



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



EDMUND G. BROWN JR.
Governor

September 19, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-33
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: REVIEWING CASELOADS FOR INDIVIDUALS WHO ARE LINKED TO
MEDI-CAL COVERAGE GROUPS BASED UPON MODIFIED ADJUSTED
GROSS INCOME (MAGI)

The purpose of this letter is to instruct counties to conduct a focused search of caseloads to identify individuals who are potentially eligible under the MAGI methodologies through the California Healthcare, Eligibility, Enrollment and Retention System for the January 2014 month of eligibility and on-going. Once identified, counties must send the attached letter with the Request for Tax Household Information (RFTHI) form. If the beneficiary returns the RFTHI form, the counties must complete the MAGI eligibility determination and reset the annual redetermination date. If the beneficiary does not return the RFTHI form, the beneficiary must remain eligible in their current aid code until their next annual redetermination or until the beneficiary has a change in circumstances.

Counties must search their caseloads and send the attached letter to individuals who meet the criteria in 1 – 3 below, unless the individual is ineligible for Medi-Cal after December 31, 2013, for a reason other than excess property or income, such as death, moved out of state, or requested discontinuance.

1. Have not been evaluated under the MAGI rules, and
2. Are eligible or retroactively eligible for the month of December 2013 or anytime thereafter under one of the three coverage groups and aid codes listed below:
 - a. The Medically Needy (MN) or Medically Indigent (MI) programs with share of cost (SOC)
 - b. The 250 Percent Working Disabled program
 - c. State-only funded or limited-scope Medi-Cal, and
3. Are MAGI-linked (parents, caretaker relatives, children, or pregnant women, or are non-Medicare recipients age 19 up to 65 years of age).

Counties must search their Statewide Automated Welfare System for individuals that are described in numbers 1 – 3 above in the following aid codes: 17, 27, 37, 13, 23, 63, 50, 53, 55, 5J, 5R, 67, 6G, 6J, 6R, 71, 73, 77, 7H, 81, 83, 85, 89, C2, C4, C6, C8, D1, D3, D5, D7, D9, 0R, 0T, 0V, 0W, 0X, 0Y, 2V, and 4V.

Counties must search their case loads for MAGI-linked individuals and send the RFTHI form to those who:

- Were denied eligibility in December 2013 or later, due to excess property, and
- Have not been evaluated under the MAGI rules.

Once the individual returns the RFTHI form and the county determines the individual is MAGI eligible, the county must rescind the discontinuance Notice of Action due to excess property, re-establish eligibility back to the date of discontinuance and send a new Notice of Action.

Counties must send the translated version of the attached letter and RFTHI form to obtain the necessary tax and household information. The translated version of the letter will be available from the Department of Health Care Services website in October 2014. Counties must assist beneficiaries in completing the RFTHI form as requested or as necessary to determine eligibility. If the RFTHI form is not returned, counties must continue the current eligibility of the individual until their next annual redetermination.

Counties must:

1. Begin efforts to identify cases and send the attached letter and RFTHI form to those identified individuals.
2. Determine the individual's MAGI eligibility back to the date of application or January 1, 2014, whichever is most recent when the RFTHI form is returned.
3. Correct any ineligibility, scope limitations, optional state-only funded eligibility, or SOC.
4. Retroactively reinstate any denied or discontinued cases, retroactively correct SOC's as appropriate.
5. Rescind and reissue notices of action as appropriate.
6. Reset annual redetermination dates as appropriate.

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Once long-term care individuals are determined to be MAGI eligible, they should not be sent the Redetermination for Medi-Cal Beneficiaries (Long-Term Care in Own MFBU (MC 262) form at annual redetermination. The MC 262 requests information regarding property and property is not a condition of eligibility under the MAGI methodologies.

Additionally, counties are reminded that if an individual is found eligible under one of the MAGI coverage groups, and is later found ineligible at annual redetermination or due to a change in circumstances, he/she must still have eligibility evaluated under the non-MAGI coverage groups, including Aged, Blind or Disabled Federal Poverty Level programs, MN/MI coverage, and 250 Percent Working Disabled groups before he/she can be discontinued from Medi-Cal.

If you have any questions regarding this letter, please contact Sharyl Shanen-Raya at (916) 552-9449 or by email at Sharyl.Shanen-Raya@dhcs.ca.gov.

Original Signed By

Tara Naisbitt, Chief
Medi-Cal Eligibility Division

Enclosure

Enclosure

Dear Medi-Cal Beneficiary,

You are getting this notice for one of the following reasons:

- You were recently denied Medi-Cal due to excess property.
- You have Medi-Cal with a share-of-cost.
- You do not receive the full Medi-Cal benefits.
- You are in Medi-Cal's 250 Percent Working Disabled program and paying a monthly premium to receive Medi-Cal benefits.

As of January 1, 2014, there are new Medi-Cal programs that do not count property and have new income rules. You may be able to get free Medi-Cal or be eligible for full Medi-Cal benefits. You must fill out the attached form and use the envelope to mail it back to your county eligibility worker to see if you can get free Medi-Cal under the new rules.

If you do not want the county to check if you are eligible under the new rules, you do not have to return the attached form. If you do not return the attached form, you will continue to receive your Medi-Cal benefits until your next annual redetermination.