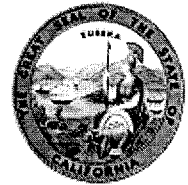




DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

July 8, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 03-41
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY HEALTH EXECUTIVES

SUBJECT: **MEDI-CAL MIDYEAR STATUS REPORT**

Reference: All County Welfare Directors Letters (ACWDL) Nos. 01-36, 01-39 and 02-59

MEDI-CAL MIDYEAR STATUS REPORT (MSR)

The purpose of this ACWDL is to provide counties with instructions for implementing the Medi-Cal status report requirements contained in Senate Bill (SB) X1 26 (Chapter 9, Statutes 2003 First Extraordinary Session).

BACKGROUND

Effective January 1, 2001, Assembly Bill (AB) 2877, Chapter 93, Statutes of 2000, eliminated the mandatory quarterly status report previously required by Title 22 California Code of Regulations Section 50191. The Department of Health Services (Department) issued ACWDL 00-64 on December 8, 2000, instructing counties on the elimination of the mandatory Medi-Cal quarterly status report requirement. SB X1 26 added Section 14011.16 of the Welfare and Institutions (W&I) Code, which mandates semiannual reporting requirements, effective August 1, 2003.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941

Internet Address: www.dhs.ca.gov

BENEFICIARIES EXEMPT FROM MSR REQUIREMENTS

Section 14011.16 of the Welfare and Institutions Code specifies certain Medi-Cal beneficiaries who are exempt from the mandatory MSR requirements. These exempt beneficiaries are:

- Children under the age of 19.
- Beneficiaries, whose basis for eligibility is their status as aged, blind or disabled.

Additionally, the Department may exempt other groups from MSR requirements as necessary for simplicity of administration. Based on this provision, the Department exempts the following groups from the mandatory MSR requirements:

- Pregnant women whose only eligibility is based on pregnancy.
- Individuals under the age of 21.
- Beneficiaries receiving Medi-Cal through Aid for Adoption of Children program.
- Beneficiaries who have a Public Guardian.
- Medically indigent children who are not living with a parent or relative and who have a public agency assuming their financial responsibility.
- Individuals receiving Minor Consent services.
- Beneficiaries in the Breast and Cervical Cancer Treatment program (BCCTP).
- Beneficiaries who are CalWORKS recipients and custodial parents whose children are CalWORKS recipients.

The fact that a beneficiary is exempt from MSR does not affect any other reporting obligations. Medi-Cal beneficiaries are required to report changes in circumstances within ten (10) days as explained in the Rights and Responsibilities form MC 219 and to complete a timely annual redetermination. Counties shall follow current policy whenever an exempt beneficiary reports a change in circumstances.

MIDYEAR STATUS REPORT FORM (MC 176 S)

The Department is mandated to develop a simplified midyear status report form that will be completed by non-exempt beneficiaries midway through the eligibility year as described below. Additionally, the Department must explore the feasibility of using a form that allows a beneficiary who has not had any changes to indicate this by checking a box, signing, and returning the status report. The Department has revised the MC 176 S to meet the above requirements (Enclosure 1). Counties are required to forward the revised MC 176 S to non-exempt beneficiaries. The Department will not require

beneficiaries to submit documentation at this stage of the reporting process. Although, documentation is not required with submission of the MSR, counties are not precluded from requesting documentation when Medi-Cal eligibility cannot be redetermined from the explanation provided by the beneficiary.

IMPLEMENTATION

Counties must implement the midyear reporting requirements of W&I Code Section 14011.16 effective August 1, 2003. All non-exempt Medi-Cal beneficiaries shall be required to complete and file a midyear status report six (6) months after their initial application date or most recent annual redetermination date, whichever is later.

(NOTE: The most recent annual redetermination also refers to the CalWORKs annual redetermination for beneficiaries transitioning from CalWORKs to Medi-Cal Only.)

The county shall provide the MSR to the non-exempt beneficiary in the fifth month (MSR Mail Month) following the month of application or month in which the most recent annual redetermination was due, to be returned in the sixth month (MSR Due Month). The non-exempt beneficiary is to be mailed the MSR no later than the 10th of the MSR Mail Month, to be completed and returned by the 5th of the MSR Due Month. For quality assurance purposes, counties are instructed to retain evidence in the case file of the date-stamp indicating receipt of the returned MSR.

Therefore, commencing August 1, 2003, counties will ensure non-exempt beneficiaries granted Medi-Cal eligibility in March 2003, or whose annual redetermination due date was March 2003, receive the MSR by August 10, 2003, to be completed and returned by September 5, 2003. Thereafter, all non-exempt beneficiaries will complete and submit the MSR based on the example shown in the chart below:

Sample MSR reporting cycle

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Month of application or RV anniversary month					MSR Mail Month (mailed by 10 th)	MSR Due Month (due by 5 th)					

County automated systems are programmed to notify eligibility staff, in advance, when a beneficiary's annual redetermination is due, so that the beneficiary receives the

necessary paperwork in a timely manner. Counties are encouraged to use a similar process to determine non-exempt beneficiaries scheduled to receive the MSR.

When the entire household is exempt from the MSR reporting requirements, counties shall not forward an MSR to the household. For example, a household consisting of an unaided father who is full-time employed, a mother whose Medi-Cal eligibility is based on pregnancy, and a child under the age of 19 receiving Medi-Cal through the Medically Indigent Program, shall not have an MSR forwarded for completion.

MSR PROCESSING

While parents in family groups must complete midyear reports, the eligibility of children is not affected by a failure to report. The county is required to redetermine Medi-Cal eligibility for each MSR received that indicates a change in circumstances. Non-exempt beneficiaries failing to submit the MSR become an ineligible (IE) member of the Medi-Cal household. Counties should continue to follow Procedures Manual Article 8 – Responsible Relatives and Unit Determination in this situation. The county will process the MSR in the following manner:

1. Complete MSR Received:

The MSR is considered complete when:

- The box in Section 1 is checked and the report is signed and dated in Section 3. (In a two-parent household, only one parent is required to sign), OR
- The box in Section 1 is not checked, but Sections 2 and 3 are completed.

The beneficiary may sign and date the MSR anytime after receipt. When the beneficiary submits the completed MSR by the 5th of the MSR Due Month, the beneficiary has met the status reporting requirements. The county will evaluate the MSR for continued eligibility.

When a completed MSR reflects a change in circumstances that may affect eligibility, counties must conduct a redetermination using the process described in ACWDL 01-36 and 02-59 for an SB 87 redetermination.

2. Incomplete MSR Received:

The MSR is considered incomplete when:

- The box in Section 1 is not checked and there is no change reported in Section 2;
- The box in Section 1 is not checked but a box in Section 2 is checked "Yes" and no explanation or an inadequate explanation is written in Section 2; OR
- Anytime Section 3 is not completed.

The process to be used when an MSR is submitted with a signature, but is otherwise incomplete, will be similar to the process described in ACWDL 01-36 and 02-59 for an SB 87 redetermination based on a change in circumstances. That is, the county must 1) conduct the ex parte review, 2) attempt telephone contact with the beneficiary, and if necessary 3) mail out the MC 355 (request for information form) before initiating any discontinuance action. Counties must allow the appropriate SB 87 timeframes for the return of the MC 355 when forwarded to the beneficiary (20 days for the initial MC 355 and 10 days for a subsequent MC 355, when more information is needed). If the only thing lacking is a signature, it is not necessary to conduct an ex parte review or telephone call prior to mailing the incomplete MSR back to the beneficiary with instructions to sign and return the form to the county within the appropriate SB 87 timeframes. In either case, the beneficiary remains Medi-Cal eligible during this review process.

If the SB 87 process fails to establish continued eligibility, the county must forward the MC 239 I Notice of Action. Each step taken by the county to secure the missing information must be annotated on the MC 239 I (Enclosure 2), as well as the name of each beneficiary whose Medi-Cal benefits are being terminated.

3. MSR Not Received:

Failure to submit a status report required by the Department shall constitute a failure to cooperate that shall result in a termination of benefits, rather than a change in circumstances requiring a redetermination of eligibility. The county shall generate the MC 239 I Notice of Action informing the non-exempt beneficiary that his/her Medi-Cal benefits will be discontinued effective the last day of the MSR Due Month.

4. MSR received after the discontinuance date

When the beneficiary submits the completed MSR within 30 days after the discontinuance date, the county must evaluate the report for continued eligibility.

If the report is considered complete and continued eligibility exists, the county must rescind the discontinuance action and notify the beneficiary.

When the beneficiary submits the form within 30 days after the discontinuance date and the form is incomplete, the county must follow the steps described above for incomplete MSRs. If the beneficiary provides the necessary information within the timelines described and continued eligibility is established, the county shall rescind the discontinuance action. A notice of action shall be sent to the beneficiary.

5. Income Documentation:

When the beneficiary provides information about income changes and the county can determine continued eligibility from this reported information, no documentation is required. However, when the beneficiary does not provide information about income changes that is sufficient for the county to determine continued eligibility or the ex parte review does not locate this information, the county must contact the beneficiary to obtain additional information and, where necessary, documentation.

6. Intercounty Transfers (ICTs)

When the non-exempt beneficiary reports a change of residence during the MSR Mail Month or MSR Due Month, counties must follow the current ICT procedures outlined in ACWDL 03-12 (Medi-Cal Intercounty Transfers) dated February 21, 2003. Guidelines regarding the Sending County and Receiving County responsibilities shall apply to the MSR.

EXAMPLES

See Enclosure 3.

NOTICE OF ACTION

The revised MC 239 I Notice of Action (Discontinuance of Benefits Status Report Not Received or Not Completed) shall be provided to the non-exempt beneficiary when:

- the MSR is not submitted timely; OR
- incomplete information has not been resolved through the SB 87 process.

The county must annotate the name of each beneficiary whose Medi-Cal benefits are being terminated and, when appropriate, indicate each action attempted by the county to resolve the incomplete MSR on the MC 239 I.

If you have any questions concerning this ACWDL you may contact Mr. Mack Guynn, of my staff at (916) 657-1064 or via e-mail at mguynn@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Beth Fife, Chief
Medi-Cal Eligibility Branch
Department of Health Services

Enclosures (3)

MEDI-CAL STATUS REPORT**ATTENTION: STATE LAW NOW REQUIRES YOU TO COMPLETE A
MIDYEAR MEDI-CAL STATUS REPORT****YOU MUST RETURN THIS REPORT BY: _____
TO KEEP YOUR MEDI-CAL.**

Notice date:
Case number:
Worker name:
Worker number:
Worker telephone number:
Office hours:

If the only persons in your family receiving Medi-Cal are aged, blind or disabled or individuals under the age of 21; and/or pregnant women whose eligibility is limited to pregnancy-only benefits, **you do not have to complete and return this report.**

If you need help in completing this report, call your worker whose name and telephone number are listed above.

SECTION 1: No changes to report

If in the last **6 months** you have not had any changes to the items listed in Section 2, check this box:

NO CHANGES☐

- Do not fill out Section 2. Go directly to Section 3.
- **Sign** and **date** this report in Section 3 on the back of this page. You must return the report in the enclosed pre-addressed postage-paid envelope by the date on the top of this page.

CHANGES TO REPORT

If in the last **6 months** you have changes to report you must complete Section 2 and Section 3.

- In Section 2, for each item where you had a change, mark the 'Yes' box and explain the change.
- Do not send any documentation with this form.
- Go to Section 3, **sign** and **date** this report. You must return the report in the enclosed pre-addressed postage-paid envelope by the date on the top of this page.

REMEMBER YOU MUST SIGN THE BACK

DO NOT SEND ANY DOCUMENTATION WITH THIS FORM**SECTION 2: Check "Yes" for all changes and explain****INCOME CHANGES**Yes ☐

Did your household's income decrease or increase? Did someone in your household over the age of 14 start a new job or quit their job? For example: hourly wage, child support received, unemployment benefits, tips, government benefits, tax refunds, gifts, etc. **PLEASE EXPLAIN:**

EXPENSES PAID CHANGESYes ☐

Have you had any changes in the amounts you pay for child care, health insurance, court-ordered child support, or educational expenses? **PLEASE EXPLAIN:**

LIVING SITUATION CHANGESYes ☐

Did someone move in or out of your household (for example; child was born, household member got married, etc.)? If so, do they want Medi-Cal? [] Yes [] No **PLEASE EXPLAIN:**

OTHER CHANGESYes ☐

Did someone in your household have a change in the amount of property they have (for example; money in bank accounts, vehicles, real estate, etc.) their immigration status, or other health insurance benefits? **PLEASE EXPLAIN:**

DISABLEDYes ☐

Has anyone in your household become disabled?
If yes, who?

PREGNANTYes ☐

Has anyone in your household become pregnant?
If yes, who?
If yes, what is the expected due date?

SECTION 3: Must be completed

SIGNATURE and CERTIFICATION: I understand that I must report all changes in income, property, and/or other changes to the county. I declare under penalty of perjury that all information provided above is true and correct.

Signature: _____ Phone: () _____ Date: _____

Witness Signature: _____ Phone: () _____ Date: _____
(If person signed with a mark)

Signature of Person Acting for Beneficiary: _____ Relationship to Beneficiary _____ Date: _____

REPORTE PARA MEDI-CAL DE LA SITUACIÓN DE LA FAMILIA

ATENCIÓN: LA LEY ESTATAL AHORA REQUIRE QUE USTED LLENE EL
REPORTE SOBRE EL ESTADO DE SU MEDI-CAL A MEDIADIOS DEL AÑO

**TIENE QUE REGRESAR EL REPORTE PARA EL DÍA: _____
PARA MANTENER SU MEDI-CAL.**

Fecha de notificación:
Número de caso:
Nombre del trabajador:
Número del trabajador:
Número de teléfono:
Horario de Oficina:

Si las personas de su familia que reciben Medi-Cal sólo son personas de edad avanzada, están ciegas, o incapacitadas o son personas menores de 21 año, **no tiene que llenar ni mandar este reporte.**

Si necesita ayuda para llenar este reporte, llame a su trabajador de Medi-Cal. El nombre del trabajador de Medi-Cal y número de teléfono aparecen arriba.

SECCIÓN 1: No hay cambios en el reporte

Si en los últimos **6 meses** no ha tenido cambios en la Sección 2, marque esta caja:

NO HAY CAMBIOS

☐

- No llene la Sección 2. Váyase directamente a la Sección 3.
- **Firme y ponga** la fecha al otro lado de esta página en la Sección 3 del reporte. Tiene que mandar el reporte en el sobre proveído con el domicilio y el franqueo pagado para la fecha que aparece arriba en esta página.

CAMBIOS QUE REPORTAR

Si en los últimos **6 meses** usted tiene cambios que reportar, tiene que llenar la Sección 2 y la Sección 3.

- En la Sección 2, por cada uno de los cambios que haya tenido, marque la caja "Sí" y explique el cambio.
- No mande ningún tipo de documentación con esta forma.
- Vaya a la Sección 3, firme y ponga la fecha en este reporte. Tiene que regresar el reporte en el sobre proveído con el domicilio y el franqueo pagado para la fecha que aparece arriba en esta pagina.

RECUERDE QUE TIENE QUE FIRMAR AL OTRO LADO DE ESTA PÁGINA

NO MANDE NINGÚN TIPO DE DOCUMENTACIÓN CON ESTA FORMA**SECCIÓN 2: Marque “Sí” para todos los cambios y explique:****CAMBIOS EN LOS INGRESOS**

Sí

☐

¿Los ingresos de su hogar disminuyeron o incrementaron? ¿Alguien en su hogar mayor de 14 años comenzó o dejó su trabajo? Por ejemplo: salario por hora, recibió mantenimiento para hijos, beneficios de desempleo, propinas, beneficios de gobierno, reembolso de impuestos, regalos, etc. **POR FAVOR EXPLIQUE:**

CAMBIOS EN LOS GASTOS PAGADOS

Sí

☐

¿Ha tenido cambios en las cantidades que paga por los servicios de cuidado de niños, seguro médico, mantenimiento para hijos ordenado por la corte, o gastos educacionales? **POR FAVOR EXPLIQUE:**

CAMBIOS EN EL HOGAR

Sí

☐

¿Alguien se mudó a su hogar o se mudó de su hogar? (por ejemplo: nació un niño, un miembro de su hogar se casó, etc.) Si su respuesta es “Sí”, ¿Ellos quieren Medi-Cal? ☐ Sí ☐ No **POR FAVOR EXPLIQUE:**

OTROS CAMBIOS

Sí

☐

¿Alguien en su hogar tuvo un cambio con la cantidad de su propiedad que él/ella tiene, (por ejemplo, dinero en cuentas bancarias, vehículos, bienes raíces, etc.) su estado migratorio, u otros beneficios de seguro salud? **POR FAVOR EXPLIQUE:**

INCAPACIDAD

Sí

☐

¿Alguien en su hogar está incapacitado?
¿Si su respuesta es “Sí”? ¿Quién?

EMBARAZO

Sí

☐

¿Alguien en su hogar está embarazada?
¿Si su respuesta es “Sí”? ¿Quién?
¿Si su respuesta es “Sí”? ¿Cuál es la fecha estimada del parto?

SECCIÓN 3: tiene que estar completa

FIRMA Y CERTIFICACIÓN: Yo entiendo que tengo que reportar todos los cambios de ingreso, propiedad, y/u otros cambios al condado. Yo declaro bajo pena de perjurio que toda la información proveída arriba es verdadera y correcta.

Firma: _____ Teléfono: () _____ Fecha: _____

Firma del Testigo: _____ Teléfono: () _____ Fecha: _____
(Si la persona firmó con una marca)

Firma de la Persona que esta actuando como representate por el Beneficiario: _____

Relación al Beneficiario: _____ Fecha: _____

**MEDI-CAL NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS STATUS
REPORT NOT RECEIVED OR NOT COMPLETED**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name.: _____
Worker number _____
Worker telephone : _____
Worker hours _____

THIS NOTICE DOES NOT APPLY TO INDIVIDUALS UNDER THE AGE OF 21

Medi-Cal will be discontinued for: (names) _____
effective the last day of _____.

The reason for this discontinuance is you did not give us the information necessary to continue your eligibility when it was needed. Your completed Medi-Cal Status Report for the month of _____ was not received by the date it was due.

If you send us this completed Medi-Cal Status Report by _____ your Medi-Cal eligibility may be restored.

Your Medi-Cal Status Report for the month of _____ has been received; however, it was not complete. You will not get Medi-Cal benefits effective the last day of _____.

- ☐ We attempted to contact you by telephone on _____.
- ☐ We contacted you by telephone and asked you to provide us with the following information _____ by _____ and you did not provide it.
- ☐ We sent you a notice that asked you to provide us with the following information _____ by _____ and you did not provide it.

If you send us the information we requested by _____ your Medi-Cal eligibility may be restored.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. You can use it again if you become eligible or are eligible for another Medi-Cal program. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Sections 50175 and 50191.

(Eligibility Worker)

(Phone)

(Date)

**NOTIFICACIÓN DE LA ACCIÓN DE MEDI-CAL
DESCONTINUACIÓN DE BENEFICIOS DEBIDO A QUE
EL REPORTE NO SE RECIBIÓ O NO SE COMPLETÓ**

(COUNTY STAMP) _____

Fecha de notificación: _____
Número de caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de Oficina: _____

ESTA NOTIFICACIÓN NO ES PARA PERSONAS MENORES DE 21 AÑO DE EDAD

____ Los Beneficios de Medi-Cal serán descontinuados para: (nombres) _____
el último día de _____.

La razón por la cual lo descontinuamos es porque usted no nos dió la información necesaria para continuar su elegibilidad cuando ésta se necesitaba. El reporte completo de su estado de Medi-Cal para el mes de _____ no fue recibido el día indicado.

Si usted llena y envía este reporte de su estado de Medi-Cal antes del _____ es posible que su elegibilidad para Medi-Cal sea restaurada.

____ El reporte de su estado de Medi-Cal para el mes de _____ ha sido recibido; sin embargo, éste no estaba completo. Usted no recibirá beneficios de Medi-Cal a partir del último día de _____.

- ☐ Intentamos llamarlo por teléfono el día _____.
- ☐ Lo contactamos por teléfono y le pedimos que nos proporcionara con la siguiente información _____ antes del día _____ y usted no la proporcionó.
- ☐ Le mandamos una notificación donde le pedimos que nos proporcionara con la siguiente información _____ antes del día _____ y usted no la proporcionó.

Si usted nos envía la información que le pedimos antes del día _____ es posible que su elegibilidad para recibir Medi-Cal sea restaurada.

Siempre enseñe su tarjeta de Indetificacion de Beneficios (Benefitis Identificaton Card (BIC)) a su proveedor médico cuando necesite cuidado. Esta tarjeta es válida mientras usted sea elegible para Medi-Cal. Puede utilizarla otra vez si usted es elegible de nuevo o es elegible para otro programa de Medi-Cal. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLASTICO.

Las reglas que requieren esta acción, es del Título 22, Código de Normas de California de la Sección 50175 y 50191.

(Nombre del Trabajador de Elegibilidad)

(Teléfono)

(Fecha)

**MIDYEAR STATUS REPORT (MSR)
EXAMPLE CASE SITUATIONS**

Scenario #1 - Using the same case information, six different situations are presented to illustrate county action based on the beneficiary's submission of the MSR and change of circumstances.

Case information:

1931(b) Medi-Cal Only, single parent with one child.
MFBU: Father and one child age 8.
Deprivation: Absent Parent.
Aid Code: 3N.
MSR non-exempt beneficiary: Father.
MSR exempt beneficiary: 8-year old child.
MSR sent to non-exempt beneficiary by June 10, 2004.

Situation #1 – Beneficiary fails to submit MSR

Client Action:

- ✓ Fails to submit the MSR by July 5, 2004, the due date of the Midyear Status Report.

County Action:

- ✓ Terminates the father's Medi-Cal benefits under aid code 3N effective August 1, 2004 the first month following the Status Report Due Month.
- ✓ Sends timely MC 239 I Discontinuance Notice of Action to the father notifying him of termination.
- ✓ Changes the father to an ineligible member of the MFBU.
- ✓ Child continues to receive Medi-Cal under aid code 3N.

Situation #2 – Beneficiary submits complete MSR with no changes, 25 days after termination

Client Action:

- ✓ On August 25, 2004, submits the completed MSR 25 days after the termination date.
- ✓ States he has no changes in Section 1 and completes Section 3.

County Action:

- ✓ Evaluates MSR for completeness.
- ✓ Determines father is currently eligible for Medi-Cal under Section 1931(b).
- ✓ Rescinds the father's discontinuance action and reinstates the father's Medi-Cal benefits under aid code 3N effective August 1, 2004.
- ✓ Sends appropriate Notice of Action informing the father that his discontinuance is rescinded and Medi-Cal benefits are reinstated under aid code 3N effective August 1, 2004.

Situation #3 – Beneficiary submits complete MSR with changes, 25 days after termination

Client Action:

- ✓ On August 25, 2004, submits the completed MSR 25 days after the termination date.
- ✓ States he has changes. In Section 2 the Income box is checked and the father states he is now disabled and receives \$1800 a month in Social Security benefits.

County Action:

- ✓ Evaluates MSR for completeness.
- ✓ Determines father is now eligible for Medi-Cal under the Aged, Blind or Disabled (ABD) Medically Needy (MN) Share of Cost (SOC) program from the information reported on the completed MSR.
- ✓ Rescinds the father's discontinuance action and reinstates the father's Medi-Cal benefits under aid code 67 (ABD MN-SOC).
- ✓ Sends appropriate Notice of Action informing the father discontinuance is rescinded effective August 1, 2004, and his Medi-Cal benefits are reinstated under ABD MN-SOC aid code 67.
- ✓ Determines father is now an exempt beneficiary from MSR reporting due to disability status.
- ✓ 8-year old child is placed in CEC aid code 7J until the next annual redetermination.

Situation #4 – Beneficiary submits incomplete MSR with changes, 25 days after termination

Client Action:

- ✓ On August 25, 2004, submits the MSR 25 days after the termination date.
- ✓ Reports in Section 2 the start of a new job, but does not provide any other information.

County Action:

- ✓ Evaluates MSR for completeness and determines it is incomplete.
- ✓ Ex parte review results in insufficient information to redetermine eligibility.
- ✓ Forwards the MC 355 (request for information) requesting needed information about the reported change in circumstances since the beneficiary does not have a telephone number.
- ✓ Redetermines Medi-Cal eligibility from the requested information received from the beneficiary. (Beneficiary completes the MC 355 and forwards it back to the county within the SB 87 timeframes.)
- ✓ Rescinds the father's discontinuance action and reinstates the father's Medi-Cal benefits under TMC aid code 39 effective August 1, 2004.
- ✓ Determines income received from the father's new job; changes his Medi-Cal benefits from 1931(b) to TMC aid code 39 effective August 1, 2004.
- ✓ Changes the father's aid code from 3N to 39 and changes the 8-year old child's aid code from 3N to 39 effective August 1, 2004.
- ✓ Sends appropriate Notice of Action informing the beneficiary about change in Medi-Cal benefits from the 1931(b) program to the TMC program.

Situation #5 – Beneficiary submits complete MSR 29 days after termination and there is no eligibility

Client Action:

- ✓ On August 29, 2004, submits MSR 29 days after the effective date of the termination notice.
- ✓ States he has changes. In Section 2 the Income and Living Situation boxes are checked. The father states he started a new job and is working full-time. He also states that the 8-year old child moved out of state to live with the mother.

County Action:

- ✓ Evaluates MSR for completeness.
- ✓ Determines father is ineligible for Medi-Cal under any program.
- ✓ Discontinues the 8-year old child for loss of residence effective October 1, 2004.
- ✓ Sends appropriate Notice of Action informing the father about termination of Medi-Cal benefits for the 8-year old child.

Situation #6 – Beneficiary submits MSR 45 days after termination

Client Action:

- ✓ On September 14, 2004, submits the MSR 45 days after the termination date.
- ✓ Reports no changes.

County Action:

- ✓ Notifies the father through telephone contact or written correspondence that he must re-apply for benefits.
- ✓ Reapplication requires completion of appropriate application forms, including the MC 321 or MC 210.

Scenario #2 - Using the same case information, two different situations are presented to illustrate county action based on the beneficiary's submission of the MSR and change of circumstances.

Case information:

Medically Needy (MN) with a SOC, single parent with two children.

MFBU: Mother and two children, ages 10 and 13.

Deprivation: Absent Parent. The mother works full-time; grosses \$2,000 per month.

Aid Code: 37. The children are not in CEC or a percent program.

MSR non-exempt beneficiary: Mother.

MSR exempt beneficiaries: 10 and 13-year old children.

MSR sent to non-exempt beneficiary by June 10, 2004.

Situation #1 – Beneficiary's income decreases

Client Action:

- ✓ MSR is completed and returned by July 5, 2004, the due date of the Midyear Status Report.
- ✓ States she has changes. In Section 2 the Income box is checked. The mother states she has been laid off and is now receiving \$50.00 per week in unemployment benefits.

County Action:

- ✓ Reviews MSR for completeness.
- ✓ Redetermines Medi-Cal eligibility for the month of August 2004, based on the information reported in the MSR.
- ✓ Due to the reported income change, mother and children are now eligible for no SOC Medi-Cal.
- ✓ Changes aid code for mother and children from 37 to 3N.
- ✓ Sends appropriate Notice of Action informing the mother about change from SOC to no-SOC Medi-Cal. Children would thereafter be entitled to CEC benefits, if needed.

Situation #2 – Beneficiary reports Absent Parent returns to the home

Client Action:

- ✓ MSR is completed and returned by July 5, 2004 the due date of the Midyear Status Report.
- ✓ States she has changes. In Section 2 the Income and Living Situation boxes are checked. The mother states her husband returned to the home, he works full-time and she provides all the necessary information about his job.

County Action:

- ✓ Reviews MSR for completeness.
- ✓ Redetermines Medi-Cal eligibility for the month of August 2004, for mother and children based on the changes reported in the MSR.
- ✓ Adds father as an ineligible member of the MFBU.
- ✓ Determines he is the Primary Wage Earner and is working over 100 hours per month.
- ✓ Discontinues mother due to no deprivation since Absent Parent has returned to the home and no other deprivation exists.

- ✓ Determines SOC for children increases due the reported changes in the MSR.
- ✓ Sends appropriate Notice of Action informing the mother about her discontinuance and the increase to the children's SOC.

Scenario #3 - Using the same case information, two different situations are presented to illustrate county action based on the beneficiary's submission of the MSR and change of circumstances.

Case Information:

Married couple with three children.

Father, mother and three children, ages 20, 18 and 15.

Deprivation: Unemployed Parent. The father is the Primary Wage Earner.

Aid Code: Father, mother and 15-year old in aid code 3N.

20 and 18-year old in aid code 34. The 18-year old is not expected to graduate by age 19 and is therefore ineligible for 1931(b) Medi-Cal.

MSR non-exempt beneficiaries: Father and mother.

MSR exempt beneficiaries: 20, 18 and 15-year old child.

MSR sent to non-exempt beneficiary by June 10, 2004.

Situation #1 – Beneficiary submits timely MSR with changes

Client Action:

- ✓ The MSR is completed and returned by July 5, 2004, the due date of the Midyear Status Report.
- ✓ States he has changes. In Section 2, the Income box is checked. The father states he started a new job and provides the name of the employer, gross income, how often paid, etc.

County Action:

- ✓ Redetermines Medi-Cal eligibility for the month of August 2004, based on the information provided in Section 2 in the MSR. The new reported net non-exempt income is over the Section 1931(b) MFBUI limit for a household of three.
- ✓ Transfers the father, mother and 15-year old child into TMC aid code 39. The household received Section 1931(b) for at least three months out of the last six months.
- ✓ Transfers the 18-year old child into the CEC program aid code 7J.
- ✓ Transfers the 20-year old child into SOC aid code 37.
- ✓ Sends appropriate Notice of Action informing the father about all the changes to case. Father, mother and 15-year old in TMC, 18-year old in CEC and 20-year old in SOC aid code 37.

Situation #2 – Beneficiary fails to submit MSR

Client Action:

- ✓ Fails to submit the MSR by July 5, 2004, the due date of the Midyear Status Report.

County Action:

- ✓ Sends timely MC 239I Discontinuance Notice of Action informing father and mother about termination of Medi-Cal benefits effective August 1, 2004.
- ✓ Changes father and mother to ineligible members of the MFBUI.
- ✓ 15-year old continues to receive Medi-Cal under aid code 3N.
- ✓ 20 and 18-year old continue to receive Medi-Cal under aid code 34.