TO: All County Welfare Directors
    All County Administrative Officers
    All County Medi-Cal Program Specialists/Liaisons

Letter No.: 97-13

April 3, 1997

QUARTERLY STATUS REPORT (QSR) MC 176

This letter updates the Department of Health Services' (DHS) policy for the Quarterly Status Report (QSR) MC 176 (SA) used by beneficiaries to report changes affecting their program eligibility.

1. DHS will continue to:
   a. maintain manual copies of the MC176 (SA) at the state level;
   b. publish and distribute changes to the form MC 176 (SA); and
   c. provide state language for approved substitutions (SAWS 7).

2. Consortia/Counties will decide to what degree they automate changes to MC 176 (SA) or approved substitutions. Counties are responsible for the timely and accurate implementation of these changes.

3. Counties have the flexibility to:
   a. choose the form format to use within their automated welfare systems;
   b. add as appropriate, their own language to QSRs to adapt to special circumstances (provided they obtain approval for such language from DHS), and
   c. consult on an as needed basis with DHS staff for direction/clarification on individual QSR issues/state language.
4. If counties choose not to automate the form MC 176 (QSR) or not to use a substitute, they will:

a. notify DHS, Medi-Cal Eligibility Branch, they will not automate the QSR requirement or change within 90 days of its release, and

b. use manual QSRs in order to remain in compliance with state requirements.

DHS is currently in process of reviewing Article 4H in the Medi-Cal Eligibility Procedures Manual. Revisions to these requirements are anticipated. Counties and Consortia will receive timely updates and informations on these changes as they become available.

This policy applies to all Consortia/Counties. If there are questions about the QSR and specific Medi-Cal requirements, please contact Kveta Simon of my staff at (916) 657-2767.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure
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.
   YOU MUST SIGN AND DATE THIS REPORT.
   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.
• 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 ERRONEOUSLY EXPENDED FOR MEDICAL SERVICES, YOU WILL COMMITTED A FELONY.

YOU MUST COMPLETE THE OTHER SIDE OF THIS REPORT.
I certify that I will report all income, property and other changes in ten (10) days.

If you check "no," you are required to continue to complete this statement.

<table>
<thead>
<tr>
<th>Date</th>
<th>Telephone Number</th>
</tr>
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Do you or anyone in your family have a change of address or a change of income?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

Claimants must report income changes and other changes within ten (10) days of their occurrence.

Did you or your family member have a change of address or income?

- [ ] Yes
- [ ] No

If yes, please provide the following information:

- Name
- Relationship to you
- Change
- Date
- Amount
- Source
- Description
- Note

Did you or anyone in your family move or change their place of employment?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

Did you or anyone in your family receive or change any benefits?

- [ ] Yes
- [ ] No

Did you or anyone in your family receive or change any benefits?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

Did you or anyone in your family contribute more than one (1) hour of community service?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

If yes, provide detailed information and attach all supporting documents.

If yes, please provide the following information:

- Name
- Relationship to you
- Change
- Date
- Amount
- Source
- Description
- Note

Did you or anyone in your family move or change their place of employment?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

Did you or anyone in your family receive or change any benefits?

- [ ] Yes
- [ ] No

Did you or anyone in your family receive or change any benefits?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

If yes, please provide the following information:

- Name
- Relationship to you
- Change
- Date
- Amount
- Source
- Description
- Note

Did you or anyone in your family contribute more than one (1) hour of community service?

- [ ] Yes
- [ ] No

If yes, provide detailed information and attach all supporting documents.

If yes, please provide the following information:

- Name
- Relationship to you
- Change
- Date
- Amount
- Source
- Description
- Note

Notice: You must attach proof of all income types and amounts.

Examples of proof include:

- Paystubs
- Bank statements
- Wages and salaries received
- Employer information with gross income totals
- Work orders
- Unemployment compensation
- Child support orders
- Proofs of income and expenses may be refused.