

# Medi-Cal Program Guide Letter (MPG) # 743

January 17, 2012

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**Subject**            **MEDI-CAL ANNUAL REDETERMINATION FORM MC210RV AND USE OF THE INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) AT ANNUAL REDETERMINATION**

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**Effective**            Upon receipt

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**Reference**            All County Welfare Directors Letter (ACWDL) 11-30 & 11-37

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**Purpose**                This letter provides clarification to the worker signature requirement on the Medi-Cal Annual Redetermination form MC210RV and the use of the IEVS at annual redetermination of eligibility for a Medi-Cal beneficiary.

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**Background**        Medi-Cal Annual Redetermination form MC210RV is used to obtain beneficiaries' information when completing their Annual Redetermination. The MC210RV contained a worker signature line which required workers to sign the form. This worker signature line documented which worker processed the Annual Redetermination. May 2011 the MC210RV form was revised and had the worker signature line removed.

IEVS is the federally mandated system established to obtain, use and verify information relevant to a determination of eligibility and share of cost (SOC) for Medi-Cal benefits. IEVS is divided into two systems, the IEVS Applicant System and the IEVS Recipient System. These two systems are described in the table below:

<b><u>System</u></b>	<b><u>Description</u></b>
<u>Applicant</u>	Provides information on Medi-Cal applicants during the application process.
<u>Recipient</u>	Provides information about Medi-Cal beneficiaries at various times during the year.

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**Highlighted Changes**        Effective September 1, 2011, the worker is not required to sign the MC210RV form, regardless of whether the version of the MC210RV

form contains a designated signature line for the eligibility worker.

The Department of Health Care Services (DHCS) has determined that IEVS Recipient System reports provide sufficient income information to satisfy state and federal requirements pertaining to the use of IEVS during the annual redetermination. Therefore, at the time of annual redetermination of Medi-Cal eligibility for a beneficiary, it is not necessary to generate an IEVS Applicant System report unless circumstances suggest that it would be prudent to obtain a report from the IEVS Applicant System.

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**MC210RV  
Required  
Action**

During Annual Redetermination workers will be responsible for entering Case Comments. The case comment will document within the case record the worker processing the Annual Redetermination.

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**IEVS  
Required  
Action**

Workers will use the IEVS Recipient System report for the purpose of assessing the annual redetermination. An IEVS Applicant System report will not be required at redetermination but may be obtained if the worker determines that information from the IEVS Recipient System is inadequate for any reason, for example, when the information is out of date, unreliable, or unavailable due to technical issues.

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**Automation  
Impact**

No impact.

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**Forms  
Impact**

No impact.

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**Access  
Impact**

No impact.

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**Imaging  
Impact**

No impact.

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**PA (CalFresh  
or  
CalWORKs)  
Program  
Impact**

No impact.

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**QC/QA  
Impact**

Effective with the February 2012 review month. Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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**Summary of  
Changes**

The table below shows the changes made in the MPG cites.

<b>Section</b>	<b>Summary of Change</b>
<a href="#">Article 4, Section 15</a>	<ul style="list-style-type: none"><li>• Signature requirements on Medi-Cal Annual Redetermination form MC210RV.</li><li>• Updated requirements for the use of IEVS during the annual redetermination.</li></ul>

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**Manager  
Approval**

Sylvia Melena, Assistant Deputy Director  
Self Sufficiency Programs  
Strategic Planning and Operational Support Division

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## Article 4 Section 15 – Annual Redetermination



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## 4.15.1 Overview of Requirements

### Table of Content

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B. <a href="#">Process</a>
C. <a href="#">SOF</a>
D. <a href="#">Information to be Verified</a>
E. <a href="#">SSN</a>
F. <a href="#">Citizenship and Identity</a>

### A. Frequency

All Medi-Cal beneficiaries must have their eligibility for Medi-Cal redetermined every 12 months. It is the worker's responsibility to complete the annual redetermination within 12 months of the approval of eligibility on any application, reapplication or restoration, which required a Statement of Facts (SOF) or within 12 months of the last annual redetermination. For Former Foster Care Children (FFCC) redetermination processes refer to [MPG 5-15-11](#).

ACWDL  
06-16  
11-23

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### B. Process

All annual redeterminations are completed by mail, except when the:

- beneficiary requests for a face-to-face interview; or
- worker determines good cause exists to require a face-to-face interview upon receipt and review of the annual redetermination form.

Examples of good cause include, but are not limited to:

- questionable information on the redetermination form or verification(s) provided;
- individual/family has no visible means of support such as in-kind income or means of support is not reported for the individual;
- obvious discrepancies between information reported on the redetermination form and assets or income on IEVS; or
- a self-employed individual whose income and expenses do not match reported income and that questionable information could not be resolved with follow-up telephone contact and/or mail.

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**C.  
SOF**

As part of the annual redetermination process, the beneficiary or person acting on behalf of an incompetent beneficiary is required to complete a new Statement of Facts (SOF). Acceptable SOFs for the annual redetermination process are listed in [MPG 4.15.3a](#).

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**D.  
Information to  
be Verified**

The following information must be verified at annual redetermination.

- Incapacity
- Legal responsibility for a child applying alone
- Refusal of the parent to apply for an 18-21 year old child
- Income, except income received from the United States Government or when the current benefit amount has been previously verified
- Status and value of non-exempt property
- Immigration status, except for beneficiaries receiving restricted benefits

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**E.  
SSN**

It is not necessary to re-verify the SSN at annual redetermination. However, if during the annual redetermination process, the worker discovers that the SSN of a beneficiary has not been previously verified, inform the beneficiary that he/she has 60 days to provide acceptable verification of the SSN or evidence of application for the SSN. Refer to [Article 4, Section 11](#) for SSN referral/verification.

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**F.  
Citizenship  
and Identity**

When a beneficiary reports a change in their citizenship status at annual redetermination, the redetermination shall be certified as complete with no reduction in benefits if the only outstanding verifications are for citizenship and/or identity and the beneficiary is otherwise eligible and is making a good faith effort to provide the required citizenship and/or identity documents.

Refer to [MPG 4.7.9](#) for instructions on requesting citizenship and/or identity documents.

MPG LTR 631

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**G. Income Eligibility Verification System (IEVS)**

IEVS is divided into two systems the IEVS Applicant System and the IEVS Recipient System. These two systems are described in the table below:

ACWDL  
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<u>System</u>	<u>Description</u>
<u>Applicant</u>	Provides information on Medi-Cal applicants during the application process.
<u>Recipient</u>	Provides information about Medi-Cal beneficiaries at various times during the year.

An IEVS Recipient System report provides sufficient income information to satisfy state and federal requirements pertaining to the use of IEVS during the annual redetermination.

An IEVS Applicant System report will not be generated unless circumstances suggest that it would be prudent to obtain a report from the IEVS Applicant System.

MPG 743 (01/12)

## 4.15.2 RV Month

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TITLE
A. <a href="#">Setting RV Month</a>
B. <a href="#">DDSD-SP Applicants</a>
C. <a href="#">Categorically Eligibles</a>
D. <a href="#">CalWORKs Approved</a>
E. <a href="#">CalWORKs Discontinued for No Renewal</a>
F. <a href="#">Deemed Eligible Infants</a>
G. <a href="#">Transitional Medi-Cal Recipients</a>
H. <a href="#">Actions (or Events) that Do Not Change RV Month</a>

**A. Setting RV Month**

The annual redetermination is a full eligibility review that is conducted once every 12 months. The annual redetermination month, herein shall be referred to as the RV month, is generally set 12 months from the first day of the application month. However, if the applicant is not Medi-Cal eligible in the month of application, then the RV month is set 12 months from the approval month. The approval month is the first month in which the applicant meets all eligibility criteria.

Regardless of whether the applicant is granted Retro-Medi-Cal, the table below illustrates when annual redeterminations are due:

IF the applicant is ...	Then the RV month is set...
eligible in the application month,	12 months from application month.  <u>Example:</u> Application month: 5/10 RV month: 4/11
eligible in the month following the application month,	12 months from the month in which the applicant is eligible.  <u>Example:</u> Application month: 3/10 Eligible month: 4/10 RV month: 03/11

When MFBU members have different initial eligibility months, the MFBU members who were determined eligible first shall set the RV month for all MFBU members. Refer to [Appendix A](#) for additional examples of when annual redeterminations are due.

**B.  
DDSD-SP  
Applicants**

During the application process, if the applicant alleges a disability, but no other Medi-Cal linkage exists, the workers shall forward the disability packet to the DDSD-SP for a disability evaluation. Upon receipt of the disability determination confirming the applicant's disability, the worker completes the eligibility process.

The worker must complete the annual redetermination as follows:

<b>IF a disability-approved decision is received from DDSD-SP...</b>	<b>THEN the worker must complete the annual redetermination...</b>
within 90 days of the application date,	12 months from the month in which the applicant is eligible for Medi-Cal. See <a href="#">example #5 of Appendix A</a> .
after 90 days but prior to the last day of the 11 <sup>th</sup> month,	12 months from the month in which the applicant is eligible for Medi-Cal. See <a href="#">example #6 of Appendix A</a> .
after 11 <sup>th</sup> month,	12 months from the date that the county determined the applicant is eligible for Medi-Cal. See <a href="#">example #7 of Appendix A</a> .

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**C.  
Categorically  
Eligibles**

Parents receiving Medi-Cal only benefits in their children's CalWORKs case shall not be required to complete a separate Medi-Cal only annual redetermination as long as they cooperate with all CalWORKs requirements for reporting changes and completing the CalWORKs annual renewal.

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**D.  
CalWORKs  
Approved**

When a family has Medi-Cal only and later applies and is approved for CalWORKs, the annual redetermination shall be set 12 months from the CalWORKs application month. If there are family members that remain Medi-Cal only, the next annual redetermination will also be set 12 months from the CalWORKs application month.

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**E.  
CalWORKs  
Discontinued**

When a family is discontinued from CalWORKs for failure to complete the CalWORKs annual renewal, the family is placed on Aid Code 38 pending a Medi-Cal only determination. The RV month for the Medi-

**for No Renewals**

Cal only case is set 12 months after the month in which the worker completed the Medi-Cal only redetermination.

Example:

CalWORKs discontinued for no renewal: 10/03

Worker completed the Medi-Cal only determination: 12/03

Next Annual Redetermination is due: 12/04

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**F. Deemed Eligible Infants**

The RV month for infants who are receiving benefits during the continuous eligibility period (also known as deemed eligibility (DE)) is set as follows:

<b>IF other MFBU members are...</b>	<b>THEN the RV month of the DE infant is...</b>
receiving Medi-Cal,	the same as that of the other MFBU members.
discontinued from Medi-Cal for failure to complete the annual redetermination,	reset to the month of the infant's first birthday.

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**G. Transitional Medi-Cal**

Beneficiaries receiving Medi-Cal under TMC are not required to complete an annual redetermination while they are receiving TMC benefits. At the end of their TMC period, the worker shall re-evaluate beneficiaries' eligibility under another Medi-Cal program. The RV month is set as follows:

<b>IF ...</b>	<b>THEN the worker must...</b>
all MFBU members are receiving TMC and their annual redetermination is due <b>before</b> their TMC period expires,	set the RV month to the last month of the TMC period.  <u>Example:</u> Original RV month: 07/11 TMC expires: 10/11 New RV month: 10/11
all MFBU members are receiving TMC and their annual redetermination is due <b>after</b> their TMC period expires,	maintain the original RV month.
all MFBU members are receiving TMC with different TMC expiration	set the RV month to the last month of the TMC period that will end first.

<p>dates,</p>	<p>This RV month shall apply to all other MFBU members.</p> <p>A the end of the other MFBU member's TMC period, the worker must redetermine that individual's Medi-Cal benefits using information available in the existing case.</p>
<p>some MFBU members are receiving TMC and others are not,</p>	<p>maintain the RV month of the other non-TMC MFBU members.</p> <p>This RV month shall apply to all other MFBU members.</p>

Reminder: The worker is required to complete a redetermination of eligibility under other Medi-Cal programs by the last month of the TMC period.

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**H.  
Actions that  
Do Not  
Change RV  
Month**

Once the RV month is established, the following events will not change the RV month.

- When adding a person to an ongoing Medi-Cal case
- Beneficiary submits the RV packet within 30 days after Medi-Cal has been terminated AND is found eligible
- Beneficiary submits the RV packet more than 30 days after discontinuance date but good cause exists AND benefits are restored without a break in aid
- Worker completes and processes the RV packet early (in the month(s) prior to the RV month). For example, worker mailed the RV packet in the 10<sup>th</sup> month and it was completed and returned promptly
- A person who has Medi-Cal and later applies for, but is denied CalWORKs

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### 4.15.3 Required Forms

**Table of Content**

TITLE
A. <a href="#">Acceptable RV Forms</a>
B. <a href="#">Annual Redetermination Packet</a>
C. <a href="#">Mailing Date</a>
D. <a href="#">Due Date</a>

**A. Acceptable RV Forms**

Workers shall accept any of the following annual redetermination forms, herein to be referred to as RV form, as the SOF for the annual redetermination process.

Form Number	When Used
MC 210 RV	Used for all redeterminations not listed below. Refer to <a href="#">Appendix B &amp; C</a> for details on information collected on the MC 210 RV form and actions that must be taken based on reported information.
MC 262	Used for beneficiaries residing in a LTC facility
MC 321 HFP	Used for those families where the only beneficiaries are children receiving benefits under one of the FPL or Property Disregard programs
MC 250 A	Used for beneficiaries receiving Medi-Cal under Former Foster Care Children (FFCC) Program but is not required to complete the FFCC redetermination process. Refer to <a href="#">MPG 5-15-11</a> .
SAWS 2	Accepted as a substitute for any of the above annual redetermination forms.

The Food Stamp Statement of Fact (DFA-A2) **cannot** be used as a substitute for any of the above forms.

**B.  
Annual  
Redetermin-  
ation Packet**

The table below identifies forms that must be included in the Medi-Cal annual redetermination Packet

<b>Form #</b>	<b>Title</b>
MC 210 RV Notice	Medi-Cal Annual Redetermination Notice (also referred to as Annual Redetermination Cover Letter)
MC 210 RV	Medi-Cal Annual Redetermination Form  Note: Staff may substitute the MC 210 RV with any of the above acceptable RV forms based on the specifics of a case. (e.g. MC 262 for LTC cases)
MC 219	Important Information for Person Requesting Medi-Cal
MC 210 PS	Medi-Cal Property Supplemental Form  Note: Form must be completed and returned if beneficiary answers "yes" to Section 5(b) or 5(c).
16-64	Voter Registration Interest/Declination Form
Voter Registration	CA Voter Registration Form
Pub 183/184	CHDP Brochure
MC 003	Medi-Cal Information Notice EPSDT
Pub 13	Your Rights Under California Welfare Programs
MC 372	Breast and Cervical Cancer Treatment Program Flyer
MC 4034, GEN 1365	Multilingual Notification regarding Translation Services
Envelope	Postage Paid Envelope
Flyer*	CalFresh Flyer for Medi-Cal (for non-LTC cases)
HHSA HSD 7*	Managed Care Information
20-44 HHSA*	Civil Rights Information

\* County Required Forms

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**C.  
Mailing Date**

The first step in the annual redetermination process is to mail the Medi-Cal Annual Redetermination Notice and annual redetermination packet to the beneficiary. The notice and packet must be mailed to the beneficiary:

- No earlier than the 1<sup>st</sup> day of the 10<sup>th</sup> month; AND
- No later than the last day of the 11<sup>th</sup> month

Example:

Annual Redetermination is Due: May 2011

Earliest Mailing Date: March 1, 2011

Latest Mailing Date: April 30, 2011

**D.  
Due Date**

The worker must allow the beneficiary, at least 20 days from the date that the annual redetermination packet is mailed to complete and submit their annual redetermination form. When the 20<sup>th</sup> day falls on a Saturday, Sunday, or holiday, the due date shall be extended to the following business day.

The annual redetermination form is considered “timely” as long as the County receives the form from the beneficiary by the last day of the RV month.

## 4.15.4 RV Returned Timely

### Table of Content

TITLE
A. <a href="#">General</a>
B. <a href="#">Unsigned RV Form</a>
C. <a href="#">Additional Information Not Needed</a>
D. <a href="#">Additional Information Needed</a>

### A. General

When the beneficiary returns the RV form timely (by the last day of the RV month), the worker must review the returned RV form for completeness.

The worker must determine if:

- the RV form was signed by the beneficiary; AND
- additional information and/or verifications are needed to complete an accurate Medi-Cal eligibility determination.

Medi-Cal beneficiaries shall continue to receive their Medi-Cal benefits while the worker completes the review and waits for any additional information/verifications or forms that are needed.

Additionally, if the beneficiary returns an incomplete RV form after NOA cutoff but prior to the effective date of the discontinuance, the worker must rescind the failure to complete the annual redetermination discontinuance. The worker must notify the beneficiary that benefits are restored and continue to process the RV form using the procedures specified below.

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### B. Unsigned RV Form

When the beneficiary returns the RV form unsigned AND the worker does not need additional information, then the worker will:

STEP	ACTION							
1	Mail the unsigned RV form back to the beneficiary and instruct him to sign and return the form within 10 calendar days.							
2	<table border="1"> <thead> <tr> <th>IF beneficiary...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>returns RV form signed,</td> <td>process the annual redetermination specified in <a href="#">MPG 4.15.4c</a>.</td> </tr> <tr> <td>fails to return the</td> <td>discontinue benefits and send timely NOA</td> </tr> </tbody> </table>	IF beneficiary...	THEN the worker will...	returns RV form signed,	process the annual redetermination specified in <a href="#">MPG 4.15.4c</a> .	fails to return the	discontinue benefits and send timely NOA	
IF beneficiary...	THEN the worker will...							
returns RV form signed,	process the annual redetermination specified in <a href="#">MPG 4.15.4c</a> .							
fails to return the	discontinue benefits and send timely NOA							

	RV form signed,	for failure to cooperate.	
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Refer to [MPG 4.15.4d](#) when the RV form is unsigned AND additional information/verifications are also needed.

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**C.  
Additional  
Information  
Not Needed**

When additional information/verifications are not needed, the worker will process the annual redetermination as follows:

IF...	THEN the worker will...
there is <u>no</u> change reported by the beneficiary and on-going eligibility exists,	<ul style="list-style-type: none"> <li>certify the beneficiary for a new 12-month period based on the <b>original</b> RV month.</li> <li>check MEDS after the redetermination is complete to be sure that the most recent annual redetermination information was transmitted to MEDS.</li> </ul>
reported changes result in beneficiaries moving from zero SOC to SOC Medi-Cal or increased in SOC,	<ul style="list-style-type: none"> <li>apply the new or increased SOC to the 1<sup>st</sup> of the month in which timely notice can be given.</li> <li>provide the beneficiary with a NOA about restoration and the change to SOC.</li> <li>evaluate for Bridging when there is a child going from 0 SOC to SOC and refer to HF if consent was given.</li> <li>check MEDS after the redetermination is complete to be sure that the most recent annual redetermination information was transmitted to MEDS.</li> </ul>
Medi-Cal eligibility does not exist,	<ul style="list-style-type: none"> <li>send 10-day NOA to discontinue Medi-Cal benefits.</li> </ul> Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.

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**D.  
Additional  
Information  
Needed**

When the beneficiary returns the RV form timely and additional information/verifications are needed, the worker will:

Step 1	Action				
1	Conduct <a href="#">ex parte</a> review for the needed information/verifications.				
	<table border="1"> <thead> <tr> <th>IF information/verifications...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>were obtained using the ex</td> <td>process the annual</td> </tr> </tbody> </table>	IF information/verifications...	THEN the worker will...	were obtained using the ex	process the annual
IF information/verifications...	THEN the worker will...				
were obtained using the ex	process the annual				

	<i>parte</i> review, are still needed,	redetermination specified in <a href="#">MPG 4.15.4c.</a> Go to Step 2
2	Contact the beneficiary by phone for the missing information/verifications.	
	<b>IF ...</b>	<b>THEN the worker will...</b>
	able to obtain the missing info./verifs from beneficiary,	process the annual redetermination as specified above, <a href="#">MPG 4.15.4c.</a>
	unable to reach the beneficiary by phone, additional info./verifs are still needed,	go to Step 3.
3	Mail the MC 355 to beneficiary to request for the information/verifications. Allow beneficiary 20 days to provide the requested item(s).	
4	On the 21 <sup>st</sup> day, determine if beneficiary has provided the requested items.	
	<b>IF...</b>	<b>THEN the worker will...</b>
	all items were provided,	process the annual redetermination as specified above, <a href="#">MPG 4.15.4c.</a>
	beneficiary did not respond to request,	<ul style="list-style-type: none"> <li>• send 10-day NOA to discontinue Medi-Cal benefits for failure to provide.</li> <li>• discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.</li> </ul>
	partial items were provided,	<ul style="list-style-type: none"> <li>• mail a 2<sup>nd</sup> MC 355 to the beneficiary to request for the remaining missing item(s).</li> <li>• allow the beneficiary 10 days to provide the requested item(s).</li> <li>• go to Step 5.</li> </ul>
5	Determine if beneficiary responds to 2 <sup>nd</sup> MC 355.	
	<b>IF ...</b>	<b>THEN the worker will...</b>
	yes,	process the annual redetermination as specified above, <a href="#">MPG 4.15.4c.</a>
	no,	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## 4.15.5 RV Returned Within 30 Days of Discontinuance Date

### Table of Content

TITLE
A. <a href="#">General</a>
B. <a href="#">Unsigned RV Form</a>
C. <a href="#">Additional Information Not Needed</a>
D. <a href="#">Additional Information Needed</a>

### A. General

When the RV form is returned within 30 days of discontinuance date, the worker shall NOT immediately rescind the discontinuance. The worker must determine if the beneficiary is still eligible to Medi-Cal before a rescission is done.

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11-23

When the beneficiary returns the RV form within 30 days of the discontinuance date, the worker must review the returned RV form for completeness. The worker must determine if:

- the RV form was signed by the beneficiary; AND
- additional information and/or verifications are needed to complete an accurate Medi-Cal eligibility determination.

The worker will follow the procedures outlined below. MC 14-111 may be used as an informational letter to beneficiaries who submit their RV form within 30 days of discontinuance date.

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### B. Unsigned RV Form

When the beneficiary returns the RV form unsigned within 30 days of the discontinuance date AND the worker does not need additional information, then the worker will:

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STEP	ACTION				
1	<p>Mail the unsigned RV form back to the beneficiary and instruct him to sign and return the form within 10 days.</p> <p>Reminder: The beneficiary's Medi-Cal benefits shall remain discontinued until the worker receives the signed RV form and continued Medi-Cal eligibility is established.</p>				
2	<table border="1"> <thead> <tr> <th>IF beneficiary...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>returns RV form signed,</td> <td>process the annual redetermination specified in <a href="#">MPG 4.15.5c</a>.</td> </tr> </tbody> </table>	IF beneficiary...	THEN the worker will...	returns RV form signed,	process the annual redetermination specified in <a href="#">MPG 4.15.5c</a> .
IF beneficiary...	THEN the worker will...				
returns RV form signed,	process the annual redetermination specified in <a href="#">MPG 4.15.5c</a> .				

	fails to return the RV form signed,	<ul style="list-style-type: none"> <li>• do not send a 2<sup>nd</sup> discontinuance NOA. Previous discontinuance NOA stands.</li> <li>• Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> <li>- the RV form was received unsigned; AND</li> <li>- the previous discontinuance is still valid.</li> </ul> </li> </ul> <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>
		<ul style="list-style-type: none"> <li>•</li> </ul>

Refer to [MPG 4.15.5d](#) when the RV form is unsigned AND additional information/verifications are also needed.

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**C.  
Additional  
Information  
Not Needed**

When additional information/verifications are not needed, the worker will process the annual redetermination as follows:

IF...	THEN...
there is <u>no</u> change reported by the beneficiary and on-going eligibility exists,	<ul style="list-style-type: none"> <li>• rescind discontinuance with no break in benefit.</li> <li>• certify the beneficiary for a new 12-month period based on the original RV month.</li> </ul>
reported changes result in beneficiaries moving from zero SOC to SOC Medi-Cal or increased in SOC,	<ul style="list-style-type: none"> <li>• restore the beneficiary's Medi-Cal benefits at the same level prior to the discontinuance.</li> <li>• apply the new or increased SOC to the 1<sup>st</sup> of the month in which timely notice can be given.</li> <li>• provide the beneficiary with a NOA about restoration and the change to SOC.</li> <li>• evaluate for Bridging when there is a child going from 0 SOC to SOC and refer to HF if consent was given.</li> </ul>
Medi-Cal eligibility does not exist	<ul style="list-style-type: none"> <li>• do not send a 2<sup>nd</sup> discontinuance NOA. Previous discontinuance NOA stands.</li> <li>• Contact the beneficiary by phone and inform him/her of the following: <ul style="list-style-type: none"> <li>- the RV form was received and reviewed;</li> <li>- the beneficiary is not eligible to Medi-Cal; AND</li> <li>- the previous discontinuance is still valid.</li> </ul> </li> </ul>

	If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.
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**D.  
Additional  
Information  
Needed**

The worker will NOT restore Medi-Cal benefits until the worker is able to determine that continued eligibility exists. Hence, when the beneficiary returns the RV form within 30 days of the discontinuance date and additional information/verifications are needed, the worker will:

Step 1	Action						
1	<p>Conduct an <i>ex parte</i> review for the needed information/verifications.</p> <table border="1"> <thead> <tr> <th>IF information/verifications ...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>were obtained using the <i>ex parte</i> review,</td> <td>process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a></td> </tr> <tr> <td>are still needed,</td> <td>go to Step 2.</td> </tr> </tbody> </table>	IF information/verifications ...	THEN the worker will...	were obtained using the <i>ex parte</i> review,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>	are still needed,	go to Step 2.
IF information/verifications ...	THEN the worker will...						
were obtained using the <i>ex parte</i> review,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>						
are still needed,	go to Step 2.						
2	<p>Contact the beneficiary by phone for the missing information/verifications.</p> <table border="1"> <thead> <tr> <th>IF information/verifications...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>were provided by beneficiary over the phone,</td> <td>process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a></td> </tr> <tr> <td>are still needed,</td> <td>go to Step 3</td> </tr> </tbody> </table>	IF information/verifications...	THEN the worker will...	were provided by beneficiary over the phone,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>	are still needed,	go to Step 3
IF information/verifications...	THEN the worker will...						
were provided by beneficiary over the phone,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>						
are still needed,	go to Step 3						
3	<p>Mail a written request for the missing information/verifications. Allow beneficiary 20 days to provide the requested item(s).</p> <p>Beneficiary's Medi-Cal benefits shall remain terminated while the worker waits for the additional information/verifications.</p>						
4	<p>On the 21<sup>st</sup> day, determine if beneficiary has provided the requested items.</p> <table border="1"> <thead> <tr> <th>IF...</th> <th>THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>yes,</td> <td>process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a></td> </tr> <tr> <td>no,</td> <td> <ul style="list-style-type: none"> <li>Do not send a 2<sup>nd</sup> discontinuance NOA. Previous discontinuance NOA stands.</li> <li>Contact the beneficiary by phone and inform him/her of the following:</li> </ul> </td> </tr> </tbody> </table>	IF...	THEN the worker will...	yes,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>	no,	<ul style="list-style-type: none"> <li>Do not send a 2<sup>nd</sup> discontinuance NOA. Previous discontinuance NOA stands.</li> <li>Contact the beneficiary by phone and inform him/her of the following:</li> </ul>
IF...	THEN the worker will...						
yes,	process the annual redetermination as specified above, <a href="#">MPG 4.15.5c.</a>						
no,	<ul style="list-style-type: none"> <li>Do not send a 2<sup>nd</sup> discontinuance NOA. Previous discontinuance NOA stands.</li> <li>Contact the beneficiary by phone and inform him/her of the following:</li> </ul>						

		<ul style="list-style-type: none"><li>- the RV packet remains incomplete;</li><li>AND</li><li>- the previous discontinuance is still valid.</li></ul> <p>If unable to reach the beneficiary by phone, complete MC 14-111 with the above information and mail to beneficiary.</p>
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## 4.15.6 RV Returned More than 30 Days after Discontinuance

### Table of Content

TITLE
<a href="#">A. Required Procedures</a>
<a href="#">B. Example of Good Cause</a>

### A. Required Procedures

When the redetermination form is returned more than 30 days after the discontinuance date, the worker shall not restore Medi-Cal benefits based on the fact that the RV form was received. The beneficiary's Medi-Cal benefits shall remain discontinued until the worker determines that the beneficiary remains eligible for Medi-Cal.

When the RV form is returned more than 30 days after discontinuance date, the worker will:

Step	Action						
1	Evaluate for good cause.  Each case must be evaluated separately. There will be situations that are unique to the individual beneficiary.						
2	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF beneficiary...</th> <th style="text-align: left;">THEN the worker will...</th> </tr> </thead> <tbody> <tr> <td>has good cause,</td> <td> <ul style="list-style-type: none"> <li>• process the RV form and evaluate the beneficiary for continued Medi-Cal eligibility.</li> <li>• restore benefits without a break in aid if beneficiary is otherwise eligible.</li> </ul> </td> </tr> <tr> <td>does not have good cause,</td> <td> <ul style="list-style-type: none"> <li>• inform the beneficiary that he/she must reapply for Medi-Cal.</li> </ul> </td> </tr> </tbody> </table>	IF beneficiary...	THEN the worker will...	has good cause,	<ul style="list-style-type: none"> <li>• process the RV form and evaluate the beneficiary for continued Medi-Cal eligibility.</li> <li>• restore benefits without a break in aid if beneficiary is otherwise eligible.</li> </ul>	does not have good cause,	<ul style="list-style-type: none"> <li>• inform the beneficiary that he/she must reapply for Medi-Cal.</li> </ul>
IF beneficiary...	THEN the worker will...						
has good cause,	<ul style="list-style-type: none"> <li>• process the RV form and evaluate the beneficiary for continued Medi-Cal eligibility.</li> <li>• restore benefits without a break in aid if beneficiary is otherwise eligible.</li> </ul>						
does not have good cause,	<ul style="list-style-type: none"> <li>• inform the beneficiary that he/she must reapply for Medi-Cal.</li> </ul>						

MPG LTR 596

### B. Example of Good Cause

Good cause shall include but not limited to:

- Beneficiary is unable to read or complete the RV form without assistance because the RV form is not available in the written language that he/she understands.
- The postal service fails to deliver the redetermination packet in a timely manner.
- Physical or mental illness or incapacity prevented the beneficiary from submitting the forms in a timely manner.

## 4.15.7 RV Not Returned Or Returned as Undeliverable

**Table of Content**

TITLE
A. Not Returned
B. Returned with No Forwarding Address
C. Returned With Forwarding Address

**A.  
RV Not  
Returned**

When a beneficiary fails to return the RV form to the County by the last day of the RV month and the annual redetermination packet was not returned by the post office as undeliverable, the worker shall send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the annual redetermination requirements. The discontinuance action shall be effective the last day of the RV month.

**Note:**

SB 87 process does not apply in this situation because failure of the beneficiary to complete and return the RV form constitutes a failure to cooperate and not a change in circumstances.

**B.  
No  
Forwarding  
Address**

When the RV packet is returned without a forwarding address, the worker will:

Step	Action	
1	Attempt to locate the beneficiary by way of 1) completing an <i>ex parte</i> review; 2) calling the beneficiary by phone.	
2	<b>IF...</b>	<b>THEN the worker will...</b>
	whereabouts remains unknown,	send timely 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements to the last known address.  Discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.
	whereabouts is located,	<ul style="list-style-type: none"> <li>• resend the RV packet to the new address.</li> <li>• allow the beneficiary another 20 days to submit the RV form</li> </ul>
	RV form is not received from	<ul style="list-style-type: none"> <li>• discontinue Medi-Cal with 10-day notice.</li> </ul>

	beneficiary,	
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**C.  
Returned with  
a Forwarding  
Address**

When the RV packet is returned with a forwarding address, the worker will:

Step	Action	
1	Resend the RV packet to the new address	
2	Allow the beneficiary another 20 days to submit the RV form	
3	<b>IF beneficiary...</b>	<b>THEN the worker will...</b>
	does not return the RV form by due date,	<ul style="list-style-type: none"> <li>• send 10-day NOA to discontinue Medi-Cal benefits for failure to cooperate with the RV requirements.</li> <li>• discontinuance shall be effective the end of the month in which 10-day NOA requirement is met.</li> </ul>
	returns the RV form by due date,	<ul style="list-style-type: none"> <li>• evaluate beneficiary's for continued Medi-Cal eligibility.</li> </ul>

### 4.15.8 Adding a Person at Annual Redetermination

**A.  
Required  
Procedures**

The MC 210 RV allows the beneficiary to add a person to his/her Medi-Cal case at Annual Redetermination. The worker shall request additional information/verification of the new person to establish eligibility.

ACWDL  
11-23

<b>IF the person being added to the case ...</b>	<b>THEN the person being added to the case...</b>
was terminated from Medi-Cal less than 30 days,	<ul style="list-style-type: none"> <li>• must provide any information/verifications needed for the worker to determine Medi-Cal eligibility</li> <li>• is not required to complete any form or new application.</li> </ul> <p>Note: The original RV month is still in effect.</p>
was terminated from Medi-Cal more than 30 days and good cause exists,	
was terminated from Medi-Cal more than 30 days and good cause does NOT exist	<ul style="list-style-type: none"> <li>• is required to complete the MC 371</li> <li>• is required to provide any needed income, property or other required verifications needed to determine eligibility</li> </ul> <p>Note:</p>
is new to the MFBU	

	Original RV month is still in effect SAWS 2, MC 210, or MC 321 HFP may be accepted in lieu of MC 371.
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MPG LTR 736

## 4.15.9 Completing Annual Redetermination by Phone

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### A. General

The County may conduct the annual redetermination over the phone with the beneficiary. Information discussed on the phone must be documented in case file and on the RV form and supplemental forms such as the MC 210 PS. The County must mail the RV form and applicable supplemental form to the beneficiary for review. The beneficiary must sign and return the RV form and applicable supplemental form along with any requested verification by the specified due date. The procedures for requesting additional information/verifications (i.e. *ex parte* review, telephone contact, MC 355) shall continue to apply.

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# Appendix A: Examples of When Redeterminations are Due

## Example 1: Application approved in application month

1/04	2/04	3/04	4/04	5/04	6/04	7/04	8/04	9/04	10/04	11/04	12/04
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Application & approval month									RV mail month	RV return month	RV due month
1/05	2/05	3/05	4/05	5/04	6/05	7/05	8/05	9/05	10/05	11/05	12/05
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Benefits re-determined for 2 <sup>nd</sup> year									RV mail month	RV return month	RV due month

## Example 2: Application with Retroactive Months

										11/03	12/03
										Retro Eligible	Retro Eligible
1/04	2/04	3/04	4/04	5/04	6/04	7/04	8/04	9/04	10/04	11/04	12/04
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Application Month Eligible	Month Eligible								RV mail month	RV return month	RV due month
1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05	12/05
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Benefits re-determined for 2 <sup>nd</sup> year									RV mail month	RV return month	RV due month

## Example 3: Eligibility Criteria Not Met in Month of Application

1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05	12/05
	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven
Application Month	Month Eligible									Annual RV mail month	Annual RV return month
1/06	2/06	3/06	4/06	5/06	6/06	7/06	8/06	9/06	10/06	11/06	12/06
Twelve	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven
Annual RV due month	Benefits re-determined for 2 <sup>nd</sup> year									Annual RV mail month	Annual RV return month

## Example 4: Family Members Have Different Initial Eligibility Dates

1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05	12/05
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve





## Appendix B: MC 210 RV Form

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In addition to the case identifying information located at the top of the form, the MC 210 RV is divided into nine sections. Each section asks the beneficiary to provide information on specific subject matters with simple instructions and examples. The beneficiary is asked to attach supporting documentation of information reported on the MC 210 RV. The following table highlights the purposes of each section:

Section	Title	Purpose
1	Income	Applies to income received by all MFBU members living in the home or temporarily away from home.
2	Expenses and Deductions	Applies to expenses MFBU members have to pay from income received. The beneficiary must provide supporting documentation before the allowable expense can be deducted from income.
3	Other Health Insurance	Applies to other health insurance that MFBU members may have.
4	Living Situation	Provides information on household changes that may affect linkage, program eligibility, and share of cost (SOC).
5	Real and Personal Property	Applies to all MFBU members who are receiving Medi-Cal. However, if the case contains only children or pregnant women receiving Medi-Cal under the FPL program and property information or documentation is not provided, these children and pregnant women, if eligible, must have their eligibility review completed without delay. For families that provide the real and personal property information, workers must first evaluate the family for 1931(b) eligibility before putting the children in the FPL programs.
6	Immigration or Citizenship Status Change	Applies to family members in the home who have a change in citizenship or immigration status. The beneficiary is not required to report the immigration or citizenship status of family members who are not in receipt of Medi-Cal.
7	Blindness/ Disability/ Incapacity	Allows the beneficiary to report any disabling condition not previously known or reported to the county.
8	Other Health Program Information and Referrals	Serves as a request for additional information on, or referral to, other programs and services available to low-income families.
9	Signature and Certification	Person completing the Annual Redetermination form MC210RV must read and sign this section. Workers are not required to sign the MC210RV.

## Appendix C: Acting on the MC 210RV

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

<b>1) Income</b>	
Income is reported, then the beneficiary is asked to provide documentation of all income received,	Review the source of income and treatment of that income for exemption and deductions.
In-kind income is reported,	<ul style="list-style-type: none"> <li>• Contact the beneficiary to determine if the in-kind income is to be counted in the budget,</li> <li>• Allow applicable work-related deductions for earned in-kind income, and</li> <li>• Use the In-Kind Income and Housing Verification form (MC 210 S-I) if the beneficiary does not agree with the chart value of in-kind income.</li> </ul>
<b>2) Expenses and Deductions</b>	
The beneficiary reports expenses, but supporting documentation is not provided with the MC 210 RV, and the expense was previously reported and the amount has not changed,	Review the existing case file for the documentation.
No supporting documentation is on file for the expense claimed,	<ul style="list-style-type: none"> <li>• Contact the beneficiary and request documentation.</li> <li>• Continue to process the Annual Redetermination and not terminate benefits even if the beneficiary fails to provide the necessary documentation.</li> <li>• Certify the MFBU for another 12-month period and not allow the deduction(s) from income if all other eligibility factors are met.</li> </ul>
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.
<b>3) Other Health Insurance</b>	
The beneficiary reports other health coverage,	Compare the information with the case file.
The health coverage plan has not changed,	Not request the beneficiary to complete a new DHS 6155.
The health care coverage is new	Send a new DHS 6155 to the beneficiary to

or has changed,	complete and update the change in health care coverage on MEDS.
The beneficiary reports no change in health insurance being provided to a child who has an absent parent,	Not require the beneficiary to complete a new medical support questionnaire or other medical support information.
An individual is receiving Medi-Cal kidney dialysis-related services,	Request a copy of the SSA statement of Medicare status, or any evidence of eligibility if he/she has not provided such evidence previously.
The individual receiving Medi-Cal kidney-dialysis related services is not already receiving Medicare coverage,	Refer the individual to apply for Medicare coverage and provide evidence of application status.
<b>4) Living Situation</b>	
The beneficiary reports that someone has moved into or out of the home,	Review the case file to determine if the person is or is not an MFBU member.
The person is an MFBU member,	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,	The beneficiary must provide information on the new person, such as income, property, health insurance, and immigration status before he/she can be added to the existing case. This requires a new application for the individual. The MC 210 RV cannot be used as an application for Medi-Cal benefits.
A newborn is reported and he/she is an MFBU member, and the parent has provided the newborn's place of birth (city and country),	Add the newborn to the existing case as the parent has completed the requirement of declaring the newborn's citizenship and satisfactory immigration status under penalty of perjury. The parent is not required to complete an MC 13 for the newborn. Also, no birth certificate is required to aid the infant.
An MFBU member is reported to be residing in a nursing facility or medical institution such as a board and care facility,	<ul style="list-style-type: none"> <li>• Contact the beneficiary for more information.</li> <li>• Review income and property allocation as well as put the individual in his/her own MFBU.</li> </ul>
A pregnant woman is reported living in the home,	Determine if that individual is an MFBU member.
<b>If the pregnant woman is...</b>	<b>Then...</b>
An MFBU member,	The worker must add the unborn to the MFBU and request that the pregnant woman provide pregnancy verification within 60 days.
An MFBU member not currently receiving Medi-Cal and requests pregnancy related services only,	She is allowed to self-declare her pregnancy has been medically verified if she is income eligible to the Income Disregard Program.
Not an MFBU member and requests Medi-Cal	The worker must contact the beneficiary and inform him/her that a Medi-Cal application will be mailed to

	the pregnant woman.
<b>5) Real and Personal Property</b>	
The MFBU members are children or pregnant women receiving Medi-Cal under the federal poverty level (FPL) programs and property information or documentation is not provided,	Complete the eligibility review for these programs without delay.
The family provides property information and documentation,	Evaluate for 1931(b) before the FPL programs.
The MFBU contains adults and children from ages 19-21 who are also receiving Medi-Cal benefits,	Request property information for those individuals who are not eligible for the FPL programs. They must meet the property limits for Medi-Cal benefits to continue.
The family answers, "Yes" to questions 5(b) or 5(c) on the MC 210 RV,	Send out the MC 210 PS, Medi-Cal Property Supplement, for the beneficiary to complete.
The value of the reported property will affect eligibility,	<ul style="list-style-type: none"> <li>• Contact the beneficiary and explain the spend-down provisions and require verification of the spend-down for eligibility to continue.</li> <li>• Document the disposition of any property sold or given away and the impact on the beneficiary's eligibility</li> </ul>
Real or personal property was sold or transferred,	Ensure that the property was disposed of in a manner consistent with Medi-Cal policies and procedures.
Real or personal property has been previously reported and no information is reported to the worker on the disposition of the property,	Contact the beneficiary to clarify the change.
<b>6) Immigration or Citizenship Status Change</b>	
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 representative.
The MFBU member claims a satisfactory immigration status (SIS) on the MC 13,	Grant full-scope Medi-Cal based on the redetermination date if the person was otherwise eligible at that time, and he/she was receiving restricted benefits prior to the redetermination.
The beneficiary completing the redetermination form is the person whose status has changed,	Not wait for receipt of the MC 13 to grant full scope 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 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.
An excluded MFBU member is not receiving Medi-Cal but now wants Medi-Cal	<ul style="list-style-type: none"> <li>• Add the individual to the MFBU when the worker receives all appropriate information and verification on that individual.</li> <li>• Not delay the redetermination process for the MFBU pending the additional information or verification on the individual. The individual will remain excluded until all necessary documentation has been provided.</li> </ul>
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.
<b>If that individual is not...</b>	<b>Then the worker must...</b>
An MFBU member and wants Medi-Cal,	Mail a Medi-Cal application to the household and inform them that he/she must complete the application and eligibility determination process.
An MFBU member and wants Medi-Cal,	Mail a Medi-Cal application to the household and inform them that he/she must complete the application and eligibility determination process.
<b>7) Blindness/Disability/Incapacity</b>	
The person claiming to have a disability is not currently receiving disability-linked Medi-Cal,	Contact the beneficiary to clarify the condition of the person reported as having the disability.
The person considers himself/herself to be blind or disabled,	<ul style="list-style-type: none"> <li>• Send out the forms necessary to initiate a referral to the State Programs-Disability and Adult Programs Division (SP-DAPD) for evaluation.</li> <li>• Not make an independent determination that the condition is not severe enough to qualify the person as blind or disabled.</li> </ul>
The beneficiary no longer has linkage to a Medi-Cal program, such as the last child has left home, and he/she 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,	Contact the parent to determine if he/she wants Medi-Cal and document the results of that contact.
The beneficiary reports a person in the home has physical, mental, or health problems as a	Contact the beneficiary and follow the procedures in Article 15, Section 3.

result of an injury or accident,	
<b>8) Other Health Program Information and Referrals</b>	
The box is not checked 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,	<ul style="list-style-type: none"> <li>• Share their information with the HF program.</li> <li>• Review the Medi-Cal to HF Bridging program for the SOC child.</li> </ul>
The beneficiary requests CHDP services or additional CHDP information,	Complete a CHDP referral and document in case comments.
Information on a referral to Woman, Infants, and Children (WIC) is requested,	Contact the beneficiary to follow-up and document the referral process in the case file.
The beneficiary requests IHSS information,	Contact the beneficiary and provide the IHSS program telephone number.
The box is not checked 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,	<ul style="list-style-type: none"> <li>• Share their information with the HF program.</li> <li>• Review the Medi-Cal to HF Bridging program for the SOC child.</li> </ul>

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## **Appendix D: Example of When to Apply SOC**

Example #1 – beneficiary whose eligibility changed from no SOC to SOC

The County discontinued the beneficiary's Medi-Cal on February 28, 2010 because the beneficiary did not return the RV form. On March 26, the beneficiary returns the RV form along with verification. On March 27, the County rescinds the discontinuance and determine on-going eligibility with SOC. As the County does not have sufficient time to provide 10-day notice before April 1, the County will send out a timely NOA prior to April 20 indicating that the beneficiary has 0 SOC Medi-Cal for March 2010<sup>1</sup> and April 2010 and SOC Medi-Cal beginning May 2010.