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



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Governor

May 19, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-23
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: QUESTIONS AND ANSWERS – MEDI-CAL ANNUAL
REDETERMINATIONS
(References All County Welfare Directors Letter Nos.: 06-16 and 06-17)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide clarification to the Annual Redetermination policies and procedures outlined in ACWDLs 06-16 and 06-17 dated May 10, 2006. These ACWDLs provided counties with policies and procedures for the Annual Redetermination.

The following questions and answers are in response to questions regarding the Annual Redetermination process:

Types of Redeterminations: Annual Redetermination, Change of Circumstances, and Ex-Parte Redetermination

1. Q: What is the difference between an Annual Redetermination, a Change of Circumstances, and an Ex-Parte Redetermination?

A: Annual Redetermination: The Annual Redetermination is a full eligibility review that is conducted at least once every 12 months. The Annual Redetermination due month is generally set from the first day of the application month. However, if the applicant is not Medi-Cal eligible in the month of application, then the Annual Redetermination is set 12 months from the approval month. The approval month is the first month in which the applicant meets all eligibility criteria. This clarifies policies stated in ACWDL 06-16, page 1, Section II.A.

Change-of-Circumstance Redetermination: The Change-of-Circumstance Redetermination is an eligibility review that is conducted when a county receives information about a change in a beneficiary's circumstances. Form SB 87 is used to conduct the process. Note: Welfare & Institutions Code [WIC] Section 14005.37 states, "Any change-of-circumstances redeterminations that occur during the 12-month period will not change the Annual Redetermination due month."

Ex-Parte Redetermination: The Ex-Parte Redetermination is conducted when an Annual Redetermination form (MC 210 RV) is returned incomplete, or when a change-of-circumstances is reported. Ex-parte in this case means "without beneficiary contact". The first step of the SB 87 process is the Ex-Parte Redetermination. The county will follow each of the three steps of SB 87 process sequentially until there is a determination of eligibility or ineligibility for Medi-Cal. The SB 87 process is outlined in ACWDLs 01-36, 01-39, and 02-59.

Annual Redetermination Date and Due Month

2. Q: What is the Annual Redetermination date?

A: ACWDL 06-16 states that the Annual Redetermination must be completed by the last day of the 12th month from the month of application, approval month, or the last Annual Redetermination. This is based on whole month eligibility (if eligible in any day of the month, eligible for the entire month). Therefore, the Annual Redetermination date is the last day of the 12th month. For example, if the application month was April 2010, the annual redetermination date would be March 31, 2011. This clarifies policies stated in ACWDL 06-16, page 2, Section II.

3. Q: If the beneficiary submits the Annual Redetermination form on the last day of the 12th month, is this considered timely?

A: Yes. The Annual Redetermination form is considered "timely" if the county receives the form by the last day of the 12th month, also referred to as RV month. This clarifies policies stated in ACWDL 06-16, page 15, Section VII.

4. Q: For Performance Standards, must the county complete the Annual Redetermination within 60 days starting from the last day of the RV month?

A: Yes. Per ACWDL 05-22, the Performance Standards require 90 percent of the Annual Redeterminations to be completed within 60 days of the Annual Redetermination date for Annual Redeterminations that are complete and returned timely to the county. The Performance Standards will only apply to the Annual Redeterminations that are complete and submitted timely by the beneficiaries by the last day of the RV month. This clarifies policies stated in ACWDL 06-16, page 2, Section II.

5. Q: For Performance Standards, if the 60th day falls on a Saturday, Sunday, or holiday, can the county consider the following business day as meeting this requirement?

A: Yes. This clarifies policies stated in ACWDL 06-16, page 2, Section II.

6. Q: Do the Performance Standards apply to the Annual Redeterminations that are submitted by the beneficiaries within 30 days of termination?

A: No. If the beneficiary submitted the Annual Redetermination form (MC 210 RV) within 30 days after Medi-Cal had been terminated, these cases are not subject to the Performance Standards because the MC 210 RV form was not submitted by the last day of the RV month. This clarifies policy stated in ACWDL 06-16, page 2, Section II.

7. Q: Does the Annual Redetermination due month change if the beneficiary submitted the MC 210 RV form within 30 days of termination and the county completed the eligibility review?

A: No. If the beneficiary submitted the MC 210 RV within 30 days after Medi-Cal has been terminated, the Annual Redetermination due month does not change. This clarifies the policies stated in ACWDL 06-16, page 18, Section VII. D.

8. Q: Does the Annual Redetermination due month change if the county completed the eligibility review early?

A: The Annual Redetermination due month does not change if the county completes the review early. In this scenario, the county mailed the MC 210 RV form to the beneficiary in the 10th month or early in the 11th month and it was completed and returned promptly.

9. Q: Does adding a person to an ongoing Medi-Cal case establish a new Annual Redetermination date?

A: No. Adding a person to an ongoing Medi-Cal case does not establish a new Annual Redetermination date. This clarifies policies stated in ACWDL 06-16, page 3, Section II B.

10. Q: How does a beneficiary add a person at Annual Redetermination time?

A: The MC 210 RV allows the beneficiary to add a person to his/her Medi-Cal case at Annual Redetermination. The county may request additional information/verification of the new person to establish eligibility. This clarifies policies stated in ACWDL 06-17, page 7, Section 4. Please also refer to questions 32 and 33.

11. Q: If the beneficiary reapplied for Medi-Cal because there was a break in aid, and good cause does not exist, would the Annual Redetermination date be reset to the original application date or the new application date?

A: The Annual Redetermination date would be based on the new application date. This clarifies policies stated in ACWDL 06-16, page 21, Section VII. E. 2.

12. Q: If more than 30 days break in aid and good cause exists, how do you set the Annual Redetermination date?

A: If there was more than 30 days break in aid and good cause exists, the county shall allow the beneficiary to complete the Annual Redetermination form. The beneficiary's Medi-Cal benefits shall remain discontinued until the county determines that the beneficiary is eligible. The county shall not automatically rescind the termination based on the fact that they received the MC 210 RV. If the beneficiary is found eligible, the county shall restore benefits without a break in aid, rescind the termination, and establish eligibility based on the prior 12-month Annual Redetermination. Since the Annual Redetermination is based on a 12-month cycle, the Annual Redetermination due month does not change. If the beneficiary is not eligible, then the county shall contact the individual (telephone or letter) and inform him/her that he/she is not Medi-Cal eligible and that the previous discontinuance is still valid. The county shall not send a second discontinuance Notice Of Action (NOA). This clarifies policies stated in ACWDL 06-16, page 21, Section VII. E. 1.

Tenth Month Mailing

13. Q: May the Annual Redetermination form be mailed out in the 10th month?

A: Yes. The first day of the 10th month is the earliest date that the Annual Redetermination form (MC 210 RV) can be mailed. The latest date by which the form must be mailed is by the last day of the 11th month. The Annual Redetermination processing time stated in ACWDL 06-16 has not changed. The beneficiary still must be given at least 20 days to complete the form. If the county receives the form by the last day of the 12th month, it is considered "timely". This modifies the policies stated in ACWDL 06-16, page 13, Section VI.

If the county receives the MC 210 RV by the last day of the 12th month and additional verification/information is needed to determine continued eligibility, then the county shall utilize the SB 87 process.

Signature Requirements

14. Q: Is the signature of the beneficiary required on the Annual Redetermination form (MC 210 RV)?

A: Yes. If the beneficiary submitted the unsigned Annual Redetermination form (MC 210 RV) timely (by the last day of the 12th month) and the county does not need additional information, then the county must mail the unsigned MC 210 RV back to the beneficiary and instruct him to sign and return the form to the county by the specified due date. The county must allow the beneficiary a reasonable deadline (at least 10 calendar days) to comply. It is not necessary to telephone the beneficiary prior to mailing the unsigned form back to the beneficiary. The beneficiary shall remain Medi-Cal eligible while the county waits for the signed MC 210 RV to be returned. This information must be thoroughly documented in the case narrative for audit purposes. If the beneficiary fails to return the form by the specified due date, then the county must send a timely 10-day NOA to terminate Medi-Cal benefits for failure to cooperate. The SB 87 process does not apply to an MC 210 RV that is otherwise complete, except for the signature. This clarifies the policies stated in ACWDL 06-16, page 16, Section VII. B.

15. Q: If the beneficiary submitted an unsigned MC 210 RV within 30 days of the termination and the county does not need additional information, how does the county process this form?

A: If the beneficiary submitted the unsigned Annual Redetermination form (MC 210 RV) within 30 days of the termination and the county does not need additional information, then the county must mail the unsigned MC 210 RV back to the beneficiary and instruct him to sign and return the form to the county by the specified due date. The county must allow the beneficiary a reasonable deadline (at least 10 calendar days) to comply. It is not necessary to telephone the beneficiary prior to mailing the unsigned form back to the beneficiary. The SB 87 process does not apply to MC 210 RV that is otherwise complete except for the signature. The beneficiary's Medi-Cal benefits shall remain discontinued until the county receives the signed MC 210 RV. If the county receives the signed MC 210 RV and the beneficiary is found eligible, the county shall restore benefits without a break in aid, rescind the termination, and establish eligibility based on the 12-month Annual Redetermination. Since the Annual Redetermination is based on a 12-month cycle, the Annual Redetermination due month does not change. If the beneficiary does not return the signed MC 210 RV, then the county shall contact the individual (telephone or letter) and inform him/her that he/she is not Medi-Cal eligible and that the previous discontinuance is still valid. The county shall not send a second discontinuance NOA. This clarifies the policies stated in ACWDL 06-16, page 17, Section VII. 2.

16. Q: Can the eligibility worker conduct the Annual Redetermination over the telephone with the beneficiary? Is the beneficiary required to sign the MC 210 RV?

A: Yes to both questions. The eligibility worker can conduct the Annual Redetermination over the telephone with the beneficiary. The Department of Health Care Services (DHCS) is allowing the county the flexibility to conduct telephone Annual Redetermination as it suits their business needs. However, the information discussed on the telephone must be thoroughly documented in the case narrative and on the MC 210 RV and supplemental forms, such as the MC 210 PS. The eligibility worker must mail the MC 210 RV and applicable supplemental forms to the beneficiary for review. The beneficiary must sign and return the MC 210 RV and applicable supplemental forms, along with any requested verification by the specified due date. The Annual Redetermination process has not changed. The beneficiary must be given 20 days to complete the MC 210 RV and SB 87 still applies for incomplete MC 210 RV forms that are returned to the county. If the beneficiary fails to return the MC 210 RV by the specified due date, the county must send a timely 10-day NOA to terminate Medi-Cal benefits for failure to cooperate. This clarifies guidelines for Annual Redetermination procedures counties may utilize. This clarifies the policies stated in ACWDL 06-16, page 15, Section VII.

17. Q: Regarding the above scenario, can the eligibility worker substitute the SAWS2 for the MC 210 RV?

A: Yes. The county can use the SAWS2 instead of the MC 210 RV for telephone interviewing. However, the county must only ask the questions listed in the SAWS2 that are subject to change and necessary for determining ongoing Medi-Cal eligibility, such as income and non-exempt resources and/or property. Per ACWDL 06-16, the eligibility worker must not ask the beneficiary for information that is not subject to change. This clarifies guidelines for Annual Redetermination procedures counties may utilize. This clarifies the procedures stated in ACWDL 06-17, page 13, Section III.

18. Q: Is the eligibility worker required to sign the MC 210 RV?

A: The MC 210 RV form will be revised soon. The eligibility worker signature line will be removed. Effective on release of the revised MC 210 RV, the eligibility worker will not be required to sign the MC 210 RV.

Original Document vs. Fax Copy

19. Q: Is a fax/scanned copy of the MC 210 RV acceptable or must the county receive the original form from the beneficiary?

A: DHCS is clarifying policies stated in ACWDL 07-13, Electronic Signatures and Records. A future ACWDL will address this issue.

Annual Redetermination Processing Time and SB 87

The timelines for the return of the Annual Redetermination form (MC 210 RV) are not related to the timelines for SB 87 process. The SB 87 statute has specific timelines when the MC 355 Request for Information is sent to the beneficiary.

20. Q: Must the county give 20 calendar days for the beneficiary to return the Annual Redetermination form?

A: Yes. The county must allow the beneficiary at least 20 calendar days to complete and return the Annual Redetermination form. This clarifies the policies stated in ACWDL 06-16, page 15, Section VII.

If the county receives an incomplete Annual Redetermination form (MC 210 RV) or requires additional verification or information to determine continued eligibility, the county shall utilize the SB 87 process. The third step of the SB 87 process is when the MC 355 form is sent to the beneficiary to obtain additional information. The county must allow the beneficiary 20 days for gathering and submitting the required information.

21. Q: If the beneficiary's due date for the Annual Redetermination form falls on a Saturday, Sunday, or holiday, shall the county extend the due date to the following business day?

A: Yes. ACWDL 06-16 states that the county must allow the beneficiary at least 20 days to complete and return the Annual Redetermination form (MC 210 RV). If the due date for the MC 210 RV falls on a Saturday, Sunday, or holiday, the county shall extend the due date to the following business day. As stated above, the beneficiary has until the last day of the 12th month to submit the MC 210 RV and the county must conduct the ongoing eligibility review. This clarifies the policies stated in ACWDL 06-16, page 15, Section VII.

22. Q: If the Annual Redetermination form is not returned by the deadline, must the county send a second request allowing 10 more days?

A: No. If the beneficiary fails to complete and return the Annual Redetermination form by the deadline, it is a failure to cooperate and a second request allowing 10 additional days is not required. If the Annual Redetermination form (MC 210 RV) is not returned by the requested due date and the form is not returned by the post office as undeliverable, then the county must send a timely 10-day NOA to terminate Medi-Cal benefits. This clarifies the policies stated in ACWDL 06-16, page 18, Section VII. C.

23. Q: If the Annual Redetermination form is returned within 30 days of the termination and is signed but the county needs additional information, what due date does the county use in requesting the information?

A: When the county receives the Annual Redetermination form within 30 days of the termination, the county shall not immediately rescind the termination. The county must determine if the person is Medi-Cal eligible before a rescission can take place.

If an individual returns the signed MC 210 RV within 30 days of the termination but the county needs additional information, the county can use information/verification that is available in case records that are open or closed for not more than 45 days. If the county determines that additional information is still needed, the county must continue to use the next steps of the SB 87 process--attempted telephone contact or written request (MC 355) sent to the individual to request the needed information to determine continued eligibility. The county must allow a minimum of 20 days for a due date for additional information, which may extend the due date beyond the 30 days. The Medi-Cal case shall remain terminated while the county waits for the additional information. If the individual provides the additional information and the county determines continued eligibility, the county will rescind the termination and restore benefits without a break in aid. If the county determines that Medi-Cal eligibility does not exist, the county shall contact the individual (telephone or letter) and inform the individual that the RV form has been reviewed and the previous discontinuance is still valid. Since the previous discontinuance NOA is still in effect, the county shall not send a second discontinuance NOA. This clarifies the policies stated in ACWDL 06-16, page 18, Section VII. D.

24. Q: Can the county conduct ex-parte review prior to mailing out the Annual Redetermination form?

A: No. The county shall not conduct the ex-parte review (step 1 of the SB 87 process) prior to mailing out the MC 210 RV or while waiting for the beneficiary to return the MC 210 RV. At Annual Redetermination, the SB 87 process is utilized only when the MC 210 RV form is returned incomplete and additional information or verifications are required to determine continued eligibility. This clarifies the policies stated in ACWDL 06-16, page 16, Section VII. B.

25. Q: If the beneficiary returns an incomplete MC 210 RV form after the deadline date but prior to the effective discontinuance date, shall the county restore benefits while they wait for verification from the beneficiary?

A: Yes. If the county determines that the MC 210 RV form is incomplete or that additional verification is required, the county shall rescind the termination, notify the beneficiary that benefits are restored, and utilize the SB 87 process in order to determine continued eligibility. If, after rescinding the termination, the county determines that there is not continued eligibility, the county will issue a timely 10-day discontinuance NOA and the former beneficiary will need to reapply. This clarifies policies stated in ACWDL 06-16, page 16, Section VII. B.

26. Q: Is the county required to send a 10-day NOA when a beneficiary returns the Annual Redetermination form within 30 days of termination and the county determines the beneficiary is now Medi-Cal eligible with a share of cost (SOC)? Which correct budget months apply to the SOC?

A: If a beneficiary returns the Annual Redetermination form and verifications within 30 days of the Medi-Cal termination and the beneficiary has been determined Medi-Cal eligible with a SOC, then the county shall rescind the termination, restore the beneficiary's Medi-Cal benefits at the same level prior to the termination, and apply the appropriate SOC to the correct budget month(s). This information must be thoroughly documented in the case narrative. The correct budget month is determined by when a timely NOA can be issued. Per Title 22, California Code of Regulations (CCR), Section 50015; an increase in Medi-Cal Family Budget Unit's SOC is considered an adverse action. Per CCR Section 50179, NOAs, which are adverse actions, shall be mailed at least 10 calendar days prior to the first of the month in which the action becomes effective.

The following is an example of a beneficiary whose eligibility changed from no SOC to SOC:

The county discontinued the beneficiary's Medi-Cal on February 28, 2010, because the beneficiary did not return the Annual Redetermination form. On March 26, 2010, the beneficiary returns the Annual Redetermination form along with the verification. On March 27, 2010, the county rescinds the discontinuance and determines ongoing eligibility with a SOC. As the county does not have sufficient time to provide a 10-day notice before April 1, the county will send out a timely NOA prior to April 20 indicating that the beneficiary has no SOC Medi-Cal for March 2010 and April 2010 and SOC Medi-Cal beginning May 2010.

This clarifies the policies stated in ACWDL 06-16, page 20, Section VII. D. 2.

Discontinuance of Medi-Cal Benefits at Annual Redetermination

27. Q: What Medi-Cal Eligibility Data System (MEDS) termination code does the county use for failure to submit the MC 210 RV form?

A: The county shall use MEDS termination code 65 when the beneficiary fails to submit the MC 210 RV form. This clarifies procedures stated in ACWDL 06-16, page 22, Section VIII.

Medi-Cal Annual Redetermination Packet

28. Q: What forms are required in the Medi-Cal Annual Redetermination Packet?

A: The chart below explains the required forms:

Form #	Form Description	Required/Optional
MC 210 RV Notice	Medi-Cal Annual Redetermination Notice	Required
MC 210 RV Medi-Cal Annual Redetermination form	Medi-Cal Redetermination Form	Required
MC 219 Important Information For Person Requesting Medi-Cal	Medi-Cal Rights and Responsibilities	Required
MC 210 PS Property Supplement	Medi-Cal Property Supplemental Form	Required if beneficiary answers "yes" to Section 5(b) or 5(c). Counties may include this form in the RV packet instead of waiting for beneficiary to submit the MC 210 RV.
Voter Registration Interest	National Voter Registration Act	Required
Pub 183/184	CHDP Brochure	Required if applicable to the case
MC 003 Medi-Cal Information Notice EPSDT	Early and Periodic Screening, Diagnosis and Treatment	Required if applicable to the case
Pub 13	Your Rights Under California Welfare Programs	Required
MC 372	Breast and Cervical Cancer Treatment Program (BCCTP) Flyer	Required
MC 4034, GEN 1365 or DHCS approved county customized notification	Multilingual Notification regarding Translation Services	Required
Business Reply Envelope	Postage Paid Return Envelope	Required

This modifies policies stated in ACWDL 06-16, page 14, Section VI.

29. Q: Is the MC 212 a required form at Annual Redetermination?

A: No. The MC 210 RV form has a field for the beneficiary to document if there is a new address. The MC 212 Medi-Cal Residency Declaration is not included in the Annual Redetermination packet.

30. Q: Are the MC 007, DHCS 7077, and DHCS 7077A required forms at Annual Redetermination?

A: No. The MC 007 (Medi-Cal General Property Limitation), the DHCS 7077 (Notice Regarding Standards for Medi-Cal Eligibility) and the DHCS 7077A (Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary) are not required to be included in the Annual Redetermination packet. These forms are part of the application packet for regular Medi-Cal and long term care (LTC) applicants. See Medi-Cal Eligibility Procedures Manual, Section 4S-1A and ACWDL 00-11.

31. Q: What forms are required for long term care Annual Redetermination packet?

A: The packet listing for Annual Redetermination for LTC is currently being researched and the information will be provided in a future ACWDL.

Adding a Person

32. Q. Can a parent who has been discontinued for a failed Annual Redetermination because of failure to provide property verification be added back to his/her ongoing children's case with an Add a Person form (MC 371), or does the parent need to complete a new application or other forms?

A: In this scenario, a signed MC 210 RV was submitted timely. However, the parent was discontinued for failure to provide property information, and as a result, the children were placed into ongoing Medi-Cal programs (i.e. Children's Federal Poverty Level programs which have a property waiver). See the following three scenarios:

Scenario #1: Medi-Cal terminated less than 30 days

If the parent's Medi-Cal has been terminated less than 30 days, the parent can request to be added back to the ongoing case. The parent is not required to complete any forms or a new application. The parent must submit the property information and the county will determine if the parent is eligible. The original Annual Redetermination date is still in effect.

Scenario #2: Medi-Cal terminated more than 30 days with good cause

If the parent's Medi-Cal has been terminated more than 30 days and good cause exists, the parent can request to be added back to the ongoing case. The parent is not required to complete any forms or a new application. The parent must submit the property information and the county will determine if the parent is eligible. The original Annual Redetermination date is still in effect.

Scenario #3: Medi-Cal terminated more than 30 days and good cause does not exist

If parent's Medi-Cal has been terminated more than 30 days and good cause does not exist, the parent can be added back to the ongoing case by completing the MC 371 and providing any needed income, property or other required verifications to determine eligibility. Counties must also accept a SAWS2, MC 210, or MC 321 HFP if the form is submitted by the parent. The original Annual Redetermination date is still in effect.

This clarifies the policies stated in ACWDL 06-17, page 7, Section 4(a).

33. Q: At Annual Redetermination time, can people be added back to an ongoing Medi-Cal case using the MC 210 RV?

A: Yes. DHCS is revising "Section 4. Living Situation," on the MC 210 RV to allow a parent discontinued from the case for failure to submit the Midyear Status Report to be added back to the case at the time of the Annual Redetermination. No MC 371 will be required once the new MC 210 RV is released. This clarifies the procedures stated in ACWDL 06-17, page 7, Section I, MC 210 RV form, Section 4 (a).

Property

34. Q: May the county include the Medi-Cal Property Supplement (MC 210 PS) with the Annual Redetermination form (MC 210 RV)?

A: Yes. The county may include the Medi-Cal Property Supplement (MC 210 PS) in the Annual Redetermination packet. The county will not need to wait for the beneficiary to answer "yes" to property questions 5(b) or 5(c) on the MC 210 RV before mailing out the MC 210 PS. This clarifies the procedures stated in ACWDL 06-17, page 8, MC 210 RV form, Section 5.

35. Q: How does the county “clarify” the disposition of property that is reported at Annual Redetermination?

A: Per ACWDL 06-17, Section 5 (c), if real or personal property has been previously reported and the beneficiary reports a change to these items on MC 210 RV and MC 210 PS but no information is reported to the county on the disposition of that property, then the county shall follow the SB 87 process to obtain the needed information to ensure that property was disposed of in a manner consistent with Medi-Cal policies and procedures and notate this in the case record. This clarifies policies stated in ACWDL 06-17, page 9, Section 5(c).

36. Q: Can the Real and Personal Property Supplement to Medi-Cal Mail in Application (MC 322) be used instead of the Medi-Cal Property Supplement (MC 210 PS)?

A: No. The MC 322 was designed to be used with the MC 321 HFP Application. Per ACWDL 06-17, the counties must use the MC 210 PS if the beneficiary answers “yes” to property questions 5(b) or 5(c). This clarifies procedures stated in ACWDL 06-17, page 8, Section 5.

37. Q: Must the Medi-Cal Property Supplement (MC 210 PS) be part of the case file?

A: Yes. Property is a condition of eligibility and must be verified before eligibility can be established. If the beneficiary answers “yes” to property questions 5(b) and 5(c) on the MC 210 RV, then the county must send MC 210 PS to the beneficiary. Since the MC 210 PS is a required form to complete at Annual Redetermination when question 5(b) and 5(c) are answered “yes,” the form must be part of the RV packet in the case file. If the beneficiary sends verification (i.e. a bank statement) but fails to return the MC 210 PS, the Annual Redetermination process is not complete and the county must contact the beneficiary to obtain the completed MC 210 PS. The county must annotate the actions taken to obtain the MC 210 PS in the case file. This clarifies procedures stated in ACWDL 06-17, page 8, Section 5.

Setting Annual Redetermination date from CalWORKs

38. Q: If a person has Medi-Cal and later applies for CalWORKs, but is denied CalWORKs, does the CalWORKs application change the Medi-Cal Annual Redetermination date?

A: No. The Medi-Cal Annual Redetermination date will not change. However, any new information contained in the CalWORKs application that affects eligibility shall be used by the Medi-Cal program to determine continued eligibility. This clarifies policies stated in ACWDL 06-16, page 11, Section V.

39. Q: In the above scenario, if the CalWORKs application is approved, does the Medi-Cal Annual Redetermination date change?

A: Yes. The Annual Redetermination date changes. The county will determine eligibility for all family members using the new information contained on the CalWORKs application and update the eligibility status of the entire case.

- If all the family members are approved for CalWORKs, then the Medi-Cal only case no longer exists and the Annual Redetermination date is set based on the CalWORKs application month.
- If there are family members that remain Medi-Cal only, the next Medi-Cal Annual Redetermination date will be set 12 months from the CalWORKs application month.

This clarifies policies stated in ACWDL 06-16, page 11, Section V.

CalWORKs Terminated

40. Q: If a family fails to submit the CalWORKs Annual Redetermination form and is discontinued, what aid code is the family placed in while pending the Medi-Cal only determination?

A: The transitional aid code is 38. This clarifies policies stated in ACWDL 06-16, page 11, Section V. B.

41. Q: In the above scenario, when must the county mail the Medi-Cal Annual Redetermination form to the beneficiary?

A: The county shall mail the Medi-Cal Annual Redetermination form (MC 210 RV) during the month after the CalWORKs case was discontinued. The county will use the same procedures as required for processing a regular Medi-Cal Annual Redetermination. For example, the county must give at least 20 days for the beneficiary to complete the MC 210 RV. The SB 87 process applies only when the MC 210 RV form is signed and returned timely, but is incomplete. This clarifies policies stated in ACWDL 06-16, page 11, Section V. B.

42. Q: In the above scenario, how is the next Annual Redetermination date set?

A: The first month of the new 12-month period starts the month after the completion of the Medi-Cal only redetermination. The next Annual Redetermination shall be completed by the last day of the 12th month. This modifies policies stated in ACWDL 06-16, page 12, Section V. C.

Setting the Annual Redetermination date for a Disability Determination Service Division – State Programs (DDSD-SP) case

43. DDSD-SP disability evaluation received within 90 days

During the application process, if the applicant alleges a disability, but no other Medi-Cal linkage exists, the county shall forward the disability packet to the DDSD-SP for a disability evaluation. The county has 90 days to make a final eligibility decision for applications based on disability, excluding delays by the State. When the county receives the disability determination confirming applicant's disability, the county shall complete the eligibility process. The applicant is determined eligible for Medi-Cal, effective the first day of the month of application. The Annual Redetermination shall be completed by the last day of the 12th month. This clarifies policies stated in ACWDL 06-16, page 5, Section III.

Example:

Application date	01/05/10
Send DDSD-SP packet	01/07/10
DDSD-SP decision: date approved	03/10/10
Eligibility effective month	01/10
12 th month of eligibility ends	12/10
Annual Redetermination due	12/10
Next Annual Redetermination	12/11

44. DDSD-SP disability evaluation received after the 90 days but prior to the last day of the 11th month

If the county receives the DDSD-SP decision approving disability after 90 days, but prior to the last day of the 11th month, the county shall complete the normal Annual Redetermination process. The county shall mail the Annual Redetermination packet to the beneficiary allowing for 20 days for it to be completed. The Annual Redetermination shall be completed by the last day of the 12th month.

Example:

Application date	01/05/10
Sent DDS-SP packet	01/12/10
DDS-SP decision: date approved	06/20/10
Eligibility completed by county	08/20/10
Eligibility effective month	01/10
12 th month of eligibility ends	12/10
Annual Redetermination due	12/10 (regular process)
Next Annual Redetermination	12/11 (regular process)

This clarifies policies stated in ACWDL 06-16, page 5, Section III.

45. DDS-SP disability evaluation received after the 11th month

There are some instances where receipt of the disability evaluation decision extends beyond the 11th month from the application date. The county has 90 days to make a final eligibility decision for application based on disability, excluding delays by the State. If the DDS-SP decision confirming disability is received by the county after the 11th month, the county shall not complete the normal Annual Redetermination process.

Instead, the county shall complete the initial eligibility determination upon receipt of the DDS-SP decision. The county must review the case and determine if an eligibility determination can be made based on information in the case or other available information. If there is insufficient information available to the county to make an eligibility determination, the county must contact the person to find out if there were changes that have occurred since his/her application date. The county must follow the Second Contact policies stated in ACWDL 08-07. The SB 87 process does not apply in this situation because the person has not been determined Medi-Cal eligible and is not a beneficiary.

Counties shall not send the MC 210 RV form to obtain this updated information. If the applicant is determined Medi-Cal eligible as of the application date, then the beginning date of eligibility shall be the first day of the application month. The Annual Redetermination due month shall be set 12 months from the date the county determined the applicant eligible for Medi-Cal.

Example:

Application date	01/05/10
Sent DDS-SP packet	01/05/10
DDS-SP decision: date approved	06/09/11
County receives DDS-SP decision	06/15/11
Eligibility completed by county	08/15/11
Eligibility effective month	01/10
First Annual Redetermination due	07/12
Next Annual Redetermination	07/13

This clarifies policies stated in ACWDL 06-16, page 5, Section III.

46. Q: Using the same scenario as above, only the case was originally approved under Presumptive Disability (PD) as of January 2010 pending the disability determination from DDS-SP, is the county required to perform the Annual Redetermination in December 2010 on this PD case?

A: Yes. This clarifies policies stated in ACWDL 06-16, page 5, Section III.

47. Example where both husband and wife are claiming disability.

If Spouse 1 and Spouse 2 submit applications and allege disabilities, then the Annual Redetermination month is based on Spouse 1's application month. If Spouse 2 is determined Medi-Cal eligible based on disability, then Spouse 2's Annual Redetermination month will be set by the Annual Redetermination month of the Spouse 1. Since Spouse 1 and Spouse 2 are in the same case, they will share the same Annual Redetermination month.

Spouse 1 - application date	01/05/10
Spouse 1 - sent DDS-SP packet	01/05/10
Spouse 2 - application date	01/05/10
Spouse 2 - sent DDS-SP packet	01/05/10

DDS-SP decision: date approved for Spouse 1	06/19/10
County receives DDS-SP decision for Spouse 1	06/25/10
Spouse 1 - eligibility completed by county	08/25/10
Spouse 1 - eligibility effective month	01/10
Spouse 1 - 12 th month of eligibility ends	12/10
Spouse 1 - Annual Redetermination due	12/10

DDSD-SP decision: date approved for Spouse 2	04/20/11
County receives DDSD-SP decision for Spouse 2	05/01/11
Spouse 2 - eligibility completed by county	07/01/11
Spouse 2 - eligibility effective month	01/10

Spouse 1 & Spouse 2 - Annual Redetermination due 12/11

This clarifies policies stated in ACWDL 06-16, page 5, Section III.

Deemed Infant

The Deemed Infant (DE) policy that is found in ACWDL 06-16, page 3 through 4, will be replaced by a future ACWDL on DE.

Transitional Medi-Cal (TMC)

The TMC policy that is found in ACWDL 06-16, pages 4 through 5, will be replaced by a future ACWDL on TMC.

Pregnant Women

A future ACWDL will provide information on pregnant women and the Annual Redetermination process.

Continuous Eligibility for Children (CEC)

Please refer to ACWDL 09-31 regarding CEC.

Fair Hearing Decision and Its Impact on Annual Redetermination

48. Q: If the Administrative Law Judge (ALJ) decision stated that a claimant is otherwise eligible, the county shall issue ongoing Medi-Cal benefits retroactively over a span of years, what information must the beneficiary provide to the county?

A: Each fair hearing decision is unique to the specifics of the particular case and how it would impact the Annual Redetermination. If counties have questions about implementing the ALJ decision, counties should contact DHCS to review the decision and to provide instructions on case processing.

MC 210 RV Substitutes

49. Q: Can the Food Stamp Statement of Fact (DFA-A2) be used as substitute for MC 210 RV?

A: No. ACWDL 06-17 states that the county shall accept other Statement of Facts forms and not require the beneficiary to complete a new MC 210 RV. The ACWDL gives examples of the types of Statement of Facts, (such as SAWS 2, MC 210 or the old MC 210 RV), that are appropriate for the substitution of the MC 210 RV. These documents are for the Medi-Cal program. Since the DFA 285-A2 is used for Food Stamps, there is no authority for it to be used as a substitute for the MC 210 RV. If the beneficiary returns a MC 210 RV that is incomplete, then the county must follow the SB 87 process. If a DFA 285-A2 is in the case file, then the county may use this new information as part of the first step of the SB 87 process. This clarifies the policies stated in ACWDL 06-17, page 13, Section III.

ACWDL 01-10 instructs the county to use Food Stamp Statement of Facts form (DFA 285-A2) to determine Medi-Cal eligibility when a Food Stamp beneficiary requests Medi-Cal benefits. ACWDL 01-10 qualified the use of the Food Stamps Statement of Facts by indicating that other information may be requested if there was not sufficient information to make an eligibility determination. The policy described in ACWDL 01-10 applies to the application process and does not apply to the Annual Redetermination. This clarifies policies stated in ACWDL 06-17, page 13, Section III.

50. Q: If the Annual Redetermination packet is returned with a new address from the post office, can the county use the address to update their records?

A: Yes. ACWDL 06-16 discusses the situation where the Annual Redetermination packet is undeliverable and the county is to use the SB 87 process to locate the beneficiary.

51. Q: In the above scenario, does the process start over with the new address and beneficiary is given 20 days to provide information?

A: Yes. In this situation where the county received a new address and has remailed the Annual Redetermination package, the county must give the beneficiary 20 days to submit the Annual Redetermination to the county. This clarifies policies stated in ACWDL 06-16, page 21, Section VII. F.

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52. Q: Is the Annual Redetermination form (MC 210 RV) going to be revised soon?

A: Yes. The MC 210 RV form will be revised based on county input and will be available to counties soon. A Medi-Cal Eligibility Division Information Letter will be issued to announce availability of the forms and it will also be posted on the DHCS website.

If you have any questions, or if we can provide further information, please contact Debora Wong-Kochi at (916) 552-8429 or by email at Debora.Wong-Kochi@dhcs.ca.gov.

Original signed by:

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Medi-Cal Eligibility Division