

**County of San Diego, Health and Human Services Agency (HHS)A)  
Medi-Cal Program Guide (MPG) Letter**

**Subject: Medi-Cal General Notice of Action (NOA) Policy**

**Number**

812

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**Issue Date:**

1/5/2015

**Effective Date:**

Upon Receipt

**Purpose:**

To provide a reminder of the Medi-Cal general NOA policy.

**Background:**

A NOA notifies applicants of the worker's eligibility determination for an application for Medi-Cal benefits. A NOA also informs beneficiaries of changes in their eligibility status, level of benefits, or share of cost (SOC).

**Policy Reminder:**

Follow the requirements in MPG for notifying applicants/beneficiaries of actions on their case.

**Summary of Clarifications:**

MPG 4.17 was updated to clarify the Medi-Cal general NOA requirements. The following highlights the updated requirements:

- Requirements for an adequate NOA
- Requirements for a timely NOA
- Exemptions for a timely NOA
- NOAs for other situations.

**Impacts:**

**Automation**

For CalWIN generated NOAs, enter the following in Free Form Text on the NOA for cases which are not assigned to an individual worker, "*Determination completed by*" *Worker Name and Telephone Number*.

**Forms**

For a manual NOA, enter the worker's name and telephone number in the appropriate fields on the NOA form.

**Programs Affected:**

Medi-Cal

**Quality Control:**

Effective with the December review month, QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

**Access:**

When the Access agent takes action on a Medi-Cal case, enter the following in Free Form Text on the NOA, "*Determination completed by*" *Worker name and Access Telephone Number*.

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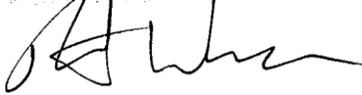
**References:**

[ACWDL 13-13](#)

**Sunset Date:**

This policy will be reviewed for continuance by December 31, 2017.

**Approval for Release:**

 , 1-5-15

Rick Wanne, MA, MFT  
Director  
Eligibility Operations

DH

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**Issue Date:**

January 5, 2015

**Effective Date:**

Upon receipt

**Background:**

A NOA notifies applicants of the worker's eligibility determination for an application for Medi-Cal benefits. A NOA also informs beneficiaries of changes in their eligibility status, level of benefits, or share of cost (SOC).

**Policy:**

**Adequate NOA**

An adequate NOA must:

- Notify beneficiaries of their Medi-Cal eligibility, ineligibility, and of any changes in their eligibility status or SOC
- Notify applicants of the worker's decision regarding their application
- Be on a form prescribed by the Department of Health Care Services (DHCS)
- Include the name and telephone number of the worker who completed the eligibility determination
- Include the date the form was completed
- Have a copy kept in the case file
- Include the approval, denial, or discontinuance of eligibility, the rescission of a denial or discontinuance, the change in SOC and the effective date of the action
- Include the amount of the SOC, if any, and the amount of the net nonexempt income used to determine the SOC
- Include a statement of what action the worker intends to take
- Include the reasons an action is being taken and the law or regulations that require the action if the action is a denial, discontinuance, or increase in SOC
- Include the right to request a State hearing
- Explain, in cases for which action is based on a change in law, the circumstances under which a hearing will be granted
- Include the procedures for requesting a State hearing and the time limits in which a State hearing must be requested
- Inform applicants that they may represent themselves or use legal counsel, a relative, friend, or other spokesperson
- Include the circumstances under which aid will be continued if a State hearing is requested
- Include a statement, when appropriate, regarding the information or action necessary to reestablish eligibility or determine a correct SOC

**Timely NOA**

With an adequate NOA, notify beneficiaries of an action taken to discontinue benefits or increase the SOC at least 10 days prior to the first of the month in which the action becomes effective, except as noted below.

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**Timely Notice Not Required: Discontinuance**

You do not have to give the beneficiary 10-day notice of the discontinuance due to any of the following reasons:

- The beneficiary is deceased
- The whereabouts of the beneficiary is unknown and County mail sent to the beneficiary was returned by the Post Office indicating no known forwarding address
- The beneficiary was admitted to an institution which results in ineligibility of the beneficiary (refer to [Article 6](#) to determine the effect on eligibility)
- The beneficiary also receives Medi-Cal under another identity or category, or in another county or state, or will have dual eligibility on the first of the coming month if discontinuance action is not taken
- The beneficiary gives a signed statement which requests the discontinuance of the case, or gives information that requires discontinuance and includes an acknowledgement by the beneficiary that providing the information will result in discontinuance of benefits
- The beneficiary has a new address that indicates out-of-state residence.

**Timely Notice Not Required: SOC Increase**

You do not have to give the beneficiary 10-day notice when the SOC is increased for either of the following reasons:

- The beneficiary voluntarily adds an eligible family member who is not currently receiving benefits under any Medi-Cal program
- The beneficiary provides a signed statement which gives information that requires an increase in the SOC and includes an acknowledgement by the beneficiary that providing this information will result in an increase in the SOC.

**Notices for Mentally Incompetent People**

For mentally incompetent people who have a public guardian, conservator, or representative acting on their behalf, the NOA will be sent to that individual instead of the [incompetent](#) applicant/beneficiary. If requested, a copy of the NOA will be sent to the administrator of the long-term care facility where the applicant/beneficiary resides.

**Notices to Authorized Representatives (ARs)**

ARs may receive a copy of a specific NOA at the request of the applicant/beneficiary ([4.2.7](#)). However, the AR must receive all NOAs in relation to a State hearing, without the need for the applicant/beneficiary to request it.

**Procedure:**

**Automated NOAs**

Run Eligibility Determination and Benefit Calculation (EDBC) or use **Print a NOA Manually** subsystem in CalWIN to generate a NOA.

**Multiple NOAs**

Do not send multiple NOAs for programs for which the applicant/beneficiary is ineligible. Clear the print queue after running EDBC to remove the NOAs for every program for which the applicant/

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beneficiary does not qualify and send the NOA for the program for which the applicant/beneficiary does qualify.

**Notices for Minor Consent**

Give a NOA to a child applying for Minor Consent services in the FRC at the end of the interview or eligibility determination. If the interview was completed off site, the Minor Consent applicant must go to the FRC to pick up the NOA. Use the MC 239V for these situations. The MC 239V has the appropriate sections pre-printed on the form. Advise the applicant/beneficiary to read and destroy the NOA if confidentiality may be compromised.

**Rescinding NOAs**

If you issue a NOA to either discontinue or deny a case based on anticipated ineligibility, and the ineligibility does not occur, the NOA is no longer valid and must be rescinded. Send the appropriate NOA to notify the applicant/beneficiary that the action to discontinue or deny has been rescinded.

**Impact:**

**Program Affected**

Medi-Cal

**References:**

[42 CFR 431.206\(b\)\(1\)-\(3\)](#)

[42 CFR 431.210\(a\)-\(d\)](#)

[42 CFR 431.211](#)

[42 CFR 431.213](#)

[42 CFR 435.912](#)

[42 CFR 435.919](#)

[22 CCR 50179\(a\)-\(d\)](#)

[MPP 22-001](#)

[MPP 22-022](#)

[MEPM 4U](#)

[ACWDL 13-13](#)

[MPG Letter 812](#)

**Approval for Release:**

January 5, 2015

**Sunset Date:**

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