



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

April 25, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-22
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: RESETTING ANNUAL REDETERMINATION DATES

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide instructions about resetting redetermination dates for Medi-Cal beneficiaries who remain Medi-Cal eligible as a result of a change in circumstance.

Background

As prescribed in Welfare & Institutions Code (WIC), Section 14005.37(n), a Medi-Cal beneficiary can have their annual redetermination date reset for a new 12-month period whenever the beneficiary reports a change in circumstance that triggers an eligibility redetermination. For purposes of this letter, an eligibility redetermination is defined as a run to review eligibility in either: the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Business Rules Engine (BRE) for Modified Adjusted Gross Income (MAGI) Medi-Cal, or Eligibility Determination and Benefits Calculation (EDBC) for Non-MAGI Medi-Cal and the beneficiary remains Medi-Cal eligible. This policy applies to all Medi-Cal cases where the county department of social services is responsible for case management of the Medi-Cal case.

Criteria for Resetting the Annual Redetermination Date

WIC, Section 14005.37(n), specifies that if a redetermination occurs due to changes in circumstances, and the beneficiary remains Medi-Cal eligible, the beneficiary shall be granted a new 12-month eligibility period. Therefore, the annual redetermination date is reset only when a change in an eligibility data element requires a redetermination of eligibility.

For example, if a beneficiary reports a change in address, this is not a change to an eligibility data element that requires a BRE/EDBC run to review eligibility. As long as the

beneficiary is still a California resident, the county has no reason to make a new eligibility determination because a home address is not a Medi-Cal eligibility criterion. On the other hand, if a beneficiary reports a change in income or household composition, that would be a change to an eligibility data element and would require a BRE/EDBC run to see if continued eligibility remains. Since the BRE/EDBC was run to see if continued eligibility existed, the annual redetermination date should be reset if the outcome of the eligibility determination resulted in continued Medi-Cal eligibility.

If, due to a change in circumstance, the Medi-Cal beneficiary is determined eligible for a consumer protection program (Continuous Eligibility for Children, Transitional Medi-Cal, Continuous Eligibility for Pregnant Women, etc.), the beneficiary would not have his/her annual redetermination date reset. Instead, the beneficiary would be enrolled in the appropriate consumer protection program.

Please Note: In accordance with guidance in ACWDL 14-15, grandfathering protections apply to Pre-ACA MAGI-linked Medi-Cal beneficiaries who report a change in circumstance, when the change would result in a negative action (i.e. ineligibility for MAGI Medi-Cal). This means that the MAGI-linked beneficiary who is found ineligible for MAGI Medi-Cal upon renewal due to a change in circumstance must remain in their Pre-ACA aid code until their regularly scheduled annual redetermination date. As a reminder, MAGI-linked Medi-Cal beneficiaries are: parents/caretakers, children, pregnant women, and non-Medicare recipients who are 19 up to 65 years of age.

How to Reset the Annual Redetermination Date

Counties need to determine Medi-Cal eligibility for the future month and provide an adequate and timely 10-day notice when processing a change in circumstance. For example, if a MAGI beneficiary reports a change in circumstance in July, the county must run the BRE to determine eligibility for August. If the beneficiary is found to be Medi-Cal eligible as a result of rerunning the BRE, then the new 12-month period would begin in August. In this situation, the beneficiary's annual redetermination date would be in July every year going forward. Counties are instructed to obtain their appropriate SAWS instructions for resetting the annual redetermination dates in the system.

Changes Reported to Other Programs

If a Medi-Cal beneficiary is also enrolled in other public assistance programs, such as CalFresh, and the beneficiary reports a change in circumstance to such programs that would require Medi-Cal to review eligibility, the beneficiary shall have his/her Medi-Cal eligibility redetermined.

For example, if the individual reports a change in circumstance that would require a Medi-Cal review of eligibility to CalFresh during their midyear reporting requirements, the

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Medi-Cal eligibility worker should conduct a Medi-Cal eligibility redetermination using the information provided to the CalFresh program. If the beneficiary remains Medi-Cal eligible, the beneficiary shall be granted a new 12-month eligibility period. Counties may align the Medi-Cal annual redetermination date with the CalFresh redetermination date to the extent that the Medi-Cal annual redetermination date is 12 months from the effective date of the change. Under no circumstance shall the county set the Medi-Cal annual redetermination date any shorter than or longer than 12 months in order to align the Medi-Cal annual redetermination date with the CalFresh annual redetermination date.

If you have any questions, please contact Braden Oparowski by phone at (916) 552-9570 or by email at Braden.Oparowski@dhcs.ca.gov.

Original Signed By:

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