

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
Form rec'd. Restore if eligible. If SOC, apply correct SOC or MC to HF Bridge for SOC children											Next Annual Due for MFBU

2. County does not have all necessary information to complete the eligibility review.

If the beneficiary returns a complete and signed Annual Redetermination form to the county within 30 days of the Medi-Cal termination and information provided indicates there are changes to the beneficiary's circumstances, but the information provided is incomplete or not adequate for the county to determine ongoing eligibility, the county is not required to restore benefits until the beneficiary provides adequate information/verification to complete the annual eligibility review. Although restoration is not required, the county must contact the beneficiary and inform him/her via telephone or written correspondence that the information/verification provided is not sufficient to rescind their discontinued Medi-Cal case and additional information is needed to determine ongoing eligibility within this 30 day period.

In this situation, since benefits have already been terminated with proper notice, another NOA is not required to inform the former beneficiary. The county, however, must annotate in the case record each action related to obtaining additional information/verification from the beneficiary. If during this 30-day period, the beneficiary provides all necessary information/verification to the county and if a beneficiary is found eligible, benefits must be restored with no break in aid.