

***New 12-month period***

01/05	02/05	03/05	04/05	05/05	06/05	07/05	08/05	09/05	10/05	11/05	12/05
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Complete Form Rec'd. Rescind Disc. If eligible											Next Annual Due

If the beneficiary returns a complete and signed Annual Redetermination form to the county within 30 days of the Medi-Cal termination and ongoing eligibility is established for the current and future months but the MFBU becomes SOC Medi-Cal, the county shall restore the beneficiary's Medi-Cal benefits and apply the appropriate SOC amount to the correct budget month(s).

When the county takes action to restore Medi-Cal benefits, the county must provide the beneficiary with a Notice of the restoration and the applicable SOC amount for the appropriate budget month(s). If any child in the MFBU is now only eligible for SOC Medi-Cal and the family did not check the box indicating that they did not want their child's information shared with the HF program, the counties will share the child's information with HF. The county shall review the Bridging program for the child as outlined in ACWDL No. 03-01. See charts below.

***Current 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, form not returned, NOA disc.