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GAVIN NEWSOM  
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January 9, 2019

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 19-03  
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: Notices of Action Requirements at Annual Renewal or Change in  
Circumstance that Results in Resetting the Annual Renewal Date  
(Reference: All County Welfare Directors Letters 14-18, 14-22, and 14-32;  
Medi-Cal Eligibility Division Information Letter 15-24)

### **Purpose**

The purpose of this letter is to provide counties with updated requirements for Notices of Action (NOAs) issued to beneficiaries who have no change in their Medi-Cal eligibility or level of benefits at annual renewal or when an eligibility determination at change in circumstance results in resetting the annual renewal date.

### **Background**

Previously issued All County Welfare Directors Letter (ACWDL) 14-18 informed counties that at annual renewal, when a Non-Modified Adjusted Gross Income (Non-MAGI) beneficiary is evaluated for MAGI Medi-Cal and found eligible, the county should send a NOA for the continuing eligibility.

ACWDL 14-32 provided additional clarification and informed counties that at annual renewal for pre-Affordable Care Act beneficiaries, when the ex parte review confirmed MAGI Medi-Cal eligibility, a NOA would be sent to the beneficiary. Additionally, ACWDL 14-32 states:

“The NOA informs the beneficiaries that their eligibility has been continued for another year, and that no additional information is needed. The NOA will also include the MAGI household size and income amount that was used to redetermine eligibility for each beneficiary in the household. If a beneficiary believes the income and household size reported on the NOA are incorrect, the beneficiary must contact

the county via phone, email, in-person, or other commonly available electronic means within 90 days to provide the most current information. The NOA will also inform the beneficiary if the information is correct, and that no further action is necessary.”

Medi-Cal Eligibility Division Information Letter (MEDIL) I 15-24, *Reduction of Modified Adjusted Gross Income (MAGI) Notices sent to the Consumer*, advised that MAGI Medi-Cal NOAs would only be sent: (1) to inform an applicant or beneficiary of their initial eligibility, or (2) when there is a change in eligibility.

As part of Change Request 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 was provided in English and the threshold languages for use at annual renewal when there is no change in MAGI eligibility.

### **Requirements for Medi-Cal NOAs at Annual Renewal or Change in Circumstances Where There Is No Change in Eligibility or Level of Benefits**

In accordance with Title 42, Code of Federal Regulations (CFR), Section 435.916, counties are required to send a NOA to MAGI and Non-MAGI Medi-Cal beneficiaries in the following circumstances:

- At annual renewal when there is no change in the eligibility status or level of benefits;
- Following a change in circumstances redetermination that results in the resetting of the annual renewal date when there is no change in the eligibility status or level of benefits. “No change in eligibility status or level of benefits” includes individuals whose scope of benefits and/or share-of-cost (SOC) did not change, even if their aid code did change. As a reminder, ACWDL 14-22 requires the annual renewal date to be reset only when a change in an eligibility data element requires a redetermination of eligibility.

Because of these requirements, the previously issued MAGI NOA language must be modified to include the situations where a change in circumstances redetermination results in resetting the annual renewal date when there is no change in eligibility.

Additionally, federal regulations and state statute require more detailed information be included in NOAs issued at annual renewal or change in circumstances when the county determines eligibility solely through the ex parte review, including the MAGI auto-renewal process. 42 CFR Section 435.916, subsections (a)(2) and (d), and Welfare and Institutions (W&I) Code, Section 14005.37(e) require that the NOA sent after an ex parte renewal, or an ex parte change in circumstances redetermination that results in resetting the annual renewal date, must also:

- Include the information the eligibility determination is based on; and,

- Notify the beneficiary of the requirement to inform the county via the Internet, by telephone, by mail, in person, or through other commonly available electronic means in counties where such electronic communication is available, if any information contained in the notice is inaccurate. As with any NOA, beneficiaries are not required to sign and return the notice.

Even though the additional information, described above, is only legally required to be added to the NOA when the county determines eligibility solely through the ex parte review, the additional information will be added to all Medi-Cal NOAs for those who have no change in eligibility or level of benefits in order to provide consistent notices for MAGI and Non-MAGI individuals.

### **MAGI Medi-Cal NOA at Annual Renewal or Change of Circumstances – No Change in Eligibility**

Counties shall use the NOA language, quoted below, for MAGI Medi-Cal renewals, or changes in circumstance that result in resetting the annual renewal date, for each individual that has no change in their eligibility or level of benefits. Additionally, counties shall use the NOA language quoted below for individuals who have moved from a Non-MAGI aid code to a MAGI aid code during a renewal or change in circumstance that results in resetting the annual renewal date, when the beneficiary has no change in their eligibility or level of benefits (for example, moved from aid code 64 to M1).

This NOA snippet is required regardless of whether the renewal or change in circumstance was the result of ex parte review or a renewal form or other request for information was required to be sent to the beneficiary. Additionally, this NOA snippet provides individual information and must be provided at the individual level. See the **“Ability to Combine Snippets on One NOA”** section below for more information. In addition to the regulations currently provided on the approval NOA for the specific program the individual is eligible for, W&I Code, Section 14005.37 and 42 CFR Section 435.916 must also be provided on the NOA.

***“Your Medi-Cal is renewed for the next year.***

*We checked to see if you can still get Medi-Cal. We must check once a year. We also check when there is a change in your circumstances. To decide, we used information you gave us or that is available to us. Based on this information, you will have Medi-Cal for the next year. We will check again in one year to see if you can keep getting Medi-Cal. We will check sooner if you have a change in circumstances.*

*We used the information below to make our decision. If anything below is wrong, please contact us to tell us the right information. To learn how to report updated information to your county office, read the section called “Do you have any changes?” below.*

Household Size: e.g. Five  
Monthly Countable Household Income: e.g. \$2985

*Tax Filing Status:* e.g. Married Filing Jointly  
*Marital Status:* e.g. Married  
*Pregnant:* e.g. Yes  
*Have a Child You Are Responsible For*  
*(Under 18, or 18 and Full-Time Student):* e.g. Yes  
*Citizenship/Immigration Status:* e.g. Lawful Permanent Resident

*We counted your household size and income to make our decision.*

*For Medi-Cal:*

- *Your household size is <MAGI\_SIZE (e.g. five)>.*
- *Your monthly household income is <MAGI\_INCOME (e.g. \$2985)>.*

*The monthly Medi-Cal income limit for your household size is <MAGI\_INCOME\_LIMIT (e.g. \$3310)>. Your income is below this limit, so you qualify for Medi-Cal.*

***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.”*

Please note the directions below regarding criteria for completing the data fields within the NOA snippet:

- “Household Size” must display the number of household members counted in that individual’s MAGI Medi-Cal household. The number displayed in the table will be the same as the number displayed as the <MAGI\_SIZE> in the text.
- “Monthly Countable Household Income” must display the monthly income counted for that individual. The amount displayed in the table will be the same as the amount displayed as the <MAGI\_INCOME> in the text.
- “Tax Filing Status” must display the tax filing status attested to by that individual, or state “Non-Filer” for individuals who do not plan to file taxes.

- “Marital Status” must display the marital status attested to by that individual.
- “Pregnant” only needs to be displayed on the NOA when the response is “Yes” because case records show the individual is pregnant. If the response is “No,” do not display the “Pregnant” field on the NOA.
- “Have a Child You Are Responsible For” only needs to be displayed on the NOA when the response is “Yes” because the individual is eligible in a parent/caretaker aid code as a result of having the primary responsibility for a dependent child under the age of 18, or a dependent child who is 18 years old and a full-time student in a secondary school or the equivalent level of vocational or technical training. If the individual is not in a parent/caretaker aid code and the response is “No,” do not display the “Have A Child You Are Responsible For” field on the NOA.
- “Citizenship/Immigration Status” needs to display the citizenship or immigration status attested to by the individual. Additionally, where an individual claims to be a citizen or to having satisfactory immigration status, but the status is unverified and the individual is in restricted scope coverage as a result, the NOA must include the following message: “Your Citizenship/Immigration Status is not verified. If you have proof of your citizenship or immigration status that you can give us now, or you want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Without proof, you may not be able to get the full range of benefits available to you.” If there is no attested citizenship or immigration status, it should display “None.”

### **Non-MAGI Medi-Cal NOA at Annual Renewal or Change of Circumstance – No Change in Eligibility**

Counties shall use the NOA language quoted below to provide the basis of eligibility for each individual Non-MAGI beneficiary when there is a Non-MAGI Medi-Cal renewal, or a change in circumstances that results in resetting the annual renewal date, when the beneficiary has no change in their eligibility or level of benefits. Additionally, counties shall use the NOA language quoted below for individuals who have moved from a MAGI aid code to a Non-MAGI aid code during a renewal or change in circumstance that results in resetting the annual renewal date, when the beneficiary has no change in their eligibility or level of benefits (for example, moved from aid code M1 to 64).

This NOA is required regardless of whether the renewal or change in circumstance was the result of ex parte review or a renewal form or other request for information was required to be sent to the beneficiary. Additionally, this NOA snippet provides individual information and must be provided at the individual level. See the “**Ability to Combine Snippets on One NOA**” section below for more information. In addition to the regulations currently provided on the approval NOA for the specific program the individual is eligible for, W&I Code, Section 14005.37 and 42 CFR Section 435.916 must also be provided on the NOA.

***“Your Medi-Cal is renewed for the next year.***

*We checked to see if you can still get Medi-Cal. We must check once a year. We also check when there is a change in your circumstances. To decide, we used information you gave us or that is available to us. Based on this information, you will have Medi-Cal for the next year. We will check again in one year to see if you can keep getting Medi-Cal. We will check sooner if you have a change in circumstances.*

*We used the information below to make our decision. If anything below is wrong, please contact us to tell us the right information. To learn how to report updated information to your county office, read the section called “Do you have any changes?” below.*

<i>Household Size:</i>	<u>          e.g. Four          </u>
<i>Monthly Countable Household Income:</i>	<u>          e.g. \$1238          </u>
<i>Marital Status:</i>	<u>          e.g. Married          </u>
<i>Countable Property:</i>	<u>          e.g. \$1257          </u>
<i>Blind or Disabled:</i>	<u>          e.g. Yes          </u>
<i>Pregnant:</i>	<u>          e.g. Yes          </u>
<i>Have a Child You Are Responsible For:</i>	<u>          e.g. Yes          </u>
<i>Citizenship/Immigration Status:</i>	<u>          e.g. Citizen          </u>

***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.”*

Please note the direction below regarding criteria for completing the data fields within the Non-MAGI NOA snippet:

- “Household Size” must display the number of household members counted in that individual’s Medi-Cal household.*
- “Monthly Countable Household Income” must display the monthly income counted for that individual.*

- “Marital Status” must display the marital status attested to by that individual.
- “Countable Property” must display the total of all property counted for that individual.
- “Blind or Disabled” only needs to be displayed on the NOA when the response is “Yes” because case records show the individual is blind or disabled. If the individual is not blind or disabled, do not display the “Blind or Disabled” field on the NOA.
- “Pregnant” only needs to be displayed on the NOA when the response is “Yes” because case records show the individual is pregnant. If the response is “No,” do not display the “Pregnant” field on the NOA.
- “Have a Child You Are Responsible For” only needs to be displayed on the NOA when the response is “Yes” because case records show the individual has a child for whom they have the primary responsibility. In regards to Non-MAGI Medi-Cal, this would include a child under the age of 21 or a disabled child under the age of 18. If the response is “No,” do not display the “Have A Child You Are Responsible For” field on the NOA.
- “Citizenship/Immigration Status” needs to display the citizenship or immigration status attested to by the individual. Additionally, where an individual claims to be a citizen or to having satisfactory immigration status, but the status is unverified and the individual is in restricted scope coverage as a result, the NOA must include the following message: “Your Citizenship/Immigration Status is not verified. If you have proof of your citizenship or immigration status that you can give us now, or you want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Without proof, you may not be able to get the full range of benefits available to you.” If there is no attested citizenship or immigration status, it should display “None.”

SOC Information on the NOA

For individuals receiving the Non-MAGI Medi-Cal NOA for no change in eligibility who have a SOC that is not changing, the following language must also be provided on the NOA:

*“Your share of cost will stay the same. As a reminder, this is how we determined your share of cost:*

<i>Monthly gross income</i>	\$ _____
<i>Monthly net nonexempt income</i>	\$ _____
<i>Maintenance need</i>	\$ _____
<i>Excess income/share-of-cost</i>	\$ _____”

**Ability to Combine Snippets on One NOA**

Where households have more than one individual that must be informed of the outcome of their annual renewal or change in circumstance redetermination, counties that are able may repeat the MAGI and/or Non-MAGI snippet for each affected individual on a

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single NOA. For mixed Medi-Cal households, counties that are able may also include the MAGI and Non-MAGI snippets together on a single NOA. The NOA must clearly identify the individual to whom information on the NOA refers.

### **Implementation Timeline**

The Department of Health Care Services will provide the threshold translations of the NOA snippet language included in this ACWDL in a separate MEDIL. SAWS must make all necessary programming changes to automate the use of the MAGI and Non-MAGI NOA snippet language included within this ACWDL no later than six months after the release of this ACWDL.

### **Multilanguage 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](mailto:Alison.Brown@dhcs.ca.gov).

Original Signed By

Sandra Williams, Chief  
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