

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

**Notice of Language Services**

**Number**

**813**

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**Issue Date:**

March 25, 2015

**Effective Date:**

Upon Receipt

**Purpose:**

To provide policy to ensure Medi-Cal applicants and beneficiaries receive instructions to request language assistance.

**Background:**

In 2007, the Department of Health Care Services (DHCS) convened a Notice of Action (NOA) workgroup to respond to concerns regarding NOAs sent in languages other than those of the applicant/beneficiary. The workgroup recommendations included improvements to the NOA process.

**Policy Change:**

The interim measures implemented in SN 08-17 are made permanent and are being added to the MPG. This letter makes obsolete SN 08-17

NOAs/forms sent by mail (either manual or printed from CalWIN in the FRC) must have a GEN 1365 or MC 4034 included with the NOA. The print vendor includes the proper form with forms/NOAs printed in batch from CalWIN.

**Summary of Changes:**

MPG 4.2.2 has been updated to require the GEN 1365 or MC 4034 in the Basic Application Packet.

MPG 4.17 has been updated to require the GEN 1365 or MC 4034 with any NOA.

**Impacts:**

**Automation**

No impact.

**Forms and Document Capture:**

No impact.

**Programs Affected:**

Medi-Cal

**Quality Control:**

Quality Control will cite the appropriate error when the regulations cited in this material have not been followed.

**References:**

[ACWDL 08-32](#)

**Sunset Date:**

This policy will be reviewed for continuance by March 31, 2018.

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**Approval for Release:**



Rick Wanne, Director  
Eligibility Operations

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<b>Application Packets</b>	<b>Number</b>	<b>Page</b>
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**Issue Date:**

March 25, 2015

**Effective Date:**

Upon receipt.

**A. Background:**

To facilitate the application process and remove barriers to access, packets given to Medi-Cal applicants will be kept as simple as possible. Forms that the applicant must complete must be grouped together and separated from forms that are information only.

**B. Purpose:**

To provide instructions regarding application packets for Medi-Cal.

**C. Policy:**

Applicants who wish to apply by attending a face-to-face interview may visit a Family Resource Center (FRC). Those opting for the mail-in process may:

- pick up the application packet in person at a FRC
- receive the application packet by mail by calling Access or 211.

Mail-in application packets are also available for pick up from other sources (for example, DHCS Medi-Cal website, outstation sites, clinics, community-based organizations, etc.).

**D. Procedure:**

**1. Basic Application Packet**

All applicants, including mail-ins and those who wish to apply by attending a face-to-face interview, will be given or mailed the “Basic Packet.” The “Basic Packet” will contain the following forms:

<b>Form Number</b>	<b>Form Title</b>
CSF 77	Interview Check List
14-68 HHSA	Mail-In Cover Letter <i>(for Mail-In applicants only)</i>
14-75 HHSA	Mental Health Managed Care Notice
16-64 HHSA	NVRA Voter Preference Form
N/A	California Voter Registration Form
16-69 HHSA	Public Charge Flyer
20-46	Language Needs Determination
HHSA:HSD 7	Health Care Options
Pub 68	Medi-Cal What It Means to You
Pub 13	Your Rights
Pub 183 & 184	Child Health and Disability Prevention (CHDP) Information
MC 003	Early Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure
MC 007	Medi-Cal Information Notice
CCFRM604	Application for Health Insurance
MC 219	Important Information for Persons Requesting Medi-Cal
MC 372	Breast and Cervical Cancer Treatment Program (BCCTP) Flyer
09-98 HHSA	CalFresh Outreach Flyer for Medi-Cal Applicants (non-LTC only)

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CF 285	Application for CalFresh Benefits (non-LTC only)
Form 142-732	San Diego Gas & Electric CARE Program Form
GEN 1365 or MC 4034	Notice of Language Services
	Women, Infants, and Children (WIC) Brochure

**2. Supplemental Packet**

Depending on the specifics of the case, the following forms may be required. A Supplemental Packet will be mailed to the applicant after the completed Medi-Cal Statement of Facts is submitted and the worker evaluates the applicant's specific circumstances. For applicants requesting a face-to-face interview, these forms may be provided to applicants during the intake appointment.

Form Number		Title
20-44 HHSA		Civil Rights Information
MC 325		Transitional Medi-Cal (TMC) Flyer
When Children Apply	DHS PHE-P265-CHDP	CHDP Brochure
	CW 2.1 NA, CW 2.1Q, PUB 160	Child support forms when there is an absent/unmarried parent
	HHSA:IZ71	Baby Shots Schedule
	MC 003	Early and Periodic Screening Diagnosis and Treatment (EPSDT) Brochure
Other Situations	DHCS 7077	Notice Regarding Standards for Medi-Cal Eligibility when an applicant is in LTC
	DHCS 7077A	Notice Regarding Transfer of a Home for Both a Married and Unmarried Applicant/Beneficiary when and ABD individual is not in LTC
	MC 210 PS, MC 210 S-I, MC 210 S-W	MC 210 Supplemental forms

**Impacts:**

**Automation**

No impact.

**Forms and Document Capture:**

No impact.

**Programs Affected:**

Medi-Cal

**Quality Control:**

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**References:**

ACWDLs [07-12](#) and [08-32](#)

MEDIL [12-02](#)

MPG Letters [519](#), [541](#), [780](#), [813](#)

**Sunset Date:**

This policy will be reviewed for continuance by March 31, 2018.

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**Notice of Action (NOA)**

**Number**

**4.17.1**

**Page**

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**Issue Date:**

March 25, 2015

**Effective Date:**

Upon receipt

**A. Background:**

A NOA notifies applicants of the 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).

**B. Policy:**

**1. Adequate NOA:**

An adequate NOA must contain the following:

- 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 (only applies to NOAs regarding SOC)
- Include a statement of what action the worker intends to take or has taken
- Include the reasons an action is being taken and the law or regulations that require the action if the action is a denial, discontinuance, increase in SOC, or reduction in level of benefits (full-scope to restricted)
- Include the applicant/beneficiary's right to request a State hearing
- For cases specifically tied to a lawsuit or change in law, explain 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, regarding any information or action necessary to reestablish eligibility or determine a correct SOC
- Include GEN 1365 or MC 4034 to inform the applicant/beneficiary of translation services if they do not understand English

**2. Timely NOA:**

With an adequate NOA, notify beneficiaries of an action taken to discontinue benefits, increase the SOC, or reduce the level of benefits 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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**3. 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.

**4. 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.

**5. 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 by the applicant/beneficiary/Authorized Representative (AR), a copy of the NOA will be sent to the administrator of the long-term care facility where the applicant/beneficiary resides.

**6. Notices to 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.

**C. Procedure:**

**1. Automated NOAs:**

Run "Eligibility Determination and Benefit Calculation (EDBC)" or use "**Print a NOA Manually**" subsystem in CalWIN to generate a NOA. The print vendor automatically includes the GEN 1365 or MC 4034 for NOAs that are printed in the batch process. If printing immediately, include a shelf stock GEN 1365 or MC 4034 with the NOA.

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**2. Multiple NOAs:**

Do not send multiple simultaneous 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/beneficiary does not qualify, and send the NOA for the program for which the applicant/beneficiary does qualify.

**3. 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.

**4. 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 a NOA to notify the applicant/beneficiary that the action to discontinue or deny has been rescinded.

**Impacts:**

**Automation**

No impact.

**Forms and Document Capture:**

No impact.

**Programs Affected:**

Medi-Cal

**Quality Control:**

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**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](#)

[ACWDL 08-32](#)

[MPG Letter 812](#)

[MPG Letter 813](#)

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**Sunset Date:**

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