

Medi-Cal Program Guide Letter (MPG) #763

October 12, 2012

Subject	UPDATES TO MEDI-CAL ANNUAL REDETERMINATION (RV)
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Effective	Upon receipt
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Reference	County Policy All County Welfare Directors Letters (ACWDL) 01-36 ,11-23, 11-37
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Purpose	<p>The purpose of this letter is to inform staff of the revisions and updates to the following Medi-Cal Program Guide (MPG) Articles:</p> <ul style="list-style-type: none">• Article 4, Section 7 – Verification/Documentation Procedures• Article 4, Section 15 - Redeterminations• Article 5, Section 15 – Miscellaneous Continued Eligibility Programs
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Background	All Medi-Cal beneficiaries must have their eligibility for Medi-Cal redetermined every 12 months. Beneficiaries must cooperate with the Annual Redetermination requirements to ensure continuing Medi-Cal coverage.
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Highlighted Changes	<p>The following desk aids have been developed to support staff with the Medi-Cal Annual Redetermination (RV) process:</p> <ul style="list-style-type: none">• Acting on the MC 210 RV Form• Medi-Cal Annual Redetermination (RV) Best Practices• Medi-Cal Verification Requirements Chart• Requesting Information at Redetermination (RV)• Reviewing the Statement of Facts (MC 210 RV)• Setting Medi-Cal Redetermination (RV) Due Dates <p>These documents have been added to MPG Article B – Resources and Desk Aids.</p>
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Required Action	It is the worker’s responsibility to complete the annual redetermination within 12 months of the approval of eligibility on any application, reapplication or restoration, which required a Statement of Facts (SOF) or within 12 months of the last annual redetermination.
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When completing the annual redetermination, workers shall not request information that is not relevant to the beneficiary's ongoing eligibility or information that is not subject to change (e.g., date of birth, social security number or United States citizenship).

**Automation
Impact**

No impact

**Forms
Impact**

Form **14-116 HHS - Medi-Cal Redetermination Packet Coversheet** has been created to enhance existing instructions to clients regarding information required at redetermination.

The **14-116 HHS** has been uploaded to the [Xerox Print Center](#) and shall be included in the RV packet.

**ACCESS
Impact**

ACCESS agents shall ensure that the changes outlined in this letter and the procedures detailed in [MPG Article 4, Section 7](#), [MPG Article 4, Section 15](#) and [MPG Article 5, Section 15](#) are applied.

**Scanning
Impact**

The **14-116 HHS - Medi-Cal Redetermination Packet Coversheet** is not on the approved forms listing for Kofax. Workers must scan the **14-116 HHS** using template 16-900 Misc. Temporary Documents.

**CalWORKs
Program
Impact**

No impact

**CalFresh
Program
Impact**

No impact

**Quality
Control
(QC)Impact**

Quality Control will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The following MPG cites have been updated. Changes to the MPG are noted with highlighted text.

Section	Summary of Changes
Article 4 Section 7.12	Added clarifications to - Requests for Additional Information/Verification
Article 4 Section 7- Appendix A	Removed and replaced with - Medi-Cal Verification Requirements Chart Desk Aid
Article 4 Section 7- Appendix B	Removed and replaced with - Medi-Cal Verification Requirements Chart Desk Aid
Section	Summary of Changes
Article 4, Section 15	Annual Redetermination (RV) requirements have been updated
Article 4, Section 15.3	Added <i>14-116 HHSA</i> - Medi-Cal Redetermination Packet Coversheet to Required Forms
Article 4, Section 15- Appendix A	Removed and replaced with - Setting Medi-Cal Redetermination (RV) Due Dates Desk Aid
Article 4, Section 15- Appendix B	Removed and replaced with – Reviewing the Statement of Fact (MC 210 RV) Desk Aid
Article 4, Section 15- Appendix C	Removed and replaced with - Acting on the MC 210 RV Form Desk Aid
Article 4, Section 15- Appendix D	Removed and added to Article 4, Section 15.4C
Article B	Added the following desk aids: <ul style="list-style-type: none"> • Acting on the MC 210 RV Form • Medi-Cal Annual Redetermination (RV) Best Practices • Medi-Cal Verification Requirements Chart • Requesting Information at Redetermination (RV) • Reviewing the Statement of Facts (MC 210 RV) • Setting Medi-Cal Redetermination (RV) Due Dates
Section	Summary of Changes
Article 5, Section 15	Added clarifications to – Appendix I – Deemed Infant Approaching One Year of Age

Approval for Release

Paul Wanner 10-11-12

Article 4 Section 7 – Verification/Documentation Procedures

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Citizenship and Identity Verification Requirements Examples of Reasonable Assistance	<u>APPENDIX A</u>

Resources and Desk Aids

- [Requesting Information at Redetermination \(RV\)](#)
 - [Medi-Cal Verification Requirements Chart](#)
-

04.07.12 Requests for Additional Information/Verification

A. General

When the worker needs to contact the applicant/beneficiary for additional information, the date, method of contact and result of the contact must be documented in the case record. Workers are allowed to clarify information over the phone. If the reason for a phone contact is to clarify information on forms (including the statement of facts), the worker shall document the contact in case comments, and make a note on the statement of facts to “see Case Comments”

If the applicant/recipient fails to respond to the first contact, the worker shall attempt a second contact, either by telephone and/or written notice, and document this extra effort in case comments.

The written notification will include the date of the prior client contact and the requested information/verification, the time frame for responding to this second notification, and the consequences for not providing the requested information.

When the request is for verification of citizenship and identity documents required under DRA 2005 refer to [MPG Article 4, Section 7.13](#) for specific procedures.

MPG Letter 651 (01/09)

B. *Ex Parte* Process Overview

The *ex parte* process is used when determining Medi-Cal eligibility at application, redetermination, or when changes in circumstances occur that affect Medi-Cal eligibility. “*Ex parte*” is the process whereby a Medi-Cal only determination is made without the involvement of the applicant/beneficiary.

The *ex parte* process requirements follow:

- The worker shall attempt to complete the Medi-Cal evaluation based on information/verification contained in cases that are open, or closed within 45 days, other PA case records of beneficiaries and their immediate family members, or in county automated systems. ([See Article 4, Section 7.11 A & B](#) above.)
- Information/verification used from another PA case must have been obtained or declared within the last 12 months and not subject to change.

Workers must always attempt to obtain needed information/verification by means of the *ex parte* process prior to:

- Denying a case for failure to provide for applicants
- Requesting the information/verification from beneficiaries

MPG Letter 520 (01/04)

**C.
Ex Parte for
Applicants**

For applicants, the workers are allowed to request needed information/verification prior to initiating an *ex parte* review. If the applicant does not respond by the due date of the 2nd request, the worker must do an *ex parte* review to attempt to find the needed information.

If the worker...	Then the worker will...
locates the needed information/ verification through the <i>ex parte</i> review,	notify the applicant that the information/verification is no longer needed and benefits are to be granted, if they are otherwise eligible.
is not able to locate the information/verification	deny the application for failure to provide.

ACWDL
01-36

The worker may not deny a case for failure to provide BEFORE completing an *ex parte* review.

MPG Letter 520 (01/04)

**D.
Ex Parte for
Beneficiaries**

When a change that affects ongoing eligibility is reported, the worker must always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting it from the beneficiary.

ACWDL
01-36

If the *ex parte* review results in insufficient information/verification for an accurate determination of eligibility, then:

- the beneficiary must then be contacted to request the needed verification, and
- the reason for contacting the beneficiary must be documented in case comments

When the *ex parte* process reveals a change in circumstances that requires a referral or updating of information to other agencies, the beneficiary must complete the appropriate forms. Examples of these forms are Medical Support Forms and CWC 6041 Potential Third Party Liability.

MPG Letter 520 (01/04)

E. Information/ Verification Requested At Application

The following procedures shall apply to Mail-In and Non-Mail-In applications:

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Step	Action						
1	<p>First Request for Verification</p> <p>Upon review of the mail-in application packet or during the face-to-face interview, the worker will generate a Verification Checklist (CSF 78) if additional information and/or verifications are needed. Applicants shall be given at least 10 calendar days to provide items listed on the Verification Checklist.</p> <p>If the requested verification is subsequently found in an Other PA case or through County available systems, the applicant must be notified that he/she does not need to provide the requested items.</p>						
2	<p>Second Request for Verification</p> <table border="1" data-bbox="521 879 1385 1425"> <thead> <tr> <th data-bbox="521 879 964 915">If ...</th> <th data-bbox="964 879 1385 915">Then the worker shall...</th> </tr> </thead> <tbody> <tr> <td data-bbox="521 915 964 1142">the due date for the return of the initial Verification Checklist passes without a response from the applicant,</td> <td data-bbox="964 915 1385 1142">send a second Verification Checklist to the applicant. The applicant is allowed another 10 calendar days to provide the requested verification.</td> </tr> <tr> <td data-bbox="521 1142 964 1425">the second due date passes without a response and the worker is unable to obtain the needed verification through the <i>ex parte</i> review,</td> <td data-bbox="964 1142 1385 1425">issue a notice to deny Medical benefits. Cases are NOT to be denied for failure to provide until Other PA cases, either active or closed within 45 days, are reviewed for needed verification.</td> </tr> </tbody> </table>	If ...	Then the worker shall...	the due date for the return of the initial Verification Checklist passes without a response from the applicant,	send a second Verification Checklist to the applicant. The applicant is allowed another 10 calendar days to provide the requested verification.	the second due date passes without a response and the worker is unable to obtain the needed verification through the <i>ex parte</i> review,	issue a notice to deny Medical benefits. Cases are NOT to be denied for failure to provide until Other PA cases, either active or closed within 45 days, are reviewed for needed verification.
If ...	Then the worker shall...						
the due date for the return of the initial Verification Checklist passes without a response from the applicant,	send a second Verification Checklist to the applicant. The applicant is allowed another 10 calendar days to provide the requested verification.						
the second due date passes without a response and the worker is unable to obtain the needed verification through the <i>ex parte</i> review,	issue a notice to deny Medical benefits. Cases are NOT to be denied for failure to provide until Other PA cases, either active or closed within 45 days, are reviewed for needed verification.						
3	<p>Applicant provides and/or contacts worker after denial NOA was mailed</p> <table border="1" data-bbox="521 1518 1385 1890"> <thead> <tr> <th data-bbox="521 1518 964 1554">If the applicant ...</th> <th data-bbox="964 1518 1385 1554">Then the worker shall...</th> </tr> </thead> <tbody> <tr> <td data-bbox="521 1554 964 1890">contacts the worker before the due date of the denial NOA indicating that the requested item cannot be obtained by the due date with good cause,</td> <td data-bbox="964 1554 1385 1890">extend the due date. <u>Example of good cause:</u> The individual has requested a statement from the insurance company to verify his/her current life insurance cash surrender value, but the issuance of</td> </tr> </tbody> </table>	If the applicant ...	Then the worker shall...	contacts the worker before the due date of the denial NOA indicating that the requested item cannot be obtained by the due date with good cause,	extend the due date. <u>Example of good cause:</u> The individual has requested a statement from the insurance company to verify his/her current life insurance cash surrender value, but the issuance of		
If the applicant ...	Then the worker shall...						
contacts the worker before the due date of the denial NOA indicating that the requested item cannot be obtained by the due date with good cause,	extend the due date. <u>Example of good cause:</u> The individual has requested a statement from the insurance company to verify his/her current life insurance cash surrender value, but the issuance of						

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		such statement/ verification was delayed by the insurance company, etc.)
	provides the requested verification within 30 days of the case denial date,	evaluate for ongoing eligibility, and if appropriate, rescind the denial and approve ongoing benefits.

MPG Letter 684 (08/09)

**F.
When
Changes Are
Reported**

When a change that affects ongoing eligibility is reported, the worker must always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting verification from the beneficiary.

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If ...	Then the worker shall...
the worker is unable to locate needed verification and the beneficiary has provided their phone number,	attempt to contact the beneficiary by phone to request the information
phone contact is made but the beneficiary is unable to provide enough verification over the phone, or when a phone contact is not achieved,	send the MC 355 requesting the needed verification; allow 20 days for its return
the beneficiary does not provide the requested verification,	attempt a second phone contact on the 20 th day after the MC 355 was mailed. On the same day, mail an adequate and timely discontinuance NOA to the last known address of the beneficiary.
the beneficiary provides partial verification with the first MC 355,	mail a second MC 355 requesting the verification that is still needed. On the same day that the MC 355 is sent, a courtesy phone contact may be made to the beneficiary if time allows.
the beneficiary does not provide the requested verification within 10 days,	send an adequate and timely NOA to discontinue the case
the requested verification is received within 30 days of the	evaluate for ongoing eligibility and rescind the discontinuance if

discontinuance,	appropriate.
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MPG Letter 520 (01/04)

**G.
Information/
Verification
Requested at
Redetermina
tion**

For the annual redetermination process, workers must follow the steps described below:

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If ...	Then the worker shall...
the MC 210 RV is returned indicating a change of circumstances and additional information or verification is required,	complete an <i>ex parte</i> review.
the worker is unable to make an accurate eligibility determination through the <i>ex parte</i> process,	<ul style="list-style-type: none"> • attempt to contact the client by phone to request the necessary information • document in case comments: <ul style="list-style-type: none"> ○ the reason for contacting the client ○ the date of contact, specific request for information/verification and the due date
the requested information is not provided within the 20 day time frame,	<ul style="list-style-type: none"> • evaluate for other Medi-Cal program eligibility without the additional information (i.e., Asset Waiver Program) • send a 10-day NOA to discontinue Medi-Cal benefits for failure to provide if the missing information affects Medi-Cal and eligibility cannot be established. • discontinue benefits effective the end of the month in which 10-day NOA requirement is met
partial items are provided after the first MC 355 is sent,	<ul style="list-style-type: none"> • mail a second MC 355 to the beneficiary requesting the remaining missing item(s) • allow an additional 10 days for the beneficiary to provide the requested information <p>Note: A courtesy phone contact</p>

	may be made at this time.
the beneficiary does not respond to the 2 nd MC 355,	send a 10-day NOA to discontinue Medi-Cal benefits for failure to provide. The discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.
the requested item is received within 30 days from the date of the discontinuance,	evaluate ongoing Medi-Cal eligibility and rescind the discontinuance if eligibility exists. A NOA will be mailed to the beneficiary explaining that the beneficiary's benefits will be rescinded without a break in aid.
the MC 210 RV was not submitted in the RV due month and the packet was not returned by the postal service as "undeliverable",	discontinue the case for no redetermination and an adequate and timely NOA shall be issued
the packet was returned by the postal service as "undeliverable,"	complete an <i>ex parte</i> review and attempt to contact the beneficiary prior to discontinuing the case for no redetermination

Reminder: Workers shall not request information which:

- has been provided within 12 months from the date the eligibility determination was made
- is not subject to change
- is available for verification by the worker
- is not necessary to make an eligibility determination

Workers shall document in case comments each action related to obtaining additional information/verification from the beneficiary.

MPG Letter 763 (10/12)

**H.
At Conclusion
of
Investigation**

When a beneficiary is under investigation and the investigator completes the report, it is forwarded to the worker for review and potential actions.

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If ...	Then the worker will...
If the investigation report reveals facts which were not reported by the client (example: the absent parent is now living at home),	<ul style="list-style-type: none"> • attempt to contact the beneficiary by phone or in writing to request the needed information/verification • document in case comments

	<p>the results of all attempted phone contacts</p> <ul style="list-style-type: none"> • send the beneficiary a MC 355 requesting the information/verification and allow the beneficiary 20 days to return
If the requested information/verification is not received by the due date without good cause,	<ul style="list-style-type: none"> • discontinue the person or case effective the end of the month in which 10-day NOA requirement is met

Note: If the investigator makes a recommendation on the report and the worker disagrees with the recommendation, he/she must discuss with his/her supervisor. If an agreement still cannot be reached, the case will be referred to the Family Resource Center manager. See [MPG Article 16, Section 1](#) for details.

MPG Letter 520 (01/04)

Article 4 Section 15 – Annual Redetermination

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Processing Guide

- [Medi-Cal Annual Redetermination \(RV\)](#)

Resources and Desk Aids

- [Acting on the MC 210 RV Form](#)
- [Medi-Cal Annual Redetermination \(RV\) Best Practices](#)
- [Reviewing the Statement of Facts \(MC 210 RV\)](#)
- [Setting Medi-Cal Redetermination \(RV\) Due Dates](#)

4.15.1 Overview of Requirements

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TITLE
A. Frequency
B. Process
C. Statement of Facts (SOF)
D. Information to be Verified
E. SSN
F. Citizenship and Identity
G. Income Eligibility Verification System (IEVS)

A. Frequency

All Medi-Cal beneficiaries must have their eligibility for Medi-Cal redetermined every 12 months. It is the worker's responsibility to complete the annual redetermination within 12 months of the approval of eligibility on any application, reapplication or restoration, which required a SOF or within 12 months of the last annual redetermination. For Former Foster Care Children (FFCC) redetermination processes refer to [MPG Article 5, Section 15.11](#).

MPG LTR 596

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B. Process

All annual redeterminations are completed by mail, except when the:

- beneficiary requests for a face-to-face interview; or
- worker determines good cause exists to require a face-to-face

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interview upon receipt and review of the annual redetermination form.

Examples of good cause include, but are not limited to:

- questionable information on the redetermination form or verification(s) provided;
- individual/family has no visible means of support such as in-kind income or means of support is not reported for the individual;
- obvious discrepancies between information reported on the redetermination form and assets or income on IEVS; or
- a self-employed individual whose income and expenses do not match reported income and that questionable information could not be resolved with follow-up telephone contact and/or mail.

MPG LTR 596

**C.
SOF**

As part of the annual redetermination process, the beneficiary or person acting on behalf of an incompetent beneficiary is required to complete a new SOF. Acceptable SOFs for the annual redetermination process are listed in [MPG Article 4, Section 15.3A](#).

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MPG LTR 736

**D.
Information to
be Verified**

The following information must be verified at annual redetermination:

- Incapacity
- Legal responsibility for a child applying alone
- Refusal of the parent to apply for an 18-21 year old child
- Income (Earned and Unearned)
- Status and value of non-exempt property
- Immigration status, except for beneficiaries receiving restricted benefits

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The client shall not be requested to provide information that is not relevant to ongoing eligibility or that has already been provided with respect to eligibility criteria not subject to change, such as date of birth, social security number or U.S. citizenship.

MPG LTR 763 (10/12)

**E.
SSN**

It is not necessary to re-verify the SSN at annual redetermination. However, if during the annual redetermination process, the worker discovers that the SSN of a beneficiary has not been verified, he or she will inform the beneficiary that he/she has 60 days to provide

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acceptable verification of the SSN or evidence of application for the SSN. Refer to [MPG Article 4, Section 11](#) for SSN referral/verification.

MPG LTR 596

**F.
Citizenship
and Identity**

When a beneficiary reports a change in their citizenship status at annual redetermination, the redetermination shall be certified as complete with no reduction in benefits if the only outstanding verifications are for citizenship and/or identity and the beneficiary is otherwise eligible and is making a good faith effort to provide the required citizenship and/or identity documents.

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08-03

Refer to [MPG Article 4, Section 7.09](#) for instructions on requesting citizenship and/or identity documents.

MPG LTR 631

**G.
Income
Eligibility
Verification
System (IEVS)**

IEVS is divided into two systems the IEVS Applicant System and the IEVS Recipient System. These two systems are described in the table below:

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<u>System</u>	<u>Description</u>
<u>Applicant</u>	Provides information on Medi-Cal applicants during the application process.
<u>Recipient</u>	Provides information about Medi-Cal beneficiaries at various times during the year.

An IEVS Recipient System report provides sufficient income information to satisfy state and federal requirements pertaining to the use of IEVS during the annual redetermination.

An IEVS Applicant System report will not be generated unless the situation suggests that it would be wise to obtain a report from the IEVS Applicant System (i.e., the information from the IEVS Recipient System is, out of date, unreliable, or unavailable due to technical issues).

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4.15.2 RV Month

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B. DDSD-SP Applicants
C. Categorically Eligibles
D. CalWORKs Approved
E. CalWORKs Discontinued for No Renewal
F. Deemed Eligible Infants
G. Transitional Medi-Cal Recipients
H. Actions (or Events) that Do Not Change RV Month

A. Setting RV Month

The annual redetermination is a full eligibility review that is conducted once every 12 months. The annual redetermination month, herein shall be referred to as the RV month, is generally set 12 months from the first day of the application month. However, if the applicant is not Medi-Cal eligible in the month of application, then the RV month is set 12 months from the approval month. The approval month is the first month in which the applicant meets all eligibility criteria.

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06-17

Regardless of whether the applicant is granted Retro-Medi-Cal, the table below illustrates when annual redeterminations are due:

If the applicant is eligible in the ...	Then the RV month is set...
application month,	12 months from application month. <u>Example:</u> Application month: 5/10 RV month: 4/11

month following the application month,	12 months from the month in which the applicant is eligible. <u>Example:</u> Application month: 3/10 Eligible month: 4/10 RV month: 03/11
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When MFBU members have different initial eligibility months, the MFBU members who were determined eligible first shall set the RV month for all MFBU members.

- Refer to [Setting Medi-Cal Redetermination \(RV\) Due Dates](#) for additional examples of when annual redeterminations are due.

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**B.
DDSD-SP
Applicants**

During the application process, if the applicant claims a disability, but no other Medi-Cal linkage exists, the workers shall forward the disability packet to the DDSD-SP for a disability evaluation. Upon receipt of the disability determination confirming the applicant's disability, the worker completes the eligibility process.

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The worker must complete the annual redetermination as follows:

If a disability-approved decision is received from DDSD-SP...	Then the worker must complete the annual redetermination 12 months from the ...
within 90 days of the application date,	month in which the applicant is eligible for Medi-Cal. See Example #6 of Setting Medi-Cal Redetermination (RV) Due Dates
after 90 days but prior to the last day of the 11 th month,	month in which the applicant is eligible for Medi-Cal. See Example #7 of Setting Medi-Cal Redetermination (RV) Due Dates
after 11 th month,	date that the county determined the applicant is eligible for Medi-Cal. See Example #8 of Setting Medi-Cal Redetermination (RV) Due Dates

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**C.
Categorically
Eligibles**

Parents receiving Medi-Cal only benefits in their children's CalWORKs case shall not be required to complete a separate Medi-Cal only annual redetermination as long as they cooperate with all CalWORKs requirements for reporting changes and completing the CalWORKs annual renewal.

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**D.
CalWORKs
Approved**

When a family has Medi-Cal only and later applies and is approved for CalWORKs, the annual redetermination shall be set 12 months from the CalWORKs application month. If there are family members that remain Medi-Cal only, the next annual redetermination will also be set 12 months from the CalWORKs application month.

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MPG LTR 736

**E.
CalWORKs
Discontinued
for No
Renewals**

When a family is discontinued from CalWORKs for failure to complete the CalWORKs annual renewal, the family is placed on Aid Code 38 pending a Medi-Cal only determination.

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The worker 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. The county must give at least 20 days for the beneficiary to complete the MC 210 RV.

The RV month for the Medi-Cal only case is set 12 months after the month in which the worker completed the Medi-Cal only redetermination.

Example:

CalWORKs discontinued for no renewal: 10/11

Worker completed the Medi-Cal only determination: 12/11

Next Annual Redetermination is due: 12/12

See Example #9 of [Setting Medi-Cal Redetermination \(RV\) Due Dates](#)

MPG LTR 763 (10/12)

**F.
Deemed
Eligible
Infants**

The RV month for infants who are receiving benefits during the continuous eligibility period (also known as Deemed Eligibility [DE]) is set as follows:

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If other MFBU members are...	Then the RV month of the DE infant is...
receiving Medi-Cal,	the same as that of the other MFBU members.
discontinued from Medi-Cal for failure to complete the annual redetermination,	reset to the month of the infant's first birthday.

A redetermination of eligibility for Medi-Cal must be completed when the infant turns one year old. The redetermination process for the DE infant will depend on the situations outlined in [Article 5, Section 15, Appendix I – Deemed Infant Approaching One Year of Age](#)

MPG LTR 763 (10/12)

**G.
Transitional
Medi-Cal**

Beneficiaries receiving Medi-Cal under TMC are not required to complete an annual redetermination while they are receiving TMC benefits. At the end of their TMC period, the worker shall re-evaluate beneficiaries' eligibility under another Medi-Cal program. The RV month is set as follows:

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If ...	Then the worker must....
all MFBU members are receiving TMC and their annual redetermination is due before their TMC period expires,	set the RV month to the last month of the TMC period. <u>Example:</u> Original RV month: 07/11 TMC expires: 10/11 New RV month: 10/11
all MFBU members are receiving TMC and their annual redetermination is due after their TMC period expires,	maintain the original RV month.
all MFBU members are receiving TMC with different TMC expiration dates,	set the RV month to the last month of the TMC period that will end first. <ul style="list-style-type: none"> • This RV month shall apply to all other MFBU members. • At the end of the other MFBU member's TMC period, the worker must redetermine that individual's Medi-Cal benefits using information available in the existing case.

some MFBU members are receiving TMC and others are not,	maintain the RV month of the other non-TMC MFBU members. This RV month shall apply to all other MFBU members.
---	---

Reminder: The worker is required to complete a redetermination of eligibility under other Medi-Cal programs by the last month of the TMC period. (Refer to [MPG Article 5, Section 7 – Transitional Medi-Cal](#))

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**H.
Actions that
Do Not
Change RV
Month**

Once the RV month is established, the following events will not change the RV month:

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- Adding a person to an ongoing Medi-Cal case
- Beneficiary submits the RV packet within 30 days after Medi-Cal has been terminated AND is found eligible
- Beneficiary submits the RV packet more than 30 days after discontinuance date but good cause exists AND benefits are restored without a break in aid
- Worker completes and processes the RV packet early (in the month(s) prior to the RV month). For example, worker mailed the RV packet in the 10th month and it was completed and returned promptly
- A person who has Medi-Cal and later applies for, but is denied CalWORKs

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4.15.3 Required Forms

**Table of
Contents**

TITLE
A. Acceptable RV Forms
B. Annual Redetermination Packet
C. Mailing Date
D. Due Date

**A.
Acceptable**

Workers shall accept any of the following annual redetermination forms, herein to be referred to as RV form, as the SOF for the annual

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RV Forms

redetermination process.

Form Number	When Used
MC 210 RV	Used for all redeterminations not listed below. Refer to Click on this link for details on information collected on the MC 210 RV form and actions that must be taken based on reported information.
MC 262	Used for beneficiaries residing in a LTC facility
MC 321 HFP	Used for those families where the only beneficiaries are children receiving benefits under one of the FPL or Property Disregard programs
MC 250 A	Used for beneficiaries receiving Medi-Cal under Former Foster Care Children (FFCC) Program but is not required to complete the FFCC redetermination process. Refer to MPG Article 5, Section 15.11.
SAWS 2	Accepted as a substitute for any of the above annual redetermination forms.

The CalFresh Statement of Fact (DFA-A2) **cannot** be used as a substitute for any of the above forms.

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B. Annual Redetermination Packet

The table below identifies forms that must be included in the Medi-Cal annual redetermination Packet

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Form #	Title
MC 210 RV Notice	Medi-Cal Annual Redetermination Notice (also referred to as Annual Redetermination Cover Letter)
MC 210 RV	Medi-Cal Annual Redetermination Form Note: Staff may substitute the MC 210 RV with any of the above acceptable RV forms based on the specifics of a case. (e.g. MC 262 for LTC cases)
MC 219	Important Information for Person Requesting Medi-Cal
MC 210 PS	Medi-Cal Property Supplemental Form Note: Form must be completed and returned if beneficiary answers “yes” to Section 5(b) or 5(c).

16-64 (HHSA)	Voter Preference Form, previously known as the Voter Registration Interest/Declination
Voter Registration	CA Voter Registration Form (also referred to as a Voter Registration Card or VRC)
Pub 183/184	CHDP Brochure
MC 003	Medi-Cal Information Notice EPSDT
Pub 13	Your Rights Under California Welfare Programs
MC 372	Breast and Cervical Cancer Treatment Program Flyer
MC 4034, GEN 1365	Multilingual Notification regarding Translation Services
Envelope	Postage Paid Envelope
Flyer*	CalFresh Flyer for Medi-Cal (for non-LTC cases)
14-116 HHSA	Medi-Cal Redetermination Packet Coversheet
HHSA HSD 7*	Managed Care Information
20-44 HHSA*	Civil Rights Information

* County Required Forms

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C. Mailing Date

The first step in the annual redetermination process is to mail the Medi-Cal Annual Redetermination Notice and annual redetermination packet to the beneficiary. The notice and packet must be mailed to the beneficiary:

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- No earlier than the 1st day of the 10th month; AND
- No later than the last day of the 11th month

Example:

Annual Redetermination is Due: May 2011

Earliest Mailing Date: March 1, 2011

Latest Mailing Date: April 30, 2011

See [Processing Guide 01 – Medi-Cal Annual Redetermination \(RV\)](#) for recommended mailing dates.

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D. Due Date

The worker must allow the beneficiary, at least 20 days from the date that the annual redetermination packet is mailed to complete and submit their annual redetermination form. When the 20th day falls on a Saturday, Sunday, or holiday, the due date shall be extended to the following business day.

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The annual redetermination form is considered “timely” as long as the County receives the form from the beneficiary by the last day of the RV month.

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4.15.4 RV Returned Timely

Table of Contents

TITLE
A. General
B. Unsigned RV Form
C. Additional Information Not Needed
D. Additional Information Needed

A. General

When the beneficiary returns the RV form timely (by the last day of the RV month), the worker must review the returned RV form for completeness.

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The worker must determine if:

- the RV form was signed by the beneficiary; AND
- additional information and/or verifications are needed to complete an accurate Medi-Cal eligibility determination.

Medi-Cal beneficiaries shall continue to receive their Medi-Cal benefits while the worker completes the review and waits for any additional information/verifications or forms that are needed.

Additionally, if the beneficiary returns an incomplete RV form after NOA cutoff but prior to the effective date of the discontinuance, the worker must rescind the failure to complete the annual redetermination discontinuance. The worker must notify the beneficiary that benefits are restored and continue to process the RV form using the procedures specified below.

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**B.
Unsigned
RV Form**

When the beneficiary returns the RV form unsigned AND the worker does not need additional information, then the worker will:

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Step	Action							
1	Mail the unsigned RV form back to the beneficiary and instruct him to sign and return the form within 10 calendar days.							
2	<table border="1"> <thead> <tr> <th>If the beneficiary...</th> <th>Then the worker will...</th> </tr> </thead> <tbody> <tr> <td>returns RV form signed,</td> <td>process the annual redetermination specified in MPG Article 4, Section 15.4C.</td> </tr> <tr> <td>fails to return the RV form signed,</td> <td>discontinue benefits and send timely NOA for failure to cooperate.</td> </tr> </tbody> </table>		If the beneficiary...	Then the worker will...	returns RV form signed,	process the annual redetermination specified in MPG Article 4, Section 15.4C.	fails to return the RV form signed,	discontinue benefits and send timely NOA for failure to cooperate.
If the beneficiary...	Then the worker will...							
returns RV form signed,	process the annual redetermination specified in MPG Article 4, Section 15.4C.							
fails to return the RV form signed,	discontinue benefits and send timely NOA for failure to cooperate.							

Refer to [MPG Article 4, Section 15.4D](#) when the RV form is unsigned AND additional information/verifications are also needed.

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**C.
Additional
Information
Not
Needed**

When additional information/verifications are not needed, the worker will process the annual redetermination as follows:

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If...	Then the worker will...
there is <u>no</u> change reported by the beneficiary and on-going eligibility exists,	<ul style="list-style-type: none"> certify the beneficiary for a new 12-month period based on the original RV month. check MEDS after the redetermination is complete to be sure that the most recent annual redetermination information was transmitted to MEDS.
Medi-Cal eligibility does not exist,	<ul style="list-style-type: none"> send 10-day NOA to discontinue Medi-Cal benefits. Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.

Applying Share of Cost (SOC)

If...	Then the worker will...
reported changes result in beneficiaries moving from zero SOC to SOC Medi-Cal or increase in SOC,	<ul style="list-style-type: none"> apply the new or increased SOC to the 1st of the month in which timely notice can be given. provide the beneficiary with a NOA about restoration and the change to SOC.

	<ul style="list-style-type: none"> • evaluate for Bridging when there is a child going from zero SOC to SOC and refer to Healthy Families if consent was given. • check MEDS after the redetermination is complete to be sure that the most recent annual redetermination information was transmitted to MEDS.
--	--

Example – beneficiary whose eligibility changed from zero SOC to SOC

The County discontinued the beneficiary’s Medi-Cal on February 28th because the beneficiary did not return the RV form. On March 26th, the beneficiary returns the RV form along with verification. On March 27th, the County rescinds the discontinuance and determines on-going eligibility with a SOC. As the County does not have sufficient time to provide 10-day notice before April 1st, the County will send out a timely NOA prior to April 20th indicating the beneficiary has:

- Zero SOC Medi-Cal for March and April
- SOC Medi-Cal beginning May

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**D.
Complete
Forms but
Additional
Information
Needed**

When the beneficiary returns the RV form timely and additional information/verifications are needed, the worker will:

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Step 1	Action	
1	Conduct ex parte review for the needed information/verifications.	
	If information/verifications...	Then the worker will...
	were obtained using the <i>ex parte</i> review,	process the annual redetermination specified in MPG Article 4, Section 15.4C .
	are still needed,	Go to Step 2

2	Contact the beneficiary by phone for the missing information/verifications.	
	If...	Then the worker will...
	able to obtain the missing information/verification(s) from beneficiary,	process the annual redetermination as specified in MPG Article 4, Section 15.4C.
	unable to reach the beneficiary by phone, additional information/verification(s) are still needed,	go to Step 3.
3	Mail the MC 355 to beneficiary to request for the information/verifications. Allow beneficiary 20 days to provide the requested item(s).	
4	On the 21 st day, determine if beneficiary has provided the requested items.	
	If...	Then the worker will...
	all items were provided,	process the annual redetermination as specified above, MPG Article 4, Section 15.4C.
	beneficiary did not respond to request,	<ul style="list-style-type: none"> • send 10-day NOA to discontinue Medi-Cal benefits for failure to provide. • discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.
partial items were provided,	<ul style="list-style-type: none"> • mail a 2nd MC 355 to the beneficiary to request for the remaining missing item(s). • allow the beneficiary 10 days to provide the requested item(s). • go to Step 5. 	
5	Determine if beneficiary responds to 2 nd MC 355.	
	If...	Then the worker will...
	yes,	process the annual redetermination as specified above, MPG Article 4, Section 15.4C.
no,	<ul style="list-style-type: none"> • send 10-day NOA to discontinue 	

		Medi-Cal benefits for failure to provide. Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.
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4.15.5 RV Returned Within 30 Days of Discontinuance Date

Table of Contents

TITLE
A. General
B. Unsigned RV Form
C. Additional Information Not Needed
D. Additional Information Needed

A. General

When the RV form is returned within 30 days of discontinuance date, the worker shall NOT immediately rescind the discontinuance. The worker must determine if the beneficiary is still eligible to Medi-Cal before a rescission is done.

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When the beneficiary returns the RV form within 30 days after the discontinuance date, the worker must review the returned RV form for completeness. The worker must determine if:

- the RV form was signed by the beneficiary; AND
- additional information and/or verifications are needed to complete an accurate Medi-Cal eligibility determination.

The worker will follow the procedures outlined below. MC 14-111 may be used as an informational letter to beneficiaries who submit their RV form within 30 days of discontinuance date.

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B. Unsigned RV Form

When the beneficiary returns the RV form unsigned within 30 days of the discontinuance date AND the worker does not need additional information, then the worker will:

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STEP	ACTION								
1	<p>Mail the unsigned RV form back to the beneficiary and instruct him to sign and return the form within 10 days.</p> <p>Reminder: The beneficiary's Medi-Cal benefits shall remain discontinued until the worker receives the signed RV form and continued Medi-Cal eligibility is established.</p>								
2	<table border="1"> <thead> <tr> <th>If beneficiary...</th> <th>Then the worker will...</th> </tr> </thead> <tbody> <tr> <td>returns RV form signed,</td> <td>process the annual redetermination specified in MPG Article 4, Section 15.5C.</td> </tr> <tr> <td>fails to return the RV form signed,</td> <td> <ul style="list-style-type: none"> • do not send a 2nd discontinuance NOA. The previous discontinuance NOA stands. • Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> ○ the RV form was received unsigned; AND ○ the previous discontinuance is still valid. <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p> </td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	If beneficiary...	Then the worker will...	returns RV form signed,	process the annual redetermination specified in MPG Article 4, Section 15.5C .	fails to return the RV form signed,	<ul style="list-style-type: none"> • do not send a 2nd discontinuance NOA. The previous discontinuance NOA stands. • Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> ○ the RV form was received unsigned; AND ○ the previous discontinuance is still valid. <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>		
If beneficiary...	Then the worker will...								
returns RV form signed,	process the annual redetermination specified in MPG Article 4, Section 15.5C .								
fails to return the RV form signed,	<ul style="list-style-type: none"> • do not send a 2nd discontinuance NOA. The previous discontinuance NOA stands. • Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> ○ the RV form was received unsigned; AND ○ the previous discontinuance is still valid. <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>								

Refer to [MPG Article 4, Section 15.5D](#) when the RV form is unsigned AND additional information/verifications are also needed.

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**C.
Additional
Information
Not Needed**

When additional information/verifications are not needed, the worker will process the annual redetermination as follows:

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If...	Then...
there is <u>no</u> change reported by the beneficiary and on-going eligibility exists,	<ul style="list-style-type: none"> • rescind discontinuance without a break in benefits. • certify the beneficiary for a new 12-month period based on the original RV month.
reported changes result in beneficiaries moving from zero SOC to SOC Medi-	<ul style="list-style-type: none"> • restore the beneficiary's Medi-Cal benefits at the same level prior to the discontinuance.

Cal or increased in SOC,	<ul style="list-style-type: none"> • apply the new or increased SOC to the 1st of the month in which timely notice can be given. • provide the beneficiary with a NOA about restoration and the change to SOC. • evaluate for Bridging when there is a child going from 0 SOC to SOC and refer to Healthy Families if consent was given.
Medi-Cal eligibility does not exist	<ul style="list-style-type: none"> • do not send a 2nd discontinuance NOA. Previous discontinuance NOA stands. • contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> ○ the RV form was received and reviewed; ○ the beneficiary is not eligible to Medi-Cal; AND ○ the previous discontinuance is still valid. <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>

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D. Complete Forms but Additional Information Needed

The worker will NOT restore Medi-Cal benefits until the worker is able to determine that continued eligibility exists. When the beneficiary returns the RV form within 30 days of the discontinuance date and additional information/verifications are needed, the worker will:

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Step	Action	
1	Conduct an <i>ex parte</i> review for the needed information/verifications.	
	If information/verifications ...	Then the worker will...
	were obtained using the <i>ex parte</i> review,	process the annual redetermination as specified above, MPG Article 4, Section 15.5C.
	are still needed,	go to Step 2.

2	Contact the beneficiary by phone for the missing information/verifications.	
	If information/verifications...	Then the worker will...
	were provided by beneficiary over the phone,	process the annual redetermination as specified above, MPG Article 4, Section 15.5C
	are still needed,	go to Step 3
3	Mail a written request for the missing information/verifications. Allow beneficiary 20 days to provide the requested item(s). Beneficiary's Medi-Cal benefits shall remain terminated while the worker waits for the additional information/verifications.	
4	On the 21 st day, determine if beneficiary has provided the requested items.	
	If...	Then the worker will...
	yes,	process the annual redetermination as specified above, MPG Article 4, Section 15.5C .
no,	<ul style="list-style-type: none"> • Do not send a 2nd discontinuance NOA. Previous discontinuance NOA stands. • Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> ○ the RV packet remains incomplete; AND ○ the previous discontinuance is still valid. <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>	

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4.15.6 RV Returned More than 30 Days after Discontinuance

Table of Contents

TITLE
A. Required Procedures
B. Example of Good Cause

**A.
Required
Procedures**

When the redetermination form is returned more than 30 days after the discontinuance date, the worker shall not restore Medi-Cal benefits based on the fact that the RV form was received. The beneficiary's Medi-Cal benefits shall remain discontinued until the worker determines that the beneficiary remains eligible for Medi-Cal.

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When the RV form is returned more than 30 days after discontinuance date, the worker will:

Step	Action	
1	Evaluate for good cause. Each case must be evaluated separately. There will be situations that are unique to the individual beneficiary.	
2	If beneficiary...	Then the worker will...
	has good cause,	<ul style="list-style-type: none">• process the RV form and evaluate the beneficiary for continued Medi-Cal eligibility.• restore benefits without a break in aid if beneficiary is otherwise eligible.
	does not have good cause,	<ul style="list-style-type: none">• inform the beneficiary that he/she must reapply for Medi-Cal.

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**B.
Example of
Good Cause**

Good cause shall include but not limited to:

- Beneficiary is unable to read or complete the RV form without assistance because the RV form is not available in the written language that he/she understands.
- The postal service fails to deliver the redetermination packet in a timely manner.
- Physical or mental illness or incapacity prevented the beneficiary from submitting the forms in a timely manner.

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4.15.7 RV Not Returned or Returned as Undeliverable

Table of Contents

TITLE
A. Not Returned
B. Returned with No Forwarding Address
C. Returned With Forwarding Address

A. RV Not Returned

When a beneficiary fails to return the RV form to the County by the last day of the RV month and the annual redetermination packet was not returned by the post office as undeliverable, the worker shall send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the annual redetermination requirements. The discontinuance action shall be effective the last day of the RV month.

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Note:

SB 87 process does not apply in this situation because failure of the beneficiary to complete and return the RV form constitutes a failure to cooperate and not a change in circumstances.

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B. No Forwarding Address

When the RV packet is returned without a forwarding address, the worker will:

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Step	Action						
1	Attempt to locate the beneficiary by way of 1) completing an <i>ex parte</i> review; 2) calling the beneficiary by phone.						
2	<table border="1"> <thead> <tr> <th>If...</th> <th>Then the worker will...</th> </tr> </thead> <tbody> <tr> <td>whereabouts remains unknown,</td> <td>send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements to the last known address. Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.</td> </tr> <tr> <td>whereabouts</td> <td>• resend the RV packet to the new</td> </tr> </tbody> </table>	If...	Then the worker will...	whereabouts remains unknown,	send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements to the last known address. Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.	whereabouts	• resend the RV packet to the new
If...	Then the worker will...						
whereabouts remains unknown,	send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements to the last known address. Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.						
whereabouts	• resend the RV packet to the new						

	become known	address. <ul style="list-style-type: none"> allow the beneficiary another 20 days to submit the RV form
	RV form is not received from beneficiary,	<ul style="list-style-type: none"> discontinue Medi-Cal with 10-day notice.

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**C.
Returned with
a Forwarding
Address**

When the RV packet is returned with a forwarding address, the worker will:

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Step	Action							
1	Resend the RV packet to the new address							
2	Allow the beneficiary another 20 days to submit the RV form							
3	<table border="1"> <thead> <tr> <th>If beneficiary...</th> <th>Then the worker will...</th> </tr> </thead> <tbody> <tr> <td>does not return the RV form by due date,</td> <td> <ul style="list-style-type: none"> send a 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements. The discontinuance shall be effective the end of the month in which 10-day NOA requirement is met. </td> </tr> <tr> <td>returns the RV form by due date,</td> <td> <ul style="list-style-type: none"> evaluate the beneficiary for continued Medi-Cal eligibility. </td> </tr> </tbody> </table>		If beneficiary...	Then the worker will...	does not return the RV form by due date,	<ul style="list-style-type: none"> send a 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements. The discontinuance shall be effective the end of the month in which 10-day NOA requirement is met. 	returns the RV form by due date,	<ul style="list-style-type: none"> evaluate the beneficiary for continued Medi-Cal eligibility.
If beneficiary...	Then the worker will...							
does not return the RV form by due date,	<ul style="list-style-type: none"> send a 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements. The discontinuance shall be effective the end of the month in which 10-day NOA requirement is met. 							
returns the RV form by due date,	<ul style="list-style-type: none"> evaluate the beneficiary for continued Medi-Cal eligibility. 							

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4.15.8 Adding a Person at Annual Redetermination

**A.
Required
Procedures**

The MC 210 RV allows the beneficiary to add a person to his/her Medi-Cal case at Annual Redetermination. The worker shall request additional information/verification of the new person to establish eligibility.

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If the person being added to the case ...	Then the person being added to the case...
was terminated from Medi-Cal less than 30 days,	<ul style="list-style-type: none"> must provide any information/verifications needed for the worker to determine Medi-Cal eligibility is not required to complete any form
was terminated from Medi-Cal more than 30 days and good cause exists,	

	<p>or new application.</p> <p>Note: The original RV month is still in effect.</p>
<p>was terminated from Medi-Cal more than 30 days and good cause does NOT exist,</p>	<ul style="list-style-type: none"> • is required to complete the MC 371 • is required to provide any needed income, property or other required verifications needed to determine eligibility <p>Note: Original RV month is still in effect SAWS 2, MC 210, or MC 321 HFP may be accepted in lieu of MC 371.</p>
<p>is new to the MFBU,</p>	

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4.15.9 Completing Annual Redetermination by Phone

**A.
General**

The County may conduct the annual redetermination by phone with the beneficiary. Information discussed on the phone must be documented in the case and on the RV form and supplemental forms such as the MC 210 PS. The County must mail the RV form and applicable supplemental form to the beneficiary for review. The beneficiary must sign and return the RV form and applicable supplemental form along with any requested verification by the due date. The procedures for requesting additional information/verifications (i.e. *ex parte* review, telephone contact, MC 355) shall continue to apply.

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Article 5 Section 15 – Miscellaneous Continued Eligibility Programs

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APPENDIX I. Deemed Infant Approaching One Year of Age

Example 1: Deemed infant is in an open case with other MFBU members getting Medi-Cal.

When the worker has a “deemed” infant in an open case with other MFBU members receiving Medi-Cal, the worker shall include the infant as an eligible MFBU member. Once the infant reaches age one, the infant takes on the current eligibility of the MFBU and redetermination (RV) date of that case.

If the worker determined that the family has SOC Medi-Cal, the worker shall review the infant’s eligibility under the federal poverty level before starting a SOC for the infant. If the infant has a SOC and the family income is below the Healthy Families Program (HFP) guidelines, the worker shall follow the Bridging process and refer the infant to the HFP.

Example 2: Deemed infant is the only eligible individual in the Medi-Cal case when mother receives Medi-Cal through SSI/SSP, BCCTP, or other Medi-Cal based program such as MCIEP

When the deemed infant approaches age one, the worker must determine ongoing Medi-Cal eligibility for the infant.

There will be circumstances where there is no income or other information in the case for the infant other than the infant has DE. The worker must follow the SB 87 process to obtain necessary information to continue the infant’s Medi-Cal.

If all three steps of the SB 87 process are unsuccessful, and the worker cannot complete the redetermination, the worker shall discontinue the infant for failure to cooperate. However, if the worker does have income information but is unable to obtain property information, the worker could redetermine the child’s eligibility under the asset waiver program.

Note: The MC 210 RV **will not** be sent to redetermine ongoing eligibility for a MFBU consisting only of the DE infant.

Example 3: Deemed infant is the only eligible individual in the Medi-Cal case when other members are discontinued

When the worker discontinues all MFBU members from Medi-Cal for reasons such as failure to provide information or noncooperation with the RV process, etc., DE protects the infant from discontinuance.

The infant remains the only eligible person in the existing case until the end of the month in which he/she turns one year of age as long as he/she resides in California. Before the infant reaches age one, the worker must follow the SB 87 process to obtain necessary information to continue the infant's Medi-Cal.

Note: The MC 210 RV **will not** be sent to redetermine ongoing eligibility for a MFBU consisting only of the DE infant.

Example:

The DE infant remains the only eligible person in a Medi-Cal case (parents failed to comply with the October 2011 RV). The infant turns one on January 4, 2012. In December 2011, the worker begins the SB 87 process to determine ongoing eligibility for the infant.

If ...	Then the worker shall...
all three steps of the SB 87 process are unsuccessful, and the worker cannot get current income information,	discontinue the infant for failure to cooperate
the worker does have enough income information but is unable to obtain property information,	redetermine the child's eligibility under the asset waiver program

Example 4:

Discontinued family members reapply for Medi-Cal during the SB 87 process

If during the SB 87 process for the deemed infant, or at any time prior to the end of the infant's DE period, any discontinued family members wish to receive Medi-Cal benefits again, the worker shall determine their eligibility as follows:

If the client....	Then ...
makes contact and returns a completed RV form with all required verifications within 30 days after the Medi-Cal discontinuance,	<ul style="list-style-type: none"> • a new application is not required • determine eligibility as though the RV form was submitted in a timely manner. See, MPG Article 4, Section 15.5 RV Returned Within 30 Days of

	<p>Discontinuance Date for processing information. If continued eligibility exists, rescind the discontinuance with no break in benefits.</p> <ul style="list-style-type: none"> certify the beneficiaries for a new 12-month period based on the original RV month. <p>Note: The MFBU's eligibility and RV due date will also apply to the DE infant.</p>
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The client makes the request more than 30 days after discontinuance for failure to complete the RV process.

If ...	Then ...
good cause exists,	<ul style="list-style-type: none"> allow the client to complete the RV and restore Medi-Cal without a break in benefits. See, MPG Article 4, Section 15.6 RV Returned more than 30 Days after Discontinuance for processing information. <p>Note: The MFBU's eligibility and RV due date will also apply to the DE infant.</p>
client does not have good cause	<ul style="list-style-type: none"> advise the client to re-apply for Medi-Cal by submitting a new application. Please see MPG Article 4, Section 2.4 for forms that may be accepted as an application and Statement of Facts (SOF) for Medi-Cal benefits. <p>Note: When the worker determines the family's new eligibility, the worker adds the infant as an eligible MFBU member with the same RV due date of the family.</p>

Important

The worker shall not delay the infant's eligibility determination if

information is available for the infant to continue Medi-Cal under another program. The worker shall grant the infant's eligibility without regard to the pending application of the other family member(s).

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