



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

Date: September 29, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-35
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: 2015 REDETERMINATIONS FOR NON-MODIFIED ADJUSTED GROSS
INCOME (MAGI) CASES AND NON-MAGI/MAGI MIXED (MEDI-CAL
MIXED) CASES
(Reference: All County Welfare Directors Letters (ACWDLs) 14-03, 14-03E,
14-11, 14-18 14-31, and 14-32)

The purpose of this letter is to provide counties with the interim policies and procedures for implementing annual redeterminations in 2015 for Non-MAGI and Non-MAGI/MAGI Mixed (Medi-Cal Mixed) cases.

MAGI Screen for Long-Term Care (LTC) and Non LTC Cases

Counties are instructed to complete MAGI screening as part of the ex parte review of cases when processing renewals. MAGI screening means that Counties must review any Request For Tax Household Information (RIFTI) that may already be in the case and other case information that is available to determine if any individual may be or has become potentially MAGI eligible as a child, parent/caretaker relative, pregnant woman or a non-Medicare recipient who is age 19 up to age 65. This could include information from CalFresh or California Work, Opportunity and Responsibility to Kids (CalWORKs) cases as well as electronic information such as Income and Eligibility Verification System (IEVS). If an individual is potentially MAGI eligible, evaluate for MAGI following the ex parte processes outlined in (All County Welfare Directors Letter (ACWDLs) 14-11 and 14-18. If the case has one or more Non-MAGI individuals, counties are to complete the ex parte determination as described below.

Ex Parte Redetermination

Once the MAGI screening portion of the ex parte redetermination has been completed and at least one individual in the case is being evaluated for Non-MAGI, the rest of the ex parte can be completed. In accordance with Welfare and Institutions Code (W&I), Section 14005.37(e), counties

“...shall gather information available to the county that is relevant to the beneficiary’s Medi-Cal eligibility prior to contacting the beneficiary. Sources for these efforts shall include information contained in the beneficiary’s file or other information, including more recent information available to the county, including, but not limited to, Medi-Cal, CalWORKs, and CalFresh case files of the beneficiary or of any of his or her immediate family members, which are open, or were closed within the last 90 days, information accessed through any databases accessed under Sections 435.948, 435.949, and 435.956 of Title 42 of the Code of Federal Regulations, and wherever feasible, other sources of relevant information reasonably available to the county or to the county via the department”.

Counties must evaluate electronic information, such as the IEVS, and information from the federal hub, etc. Non-MAGI determinations require a property evaluation. If property information from other cases or IEVS is not current or sufficient, then an ex parte redetermination cannot be completed because more information is needed. Please see below.

Completing Non-MAGI Redeterminations

Counties shall not send eligibility determination requests to the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Business Rules Engine (BRE) for Non-MAGI cases where no potential MAGI eligibility exists. Once all information has been obtained, as described below, counties shall send the information through their Statewide Automated Welfare System (SAWS) to complete the Non-MAGI eligibility determination.

Process for Completing the Non-MAGI Redetermination When No Family Member Is In Long Term Care (LTC).

If there is not enough information to complete the ex parte redetermination, for Non-MAGI households where no member is in LTC, the county is to request the information. The form, “Medi-Cal Annual Redetermination” (MC 210 RV) is used for the 2015 Non-MAGI redeterminations. Counties shall mail out these forms early enough to provide the beneficiary with a 60-day return period, unless there is good cause, as described in Title

22, California Code of Regulations, Section 50175(c). Beneficiaries may provide this information on the form, over the phone or through other means, as noted in ACWDLs 14-31 and 14-32. Counties are also required to make at least one beneficiary (or beneficiary representative) contact during the 60-day period to assist and encourage individuals to return their forms on time. This contact shall be made by the county utilizing the beneficiary’s preferred method of contact. If no preference has been indicated by the beneficiary or his/her representative, then the contact must be made by phone. If the phone number is unavailable or no message can be left, then the contact shall be made by mail.

Once the information is provided, counties shall evaluate to see if new potential MAGI eligibility exists and if further information or verification is needed. If further information is needed for a property determination, counties shall mail the “Property Supplement” (MC 210 PS). Counties shall ensure that the client will have a 30-day period to provide this information/verification, unless there is good cause, as described in Title 22, California Code of Regulations, Section 50175(c). If potential MAGI eligibility exists, request the RFTHI and evaluate for MAGI in accordance with ACWDL 14-32. Counties shall ensure that the client will have a 30-day period for returning the RFTHI. If the individual remains eligible as Non-MAGI, complete the Non-MAGI determination in accordance with this ACWDL.

Process for Completing the Non-MAGI Redetermination When a Family Member Is In LTC

For households containing a family member in LTC, the process is similar to the one above. However, since the ex parte redetermination could not be completed because more information was needed, then the county should send out the “Redetermination for Medi-Cal Beneficiaries (Long-Term Care in own Medi-Cal Family Budget Unit (MFBU))” (MC 262) and the MC 210 RV.

Medi-Cal Situation	Form(s)
Non-MAGI where no family member is in LTC	Medi-Cal Annual Redetermination (MC 210 RV)
Non-MAGI where a family member is in LTC	Redetermination for Medi-Cal Beneficiaries (Long-Term Care in own MFBU) (MC 262) and MC 210 RV

Instructions for Completing Redeterminations for Medi-Cal Mixed Households Where No Family Member Is In LTC

For Medi-Cal Mixed household cases, instructions from both ACWDL 14-32 (for the MAGI household members) and this ACWDL (for the Non-MAGI household members) should be followed. The ex parte redetermination is the first step in both processes. MAGI

household members should be sent through the CalHEERS BRE with the information available in the case, as described in ACWDL 14-32. Non-MAGI household members should be designated as “non-applying” household members of the tax filing unit so that the tax household is accurate for the MAGI determination. MAGI household members should be designated as ineligible (IE) for the Non-MAGI determinations so that they have a person count in the MFBU and their income and property are used to complete the eligibility determination.

If the ex parte redetermination could not be completed for either the MAGI case members, the Non-MAGI case members, or both, the county may request more information. To request information from:

- MAGI household members, send the pre-populated MAGI redetermination form.
- Non-MAGI household members send the “Additional Income and Property Information Needed For Medi-Cal” (MC 604 IPS).

Instructions for Completing Redeterminations for Medi-Cal Mixed Households Where a Family Member Is In LTC

To request information from mixed Medi-Cal cases where one family member is Non-MAGI LTC or MAGI LTC, mail the pre-populated MAGI redetermination form and the MC 604 IPS.

Where individuals are determined to be eligible, the annual redetermination date is reset for another 12 months. Where individuals are determined to be ineligible, the case is set for discontinuance and 10-day notices of action are sent.

90-Day Cure Period

The beneficiary has an additional 90 days after the date of termination to provide the additional information needed for redetermination. If the information is received during this 90 day period, the county shall immediately enter the information into the SAWS system, and, if the household contains MAGI individuals, then run the information through the CalHEERS BRE, to determine continued eligibility. If the individual(s) are found to have continued eligibility for Medi-Cal, the county shall treat the information as having been received timely.

If the beneficiary is determined to be eligible during the 90-day cure period, the county shall grant benefits back to the date of discontinuance, retain the annual redetermination dates, and notify the beneficiary that their Medi-Cal benefits will be restored back to date of discontinuance. As a reminder, counties should ensure that the good cause regulations

are followed so that if a beneficiary provides the information outside of the 90-day period and there is good cause for not providing information timely, it shall be considered timely.

Please Note: In accordance with W&I Code, Section 14005.37(i), the provision of the requested information, does not constitute a finding of Medi-Cal eligibility. The discontinuance action shall not be overturned until the information is processed and eligibility is found to exist. However, the county must act promptly to process the information provided by the beneficiary.

“Mega-Mandatory” Eligibility

“Mega-Mandatory” coverage groups include cash aid recipients, Pickle, Disabled Adult Children, Disabled Widows/ers, Foster Care, Former Foster Care, Kin-Gap, and Adoption Assistance in the aid codes listed below. Annual redeterminations for individuals in the “Mega-Mandatory” coverage groups are completed following the rules that existed for those coverage groups prior to the Affordable Care Act (ACA). Eligibility in these categories must be preserved as long as the individual remains eligible for them and, as indicated by those rules, eligibility for these groups is higher on the Medi-Cal hierarchy than MAGI mandatory coverage. The “Mega-Mandatory” individuals must be included as “not applying” within the tax household for any MAGI-linked individuals. However, in accordance with the pre-ACA rules, the Mega-Mandatory individuals are considered Public Assistance or Other Public Assistance individuals with regard to the MFBU for the Non-MAGI eligibility determination and, therefore, are not included in the MFBU for the Non-MAGI redeterminations. Counties should verify that redeterminations on other family members in other aid codes do not create an adverse effect on persons in the “Mega-Mandatory” coverage groups.”

PROGRAM NAME	AID CODE
CalWORKs	30, 31, 32, 33, 35, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3U, 3W, & K1
SSI/SSP	10, 20 & 60
Title IV-E Foster Care	42, 46, & 49
State-Only Foster Care	40, 43, 45, 4C, 4H, 4L, 4K, 4N, 4P, 4R, & 5K
Title IV-E Adoption Assistance	03, 06, 07, & 4A,
State Only Adoption Assistance	04
Title IV-E KinGAP	4S & 4T
State Only KinGAP	4F, 4G, & 4W
Pickle	16, 26, & 66
Disabled Adult Child	6A & 6C
Disabled Widow/Widower	36
Former Foster Care	4M

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If you have any questions, please contact Ms. Leanna Pierson at (916) 327-0408 or by email at Leanna.Pierson@dhcs.ca.gov or Ms. Sharyl Shanen-Raya at (916) 552-9449 or by email at Sharyl.Shanen-Raya@dhcs.ca.gov.

Sincerely,

Original Signed By

Tara Naisbitt, Chief
Medi-Cal Eligibility Division