

Medi-Cal Program Guide (MPG) Special Notice 08-17

September 30, 2008

Subject **NOTICE OF ACTION REQUIREMENTS**

Effective Date October 1, 2008

Reference ACWDL 08-32

Purpose This notice provides interim instructions to ensure Medi-Cal applicants and beneficiaries receive Notices of Action (NOAs) that clearly communicate accurate eligibility status and the reasons why actions are taken.

Background In 2007, the Department of Health Care Services (DHCS) convened a NOA workgroup to respond to concerns regarding applicants/beneficiaries receiving multiple, confusing and conflicting NOAs and NOAs sent in incorrect languages. The workgroup recommendations included interim and long-term improvements to the NOA business process.

Changes Workers will implement interim measures designed to eliminate multiple NOAs and provide meaningful language access to applicants/beneficiaries if the required NOA is not available in the appropriate threshold language.

Worker Action to Eliminate Multiple & Conflicting NOAs Workers will send a single NOA to the applicant/beneficiary which reflects only the final authorizing action(s) of the eligibility determination.

Workers will stop sending NOAs for every program for which the applicant/beneficiary is evaluated and does not qualify. NOAs in Batch Mode that the worker does not want sent to the applicant/beneficiary must be selected and deleted **before** the batch process starts.

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**Worker Action
to Eliminate
Multiple &
Conflicting
NOAs**
(continued)

For further instructions on deleting NOAs, refer to How To #140, Suppress/Delete Client Correspondence, on the CalWIN Intranet website at <http://usplvucsd030/calwin/Home/HowTosALL/tabid/71/Default.aspx>.

Example 1.

Applicant is found to be ineligible for the first five Medi-Cal programs in the eligibility hierarchy but is eligible for the sixth program. The worker must ensure that denial NOAs for the first five programs are not sent and that only the approval NOA for the final eligibility determination will be sent.

Example 2

Beneficiary is determined ineligible for all Medi-Cal programs in the eligibility hierarchy and therefore no longer qualifies for Medi-Cal. The worker must send only one NOA, which will explain the final discontinuance action.

Example 3

During the annual redetermination process the beneficiary is determined no longer eligible for program "A" and is determined eligible for program "B". The worker will send either a discontinuance NOA for program "A" along with an approval NOA for program "B" or will send one NOA explaining both the discontinuance for program "A" and the approval for program "B".

**Worker Action
to Ensure
Appropriate
Language**

Workers are required to ensure that limited English proficient (LEP) applicants/beneficiaries have meaningful access to NOA messages.

Family Resource Centers (FRCs) are required to provide translation services to all non-English and LEP participants regardless of whether a translated version of the NOA is available. FRCs must, at a minimum, provide oral translation of all forms, materials, and NOAs necessary for the applicant/beneficiary to participate in and benefit from the Medi-Cal program.

In order to ensure that LEP applicants/beneficiaries are aware of translation services the California Department of Social Services (CDSS) Notice of Language Services (GEN 1385) multilingual notification must be included with all NOAs effective October 1, 2008.

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**Worker Action
to Ensure
Appropriate
Language**
(continued)

If translation services are not available onsite, the worker is to inform the applicant/beneficiary of the availability of translation services and obtain a translator without delay.

The Print Vendor will include the GEN 1385 with all automated NOAs. Workers must hand deliver the multilingual notice with all manual and shelf stock notices given to applicants/beneficiaries.

The GEN 1385 contains the following message in the eleven threshold languages as well as additional languages supported by CDSS:

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

This is an interim measure until all Medi-Cal NOAs have been translated into the threshold languages. The multilingual notification must be included with every NOA sent to all applicants/beneficiaries regardless of the primary language specified on MEDS.

**Translation
Services**

If an applicant/beneficiary indicates a primary language for which an FRC does not have a bilingual worker, the worker will arrange for a translator from another FRC or from an approved paid translation services vendor. There will be no undue delay of service due to the applicant's/ beneficiary's language needs. Translation services should be arranged within 48 hours of a request for assistance.

The worker will follow established procedures in each FRC to identify appropriate translation services and arrange for a translator. The Civil Rights Liaison in each FRC is available to assist workers with arranging translation services.

Forms Impact

The Notice of Language Services (GEN 1385) multilingual notification has been uploaded into iway and is available to be ordered upon receipt of this Special Notice. It is also available on-line at the CDSS website:
<http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>.

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Forms Impact
(continued) Effective immediately, the previous version of the Notice of Language Services (DEP 3006) is obsolete. Workers are not to use the DEP 3006 or the Language Services Notice (MC 4034) in place of the GEN 1385. Existing shelf stock of the DEP 3006 should be recycled.

Automation Impact None.

QA/QC Impact Effective with the October 2008 sample month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this Special Notice.

Attachment A copy of the GEN 1365 is included as an attachment to this Special Notice.

Manager Approval ORIGINAL SIGNED BY:

Dann Crawford, Assistant Deputy Director
Medi-Cal, CMS, General Relief and CAPI Program Administration
Strategic Planning and Operational Support Division

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