DHCS

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

JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

September 8, 2017

Medi-Cal Eligibility Division Information Letter No.: I 17-14

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

SUBJECT: Elimination of the Manual SAVE Verification Process and
                Implementation of the Electronic SAVE Verification Process

The purpose of this letter is to inform counties that effective May 1, 2018, the federal Department of Homeland Security will discontinue the Systematic Alien Verification for Entitlements (SAVE) G-845 Document Verification Request Form used to request a manual verification of immigration status. When necessary, the counties shall use the electronic verification process to complete second and third step verifications through the SAVE website (https://save.uscis.gov/web/vislogin.aspx). The SAVE electronic verification process is used to verify immigration status when required for official purposes of a government agency which participates in the SAVE program.

As part of the effort to eliminate the paper SAVE process, the Department of Health Care Services (DHCS) has been working with federal SAVE program staff and with counties to update how SAVE user groups are organized. This has involved a process of redefining SAVE user groups, and identifying SAVE Supervisor users. SAVE Supervisor users are responsible for adding and deleting users, managing alerts, and overseeing users within their department. These responsibilities include the completion of the enclosed SAVE User Log (which is the list of users added, deleted, or changed) on a monthly basis, and sending this log, along with any requests for SAVE department or group changes, to DHCS at SAVEAccess@dhcs.ca.gov.

If you have any questions, or if we can provide further information, please contact Ms. Jillian Davis at (916) 552-9570 or by email at jillian.davis@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

SAVE User Log

Date *Required	Add/ Delete/ Change Role *Required	First Name *Required	Last Name *Required	Phone Number (Format XXXXXXXXXX, no dashes) *Required	E-Mail Address *Required	Justification (New Hire/ Inactivity) *Required	Assigned Role (General or Supervisor) *Required