

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



EDMUND G. BROWN JR. Governor

September 22, 2011

Medi-Cal Eligibility Division Information Letter No.: 111-05

TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: MEDI-CAL ANNUAL REDETERMINATION FORM

This letter informs counties of the release of the updated Annual Redetermination form (MC 210 RV 05 /11). Counties are instructed to begin using the updated MC 210 RV form.

The Medi-Cal Eligibility Division (MCED) is aware that some counties' system-generate MC 210 RV forms. These counties must make changes to instructions and questions relevant to the revised form. However, these counties do not need to print the revised form in the booklet format. While the counties wait for their system changes to be completed, these counties are instructed to begin using the revised MC 210 RV.

The MC 210 RV form has been updated to incorporate policies in All Counties Welfare Directors' Letter (ACWDL) 11-02 (Organ Transplant Anti-Rejection Medication Program) and ACWDL 11-23 (Questions and Answers – Medi-Cal Annual Redetermination). The revised was designed to be easier to read and complete. MCED tried to capture the look and feel of the Medi-Cal application (MC 210). The following are the changes:

- Instructions on how to complete the form have been revised to make it clearer.
- An organ transplant question has been added:

Has any family member living in the home received an organ transplant within the last 2 years?

 New instructions related to the Property Supplement form (MC 210 PS) have been added. Medi-Cal Eligibility Division Information Letter No.: 111-05 Page 2 September 22, 2011

- Revised the question regarding people in the home wanting Medi-Cal: Does anyone in the home want Medi-Cal who is not already receiving it?
- Added question regarding pregnant woman:

Number of babies expected?

- County Use Section: Eligibility Worker signature has been removed.
- County Use Section: Follow up form DHCS 6155 has been removed.
- Form is now 4 pages long, in a booklet format and perforated along the 11" side of the booklet. This feature allows counties to separate the pages for imaging purposes.

The MC 210 RV has been translated in the threshold languages and can be found at: <u>http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx</u>

The fillable English and Spanish forms can be found at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx

The counties may order the English and Spanish MC 210 RV from MAXIMUS using form MC 0026 available on the Department of Health Care Services website: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx

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 <u>Debora.Wong-Kochi@dhcs.ca.gov</u>.

Original signed by:

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