



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



EDMUND G. BROWN JR.
Governor

August 8, 2013

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 13 -16
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: ANNUAL REDETERMINATION

PURPOSE AND BACKGROUND

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with Federal and State requirements associated with performing timely redeterminations of Medi-Cal cases.

As required of non-federal entities that expend federal awards under more than one federal program, a Single Audit was performed by Klynveld, Peat, Marwick, and Goerdeler (KPMG) in 2012 in accordance with Section 7502 of Title 31 of the United States Code. One facet of the Single Audit included an independent audit of 100 selected county eligibility case files by re-performing the eligibility determinations and redeterminations.

Pursuant to recommendations contained in the Independent Auditor's Report performed by KPMG of cases reviewed by the Medicaid Eligibility Quality Control (MEQC) Unit during the fiscal year ended June 30, 2012, we are reaffirming ACWDL No.: 06-16, Annual Redetermination as a reminder of the necessity to make timely Medi-Cal eligibility redeterminations. The Annual Redetermination is conducted once every 12 months with a full eligibility review. Any change-of-circumstances redetermination during the 12-month period does not change the Annual Redetermination due month.

ACWDL 06-16 provides the Federal and State codes and regulations, policy clarification and instructions that counties may reference. Title 42, Code of Federal Regulations, Section 435.916 (a), states that the agency must redetermine the eligibility of Medicaid recipients with respect to circumstances that may change at least once every 12 months. Welfare and Institutions Code (W&I), Section 14012 states that reaffirmation shall be filed

annually and may be required at other times in accordance with general standards established by the California Department of Health Care Services (CDHCS). Title 22, California Code of Regulations (CCR), Section 50189 (c) (1), states the county shall complete the redetermination within 12 months of the most recent approval of eligibility on any application, reapplication or restoration which requires a Statement of Facts form. Further guidance is provided in ACWDL Nos.: 06-17, Medi-Cal Annual Redetermination Form, and 11-23, Questions and Answers – Medi-Cal Annual Redeterminations.

Please note this ACWDL does not supersede Federal or State requirements that become effective January 1, 2014 pursuant to the Affordable Care Act of 2010.

If you have questions about this letter, please contact Linda Torn, Chief, Los Angeles Unit, Program Review Branch, Medi-Cal Eligibility Division, at 213-897-0980 or linda.torn@dhcs.ca.gov.

Originally Signed by,

Tara Naisbitt, Chief
Medi-Cal Eligibility Division