



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



EDMUND G. BROWN JR.  
Governor

January 20, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-03  
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  
ALL COUNTY PICKLE COORDINATORS

SUBJECT: Redetermination Process Pause and Further Instructions for Processing  
Pre- Affordable Care Act 2014 Redeterminations Where Age, Blindness or  
Disability is the Basis of Eligibility

The purpose of this letter is to provide counties with instructions regarding Aged, Blind, and Disabled (ABD) Pre-Affordable Care Act (Pre-ACA) individuals who are, or likely are, Medi-Cal eligible on the basis of Non-Modified Adjusted Gross Income (Non-MAGI) linkage. These beneficiaries were either discontinued from Medi-Cal, or are scheduled for discontinuance, for failing to respond to the request for tax household information (RFTHI) or return the RFTHI packet as part of their 2014 Medi-Cal annual redetermination.

Until further notice, counties shall immediately **stop** any further discontinuances of beneficiaries for the specific ABD aid codes, provided in the Attachment, for failing to respond to the RFTHI as part of their 2014 Medi-Cal annual redetermination. A table of the affected aid codes is enclosed with this letter. Counties will soon receive a list of beneficiaries, who have been potentially identified as having been discontinued due to not responding to the request for MAGI tax household information from the Department of Health Care Services (DHCS), via the Statewide Automated Welfare System (SAWS) Consortia.

This letter does not pertain to beneficiaries in long term care or to beneficiaries in the Medicare Savings Programs, as those beneficiaries were not asked to provide tax household information during their 2014 annual redetermination. However, should the county become aware of beneficiaries in these categories who were discontinued at annual redetermination for not responding to the request for tax household information, counties must restore their previous coverage immediately (rescind their discontinuance) as instructed in this letter. This letter also does not pertain to *Craig v. Bontá* (Craig) cases

as the county evaluates these cases before requesting information and there are some circumstances where beneficiaries in the *Craig* group may only be eligible for continuing Medi-Cal eligibility in a MAGI eligibility group. Further, the instructions in this letter are only for 2014 redeterminations. Redeterminations for 2015 are to be conducted in accordance with All County Welfare Directors Letter (ACWDL) 14-35 and the erratum which will be published shortly.

If any beneficiary identified in the list from SAWS, or who otherwise is identified as a beneficiary affected by these circumstances, contacts the county or files a Medi-Cal state hearing request, and their discontinuance has not yet been rescinded in accordance with this letter, the county is to **immediately** restore eligibility back to the discontinuance date. This ensures there is no gap in coverage if the reason for discontinuance was a failure to respond to a RFTHI as part of the 2014 Medi-Cal annual redetermination process. The beneficiary shall not be required to provide the tax household information prior to having their coverage reinstated. If beneficiaries are members of a Medi-Cal household where different individuals have different linkage criteria, only the family members whose basis of eligibility is ABD are to be restored.

For example, mom, dad who is disabled, and two minor children, were all discontinued due to failure to respond to the RFTHI. Mom and the children are aided on the 1931(b) program with aid code 3N and dad is disabled and on aid code 64. In this instance, only the dad's benefits would be restored because his basis of eligibility is ABD. [Note: if contact is made with the family during the process of reinstating the ABD individual's case, the county should use this as an opportunity to try to collect the needed tax household information to be able to restore eligibility to the remainder of the family.]

Once counties have evaluated the impacted beneficiaries that were discontinued for failure to respond to the RFTHI at their 2014 redetermination, the county should attempt to complete the 2014 redetermination checking first to see if the beneficiary is eligible on an ABD basis. The counties must follow the process laid out in ACWDL 14-35 for completion of the redetermination. Specifically, counties must first complete an ex parte review of all the information available pertaining to the beneficiary's circumstances. If sufficient information is not available through the ex parte process, counties must send the Medi-Cal Annual Redetermination (MC 210 RV) form, allow a 60-day period for return of the MC 210 RV form, and perform at least one contact during that time. If the household still fails to respond to this request, the beneficiary must be discontinued with a 10-day notice. If, after evaluation of the beneficiary's circumstances, the county determines that the beneficiary no longer has eligibility on an ABD basis, the county shall evaluate eligibility on any other basis, including MAGI, before discontinuing.

This action may create a change in eligibility that must be treated as a change in circumstances. A change in circumstances may change the beneficiary's annual

redetermination date as described in ACWDL 14-22. Counties are reminded that beneficiaries may provide the information in alternate forms such as by phone, in person or by fax. If a beneficiary is discontinued, he/she has a 90-day cure period to provide the information and be restored without a break in coverage if otherwise eligible.

As noted above, DCHS will soon send to SAWS lists of cases identified as discontinued during this period for failure to respond to the RFTHI at annual redetermination and SAWS will communicate this information to the counties as appropriate. The lists provided by DHCS may identify individuals who were discontinued for reasons other than not providing tax household information at annual redetermination (such as other critical information not related to the tax household). There may also be beneficiaries on the list who were correctly discontinued in 2014 for failing to complete their 2013 annual redetermination. Additionally, some aid codes may identify individuals whose basis of eligibility is something other than age, blindness or disability. Counties are instructed to evaluate each case to determine which household members on the lists meet the requirements of this letter and only restore beneficiaries who meet the criteria (i.e., were discontinued due to not responding to the RFTHI rather than for other reasons).

DHCS will provide further instructions and guidance on this issue in the near future.

If you have any questions concerning this letter, please contact Leanna Pierson at (916) 327-0408 or by e-mail at [Leanna.Pierson@dhcs.ca.gov](mailto:Leanna.Pierson@dhcs.ca.gov).

Original Signed By:

Alice Mak, Acting Chief  
Medi-Cal Eligibility Division

Attachment

**Aged, Blind or Disabled  
Aid Code List Excluding**

<b>Aid Code</b>	<b>Program</b>
14, 24, 64	Aged, Blind or Disabled Medically Needy-full scope, No Share of Cost
17, 27, 67	Aged, Blind or Disabled Medically Needy-full scope, Share of Cost
58*, C1, C3, C7	Aged, Blind or Disabled Medically Needy-Restricted scope, No Share of Cost
58*, C2, C4, C8	Aged, Blind or Disabled Medically Needy-Restricted scope, Share of Cost
1H, 2H, 6H	Aged, Blind or Disabled Federal Poverty Level (FPL) Program-Full Scope
1U, 6U	Aged and Disabled FPL Program-Restricted Scope
16, 26, 66	Aged, Blind or Disabled Pickle
6A, 6C	Blind or Disabled Adult Child
36	Disabled COBRA-Widow/ers
6G	250 Percent Working Disabled Program
6V	DDS Waivers-No Share of Cost
1X	MSSP-No Share of Cost
1Y	MSSP-Share of Cost
6W	DDS Waivers Share of Cost
6X	Medi-Cal IHO Waiver-No Share of Cost
6Y	Medi-Cal IHO Waiver-Share of Cost
8G	SIWI

\*Aid Code 58 contains both Share of Cost and No Share of Cost, and also includes Aid to Families with Dependent Children linked individuals.