## C. Form is not returned to the county

If the beneficiary fails to return the Annual Redetermination form to the county by the requested due date and the Annual Redetermination packet is not returned as undeliverable, the county shall send a timely 10-day NOA to terminate Medi-Cal benefits for failure to cooperate with the Annual Redetermination requirements. The discontinuance action shall be effective on the last day of the month the Annual Redetermination is due provided the county can issue a timely NOA to inform the beneficiary of the termination for failure to cooperate with the Annual Redetermination. The SB 87 process does not apply to this situation because failure by the beneficiary to complete and return the MC 210 RV constitutes a failure to cooperate and not a change in circumstances.

## D. Form is returned within 30 days after Medi-Cal has been terminated

1. County has all information necessary to complete the eligibility review.

If the beneficiary returns a signed and complete Annual Redetermination form with requested verification to the county within 30 days of the Medi-Cal termination, the county must determine eligibility as though the form was submitted in a timely manner. If there is no change reported by the beneficiary and ongoing eligibility exists, the county shall rescind the discontinuance with no break in benefits. The county shall establish a new 12-month period from the first day of the month following the discontinuance action. The beneficiary shall be certified for a new 12-month period.

01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	12/04
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
											Annual
											due, RV
											form not
											returned,
											NOA to
											disc end
											of month

## Current 12-month period