

Requesting Information at Redetermination (RV)

ALLOW 20 CALENDAR DAYS from the date the MC 210 RV is sent to the client for the return of information.

Before initiating any discontinuance action based on an inability to make an eligibility determination using information supplied by the beneficiary during the Annual RV process, the worker must follow the SB 87 three-step process to obtain the information:



Step 1: Conduct an *ex parte* review

Step 2: Attempt telephone contact with the beneficiary

Step 3: Mail the Request for Information form (MC 355) to the beneficiary

[MPG Article 4, Section 7.12 - Requests for Additional Information/Verification](#)

If...	Then...
the worker is unable to make an accurate eligibility determination through the <i>ex parte</i> process,	<ul style="list-style-type: none"> attempt to contact the client by phone to request the necessary information. Document in case comments: <ul style="list-style-type: none"> The reason for contacting the client The date of contact, specific request for information/verification and the due date
the phone contact is unsuccessful,	send a MC 355 requesting the needed information. Allow 20 calendar days for the client to respond.
there is no response from the client in the initial 20 days,	<ul style="list-style-type: none"> evaluate for other Medi-Cal program eligibility without the additional information (i.e., Asset Waiver Program) send 10-day NOA to discontinue Medi-Cal benefits for failure to provide if the missing information affects Medi-Cal and eligibility cannot be established discontinuance shall be effective the end of the month in which 10-day NOA requirement is met
partial items are provided within the 20-day time frame,	<ul style="list-style-type: none"> mail a 2nd MC 355 to the beneficiary requesting the remaining missing item(s) allow an additional 10 days the beneficiary to provide the requested information a courtesy phone contact may be made at this time
the beneficiary does not respond to the 2 nd MC 355,	<ul style="list-style-type: none"> send 10-day NOA to discontinue Medi-Cal benefits for failure to provide discontinuance shall be effective the end of the month in which 10-day NOA requirement is met
the requested information is received AFTER the Medi-Cal case has been discontinued, and within 30 days of the discontinuance date,	<ul style="list-style-type: none"> evaluate ongoing Medi-Cal eligibility and rescind the discontinuance if eligibility exists a NOA will be mailed to the beneficiary explaining that the beneficiary's benefits will be rescinded without a break in aid
incomplete information is received/continued eligibility does not exist,	<ul style="list-style-type: none"> the case remains discontinued a NOA is not required. However, the client must be informed via telephone call or in writing to let him/her know that the information submitted was incomplete and the termination was not rescinded.
the client contacts the worker or requested information is received more than 30 days AFTER the Medi-Cal discontinuance date,	the client must be advised to re-apply if good cause does not exist.
the reason for the review is loss of contact and the MC 355 or MC 210 RV is returned with no forwarding address/marked undeliverable,	discontinue the Medi-Cal case and send an immediate discontinuance NOA to the last known address