## **DEPARTMENT OF HEALTH SERVICES**

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941

August 27, 1998

Letter No.: 98-36



TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All County Public Health Directors

## REDETERMINATION OF BENEFITS - REFUGEES

Ref.: All County Welfare Directors Letter (ACWDL) No. 97-57

The purpose of this ACWDL is to clarify that when refugees in aid codes 01, 0A, 02, and 08 have their eligibility for Medicaid benefits redetermined prior to the end of their eight-month refugee aid, this redetermination must comply with the federal Medicaid regulations for redetermination. Federal regulations require Medi-Cal benefits be maintained until the beneficiary's eligibility for on-going benefits can be determined.

The county should conduct an examination of the file to see if there is any other eligibility for Medi-Cal. If there is not enough information in the file to make a determination, additional information can then be requested from the recipient. If the recipient fails to provide the requested information within 20 days from the mailing of the request, benefits can then be terminated. Refugees in aid codes 01, 0A, or 08 will be eligible for Edwards Medi-Cal benefits until the Medi-Cal redetermination is completed, if the county uses a termination code that does not suppress Edwards. Refugees in Refugee Medical Assistance aid code 02 must be placed in another aid code while awaiting redetermination if it occurs after eight months of refugee aid.

If you have any questions, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief Medi-Cal Eligibility