



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



EDMUND G. BROWN JR.  
Governor

November 7, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-37  
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  
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER  
NO.: 11-23)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide clarification to the Questions and Answers regarding Medi-Cal Annual Redetermination in ACWDL 11-23 dated May 19, 2011.

Per ACWDL 11-23, question #18, the Department of Health Care Services informed counties that the eligibility worker signature line on the Annual Redetermination form (MC 210 RV) would be removed with the release of the updated MC 210 revision. It also stated that, effective on the release of the revised MC 210 RV, the eligibility worker will not be required to sign the MC 210 RV. The policy stated in question #18 has been modified as follows: Effective September 1, 2011, the eligibility worker is not required to sign the MC 210 RV form, regardless of whether the version of the MC 210 RV form contains a designated signature line for the eligibility worker. However, documentation within the case record or automated tracking system must identify which eligibility worker processed the Annual Redetermination.

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](mailto:Debora.Wong-Kochi@dhcs.ca.gov).

Original signed by:

René Mollow, MSN, RN, Chief  
Medi-Cal Eligibility Division