

Acting on the MC 210 RV Form

The table below shows the actions that the worker must take on the information reported in each section of the MC 210 RV.

[Article 4, Section 15.3 - Required Forms](#)

Income	
If ...	Then ...
income is reported	<ul style="list-style-type: none"> the beneficiary must provide verification of all income received the worker shall review the source of income and treatment of that income for exemptions and deductions
verification is not provided and the MC 210 RV is returned timely,	<ul style="list-style-type: none"> the SB 87 three-step process must be followed to obtain the verification. review any cases that are open or closed within 45 days for all known family members review other data exchange methods available to verify earned and unearned income, such as: <ul style="list-style-type: none"> Income Eligibility Verification Systems (IEVS) Payment Verification System (PVS) Social Security Administration (SSA) Employment Development Dept. (EDD)
In-Kind Income (IKI) is reported,	<ul style="list-style-type: none"> contact the beneficiary and evaluate whether or not it is appropriate to count the IKI in the budget computation allow the work-related deduction for IKI received in exchange for work have the client complete the In-Kind/Housing Verification Form (MC 210 S-I) and return it within the SB 87 timeframe when a different value from the Chart Value of the IKI needs to be determined. <p>NOTE: The MC 210 S-I is not a mandatory form. It is only used if the client receives Income-in-Kind and does not agree with the chart value given by the worker.</p>

Expenses and Deductions	
If ...	Then ...
the beneficiary reports expenses but supporting verification is not provided	review the existing case record for the verification.
no supporting document is on file for the expense claimed	<ul style="list-style-type: none"> contact the beneficiary and request the verification. continue to process the annual RV and do not

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	<p>terminate benefits if the client fails to provide supporting documentation of the expense claimed.</p> <ul style="list-style-type: none"> if other eligibility factors are met, certify the MFBU for another 12-month period and do not allow the income deduction.
payment for health care is reported and it was not previously reported,	review information in Section 3, Other Health Insurance, for follow-up.
documentation is provided on health care insurance and premium payment,	allow the deduction and continue to process the requirements for other health insurance.

Other Health Insurance	
If ...	Then ...
other health coverage is reported,	compare the information with the existing case information
the health care coverage has not changed,	no action required.
the health care coverage is new or has changed,	send a new DHS 6155 to the beneficiary to complete and update the change in health care coverage on MEDS
the client reports no change in health insurance for a child with an absent parent,	the client is not required to complete a new medical support questionnaire (CW 2.1 Q) or provide other medical support information
the client is receiving kidney dialysis-related services,	a copy of the SSA statement of Medicare status or any evidence or eligibility must be provided, if not already on file.

Living Situation							
If the beneficiary reports	Then ...						
someone has moved in or out of the home,	review the case to determine if the person is an MFBU member						
	<table border="1"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>the person is an MFBU member and is requesting Medi-Cal,</td> <td>the family's eligibility and/or benefit level may be affected by this change.</td> </tr> <tr> <td>a new MFBU member is requesting Medi-Cal and being added to the case,</td> <td>information on income, property, health insurance and immigration status must be provided before adding the person to the case.</td> </tr> </tbody> </table>	If ...	Then ...	the person is an MFBU member and is requesting Medi-Cal,	the family's eligibility and/or benefit level may be affected by this change.	a new MFBU member is requesting Medi-Cal and being added to the case,	information on income, property, health insurance and immigration status must be provided before adding the person to the case.
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the person is an MFBU member and is requesting Medi-Cal,	the family's eligibility and/or benefit level may be affected by this change.						
a new MFBU member is requesting Medi-Cal and being added to the case,	information on income, property, health insurance and immigration status must be provided before adding the person to the case.						
a newborn,	declaring the newborn's place of birth (city and country) on the MC 210 RV fulfills the requirement of declaring the newborn's citizenship and Satisfactory Immigration Status (SIS) under penalty of perjury.						
a MFBU member is in a nursing facility or medical institution such as	<ul style="list-style-type: none"> contact the beneficiary for additional information review income and property allocation and place the 						

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a Board and Care facility,	individual in his/her own MFBU Note: If the individual leaves a facility, review for disability. See MPG Article 5, Section 4.2A for more information
a pregnant woman is living in the home and is a MFBU member,	<ul style="list-style-type: none"> • add the unborn to the MFBU by entering the pregnancy information and due date • request pregnancy verification within 60 days to evaluate eligibility for full-scope benefits • Self-declaration of pregnancy is allowed if the woman is requesting pregnancy related services only, as long as she is income eligible under the FPL program. The worker shall not request a verification of pregnancy in this situation.
a pregnant woman living in the home is not an MFBU member and is requesting Medi-Cal,	<ul style="list-style-type: none"> • inform the beneficiary that a Medi-Cal application will be mailed to the pregnant woman

Real and Personal Property

If ...	Then ...
the client answers 'yes' to questions 5(b) or 5(c),	send the "Medi-Cal Property Supplement" (MC 210 PS) for the client to complete
NOTE: Property verification can only be requested if the verification was not provided with the MC 210 RV. Property must be verified only when there is a change or when the value of the property is variable (i.e., bank accounts). The MC 210 PS may be included in the annual RV packet for purposes of streamlining the RV process.	
the case contains only infants, children and pregnant women and property information or verification is not provided,	all infants, children and pregnant women who are eligible under FPL programs must have an eligibility determination without delay.
the MFBU contains adults and children ages 19-21 receiving Medi-Cal,	<ul style="list-style-type: none"> • property information must be provided • MFBU members not eligible for FPL programs must meet property guidelines for Medi-Cal benefits to continue • benefits may be terminated after the SB 87 three-step process is complete
there are any unreported income-producing financial accounts noted on IEVS,	request additional information and/or appropriate documentation at the bottom of the MC 210 PS
the value of the property reported affects eligibility ,	<ul style="list-style-type: none"> • contact the beneficiary and explain the spend down provisions and require verification of spend down for eligibility to continue • explain specifically what property or amount is in excess of property reserve limits and send MC007 - Medi-Cal General Property Limitations. • document the disposition of any property sold or given away and the impact on the individual's eligibility See instructions for completion of form MC

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	176P , Property Reserve Work Sheet
real of personal property was sold or transferred,	ensure the property was disposed of in a manner consistent with Medi-Cal policies and procedures
real or personal property was previously reported and no information is reported on the disposition of the property,	<ul style="list-style-type: none"> follow the SB 87 process to obtain the needed information to ensure that property was disposed of in a manner consistent with Medi-Cal policies and procedures and document in case comments. contact the beneficiary to clarify the change. See, Article 9, Section 1 – Types of Property, Property Reserve, and Reduction of Property for more information on spend down.

Note: Property verifications shall be requested by the county only if verification has not been provided at the same time the RV form was submitted. Property must be verified at RV only when there is a change or when the value of the property is variable (**e.g., bank accounts**).

Immigration or Citizenship Status Change	
If ...	Then ...
an immigration or citizenship status change is reported,	review the case file to determine if the person with the status change is an MFBU member
the reported change is for an MFBU member who is receiving Medi-Cal,	mail an MC 13 for completion by that individual or a person acting on his /her behalf
if the MFBU member claims SIS on the signed MC 13,	grant full scope benefits based on the RD date if he/she was otherwise eligible and was receiving restricted benefits prior to the RV
the beneficiary completing the Redetermination form is the person whose status has changed,	it is not necessary to wait for receipt of the MC 13 to grant full Medi-Cal benefits, if otherwise eligible, but a new MC 13 must be provided for the case file. A beneficiary who claims a change from a restricted scope status to a full-scope immigration status must provide evidence of their new status within 30 days of the claim or the time it takes to complete the Redetermination process, whichever is longer. The county must verify a claim of satisfactory immigration status through the Systematic Alien Verification for Entitlements (SAVE) system. Otherwise eligible individuals are eligible for full-scope Medi-Cal while their status is being verified.
an excluded MFBU member is not receiving Medi-Cal but now wants Medi-Cal,	<ul style="list-style-type: none"> he/she may be added to the MFBU when the county receives all appropriate information and verification on that individual. do not delay the RV process for the MFBU pending additional verification or information on this individual. The individual shall remain an excluded MFBU member until the worker has the necessary documentation to determine his/her Medi-Cal benefits

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a non-MFBU member is reported to have a change to his/her immigration status and he/she is not receiving any type of Medi-Cal benefits,	contact the beneficiary to determine if that person wants Medi-Cal.
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Blindness/Disability/Incapacity	
If ...	Then ...
the person claiming a disability is not currently receiving disability-linked Medi-Cal,	<ul style="list-style-type: none"> send the client a DDSD packet to complete and initiate a referral to DDSD-SP for evaluation. <p>Note: do not make an independent determination that the condition is not severe enough to qualify the person as blind or disabled.</p>
at the Annual RV the beneficiary no longer has linkage to a Medi-Cal program (i.e., last eligible child has left the home) and claims to be disabled,	continue the individual's Medi-Cal benefits during the disability evaluation process at the same benefit level that he/she was previously receiving
a non-Medi-Cal parent in the home reports that he/she is incapacitated,	<ul style="list-style-type: none"> contact the parent to determine if he/she wants Medi-Cal and document the results of that contact. send the client the MC 61 as appropriate
the beneficiary reports a person in the home has physical, mental, or health problems as a result of an injury or accident,	contact the beneficiary and follow the procedures in Article 15, Section 3 – Third Party Liability Claims

Other Health Program Information and Referrals	
If the Beneficiary...	Then ...
requests CHDP services or additional CHDP information,	complete a CHDP referral and document in case comments
does not check the box indicating that the family does not want their child's information to be shared with Healthy Families (HF) and their child is determined to have a SOC at the Annual RV,	<ul style="list-style-type: none"> share their information with the HF program review the Medi-Cal to HF Bridging program for the SOC child
requests a referral to the Women Infants and Children (WIC) program	contact the beneficiary to follow-up and document the referral process in case comments
requests In Home Supportive Services (IHSS)/ Personal Care Services Program (PCSP)	contact the beneficiary and provide the IHSS program telephone number.