

DEPARTMENT OF HEALTH SERVICES

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April 11, 2001

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

Letter No.:01-25

QUESTIONS AND ANSWERS – ELIMINATION OF QUARTERLY STATUS REPORTS

Ref.: All County Welfare Directors Letter (ACWDL) 00-64

The purpose of this letter is to provide answers to common questions various counties have had regarding ACWDL 00-64 which eliminated the Quarterly Status Report (QSR) requirement.

QUESTION 1: Is QSR eliminated for Transitional Medi-Cal Coverage (TMC) cases?

ANSWER 1: ACWDL 00-64 does not affect TMC. Federal law still requires a status report for TMC persons. Persons in Aid Code 39 receive a status report and must return it in the fourth month in order to continue to be determined eligible for the second six months (Aid Code 59). Persons in Aid Code 59 must continue to report. Senate Bill 87 eliminated TMC reporting in the second year State-only program, effective January 1, 2001 (ACWDL 01-02).

QUESTION 2: Aid Code 39 applies to eligible TMC recipients in the first six months of aid. The second six months if aid is contingent upon quarterly reporting of the first months. Since the first year of TMC is a Federal program, does ACWDL 00-64 apply to the first year of TMC?

ANSWER 2: No. Quarterly reporting still applies.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
Page 2

QUESTION 3: The second year of TMC is a State program does ACWDL 00-64 apply?

ANSWER 3: Yes. As of January 1, 2001, quarterly reporting for the second year of TMC has been eliminated (ACWDL 01-02).

QUESTION 4: Since the elimination of QSR does not apply to the federal program, quarterly reporting for the first six months of TMC must continue and take the appropriate action for the second six months based upon client compliance. True?

ANSWER 4: Yes.

QUESTION 5: Is it true that a quarterly report for months 10, 11 and 12 would not be necessary to continue TMC aid into the second year?

ANSWER 5: No. We still want the information on the new expanded status report (ACWDL 01-02) in order to determine the income limits for the second year and to redetermine the children who are not eligible for the second year if they are under age 19.

QUESTION 6: How will quarterly reporting be applied to TMC?

ANSWER 6: Same as always for the first year of TMC.

QUESTION 7: I received a December 2000 quarterly status report showing a change in circumstances, what do I do with it?

ANSWER 7: Change reported on the December 2000 QSR is treated just like all other reported changes. Eligibility staff must take appropriate action necessary.

QUESTION 8: The December 2000 QSR was due to the county by January 5, 2001 and it has not been received or it was received incomplete, can eligibility staff place the case on an end of month discontinuance?

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
Page 3

ANSWER 8: No. Since elimination of QSR began January 1, 2001, any QSR due to be returned passed that date would not incur an adverse action for failing to complete or for not returning it timely. The November 2000 QSR would be the last QSR in which an adverse action could have occurred.

QUESTION 9: Will counties be held responsible for changes reported to other public assistance programs when they do not have generic workers?

ANSWER 9: No. DHS does not require Medi-Cal eligibility staff to review public assistance (PA) program cases for under reporting. However, during the course of business, should there be a situation in which the Medi-Cal eligibility staff is made aware by other PA staff of unreported changes, verification should be obtained from the other PA case record and the findings should be documented in the case record. Should staff become aware of changes that affect eligibility, action is necessary.

QUESTION 10: With the elimination of the QSR, how will clients know when or what to report?

ANSWER 10: Reporting changes within ten days has not changed. The elimination of the QSR form does not change the beneficiary's reporting requirement. The MC219 (Rights and Responsibilities) is a required form for all new applicants as well as at annual redetermination. The MC219 explains the ten-day reporting requirement and specifies the changed situations to report.

QUESTION 11: What do I do when a change occurred months ago and it is just now being reported?

ANSWER 11: Current practice handling these situations has not changed. Counties need to take appropriate actions as defined in the Medi-Cal Eligibility Procedures Manual Article 16.

All County Welfare Directors:
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
Page 4

QUESTION 12: Can counties handout or mail to applicants/beneficiaries an informational flier explaining the elimination of QSR and reporting requirements?

ANSWER 12: No. In an effort to provide accurate and consistent information, DHS is developing an informational reminder explaining both issues. Counties shall not handout or mail any county developed fliers (e-mail no. 20083, ACWDL following). The informational reminder will be translated and available in all of the 11 threshold languages.

QUESTION 13: How often will the informational reminder, being developed by DHS, need to be mailed to beneficiaries and will it include a section in which changes can be reported?

ANSWER 13: The informational reminder is to be mailed to beneficiaries three times per year. It will not include a section in which changes can be reported, as this can be perceived as mandatory reporting and thereby a violation of State Law eliminating QSR.

QUESTION 14: Is reporting still required of cases receiving Continuous Eligibility for Children (CEC)?

ANSWER 14: Child-Only cases under CEC (ACWDL 01-01) would not have an adverse effect should an income or property change be reported. Reporting changes would continue to be a requirement in cases where other family members who are not protected under CEC are active Medi-Cal beneficiaries.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
Page 5

Should additional questions arise regarding the elimination of the QSR that have not been clarified in this ACWDL, please contact Ms. Tanya Homman of my staff at (916) 657-1469.

Sincerely,

ORIGINAL SIGNED BY
SHAR SCHROEPFER
Shar Schroepfer, Chief
Medi-Cal Eligibility Branch