

DEPARTMENT OF HEALTH SERVICES

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August 15, 1995

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 148**TO: All Holders of the Medi-Cal Eligibility Procedures Manual****All County Welfare Directors Letter (ACWDL) No. 92-28**

The Medi-Cal Status Report (MC 176 S) was revised and streamlined by a specially convened Quarterly Status Report (QSR) Committee in early 1992. ACWDL 92-28 transmitted the new form. Attached to ACWDL 92-28 were draft procedures for the new Medi-Cal status report. Upon receipt of this letter please discard the draft procedures entitled, "Section 4H - Processing of Status Reports" sent with ACWDL 92-28.

Enclosed are revisions to the Medi-Cal Eligibility Procedures Manual for Article 4H -- Processing of Status Reports.

<u>Procedure Revision</u>	<u>Description</u>
Article 4H	Processing of Status Reports Revised to include the information contained in ACWDL 92-28
<u>Filing Instructions</u>	
<u>Remove Pages</u>	<u>Insert Pages</u>
4H-1 through 4H-2	4H-1 through 4H-5

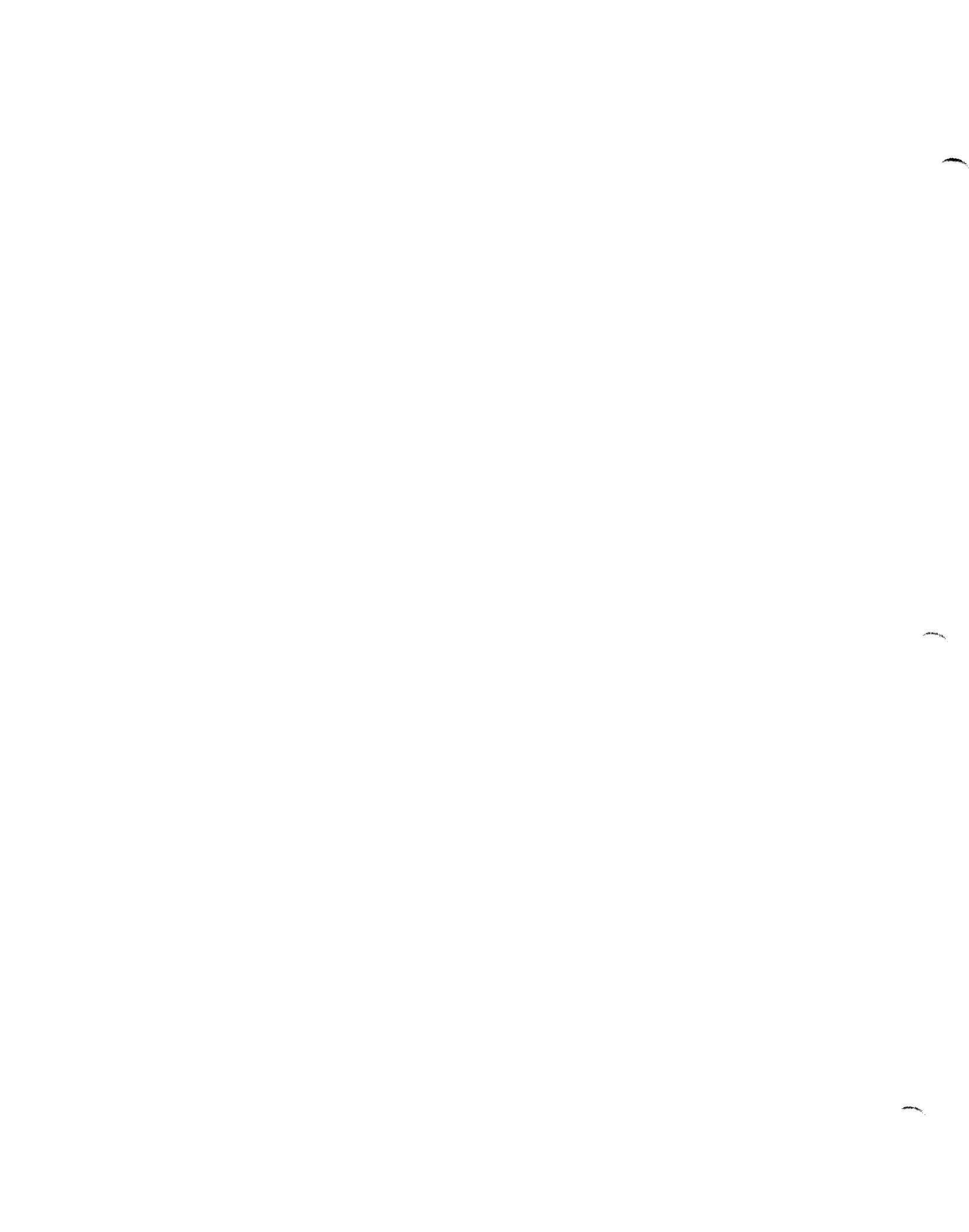
If you have any questions concerning a specific revision, please contact Ms. Deborah Wender of my staff at (916) 657-1064.

Sincerely,

Original signed by

Frank S. Martucio, Chief
Medi-Cal Eligibility Branch

Enclosures



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4H -- PROCESSING OF STATUS REPORTS

1. BACKGROUND

Status reports must be submitted by the Medi-Cal beneficiary in accordance with Title 22, California Code of Regulations, Section 50191. The revised **Medi-Cal Status Report, MC 176 S/MC 176 SA**, dated January 1992 replaces all former versions of status reports for Medi-Cal.

The MC 176 S/MC 176 SA (January 1992) must be used to meet the quarterly status reporting requirement for Medi-Cal only cases. In counties where a single case file contains Medi-Cal, Aid to Families with Dependent Children and/or Food Stamps, the Statewide Automated Welfare System (SAWS) 7 may be used instead of the MC 176 S for the quarterly status report. Interim Statewide Automated Welfare System counties may use the SAWS 7 in place of the MC 176 S to meet the quarterly status reporting requirement for Medi-Cal only cases. There are no other circumstances in which another form can be substituted for the MC 176 S.

The completion of a status report is not mandatory for a Medi-Cal Family Budget Unit (MFBU) that consists of:

- a. Solely of a pregnant woman,
- b. An infant up to one year of age,
- c. A pregnant woman and an infant up to one year of age, or
- d. Solely of an aged, blind or disabled person.

If you receive a status report from a MFBU consisting solely of a pregnant woman, an infant up to one year of age, or a pregnant woman and an infant up to one year of age, you will disregard any reported income increases.

Other cases that do not require the completion of a status report are:

- a. Persons on Aid for Adoption of Children program,
- b. Persons who have a government representative,
- c. Persons who are receiving minor consent services, and
- d. MI children who are not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

2. GUIDELINES FOR REVIEWING STATUS REPORTS FOR COMPLETENESS

Status reports submitted by beneficiaries shall be considered incomplete only if data is missing or inconsistent, and that data is critical to determining the beneficiary's continuing eligibility or share-of-cost amount. Misspellings or other minor errors or omissions do not constitute an incomplete report, and items with "yes/no" blocks unchecked are not incomplete if new information is written in that item. Status reports shall be considered incomplete if changes in income are reported, but verification is not provided. Beneficiaries should be advised of the verification needed and of the date by which it must be received. If the Medi-Cal beneficiary fails to sign and date the status report, the status report is incomplete, and must be returned to the beneficiary with instructions to sign and date the report, then return it to the county.

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Counties may choose to clarify data by a telephone call, particularly if the client has made a good-faith effort to provide needed data. In the final analysis, the decision to accept a report, return a report, or clarify a report by phone must be made on a case-by-case basis.

The status report is incomplete when the following applies to the specified question.

QUESTION

- 1A. The question is not answered and information is not reported.
The question is answered "yes", but the information is not reported.
- 1B. The question is not answered and information is not reported.
The question is answered "yes", but the information is not reported.
- 2. The question is not answered; information is not reported; and verification is not provided.
The question is answered "yes", information is reported, but verification is not provided.
- 3. The question is not answered; information is not reported; and verification is not provided.
The question is answered "yes", but information is not reported.
The question is answered "yes", information is reported, but verification is not provided.
- 5. The question is not answered, and the information is not reported.
The question is answered "yes", but the information is not reported.
- 6. The question is not answered.
- 7. The question is not answered.

Questions four (4) and eight (8) on the MC 176 S are never considered to be incomplete when unanswered. The MC 176 S is considered complete if only question eight (8) is answered "NO" and the MC 176 S is signed and dated, at which time the case must be discontinued.

3. STATUS REPORT NOTICE REQUIREMENTS

A Discontinuance of Benefits, MC 239I must be sent when the following situations occur:

- 1. A Status report is not received prior to the last date a change may be effected, and also a "reasonable effort" per Section 50175 by the eligibility worker to contact the beneficiary by telephone or written notice produced no further information.
- 2. The status report is received, but it is incomplete. In addition, a "reasonable effort" per Section 50175 by the eligibility worker to contact the beneficiary by telephone or written notice produced no further information.

The appropriate statement must be written or checked on the MC 239I. The missing information needed to complete the received status report must be stated. If a completed status report is received on or before the effective date of the discontinuance, the beneficiary has met the status report requirement, and a discontinuance must be rescinded.

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Unless the beneficiary signs the **Voluntary Request For Withdrawal of Application or Discontinuance of Eligibility or Waiver of Ten Day Advance Notice of Action, MC 215**, there must be a timely (10-day) notice of action before adverse changes can be effective.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL STATUS REPORT

THIS REPORT IS FOR THE MONTH OF

NOTICE:

- YOU MUST COMPLETE AND SIGN THE OTHER SIDE OF THIS REPORT.
- YOU MUST RETURN THIS REPORT TO THE WELFARE DEPARTMENT IN THE ENCLOSED RETURN ENVELOPE BY THE 5TH OF THE MONTH FOLLOWING THE MONTH SHOWN ABOVE.
- IF YOU DO NOT RETURN THIS FORM, YOUR ELIGIBILITY FOR MEDI-CAL MAY BE DISCONTINUED.
- REMEMBER, YOU STILL MUST REPORT ALL CHANGES TO YOUR ELIGIBILITY WORKER WITHIN TEN (10) DAYS.

CLIENT

COUNTY

NEED HELP? CALL YOUR WORKER:

TELEPHONE:

SPECIAL INSTRUCTIONS:

1. YOU MUST COMPLETE EVERY SECTION ON THE OTHER SIDE OF THIS PAGE, UNLESS YOU NO LONGER NEED MEDI-CAL.
2. IF YOU NO LONGER NEED MEDI-CAL, COMPLETE ONLY QUESTION 8 ON THE OTHER SIDE OF THIS FORM, SIGN AND DATE IT.
3. THE INFORMATION YOU PUT ON THIS REPORT MUST COVER THE ENTIRE REPORT MONTH.
4. IF YOU NEED MORE SPACE TO REPORT INFORMATION, YOU MUST ATTACH A SHEET OF PAPER WITH THE ADDITIONAL INFORMATION.
5. YOU MUST SIGN AND DATE THIS REPORT.
6. IF YOU RECEIVED MONEY, YOU MUST ATTACH PROOF OF ALL INCOME TYPES AND AMOUNTS.

HELPFUL HINTS:

INCOME EXAMPLES:

- FREE HOUSING, UTILITIES, FOOD OR CLOTHING.
- EARNINGS FROM A JOB INCLUDES SALARY, HOURLY WAGES, TIPS, COMMISSIONS AND ON THE JOB INCENTIVES SUCH AS JTPA (JOB TRAINING PARTNERSHIP ACT).
REMEMBER, GROSS INCOME IS WHAT YOU EARNED BEFORE ANY DEDUCTIONS WERE TAKEN OUT OF YOUR CHECK.
- GOVERNMENT BENEFITS INCLUDES SOCIAL SECURITY, WORKERS COMPENSATION PAYMENTS, VETERANS PENSIONS, RAILROAD RETIREMENT, UNEMPLOYMENT INSURANCE, SSI, OTHER RETIREMENT, DISABILITY PAYMENTS OR INCOME TAX REFUNDS.
- OTHER MONEY IS CHILD SUPPORT, ALIMONY, SELF-EMPLOYMENT, INTEREST INCOME, LOANS, GRANTS, SETTLEMENT BENEFITS, RENTAL INCOME, GIFTS, CONTRIBUTIONS, LOTTERY WINNINGS, ETC.

IF YOU HAVE RECEIVED THESE OR ANY OTHER TYPES OF INCOME, YOU MUST REPORT IT ON THE OTHER SIDE OF THIS FORM.

OTHER CHANGES TO REPORT:

- PREGNANCY, BIRTH OF BABY, SCHOOL, HOUSING, LAND, CARS, BOATS, BANK ACCOUNTS, DISABILITY, MARRIAGE, DIVORCE, SEPARATION, IMMIGRATION STATUS, ETC.
- FAMILY MEMBER USUALLY MEANS APPLICANT, SPOUSE, APPLICANT'S OR SPOUSE'S UNMARRIED CHILDREN UNDER AGE 21.

CALIFORNIA LAW (WELFARE AND INSTITUTIONS CODE, SECTION 14014) STATES THAT IF YOU FAIL TO REPORT CHANGES IN INCOME, PROPERTY OR FAMILY STATUS WITHOUT GOOD CAUSE AND SUCH FAILURE CAUSES MORE THAN \$400.00 TO BE WRONGLY EXPENDED FOR MEDICAL SERVICES, YOU HAVE COMMITTED A FELONY.

YOU MUST COMPLETE THE OTHER SIDE OF THIS REPORT

MC 176 S (1/92)

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NOTICE: YOU MUST ATTACH PROOF OF ALL INCOME TYPES AND AMOUNTS. EXAMPLES OF PROOF ARE: PAYCHECK STUBS FOR EARNED INCOME. PROOF OF UNEARNED INCOME MAY BE AWARD LETTERS, COURT ORDERS OR SIGNED STATEMENTS FROM PERSONS OR ORGANIZATIONS WHO ISSUED THE INCOME. COPIES OF CHECKS MAY BE USED. A LIST OF INCOME AND EXPENSES MAY BE USED AS PROOF OF SELF-EMPLOYMENT.

- 1** A DID YOU OR ANY FAMILY MEMBER RECEIVE FREE HOUSING, UTILITIES, FOOD OR CLOTHING IN THE REPORT MONTH? YES NO
 B DID YOU OR ANY FAMILY MEMBER WORK FOR HOUSING, UTILITIES, FOOD OR CLOTHING IN THE REPORT MONTH? YES NO
IF YES TO 1A AND/OR 1B, YOU MUST ANSWER THE THREE QUESTIONS ON THE NEXT LINE.

WHAT WAS RECEIVED? | WHO RECEIVED IT? | WHO PROVIDED IT?

- 2** DID YOU OR ANY FAMILY MEMBER WORK DURING THE REPORT MONTH? YES NO
IF YES, YOU MUST COMPLETE THE ITEMS BELOW AND ATTACH ALL PAY STUBS FOR THE REPORT MONTH. GROSS AMOUNT IS WHAT WAS EARNED BEFORE DEDUCTIONS WERE TAKEN OUT OF THE CHECK.

NAME	TOTAL HOURS WORKED IN REPORT MONTH	DATE PAID	MO DAY YR				
EMPLOYER/SOURCE		GROSS AMOUNT: \$	\$	\$	\$	\$	\$
NAME		DATE PAID	MO DAY YR				
EMPLOYER/SOURCE		GROSS AMOUNT: \$	\$	\$	\$	\$	\$
NAME		DATE PAID	MO DAY YR				
EMPLOYER/SOURCE		GROSS AMOUNT: \$	\$	\$	\$	\$	\$

- 3** DID YOU OR ANY FAMILY MEMBER RECEIVE MONEY OR BENEFITS FROM OTHER SOURCES? YES NO
 (EXAMPLES ARE ON THE OTHER SIDE.)
IF YES, YOU MUST COMPLETE THE ITEMS BELOW AND ATTACH PROOF OF ALL CHANGES.

NAME	DATE	MO DAY YR				
SOURCE	AMOUNT: \$	\$	\$	\$	\$	\$
NAME	DATE	MO DAY YR				
SOURCE	AMOUNT: \$	\$	\$	\$	\$	\$
NAME	DATE	MO DAY YR				
SOURCE	AMOUNT: \$	\$	\$	\$	\$	\$

- 4** DID YOU OR ANY FAMILY MEMBER PAY FOR CHILD OR DEPENDENT CARE IN THE REPORT MONTH? YES NO
IF YES, YOU MUST ATTACH RECEIPTS TO RECEIVE A DEDUCTION.

- 5** DID ANYONE MOVE INTO OR OUT OF YOUR HOME, OR DID YOU MOVE IN WITH SOMEONE ELSE? YES NO
 INCLUDE: NEWBORNS; ANYONE WHO ENTERED OR LEFT A HOSPITAL, NURSING HOME, REHABILITATION CENTER; OR ANYONE WHO DIED.
IF YES, YOU MUST STATE DATE OF CHANGE AND WHAT HAPPENED.

NAME	RELATIONSHIP TO YOU	WHAT CHANGED	DATE CHANGED
NAME	RELATIONSHIP TO YOU	WHAT CHANGED	DATE CHANGED

- 6** DID YOU OR ANY FAMILY MEMBER HAVE A CHANGE OR GET NEW HEALTH, DENTAL OR MEDICARE COVERAGE OR INSURANCE? YES NO

- 7** DO YOU OR ANY FAMILY MEMBER HAVE ANY OTHER CHANGES TO REPORT? YES NO
 (EXAMPLES ARE ON THE OTHER SIDE) IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

- 8** DO YOU WANT YOUR MEDI-CAL BENEFITS TO CONTINUE? YES NO
 IF YOU CHECK NO, YOUR MEDI-CAL CASE WILL BE DISCONTINUED.

**CERTIFY THAT I WILL REPORT ALL INCOME, PROPERTY AND/OR OTHER CHANGES IN TEN (10) DAYS.
 I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.**

SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____
 STREET ADDRESS _____ CITY _____ ZIP CODE _____
 SIGNATURE OF WITNESS, INTERPRETER OR PERSON ASSISTING _____ TELEPHONE NUMBER _____ DATE _____

COUNTY USE

MC 176 S (1/92)