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Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

July 8, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-32
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: MEDI-CAL MIDYEAR STATUS REPORT (MSR) REQUIREMENTS
(Reference: All County Welfare Directors Letters 01-36, 01-39, 02-59, 03-12, 04-14, 07-03, 07-24 and 09-15.)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide more detailed instructions regarding reporting changes to the MSR following the issuance of ACWDL 09-15, which suspended both the change from 12 to 6 months for Continued Eligibility for Children (CEC) and the requirement that children submit MSRs. A separate ACWDL (09-31) addresses CEC instructions for counties.

This ACWDL supersedes and obsoletes MSR policy directions, forms and outreach materials provided in ACWDL Nos. 03-41, 04-06, 04-26, 04-34 and 08-56. This ACWDL provides counties with comprehensive policy guidelines on MSR requirements and also revises the reporting schedule for the MSR and consolidates all previous MSR instructions issued by the Department of Health Care Services (DHCS).

BACKGROUND

Effective January 1, 2001, AB 2877 (Chapter 93, Statutes of 2000) eliminated the mandatory quarterly status report previously required by Title 22 California Code of Regulations, Section 50191. DHCS 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 & Institutions (W&I) Code, which mandated the semi-annual reporting requirements, effective

August 1, 2003, for certain non-exempt beneficiaries. AB 1183 (Chapter 758, Statutes of 2008) contained provisions which amended Section 14011.16 of the W&I Code to require children under age 19 to file a MSR and added Section 14011.17 to exempt certain beneficiaries and Section 14011.18 to require a Legislative study and report on the impact of the MSR on children's eligibility. These provisions were effective January 2009, but SB X3 24 suspended the requirement that children file an MSR and repealed the Legislative reporting requirement.

Suspension of ACWDL 08-56 (MSR)

The federal American Recovery and Reinvestment Act of 2009 (ARRA) increased the Federal Medical Assistance Percentage (FMAP) during the recession adjustment period of October 2008 through December 31, 2010. However, in order to receive the increased FMAP, states cannot have more restrictive policies, procedures or methodologies in place than were in effect on July 1, 2008. Since the reduction of the CEC time period from 12 to 6 months implemented in January 2009 pursuant to ACWDL 08-55 is more restrictive, Senate Bill (SB) X3 24, Chapter 24, Statutes of 2009, amended Section 14005.25 of the W&I Code to suspend the reduction of CEC from 12 months to 6 months during the time period that the increased FMAP is available. Existing statute for the MSR provides that the children's reporting requirement is only in effect for those periods when the CEC is reduced to six months, so the suspension of the CEC change to six months also means the MSR requirement for children is suspended. SB X3 24 also repealed Section 14011.18, deleting the requirement that DHCS study the impact of the MSR on children's eligibility and report to the Legislature on or by December 15, 2010.

The provisions of SB X3 24 took effect immediately and will continue until the Director of DHCS issues a declaration specifying that the increased FMAP is no longer available through the ARRA. The ARRA states that the increased FMAP is available until at least 2011, and therefore the MSR exemption for children is expected to continue until at least that date and until further notice from the DHCS Director.

This letter contains the following sections:

Section I:	Revised MSR form (MC 176 S rev 3/09)
Section II:	Children Affected by MSR Requirements
Section III:	Beneficiaries Exempt from MSR Requirements
Section IV:	Pregnancy and Postpartum Exemption
Section V:	MSR Requirements
Section VI:	MSR Processing
Section VII:	Revised Notice of Action (NOA) (MC 239 I rev 5/09)

Section VIII: Enclosures

Enclosures:

Enclosure I: Examples of Case Situations
Enclosure II: Frequently Asked Questions
Enclosure III: Revised MSR Form
Enclosure IV: Revised NOA

SECTION I: REVISED MSR FORM (MC 176 S rev 3/09)

Counties were instructed in ACWDL 09-15 to immediately stop sending the current Medi-Cal MSR form (MC 176 S rev 12/08) included in ACWDL 08-56. In its place, counties are instructed to immediately begin using the enclosed Medi-Cal MSR form (MC 176 S rev 3/09).

DHCS developed a simplified MSR form that is to be completed by non-exempt beneficiaries midway through the eligibility year, as described below. Counties and consortia should take all measures not to send the MSR form to households that are identified as containing only exempt beneficiaries. This form has been updated to comply with the reporting requirements outlined in this ACWDL. DHCS has translated the MSR form MC 176 S (rev 3/09) in threshold languages. These forms are available on the DHCS website. Counties are required to forward the revised MC 176 S form to non-exempt beneficiaries. For example, a household that consists 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 Children's Federal Poverty Level (FPL) program, shall not be forwarded an MSR for completion.

SECTION II: CHILDREN AFFECTED BY MSR REQUIREMENTS

The SB X3 24 amendments to Section 14005.25 of the W&I Code requires that counties re-assess the continuous eligibility period for children who were either discontinued from Medi-Cal for failure to submit a MSR or had their CEC period reduced from 12 months to 6 months. This means that any child whose continuous eligibility was reduced to 6 months and failed to submit a MSR during the first calendar quarter of 2009 and was therefore terminated from Medi-Cal, shall have the continuous eligibility period restored to 12 months and have Medi-Cal eligibility restored without a break in aid retroactive to the date the determination or redetermination was made. Counties shall take all steps necessary to ensure that no child under age 21 was or will be terminated from Medi-Cal due to non-return of the MSR. For instructions on how to restore aid as required in this section, see CEC ACWDL 09-31, Section 2.

SECTION III: BENEFICIARIES EXEMPT FROM MSR REQUIREMENTS

This section lists those beneficiaries who are exempt from MSR requirements per statutory requirements or simplicity of program administration.

Section 14011.16 of the W&I code exempts MSR requirements for:

- Children under the age of 19 (until the legislature enacts a six month CEC period as described above);
- Beneficiaries whose eligibility is based on aged, blindness, or disability.

AB 1183 (Chapter 758, Statutes of 2008) added Section 14011.17 to the W&I Code that exempts the following beneficiaries:

- Pregnant women whose eligibility is based on pregnancy (exemption for all pregnant women clarified below);
- Beneficiaries receiving Medi-Cal through the Adoptions Assistance 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 State administered Breast and Cervical Cancer Treatment Program (BCCTP);
- Beneficiaries who are California Work Opportunity for Kids (CalWORKs) recipients and custodial parents whose children are CalWORKs recipients.

Section 14011.16 of the W&I Code permits DHCS to exempt other groups as necessary from the MSR requirements for simplicity of administration. In addition to the mandated group of exempt beneficiaries listed above, DHCS shall exempt:

- All pregnant and postpartum women once they report their pregnancy to the county;
- All individuals under the age of 21;
- Beneficiaries receiving Transitional Medi-Cal (TMC);
- Beneficiaries receiving Kin-GAP.

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 should follow current policy whenever an exempt beneficiary reports a change in circumstances.

SECTION IV: PREGNANCY AND POSTPARTUM EXEMPTION

To qualify for exemption from the MSR requirements based on pregnancy, a non-exempt beneficiary must notify a county eligibility worker that she is pregnant prior to the county sending the MSR or during the MSR process. Contact would include, but not be limited to, telephone contact, submission of the annual redetermination (RV) form MC 210 RV, or the MSR form MC 176 S on which pregnancy is reported. A woman who reports her pregnancy during the MSR process, by telephone, in person, in writing or on the form, shall be exempt and shall not be terminated for non-return of the MSR. Enclosure I provides situations where pregnancy exemptions are requested by beneficiaries.

Once the county is notified, the pregnant woman will be determined exempt from the MSR requirement for the duration of her pregnancy and the 60-day postpartum period. The mandatory MSR requirements will resume at the next regular interval after the 60-day postpartum period ends, unless the beneficiary qualifies for another MSR exemption. The MSR should be due six months after the last RV or initial eligibility month, according to the same schedule prior to her pregnancy exemption. When a beneficiary reports her pregnancy after 30 days from discontinuance, counties must review good cause regulations, Title 22, California Code of Regulations (CCR), Section 50175(c) and, if good cause exists, rescind any prior termination based on the failure to return the MSR that was due during the time the beneficiary was pregnant or in the 60-day postpartum period.

SECTION V: MSR REQUIREMENTS

Reporting Schedule Modifications

Counties are to note that this ACWDL requires counties to implement a change in MSR Mail Month and MSR Due Month. Previously, counties were instructed to mail the MSR in month six and receive the MSR in month seven. This instruction was given in error. To correct this error, DHCS is instructing counties to mail the MSR in month five and receive the MSR in month six, as described below. Counties and consortia may continue to issue MSRs using the previous mailing schedule until the automated system is updated. Counties and consortia are required to implement this system change as soon as possible, however no later than June 30, 2010. Counties and consortia must

initiate training for staff on this new schedule and notify DHCS when the change is implemented.

All non-exempt Medi-Cal beneficiaries shall be required to complete and file a MSR six months after their initial application date or the month the most recent annual

redetermination is effective, whichever is later. 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 is effective, whichever is later. The non-exempt beneficiary is to complete and return the MSR in the sixth month (MSR Due Month). The non-exempt beneficiary is to receive the MSR no later than the tenth day of the MSR Mail Month to be completed and returned by the fifth day of the MSR Due Month. When the fifth or tenth days of the month fall on a holiday or weekend, the county shall extend the deadline to the next business day. For quality assurance purposes, counties are instructed to retain evidence in the case file of the date-stamp indicating receipt of the returned MSR.

Medi-Cal Only Cases

Using the non-exempt beneficiary's current reporting schedule, counties must implement the MSR requirements of the W&I Code, Sections 14011.16 and 14011.17. All non-exempt Medi-Cal beneficiaries shall be required to complete and file an MSR form in the sixth month after the initial eligibility month or the month in which the most recent RV is effective, whichever is later. Counties shall mail the MSR in sufficient time to be received by non-exempt beneficiaries by the tenth day of the fifth month. The MSR form must be returned to counties by the fifth day of the sixth month.

Sample MSR Reporting Cycle: Initial 12-Month Period

Jan One	Feb Two	Mar Three	Apr Four	May Five	Jun Six	Jul Seven	Aug Eight	Sep Nine	Oct Ten	Nov Eleven	Dec Twelve
Initial Eligibility Month				MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th					Mail Annual Packet by end of month	Annual Packet Due

Sample MSR Reporting Cycle: New 12-Month Period

Jan One	Feb Two	Mar Three	Apr Four	May Five	Jun Six	Jul Seven	Aug Eight	Sep Nine	Oct Ten	Nov Eleven	Dec Twelve
New 12 Month Period Begins				MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th					Mail Annual Packet by end of month	Annual Packet Due

County automated systems have been programmed to notify eligibility staff, in advance, when a beneficiary's MSR is due so that the beneficiary receives the necessary paperwork in a timely manner. Counties must update their current MSR process to follow these new MSR Mail Month and MSR Due Month guidelines.

CalWORKs Cases Transitioning to Medi-Cal Only

A CalWORKs beneficiary who is discontinued from CalWORKs for failure to submit a status report (QR7) is transitioned to Medi-Cal only (aid code 3N). As such, the former CalWORKs beneficiary is no longer exempt from the MSR requirements unless the beneficiary is transitioned to another exempt category. The county shall require

non-exempt beneficiaries to complete a MSR six months after their initial CalWORKs eligibility month or their most recent RV effective date.

For example, if a CalWORKs beneficiary fails to submit a QR7 three months after their initial CalWORKs eligibility month or their most recent RV effective date and the beneficiary is subsequently transitioned to Medi-Cal only, the beneficiary will be required to submit the MSR six months after their CalWORKs initial eligibility month or most recent RV effective date, whichever is sooner.

Jan One	Feb Two	Mar Three	Apr Four	May Five	Jun Six	Jul Seven	Aug Eight	Sep Nine	Oct Ten	Nov Eleven	Dec Twelve
Initial Eligibility Month		QR7 not returned		MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th					Mail Annual Packet by end of month	Annual Packet Due

If a CalWORKs beneficiary fails to submit a QR7 six months after their initial CalWORKs eligibility month or their most recent RV effective date and the beneficiary is subsequently transitioned to Medi-Cal only, the county shall require these non-exempt Medi-Cal only beneficiaries to complete the MSR in the next possible month, allowing for the MSR to be mailed in month one and due in month two. The time frame for the MSR submission in this case is independent of the annual redetermination date and is not to change the annual redetermination date.

Jan One	Feb Two	Mar Three	Apr Four	May Five	Jun Six	Jul Seven	Aug Eight	Sep Nine	Oct Ten	Nov Eleven	Dec Twelve
Initial Eligibility Month					QR7 not returned	MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th			Mail Annual Packet by end of month	Annual Packet Due

If the CalWORKs beneficiary fails to submit the QR7 nine months after their initial CalWORKs eligibility month or their most recent RV effective date and the beneficiary is subsequently transitioned to Medi-Cal only, the beneficiary does not report to Medi-Cal until the RV is required.

Jan One	Feb Two	Mar Three	Apr Four	May Five	Jun Six	Jul Seven	Aug Eight	Sep Nine	Oct Ten	Nov Eleven	Dec Twelve
Initial Eligibility Month								QR7 not returned		Mail Annual Packet by end of month	Annual Packet Due

SECTION VI: MSR PROCESSING

Income Documentation Needed

When the beneficiary indicates an income change and provides the county with complete information to determine continued eligibility, the beneficiary is not required to submit any documentation with the MSR. However, when the beneficiary does not provide sufficient information in response to the questions on the MSR about the change in income for the county to determine continued eligibility and the ex parte review does not locate this information, the county must contact the beneficiary to obtain additional information and, where necessary, documentation.

Counties shall follow the MSR processing instructions outlined below. DHCS does not require beneficiaries to submit verifying documentation (such as pay stubs) at the initial stage of the MSR process. Counties, after receiving an MSR, shall request more recent documentation, if needed, to make a Medi-Cal determination.

The counties are required to redetermine Medi-Cal eligibility for each MSR received that indicates a change in circumstances that may affect Medi-Cal eligibility.

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 following sub-sections will provide counties with instructions on how to process the MSR:

Complete MSR Received

The MSR is considered complete when:

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

Counties shall make every attempt to process the completed MSRs as they are received. Counties shall not wait until the fifth of the MSR Due Month to process MSRs received earlier. When the beneficiary submits the completed MSR by the fifth of the MSR Due Month, the beneficiary has met the state reporting requirements. The county will evaluate the MSR for continued eligibility.

Incomplete MSR Received

The MSR is considered incomplete when:

- The box in Section 1 is checked but the MSR is not signed and dated in Section 3; OR
- The box in Section 1 is not checked but a box in Section 2 is checked “yes” and no explanation is given if an explanation is required; OR
- The box in Section 1 is not checked and Section 2 is completed; however, the MSR is not signed and dated in Section 3.

When the beneficiary submits an incomplete MSR, the county must follow the SB 87 process before initiating any discontinuance action:

1. Conduct the ex parte review – an evaluation of all sources of information available to the county (all case files used should be open and current or not closed for more than 45 days);
2. Attempt telephone contact with the beneficiary;
3. Mail out the MC 355 (Request for Information form).

This three-step redetermination process is described in more detail in ACWDL 01-39. As stated there, counties are precluded from requesting information from a Medi-Cal beneficiary which has been previously provided, not subject to change, or not absolutely necessary to complete a Medi-Cal eligibility review. The county shall send the MC 239 I (Discontinuance of Benefits Status Report Not Received or Not Completed) NOA only after the SB 87 process has failed to establish continued eligibility. 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 item lacking is a signature, it is not necessary to conduct an ex parte review. The county may make a telephone call to alert the beneficiary 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 timeframe. In the meantime, counties shall continue to work the case while awaiting the signed form. Each step the county took in attempting to resolve the incomplete MSR must be annotated on the MC 239 I, as well as the name of each beneficiary being terminated.

MSR Not Received Timely

When the beneficiary fails to submit the completed MSR by the fifth of the MSR Due Month, the county shall send the MC 239 I NOA. The name of each beneficiary whose Medi-Cal benefits are being terminated and the effective date must be written on the MC 239 I NOA. The discontinuance action will be effective beginning the first month after the MSR Due Month.

MSR Received After Discontinuance Date

When the beneficiary submits the completed MSR after the fifth of the MSR Due Month and before the effective discontinuance date, the county must evaluate the MSR for continued eligibility. If the MSR is complete and continued eligibility exists, the county must rescind the impending discontinuance action and notify the beneficiary.

When the beneficiary submits the completed MSR within 30 days after the discontinuance date, the county must evaluate the MSR for continued eligibility and rescind the discontinuance action if continued eligibility exists. Please note, receipt of

the MSR does not constitute reinstatement to Medi-Cal. The discontinuance action is only rescinded if continued eligibility exists. Furthermore, if after evaluating the MSR the beneficiary is found to be no longer eligible for Medi-Cal, the county is instructed to not send another discontinuance NOA. Since the previous discontinuance action is being upheld, the county needs only to call or write a letter informing the beneficiary that the previous discontinuance is still in effect.

Whole Month Eligibility

While the beneficiary is instructed that he/she may submit the completed MSR within 30 days after the discontinuance date since Medi-Cal is based on whole month eligibility (if eligible in any day of the month, eligible for the entire month), the county shall evaluate the MSR received up to the last day of a calendar month (including calendar months containing 31 days) for continued eligibility and, if found eligible, rescind the discontinuance action.

When the beneficiary submits the MSR 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 NOA shall be sent to advise the beneficiary that eligibility was reestablished without a break in aid.

In cases that the county determines that the date the beneficiary has returned the MSR is too late to send a 10-day discontinuance NOA to be effective the first day of the following month that complies with all due process requirements, the discontinuance action shall be effective the first calendar month when timely notice is possible. Similarly, in cases that the county determines that the date the beneficiary has returned the MSR is too late to send a 10-day NOA to increase a share-of-cost to be effective the first day of the following month that complies with all due process requirements, the adverse action shall be effective the first calendar month when timely notice is possible.

When the non-exempt beneficiary submits the completed MSR after the last day of the month following the discontinuance date, counties shall review the case to determine whether good cause exists as outlined in regulations Title 22, CCR Section 50175(c). If good cause is determined, counties shall accept the completed MSR and process it as if it were submitted timely. If no good cause is determined to exist, the county shall notify the beneficiary that there is no change to the discontinuance action. If the beneficiary wishes to receive Medi-Cal benefits again, he/she may complete a new Medi-Cal application to determine his/her eligibility.

MSR Returned Undeliverable

Any time the MSR or other mail is returned to the county as undeliverable, the county is required to follow the three-step SB 87 process to redetermine eligibility. The county must not terminate eligibility for loss of contact before following these three steps. After following this process and the beneficiary's whereabouts remain unknown, the county shall terminate the case.

Intercounty Transfers (ICTs)

If the non-exempt beneficiary is required to submit a MSR when a change of county residence is reported, and the Sending County has already sent the beneficiary a MSR in the mail, the beneficiary has the responsibility to submit the MSR. During the transition between counties, the Sending County continues to be the county of responsibility to ensure the beneficiary completes the MSR. Upon notification of the change in county residence, the Sending County shall promptly change the beneficiary's address and residence county on MEDS to facilitate health care access pending the initiation of the ICT.

The Sending County shall complete the MC 360 and include a copy of the MSR, if available, and forward the ICT packet to the Receiving County. After the completion of the ICT, the Receiving County shall be responsible for the changes reported.

- Complete MSR

If the non-exempt beneficiary submits a complete MSR and reports a change on the MSR such as household composition, income or assets, etc., the Sending County shall complete the MC 360 and forward a copy of the complete MSR to the Receiving County. After the ICT has been completed, the Receiving County will complete the eligibility review.

- Incomplete MSR

If the non-exempt beneficiary submits an incomplete MSR to the Sending County, the Sending County shall complete the MC 360 and forward the incomplete MSR to the Receiving County. The Receiving County is responsible for processing the incomplete MSR submitted by the beneficiary during the ICT. After the ICT, the Receiving County shall complete the processing of the MSR.

MSR Not Received Timely

If the non-exempt beneficiary fails to submit a MSR by the due date, the Sending County may initiate action to discontinue benefits with a 10-day NOA if the non-exempt beneficiary is the only member of the Medi-Cal Family Budget Unit (MFBU). The Sending County shall not initiate an ICT because the beneficiary will not be eligible for Medi-Cal.

If the MFBU contains exempt and non-exempt beneficiaries, the Sending County shall initiate action to terminate benefits with a 10-day NOA for those non-exempt members of the MFBU. The Sending County is still required to complete an ICT to the Receiving County for the exempt beneficiaries in the MFBU. The Sending County must complete the MC 360 and identify those ineligible member of the MFBU.

See ACWDL 03-12 and ACWDL 04-14 for additional information regarding ICT at the time of the MSR.

Discontinuance Of Medi-Cal Benefits At MSR

Counties and consortia are instructed to use termination code 64 (failure to submit a Medi-Cal Midyear Status Report) as the termination reason that should be submitted to MEDS when a beneficiary is discontinued for failure to submit the MSR. Termination code 65 (failure to submit a Medi-Cal RV) has also been established. Information pertaining to termination code 65 will be provided in a future ACWDL.

SECTION VII: NOTICE OF ACTION FOR DISCONTINUANCE OF BENEFITS, STATUS REPORT NOT RECEIVED OR NOT COMPLETED (MC239 I rev 5/09)

The MC 239 I NOA (rev 5/09) in the appropriate threshold languages 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. Copies of the MC 239 I NOA in all threshold languages are posted on DHCS' MEDS secure website.

SECTION VIII: ENCLOSURES

The ACWDL contains five enclosures intended to assist counties when implementing these new MSR requirements:

- Enclosure I provides counties with examples of processing the MSR using different family situations.
- Enclosure II provides answers to frequently asked questions that arose during the 2003 implementation as well as anticipated questions for the new requirements.
- Enclosure III is the revised MSR form (MC 176 S rev 3/09).
- Enclosure IV is the MC 239 I NOA (rev 5/09) as described above.

If you have any questions concerning this ACWDL you may contact Mr. Braden Oparowski at (916) 552-9520 or via email at Braden.Oparowski@dhcs.ca.gov.

Original Signed By:

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosures

ENCLOSURE I 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 change of circumstances. The counties followed the eligibility hierarchy in making the determination in these examples.

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: Child age 8 years.

MSR sent to non-exempt beneficiary by June 10, 2010.

Situation 1 – Beneficiary fails to submit MSR

Client Action:

- Fails to submit the MSR by July 5, 2010, the due date of the MSR.

County Action:

- Terminates the father's Medi-Cal benefits under aid code 3N effective August 1, 2010, the first month following the MSR 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 completed MSR with no changes 25 days after termination

Client Action:

- On August 25, 2010, 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, 2010.
- Sends appropriate NOA informing the father that his discontinuance is rescinded and Medi-Cal benefits are reinstated under aid code 3N effective August 1, 2010.

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

Client Action:

- On August 25, 2010, 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 the 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 NOA informing the father that his discontinuance is rescinded and Medi-Cal benefits are reinstated under aid code 67 effective August 1, 2010.
- 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, 2010, 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 circumstance 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.)
- Determines income received from father's new job changes his Medi-Cal benefits from 1931(b) to TMC aid code 39.
- Rescinds the father's discontinuance action and reinstates the father's Medi-Cal benefits under TMC effective August 1, 2010.
- Changes the child's aid code to TMC aid code 39.
- Sends appropriate NOA 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, 2010, 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 the 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, 2010.
- Sends appropriate NOA informing the father about termination of Medi-Cal benefits for the 8-year-old child.
- Calls the father or sends the father written correspondence informing him that his Medi-Cal continues to be discontinued because he has no linkage to the program. He would need to reapply for Medi-Cal if he wishes to receive Medi-Cal in the future.

Situation 6 – Beneficiary submits MSR 45 days after termination

Client Action:

- On September 14, 2010, submits the MSR 45 days after the termination date.
- Reports no changes.

County Action:

- County contacts father to determine whether good cause regulations Title 22, CCR Section 50175 (c) apply and county finds no good cause.
- Calls the father or sends the father written correspondence that he must reapply 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 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: Children age 10 and 13.

MSR sent to non-exempt beneficiary by June 10, 2010.

Situation 1 – Beneficiary's income decreases

Client Action:

- MSR is completed and returned by July 5, 2010, the due date of the MSR.
- 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 the MSR for completeness.
- Redetermines Medi-Cal eligibility for the month of August 2010 based on the information reported on the MSR.
- Due to the reported income change, mother and children are now eligible for no SOC Medi-Cal.
- Changes aid code from 37 to 3N.
- Sends appropriate NOA informing the mother about change from SOC to no-SOC Medi-Cal.

Situation 2 – Beneficiary reports Absent Parent returns to the home

Client Action:

- MSR is completed and returned by July 5, 2010, the due date of the MSR.
- States she has changes. In Section 2, the Income and Living Situations 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 2010 for mother and children based upon the changes reported in the MSR.

- Required father to submit the MC 321 AP and adds the father as an ineligible member of the MFBU.
- Determines the father is the Primary Wage Earner and is working over 100 percent federal poverty level limit.
- 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 to the reported changes in the MSR.
- Sends appropriate NOA 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.

MFBU: Father, mother and three children; 20, 18 and 15.

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

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

20 and 18-year-old in aide 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: Children age 20, 18 and 15.

MSR sent to non-exempt beneficiary by June 10, 2010.

Situation 1 – Beneficiary submits timely MSR with changes

Client Action:

- The MSR is completed and returned by July 5, 2010, the due date of the MSR.
- 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 2010 based on the information provided in Section 2 in the MSR. The new reported net non-exempt income is over the Section 1931(b) MFBU limit for a household of five.
- 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 83.
- Sends appropriate NOA informing the father about all the changes to case effective August 1, 2010.

Situation 2 – Beneficiary fails to submit MSR

Client Action:

- Fails to submit the MSR by July 5, 2010, the due date of the MSR.

County Action:

- Sends timely MC 239 I Discontinuance NOA informing father and mother about termination of Medi-Cal benefits effective August 1, 2010.
- Changes father and mother to ineligible members of the MFBU.
- 15-year-old continues to receive Medi-Cal under aid code 3N until a reported change or the RV is due.
- 20 and 18-year-old continue to receive Medi-Cal under aid code 34.

Scenario 4: MSR Processing for Pregnant Women

Case Information:

Mother, father and children age 10 and 13.

Deprivation: Incapacitated Parent

MSR Mail Month is June 2010.

- The father is incapacitated.
- The father and mother are non-exempt MSR beneficiaries.
- On May 10, 2010, the mother notifies the county via telephone that she is three months pregnant.
- The county changes the mother's MSR status to exempt since she has reported her pregnancy.
- The county sets tickler for November 2010 to review the mother's pregnancy status.
- The MSR is mailed to the household in June 2010.
- The mother has already reported her pregnancy, and if there are no other changes to report, the father completes the MSR and check box in Section 1: No Changes To Report.
- The mother reports the birth of her child to the county on November 22, 2010. The child is deemed eligible for Medi-Cal effective the date of birth and continuously to the first birthday.
- The mother remains exempt from MSR reporting through the 60-day postpartum period (December 2010-January 2011).
- In January 2011, the household is required to complete the annual RV, which will not affect the deemed infant's eligibility.
- The county changes the mother's MSR status to nonexempt effective February 2011.

Case Information:

Mother and one child age six.

Deprivation: Absent Parent

MSR Mail Month is July 2010.

- The mother is a non-exempt MSR beneficiary.
- The MSR is mailed to the mother in July 2010.
- On July 12, 2010, the mother contacts the county to report that she is pregnant and her expected due date is January 11, 2011.
- The mother is advised that she is not required to complete and return the MSR.
- The county changes the mother's MSR status to exempt and sets tickler for January 2011 to review her pregnancy status.

Case Information:

Mother and one child age six
Deprivation: Absent Parent
MSR Mail Month is July 2010.

- The mother is a non-exempt MSR beneficiary.
- The mother become pregnant, but does not report her pregnancy to the county.
- The MSR is mailed to the mother in July 2010.
- The mother fails to complete and submit the MSR.
- The mother's Medi-Cal benefits are discontinued effective September 1, 2010.
- One September 6, 2010, the mother reports to the county that she is pregnant with an expected due date of January 11, 2011.
- The county redetermines eligibility and rescinds the mother's discontinuance action.
- The mother's MSR status is changed to exempt.
- The county sets tickler for January 2011 to review the mother's pregnancy status.
- In February 2011, the mother is required to complete the annual RV and reports the birth of her child. The child is deemed eligible for Medi-Cal effective the date of birth and continuously to the first birthday.
- The county changes the mother's MSR status to non-exempt effective April 2011.

Case Information:

Mother (pregnant), father and 15-year-old child.
Deprivation: Unemployed Parent
MSR Mail Month is July 2010.

- The father is a non-exempt MSR beneficiary and the pregnant mother is an exempt MSR beneficiary.
- The mother's estimated due date is August 15, 2010.
- On August 2, 2010, the father completes and submits the MSR with no changes annotated.
- On August 17, 2010, via telephone contact to the county, the mother reports the birth of her child and that she has been determined disabled by the Social Security Administration.
- The county continues the mother as an exempt MSR beneficiary, effective September 2010.
- The child is deemed eligible for Medi-Cal effective the date of birth and continuously to the first birthday.

ENCLOSURE II FREQUENTLY ASKED QUESTIONS

The frequently asked questions contained in this enclosure are organized into the following sections:

- Section I: MSR Forms
- Section II: Automation
- Section III: Exempt/Non-Exempt Beneficiary
- Section IV: MSR Processing

SECTION I: MSR FORMS

1. **Are counties required to send a self-addressed postage-paid return envelope with the MSR?**

Yes.

2. **In a two-parent household, are both parents required to sign the MSR if both are non-exempt beneficiaries?**

No. Only one parent's signature is required on the MSR. An exempt parent may sign the MSR.

3. **Does the MC 239 I NOA require a NA back 9?**

Yes.

4. **On the MC 239 I NOA, what date is entered in the blank for the following statement:**

- **If you send us this information we requested by _____, your Medi-Cal may be restored.**

Is the date to be the end of the discontinuance month or 30 days after the end of the discontinuance month? (Example: When the MSR Due Month is December, is the date to be entered 12/31/10 or 1/31/11?)

The date to be entered will be 30 days after the end of the discontinuance month. In this example, the date would be 1/30/11; however, due to full month of eligibility, a MSR received on 1/31/11 would be reviewed as being timely.

SECTION II: AUTOMATION

1. **Are counties permitted to program the MC 239 I NOA into two separate NOAs, one for failure to submit the MSR and the other for incomplete MSR?**

Yes. This is a county option.

2. **When automating the MSR, are counties permitted to modify the form; specifically in Section 2, allowing a choice to answer YES or NO?**

No. Counties are not permitted to alter the MSR.

3. **If the automated system sends up a term code 60 or 61 and then an EW sends up an online term code of 64 after the automated system code, will that overlay the 60 or 61 term code sent to MEDS?**

Yes.

4. **Will TMC use the new term code reason 64 for no status report or continue to use term code 60?**

TMC will continue to use term code 60.

SECTION III: EXEMPT/NON-EXEMPT BENEFICIARY

- 1. Are married minors and emancipated minors considered exempt beneficiaries for MSR reporting?**

All individuals under the age of 21 are exempt beneficiaries.

- 2. Please clarify the exemption of individuals over the age of 65 and under the age of 21.**

Non-exempt individuals turning 65 years of age become exempt beneficiaries the first day of the month they become 65 years of age. Additionally, individuals remain exempt through the end of the month in which they turn 21 years of age.

Example: Non-exempt beneficiary turns 65 years of age in the MSR Mail Month. The beneficiary's status changes to exempt in the MSR Due Month.

- 3. In a two-parent household where both parents are Medi-Cal beneficiaries, if one parent is in an exempt category, does the household have to report?**

Yes. In a split household of an exempt and non-exempt beneficiary, the non-exempt member is required to complete the MSR. Counties are reminded that exempt beneficiaries shall not be terminated for failure to return the MSR.

- 4. Are non-exempt beneficiaries receiving federal Transitional Medi-Cal (TMC) required to submit both the TMC Quarterly Status Report and the MSR?**

No. Since federal TMC beneficiaries are required to complete the TMC Quarterly Status Report, they are considered exempt beneficiaries for MSR purposes.

- 5. Are beneficiaries, age 21 to 64, in a Skilled Nursing Facility or Intermediate Care Facility under aid code 53 (not aged or disabled) considered exempt from MSR reporting?**

No. Beneficiaries in aid code 53 are not exempt from MSR reporting since they have not been determined disabled.

SECTION IV: MSR PROCESSING

- 1. Are counties permitted to process the MSR if it is completed and submitted prior to the end of the MSR Mail Month?**

Yes. The report is the beneficiary's statement of change in circumstances and must be acted upon promptly.

- 2. Is the beneficiary required to receive the MSR by the 10th of the month or is the county required to mail it out by the 10th of the month?**

Beneficiaries are to receive the MSR by the 10th of the month.

- 3. If a discontinued beneficiary submits a complete MSR on May 31 but was discontinued on April 30 because he/she failed to submit the MSR timely, does the county rescind the discontinuance even though it's been more than 30 days?**

Yes. Since Medi-Cal is based on whole months of eligibility (if eligible for one day of the month, eligible for the entire month), the county must rescind the discontinuance. The discontinuance shall only be rescinded if continued eligibility is found to exist.

- 4. What is the county responsibility when a Medi-Cal non-exempt beneficiary receiving Non-Assistance Food Stamps fails to return his/her MSR, but has returned a Food Stamps Quarterly Status Report (QSR) due the same month as the MSR with sufficient information about changes in circumstances? Is the SB 87 process followed in this situation?**

No. The SB 87 process is not followed in this situation because failure by the beneficiary to submit his/her MSR constitutes a failure to cooperate and not a change in circumstances. When a non-exempt beneficiary fails to submit the MSR, counties shall generate the MC 239 I NOA informing the beneficiary that his/her Medi-Cal benefits will be discontinued effective the last day of the MSR Due Month.

- 5. After 30 days past the discontinuance date, can the MC 321 HFP-AP (Additional Persons) form be used to add discontinued non-exempt beneficiaries back to an existing case instead of the MC 210 or MC 321?**

Yes. The MC 321 HFP-AP form can be used to add discontinued beneficiaries back to the existing case.

- 6. Are good cause regulations, Title 22 California Code of Regulations (CCR) Section 50175 (c), applicable to non-exempt beneficiaries who submit the MSR after the last day of the month following the discontinuance date?**

Yes. The good cause regulations, Title 22, CCR Section 50175 (c), apply to the MSR.

7. Are exempt beneficiaries remaining on the existing case required to receive a ten-day NOA before increasing their SOC?

Yes. All exempt beneficiaries must be notified timely and adequately. Counties are also reminded that any beneficiary whose discontinuance action is rescinded shall be notified about the action and change in Medi-Cal benefits.

8. If the beneficiary reports a change in circumstances during the six-month MSR reporting period and the worker completes the case action based upon this change, does the beneficiary have to report this change on the MSR?

No. The beneficiary does not have to re-report the change in circumstances on the MSR form.

9. A non-exempt beneficiary reports an income change on the MSR but doesn't provide documentation. The MSR is dated and signed. Does the county take the information provided at face value?

Yes. If the MSR form contains sufficient information to make an eligibility determination, the county should accept the beneficiary's report at face value and not follow-up with the beneficiary to verify the content of the form. The county must only follow-up with the beneficiary if the form is incomplete (resulting in insufficient information to determine eligibility) and then must only do so by following the SB 87 redetermination process.

10. How is the Continuous Eligibility for Children (CEC) period and the annual redetermination verification (RV) date impacted when the non-exempt beneficiary has been discontinued more than 30 days and is added back to the existing case?

Per ACWDL 02-14 (Questions and Answers Regarding Eligibility for Children) dated March 8, 2002, question number 40, the annual RV date does not change for children in CEC. If a parent is discontinued and then requests to be added back to the existing case the annual RV date will remain the same as for the family members who remained active.

11. Can discontinued non-exempt beneficiary's apply for retroactive benefits when requesting to be added back to the existing case?

Yes. Since this is considered a reapplication, the beneficiary may apply for retroactive benefits for three months prior to the reapplication. The beneficiary must meet retroactive regulation requirements before eligibility is established for

any retro month. To be added back to the existing case, the beneficiary must complete the MC 210 A requesting retroactive eligibility and the MC 321 AP form.

12. What date begins the MSR period? Is it the application date or the date eligibility is granted?

The MSR period is established in the first month of eligibility, which most often is the month of application. The exception for not establishing the MSR period in the month of application is when an applicant is not eligible in the month of application. For example, the applicant has excess property in the month of application and needs to spend down before Medi-Cal eligibility is established. In this situation, the MSR period begins in the first month eligibility is granted. Retroactive Medi-Cal months are not included in the MSR period.

MSR Period when eligibility is granted in the month of application:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Application Month Eligibility Granted				MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th					Mail Annual Packet by end of month	Annual Packet Due

MSR period when eligibility is granted after the month of application:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Application Month Over Property	Over Property	First Month Eligible				MSR Mail Month Mail to be received by the 10th	MSR Due Month Due by 5th				

13. Do counties follow the two-contact rule prior to termination based upon non-return of the MSR?

No. The two-contact rule only applies to Medi-Cal applications that are received and more information is required. The MSR follows the SB 87 process; however,

the SB 87 process only applies when the MSR is received but is incomplete. If the MSR is not returned, the beneficiary is discontinued.

MEDI-CAL STATUS REPORT

ATTENTION: STATE LAW REQUIRES YOU TO COMPLETE A MID-YEAR STATUS REPORT

YOU MUST RETURN THIS FORM BY _____ TO KEEP YOUR MEDI-CAL. PLEASE PRINT AND USE INK.

<div style="display: flex; justify-content: space-between;"> ┌ ┐ </div> <div style="display: flex; justify-content: space-between;"> └ ┘ </div>	Notice Date: _____ Case Number: _____ Worker Name: _____ Worker Number: _____ Worker Telephone Number: _____ Office Hours: _____
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Do not fill out this form if the only persons in your family receiving Medi-Cal are aged 65 or older, blind, children under the age of 21, CalWORKs recipients or someone who has already reported their pregnancy or disability to their Medi-Cal worker.

To keep your Medi-Cal, you are required to fill out this form if you are a parent who receives Medi-Cal. Tell us about changes you have had in the last 6 months. If you need help filling out this form, call your worker. Your worker’s name and telephone number are listed above.

Section 1: If you have no changes to report in the last 6 months:

- Review items listed in Section 2 (go to back side).
- If no changes to report, check this box **No Changes**
- Do NOT fill out Section 2.
- Go to Section 3 on back side. You must sign and date this form.
- Return the completed form to the county by the date on the top of this page.
- Use the enclosed pre-addressed envelope. No stamps are needed.

If you DO have changes to report in the last 6 months

- Go to the back side. Fill out Section 2.
- Go to Section 3. You must sign and date this form.
- Return the completed form to the county by the date on the top of this page.
- Do not send any documents.
- Use the enclosed pre-addressed envelope. No stamps are needed.

REMEMBER: You must sign the back of this form **GO TO BACK SIDE ►**

DO NOT SEND ANY DOCUMENTS WITH THIS FORM

Section 2: Check "Yes" for all changes in the last 6 months and explain

Income Changes

Yes

Did you or a family member in the home get more or less money from a job, child support or alimony, social security, veteran benefits, unemployment or disability benefits, retirement, gifts or interest or dividends?

Please Explain:

Expenses Paid Changes

Yes

Have you or any family member in the home changed the amount paid for child or adult care, health insurance, court-ordered child support, alimony or educational expenses?

Please Explain:

Living Situation Changes

Yes

Did anyone move into or out of your home, move in with someone else, get married, or have a baby?

Please Explain:

If yes, do they want Medi-Cal? [] Yes [] No

Other Changes

Yes

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:

Disabled

Yes

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

Pregnant

Yes

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

What is the expected due date?

How many babies are expected?

Section 3: 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: _____

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

	Notice Date: _____ Case Number: _____ Worker Name: _____ Worker Number: _____ Worker Telephone Number: _____ Office Hours: _____

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

DISCONTINUANCE OF BENEFITS NOTICE FOR:

Insert Names(s) Here

We have looked at all information available to us about your circumstances and we find that:

- Your Medi-Cal benefits will be discontinued effective _____.**

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 was not received by the date it was due.

- Your Medi-Cal Status Report has been received. It was not complete. You will no longer receive Medi-Cal benefits effective _____.**

We attempted to contact you by telephone on _____.

We contacted you by telephone and asked you to provide us with _____ by _____ and you did not provide it.

We sent you a notice that asked you to provide us with _____ by _____ and you did not provide it.

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

Please Note: Other family members with different eligibility status will receive a separate notice. Please call your worker if you need additional information about this notice.

DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC) Make sure to keep your Benefits Identification Card (BIC) in case you become eligible for Medi-Cal again in the future. The BIC is good as long as you are eligible for Medi-Cal.

RULES: The regulation that requires this action is California Code of Regulations, Title 22, Section 50175, 50189 and 50191. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.