the same time period and who were not identified by counties as having previously received a county generated grant or denial of eligibility Notice of Action (NOA).

- **Group 2:** Individuals for whom DHCS was unable to grant provisional eligibility in the current Accelerated Enrollment (AE) for Cases in Excess of 45 Days batch process. These records failed to process due to data compatibility issues between CalHEERS and MEDS from the weekly 2015 Open Enrollment AE batch effort that began on January 1, 2015. It is unknown how long this notice process will continue as currently mandated by the *Rivera v. Douglas* (2015) court order. Counties shall refer to MEDIL 15-05 for further details on the current AE for Cases in Excess of 45 Days batch process.

Rivera v. Douglas Noticing Requirements

DHCS in consultation with counties, County Welfare Directors Association (CWDA), and *Rivera* petitioners, have developed a NOI for the two populations discussed above who have not been granted provisional or final eligibility and have not received a NOA for denial of eligibility within 45-days of the filing of their application. Each individual in the two groups will receive the following inserts in each mailer, hereafter known as the “Rivera mailer” (Enclosure A):

1. Notice of Inaction (NOI) – Adult and Child Versions
2. Notice of Information to Request a Hearing
3. Languages Tagline
4. County Contact Listings

Counties shall note that the Notice of Right to Request a Hearing for each Rivera mailer eliminates the 90-day deadline to file a hearing, which is usually included on all hearing notices generally referred to as “NA Back 9(s)”. Since the notice of inaction is issued based on a failure to complete a timely eligibility determination, the 90-day deadline to file an appeal is not applicable. Please note that this elimination of the 90-day language on the Notice of Information to Request a Hearing is specific to the Rivera mailer only and does not apply to the regular NOA processes.

DHCS is mailing the Rivera mailers using our state print vendor, Office of State Publishing (OSP). The mailers are in English and Spanish only. Individuals who have listed Spanish as their preferred written language on their Insurance Affordability Programs (IAP) application will be sent the Spanish language Rivera mailer. Individuals who have listed another preferred written language will be sent the English language mailer containing the Language Tagline insert.

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Rivera v. Douglas Noticing Procedures

In collaboration with CWDA and counties, DHCS has developed the following two-phase approach in creating the final mailing lists for the targeted populations. The two phases are as follows:

- **Phase 1:** This phase included individuals from Group 1 (2014 Open Enrollment through start date of 2015 Open Enrollment) as well as individuals from Group 2 (2015 Open Enrollment) up through Week 10 of the AE Excess 45-days batch process.

DHCS and County Actions: The DHCS backlog team has sent out a compiled list of potential candidates for the Rivera mailer to counties for Phase 1. Counties were instructed to note a “Yes (Y)” or “No (N)” in that specific column to indicate whether the individual would need to receive a NOI. Most counties have submitted their completed review to DHCS on March 5, 2015 and no further action is needed from counties for this phase.

Date of Initial Mailing: Monday, March 16, 2015

- **Phase 2:** This phase will be ongoing for individuals in Group 2 from Week 11 of AE Excess 45-days batch processing and onwards.

DHCS and County Actions:

- On Friday of each week, counties may provide weekly exclusions list to DHCS containing individuals for whom the counties can assure DHCS have already had their application processed using SAWS or will be processed prior to the Riviera mailing the following week.
- In addition, DHCS is sending counties a list of individuals who failed to process during the weekly batch run due to various reasons (i.e. data mismatches) and provisional eligibility was not granted as a result. This process will be on a weekly basis.
- Counties will receive this list on Monday from their respective SAWS consortia and have a 3.5 work day review period until noon of the next Thursday to review.
- Counties are to indicate a “Yes (Y)” or “No (N)” in the Rivera Candidate column to indicate whether the individual will need to receive a NOI. This step will serve as additional mitigation to help prevent sending an individual a NOI in the event that the county was able to take an action on the application prior to the Riviera mailing the following week. The ongoing weekly process is provided as Enclosure B.

Date of Initial Mailing: March 24, 2015

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If you have any questions regarding this letter, please contact Ms. Yingjia Huang at (916) 552-9467 or email at yingjia.huang@dhcs.ca.gov. We are appreciative of the counties' cooperation and assistance in this effort.

Original Signed By:

Alice Mak, Acting Chief
Medi-Cal Eligibility Division

Enclosures

MEDI-CAL NOTICE

Notice Date: <Date of Mailing>

Important Notice About Your Pending Medi-Cal Eligibility Determination

To: <Insert Name from Adult Mailing List>

Our records show that you applied for health coverage on <insert application date> and are waiting to find out if you are eligible for Medi-Cal (contact your county welfare office if this date does not seem correct). Since you have been waiting more than 45 days on your application, you may ask for a state fair hearing to get a decision about your Medi-Cal eligibility.¹ To ask for a state fair hearing, follow the directions on the back of this notice.

This notice is only about the application for the person whose name is listed above. If another family member is also waiting for a decision about their Medi-Cal eligibility, they may get a separate notice. You should contact your local county office right away if you have any questions about the status of your application. Contact information for your county is included in this packet.

A Medi-Cal Eligibility Worker may be contacting you to ask for more information to complete your eligibility determination. Please provide any information that you are asked to give by the date requested or your application may be denied. You will receive a letter informing you of your eligibility status once the Eligibility Worker has finished your eligibility determination.

NOTE: If you have already received a Benefits Identification (BIC) Card and a notice that you are eligible for Medi-Cal, or if you have already received a notice that says you are not eligible for Medi-Cal benefits, please disregard this notice because it does not apply to you.

¹/.See California Welfare and Institutions Code Section 10950; Cal. Code of Regulations, tit. 22, § 50177.

To the Parent or Guardian of:

<Insert Child Name>
<Address>
<City>, <State> <Zipcode>

MEDI-CAL NOTICE

Notice Date: <Date of Mailing>

Important Notice About Child's Pending Medi-Cal Eligibility Determination

Our records show that you applied for health coverage for the child named above on <Insert application date> and are waiting to find out if he or she is eligible for Medi-Cal (contact your county welfare office if this date does not seem correct). Since you have been waiting more than 45 days on the application, you may ask for a state fair hearing to get a decision about the child's Medi-Cal eligibility.¹ To ask for a state fair hearing, follow the directions on the back of this notice.

This notice is only about the application for the child whose name is listed above. If another family member is also waiting for a decision about their Medi-Cal eligibility, a separate notice may be sent. You should contact your local county office right away if you have any questions about the status of the child's application. Contact information for your county is included in this packet.

A Medi-Cal Eligibility Worker may be contacting you to ask for more information to complete the above named child's eligibility determination. Please provide any information that you are asked to give by the date requested or the child's application may be denied. You will receive a letter informing you of the child's eligibility status once the Eligibility Worker has finished the child's eligibility determination.

NOTE: If you have already received a Benefits Identification (BIC) Card and a notice that this child is eligible for Medi-Cal, or if you have already received a notice that says this child is not eligible for Medi-Cal benefits, please disregard this notice because it does not apply to the child named above.

¹/ See California Welfare and Institutions Code Section 10950; Cal. Code of Regulations, tit. 22, § 50177.

Notice of Information to Request a Hearing

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records.
If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

California Department of Social Services
State Hearings Division, ACAB
744 P Street, MS 9-17-97
Sacramento, CA 95814

OR

- **Call toll free: 1-855-795-0634** or for hearing or speech impaired who use TDD, **1-800-952-8349**.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

Hearing File: If you ask for hearing, the State Hearing Division will set up a file. You have right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (**W&I Code Sections 10850 and 10950**)

HEARING REQUEST

I want a hearing due to an action or inaction by the Welfare Department of _____ County about my Medi-Cal:

Here's Why: _____

- If you need more space, check here and add a page.**
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Language Services Notice

If you do not understand this information or notification, call your county Medi-Cal worker. You have the right to interpreter services provided by the county at no cost to you.

Si no entiende esta información o notificación, llame al trabajador de Medi-Cal de su condado. Tiene derecho a obtener servicios de intérpretes proporcionados por el condado sin costo para Ud. (Spanish)

إذا لم تفهم هذه المعلومات أو هذا الإبلاغ . إتصل بموظف Medi-Cal الخاص بمقاطعتك . لديك حق الحصول على خدمات ترجمة مجانية متوفرة لك من قبل المقاطعة. (Arabic)

Եթե դուք չեք հասկանում այս տեղեկությունը կամ հայտարարությունը, զանգահարեք ձեր քառնքիի Medi-Cal-ի աշխատակցին: Դուք իրավունք ունեք քառնքիի կողմից տրամադրված թարգմանչական անվճար ծառայություն ստանալու: (Armenian)

បើសិនជាអ្នកមិនយល់ព័ត៌មាន ឬសេចក្តីជំរាបនេះទេ សូមទូរស័ព្ទទៅអ្នកធ្វើការខាង Medi-Cal នៅខោនធីរបស់អ្នក ។ អ្នកមានសិទ្ធិទទួលសេវាពីអ្នកបកប្រែ ដែលបានផ្តល់ដោយខោនធី ដោយឥតគិតថ្លៃអ្វីផលអ្នកឡើយ ។ (Cambodian)

如果您不理解此處的資訊或通知,請電洽您所在縣的Medi-Cal工作人員。您有權免費獲得縣政府提供的免費口譯服務。(Chinese)

اگر این اطلاعات و یا اطلاعیه را درک نمی کنید. با مددکار Medi-Cal کانتی خود تماس بگیرید. شما این حق را دارید که به طور رایگان از خدمات مترجم از طریق کانتی استفاده کنید. (Farsi)

Yog koj tsis totaub txog cov kev qhia lossis tsab ntauv no, hu rau koj tus neeg tuav ntaub ntauv Medi-Cal hauv lub county. Koj muaj cai tau txais kev pab txhais lus dawb los ntawm lub county. (Hmong)

이 정보나 통지서를 이해할 수 없는 경우에는 카운티 Medi-Cal 담당 직원에게 전화하십시오. 가입자는 카운티가 무료로 제공하는 통역 서비스를 받을 권리가 있습니다. (Korean)

Если вы не понимаете данную информацию или уведомление, позвоните сотруднику компании Medi-Cal вашего округа. У вас есть право на получение услуг переводчика, которые предоставляются округом бесплатно. (Russian)

Kung hindi ninyo naiintindihan ang impormasyon o paunawang ito, tawagan ang inyong manggagawa sa Medi-Cal ng county. Kayo ay may karapatang magkaroon ng mga serbisyo ng tagasalin na ibibigay ng county na walang bayad sa inyo. (Tagalog)

Nếu quý vị không hiểu chi tiết hoặc thông báo này, hãy điện thoại cho nhân viên Medi-Cal tại quận quý vị. Quý vị có quyền được quận cung cấp dịch vụ thông dịch miễn phí cho quý vị. (Vietnamese)

Health and Human Services Agency

County Social Services Agencies

If the information on this list has changed, you may verify the information in the phone directory under the county government listings.

A - L Counties

Alameda County (01)

(510) 383-8523
(888) 999-4772

Alpine County (02)

(530) 694-2235 Ext. 231

Amador County (03)

(209) 223-6550

Butte County (04)

(530) 538-7711
(877) 410-8803

Calaveras County (05)

(209) 754-6448

Colusa County (06)

(530) 458-0250

Contra Costa County (07)

Currently Enrolled
(866) 663-3225
New Application
(800) 709-8348

Del Norte County (08)

(707) 464-3191

El Dorado County (09)

(530) 642-7300

Fresno County (10)

Automated Assistance
(559) 600-1377
Call Center
(855) 832-8082

Glenn County (11)

(530) 934-6514

Humboldt County (12)

(877) 410-8809

Imperial County (13)

(760) 337-6800

Inyo County (14)

(760) 872-1394

Kern County (15)

Currently Enrolled
(877) 410-8812
New Application
(661) 631-6807

Kings County (16)

(877) 410-8813

Lake County (17)

(707) 995-4200

Lassen County (18)

(530) 251-8152

Los Angeles County(19)

Customer Service Center
(866) 613-3777
(877) 597-4777

M - O Counties

Madera County (20)

(559) 675-2300

Marin County (21)

(415) 473-3400

Mariposa County (22)

(209) 966-2000
(800) 549-6741

Mendocino County (23)

(707) 962-1000

Toll-Free in Mendocino

(877) 327-1677

Ukiah Office

(707) 463-7700

Toll-Free in Mendocino

(877) 327-1711

Merced County (24)

(209) 385-3000

Modoc County (25)

(530) 233-6501

Mono County (26)

North County Office

(760) 932-5600

South County Office

(760) 924-1770

Monterey County (27)

(866) 323-1953

Napa County (28)

Toll-Free

(800) 464-4214

(707) 253-4511

Nevada County (29)

Toll-Free

(888) 809-1340

(530) 265-1340

Orange County (30)

Anaheim

Automated Assistance

(949) 389-8456

Automated Assistance

(714) 541-4895

Currently Enrolled
(800) 281-9799
New Application
(855) 478-5386

P - R Counties

Placer County Human Services (31)

Toll-Free
(888) 385-5160
From outside of the
County
(916) 784-6000

Plumas County (32) (530) 283-6350

Riverside County (33) Call Center – Customer Service (800) 274-2050

S Counties

Sacramento County (34) (916) 874-3100 (209) 744-0499

San Benito County (35) (831) 636-4180

San Bernardino County (36) (877) 410-8829

San Diego County (37) (866) 262-9881

San Francisco City and County (38) (415) 558-2800 (855) 355-5757

San Joaquin County (39) (209) 468-1624

San Luis Obispo County (40) (805) 781-1600

San Mateo County (41) (800) 223-8383

Santa Barbara County (42) Access CalWin: (866) 404-4007

Santa Clara County (43) Benefits Assistance Center (408) 758-3800 or Automated Assistance (877) 962-3633

Santa Cruz County (44)

Benefit Call Center
(888) 421-8080

Shasta County (45) (877) 652-0731

Sierra County (46) Loyalton (530) 993-6721 Downieville (530) 289-3711

Siskiyou County (47) (530) 841-2700

Solano County (48) Benefit Action Center Toll-Free (800) 400-6001 Fairfield (707) 784-8050

Vacaville
(707) 469-4500

Vallejo
(707) 553-5000

Sonoma County (49) Toll-Free (877) 699-6868

Stanislaus County (50) Toll-Free (877) 652-0734

Sutter County (51) (877) 652-0735

T - Y Counties

Tehama County (52) (530) 527-1911

Trinity County (53) Toll-Free (800) 851-5658 (530) 623-1265

Tulare County (54) Toll-Free (800) 540-6880

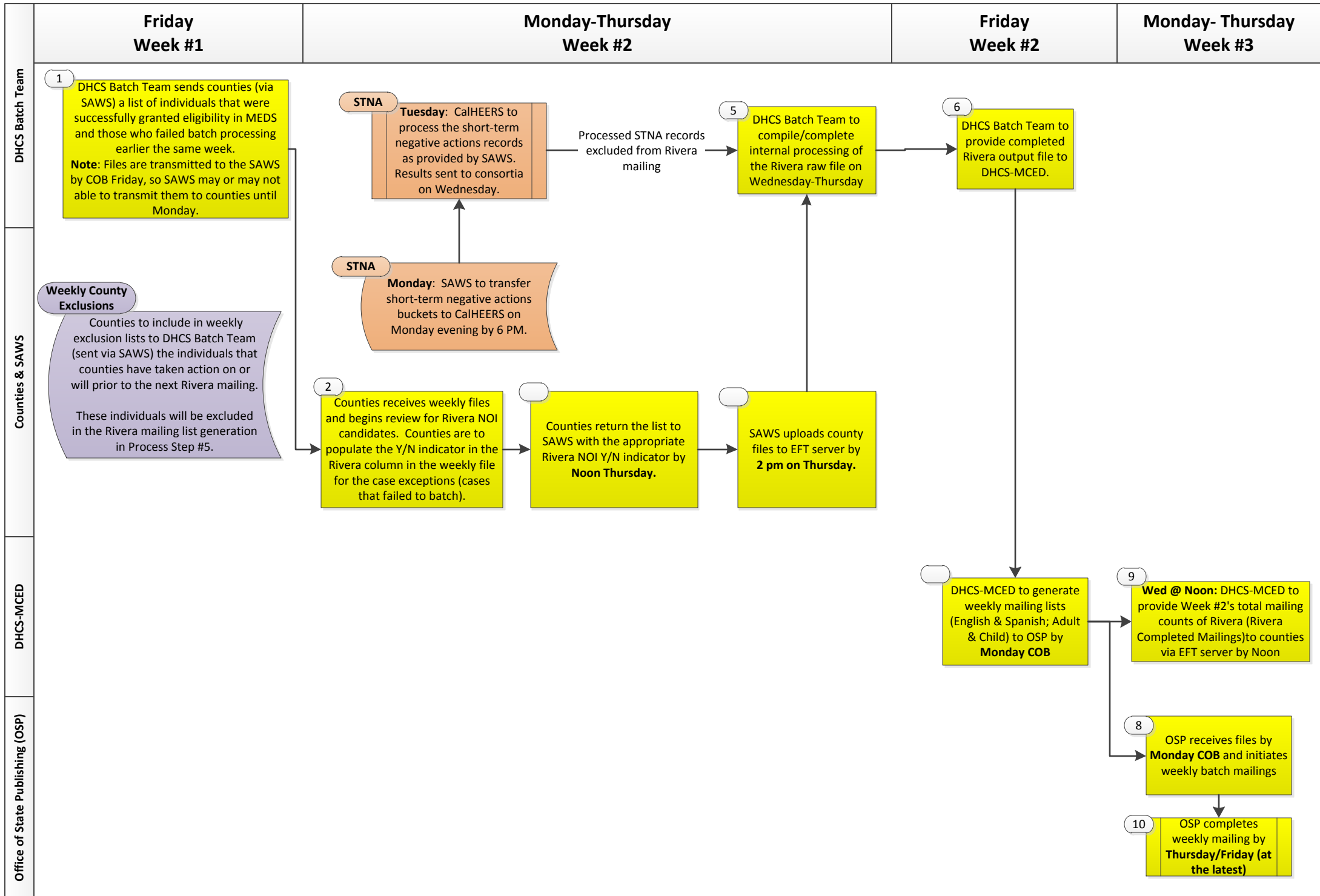
Tuolumne County (55) (209) 533-5711 For Mailed Application (209) 533-5725

Ventura County (56) (888) 472-4463

Yolo County (57) Currently Enrolled 1-855-278-1594 New Application 1-866-226-5415

Yuba County (58) (530) 749-6311

Rivera Notice of Inaction (NOI) Ongoing Process (Weekly End-to-End Process)



Exceptions to Rivera Mailer:

- Individuals that counties indicate "N" (No) for Notice of Inaction (NOI) on the weekly lists provided by DHCS Batch Team as counties have dispositioned the case and a NOA has been or will be sent prior to the Rivera mailing the following week;
- Individuals granted Accelerated Enrollment (AE) via the 45-day batch process;
- Individuals to be negative actioned through the short-term negative actions (STNA) effort;
- Individuals that counties will work to reach a final disposition prior to the Rivera mailing that occurs the following week. Counties are to indicate a "N" for Rivera in this scenario;
- Individuals still within the 45-day processing timeframe.

County Responsibility:

- Each Friday, counties are to include in the weekly exclusion lists to DHCS the individuals that they have taken action on or will prior to the Rivera mailing that occurs the following week. These individuals will be excluded by DHCS on the weekly Rivera mailing list generation.
- Each Monday, counties will receive through their respective SAWS the results file of AE run and exceptions sent by the DHCS Batch Team. Counties need to denote the following for the exceptions (Process Step #2): Rivera Notice of Inaction (NOI) Candidate: Yes/No
- Counties will have an additional 3.5 days to review the results file of the AE run and exceptions (Monday to receive file; Thursday @ Noon to send file to SAWS). If there is a holiday during the week, counties will return the reviewed list on Friday @ Noon.

Legend:

- Rivera Notice of Inaction (NOI) Mailer Ongoing Process
- Short-Term Negative Actions (STNA) Process
- Weekly Exclusion Process