

**DEPARTMENT OF HEALTH SERVICES**

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April 3, 2002

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 263

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

**ARTICLE 4H – PROCESSING OF STATUS REPORTS**

Enclosed is the revision to Article 4H Processing of Status Reports regarding the elimination of the requirement for quarterly status reports. This procedure incorporates instructions given in All County Welfare Directors Letter Nos. 00-64 and 01-25.

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If you have any questions, please contact Ms. Lee Macias of my staff at (916) 657-0103 or [lmacias1@dhs.ca.gov](mailto:lmacias1@dhs.ca.gov).

Sincerely,

Original signed by

Richard Brantingham ,  
Acting Chief  
Medi-Cal Eligibility Branch



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- Article 4 - APPLICATION PROCESS
- 4A through 4G - THESE SECTIONS HAVE BEEN REMOVED FROM ARTICLE 4. THE INFORMATION CONTAINED IN THESE SECTIONS HAS BEEN INCORPORATED INTO ARTICLE 22, DISABILITY DETERMINATION REFERRALS, EFFECTIVE MAY 27, 1994.
- 4H - PROCESSING OF QUARTERLY STATUS REPORTS
- 4I - DILIGENT SEARCH PROCEDURES
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### 4H – PROCESSING OF QUARTERLY STATUS REPORTS

Prior to January 1, 2001, Medi-Cal beneficiaries were required to submit quarterly status reports (QSRs). With the passage of Assembly Bill 2877, Chapter 93, Statutes of 2000, this requirement was eliminated for all Medi-Cal beneficiaries except for the first year (federal portion) of Transitional Medi-Cal (TMC). Counties were instructed to process status reports received by December 31, 2000. Beginning January 1, 2001, counties may not take any adverse action based on incomplete or non-receipt of QSRs.

Beneficiaries still have the responsibility to report changes that may affect their Medi-Cal eligibility, such as changes in income, property, family composition, other health coverage, etc. within ten days of such change. Counties must act on any changes that they are aware of, whether the change has been reported directly by the beneficiary, received from the December 2000 QSR, or in conjunction with other public assistance programs (such as when a county has generic eligibility workers for the multiple public assistance programs and thereby becomes aware of such changes).

For status reports required under the TMC program, see Section 5B.

