



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



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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 08-56  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: CHANGES TO THE MEDI-CAL MIDYEAR STATUS REPORT (MSR)  
REQUIREMENTS

Reference: ACWDL Nos. 01-36, 01-39, 02-59, 03-12, 04-14, 07-03 and 07-24.

This All County Welfare Directors Letter (ACWDL) supersedes and obsoletes MSR directions provided in ACWDL Nos. 03-41, 04-06, 04-26 and 04-34.

**MEDI-CAL MIDYEAR STATUS REPORT (MSR)**

The purpose of this ACWDL is to provide counties with the instructions for implementing the changes to the Medi-Cal status reporting requirements contained in Assembly Bill (AB) 1183, Chapter 758, Statutes of 2008. As a result of this statute, Section 14011.16 of the Welfare and Institutions (W&I) Code was amended to require children under age 19 to file a MSR and Section 14011.17 of the W&I Code was added to exempt certain groups from the reporting requirements. In addition, Section 14011.18 was added to require data collection and analysis to be conducted. Coinciding with the MSR requirement for children, W&I Code Section 14005.25 was amended to reduce Continuous Eligibility for Children (CEC) from 12 months to 6 months, effective upon the first day of the month following 90 days of the operative date of the amendments, which is January 1, 2009. The new MSR requirements are in effect for the same time period in which there is a reduction in CEC from 12 to 6 months, requiring a January 1, 2009 implementation. A separate ACWDL has been issued to provide counties with instructions on the reduced time period for CEC, from 12 months to 6 months effective January 1, 2009.

As a result of the reduced CEC time period, non-exempt children will be terminated from Medi-Cal whenever a parent/caregiver fails to submit a MSR.

This ACWDL consolidates all previous MSR instructions provided to counties and incorporates the new mandates.

## **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. The Department of Health Care Services (DHCS) issued ACWDL 00-64 on December 8, 2000, instructing counties on the elimination of the mandatory Medi-Cal quarterly status report requirement. Senate Bill (SB) X1 26 added Section 14011.16 of the W&I Code, which mandates the semi-annual reporting requirements, effective August 1, 2003, for certain non-exempt beneficiaries.

This letter contains the following sections:

Section I:	Beneficiaries Exempt from MSR Requirements
Section II:	Pregnancy and Postpartum Exemption
Section III:	Revised MSR Form (MC 176 S)
Section IV:	Implementation
Section V:	MSR Processing
Section VI:	Revised Notice of Action (NOA)
Section VII:	Data Collection
Section VIII:	Enclosures

Enclosures:

Enclosure I:	Examples of Case Situations
Enclosure II:	Frequently Asked Questions
Enclosure III:	Revised MSR Form
Enclosure IV:	Revised NOA
Enclosure V:	CBO Flyer / County Insert Flyer

## **SECTION I: BENEFICIARIES EXEMPT FROM MSR REQUIREMENTS**

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

- Beneficiaries whose eligibility is based on aged, blindness, and disability.

AB 1183 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 not living with a parent or relative and who have a public agency assuming their financial responsibility (including foster children);
- 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 who have reported their pregnancy to the county;
- All infants less than one year of age (including deemed infants (DE) and non-DE children);
- Former Foster Care Children;
- Children who have a disability that is verified in the case record;
- Beneficiaries receiving Transitional Medi-Cal (TMC).

In 2003, for simplicity of the administration of the program, DHCS had exempted all children under age 21 from MSR requirements. As a result of the recent mandate, children under the age 19 must comply with MSR requirements. Therefore, DHCS now requires that counties send the MSR to all non-exempt children up to age 21.

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.

## **SECTION II: 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.

Once the county is notified, the pregnant woman will be determined exempt from the MSR reporting 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 of discontinuance, counties must review good cause regulation, Title 22, California Code of Regulations (CCR) Section 50175(c) and, if good cause exists, rescind any prior termination based on failure to return the MSR that was due during the time the beneficiary was pregnant or in the 60-day postpartum period.

## **SECTION III: REVISED MSR FORM (MC 176 S)**

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 to not send the MSR form to households that are identified as containing only exempt beneficiaries. This form has been updated to comply with the new reporting requirement changes. DHCS will translate the MSR form in threshold languages. During the month of December 2008, the translated forms will be posted on the DHCS website on a flow basis and counties will be advised as soon as they are available. Also, supplies of the MSR form printed in English and Spanish will be available in the DHCS warehouse. Counties are required to forward the revised MC 176 S form to non-exempt beneficiaries.

DHCS does not require beneficiaries to submit documentation at the initial stage of the MSR process. Although documentation is not required with submission of the MSR, if reported circumstances have changed, counties must request documentation when Medi-Cal eligibility cannot be redetermined from the explanation provided by the beneficiary.

Counties will now be required to Bridge children to the Healthy Families Program (HFP) when the MSR documents an income increase that would result in a child no longer

being eligible for no-cost Medi-Cal. Therefore, DHCS has added the standardized consent statement to Page 2 of the MSR form. The statement reads as follows: "I do not want Medi-Cal to share my child's information with the low-cost Healthy Families Program". If the box is checked, counties shall Bridge the child for one month, but will not forward the case information to the HFP. Counties are reminded that they are to follow the instructions given in ACWDL 07-03 to confirm that the beneficiary does not want their information to be sent to the HFP if the box is checked. If the box is left unchecked, counties shall Bridge the child and follow current procedures for sending case information to HFP. The direction regarding sending information to HFP provided by the parent or guardian on the MSR supersedes any prior direction provided on the application or RV forms previously submitted to the county office.

#### **SECTION IV: IMPLEMENTATION**

##### **Medi-Cal only cases**

Using the non-exempt beneficiary's current reporting schedule, counties must implement the new MSR requirements of the W&I Code, Sections 14011.16, 14011.17 and 14011.18 effective January 1, 2009, in accordance with the changes to the children's eligibility resulting from the reduced CEC time period. All non-exempt Medi-Cal beneficiaries shall be required to complete and file an MSR form six months after the initial eligibility month or the month in which the most recent RV was due, whichever is later. Counties shall mail the MSR in sufficient time to be received by non-exempt beneficiary by the 10<sup>th</sup> of the month. The MSR form must be returned to counties by the 5<sup>th</sup> of the following month.

##### **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 or 38). As such the former CalWORKs beneficiary is no longer exempt from the MSR requirements unless the beneficiary is transitioned to another non-exempt category. The county shall require these non-exempt beneficiaries to complete a MSR six months after their initial CalWORKs eligibility month or the most recent RV.

However, if a CalWORKs beneficiary is discontinued from CalWORKs for failure to submit a CalWORKs status report (QR7) and is transitioned to Medi-Cal only in the same time period as the month the MSR would be mailed, the beneficiary is no longer considered exempt and must immediately comply with the MSR requirements. The county shall require these non-exempt Medi-Cal only beneficiaries to complete a 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.

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

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Initial Eligibility Month		QR7 not returned in quarter 1			MSR Mail Month  Mail to be received by the 10 <sup>th</sup>	MSR Due Month  Due by 5 <sup>th</sup>				Mail Annual Packet by End of Month	Annual Packet Due

If a CalWORKs beneficiary fails to submit a QR7 in CalWORKs quarter two, and the beneficiary is subsequently transitioned to Medi-Cal only, the beneficiary will be required to submit a MSR, and the county will mail it in the next possible month.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Initial Eligibility Month					QR7 not returned in quarter 2	MSR Mail Month  Mail to be received by the 10 <sup>th</sup>	MSR Due Month  Due by 5 <sup>th</sup>			Mail Annual Packet by End of Month	Annual Packet Due

If the CalWORKs beneficiary fails to submit the QR7 in quarter three, and the beneficiary is subsequently transitioned to Medi-Cal, the beneficiary does not report to Medi-Cal until their RV.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Initial Eligibility Month								QR7 not returned in quarter 3		Mail Annual Packet by End of Month	Annual Packet Due

Counties shall follow the MSR processing instructions outlined in Section V of this ACWDL. Counties, after receiving a complete or incomplete MSR, shall request more recent documentation, if needed, to make a Medi-Cal determination.

Reporting Schedule

Counties shall continue the current policy to mail the MSR to the non-exempt beneficiary in the sixth month (MSR mail month) beginning the first month of eligibility which is usually the month of application or the month in which the most recent RV was due. The non-exempt beneficiary is to complete and return the MSR in the seventh 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.

Sample MSR Reporting Cycle: Initial 12-Month Period

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

Sample MSR Reporting Cycle: New 12-Month Period

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
New 12-Month Period Begins					MSR Mail Month  Mail to be received by the 10 <sup>th</sup>	MSR Due Month  Due by 5 <sup>th</sup>				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 expand the non-exempt beneficiaries scheduled to receive the MSR.

**SECTION V: MSR PROCESSING**

The new reporting requirements do not change the way the counties are to process MSRs. The counties are 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 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.

The beneficiary may sign and date the MSR anytime after the receipt. When the beneficiary submits the completed MSR by the 5th of the MSR Due Month, the beneficiary has met the state 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 SB 87 redetermination process described below.

#### 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, or the ex parte review does not locate this information, the county must contact the beneficiary to obtain additional information and, where necessary, documentation.

#### 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).

The county must send the MC 239 I, Notice of Action (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 should 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. If counties require further clarification on the SB 87 process, they are reminded to refer to ACWDL 07-24.

#### MSR Not Received Timely

When the beneficiary fails to submit the completed MSR by the 5th of the MSR Due Month, the county shall send the MC 239 I (Discontinuance of Benefits Status Report Not Received or Not Completed) 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. However, in cases that the county determines that the date the family has returned the MSR is too late to send a 10-day discontinuance NOA that complies with all due process requirements, the discontinuance action shall be effective the first calendar month when this is possible.

#### MSR Received After Discontinuance Date

When the beneficiary submits the completed MSR after the 5th of the MSR Due Month and before the effective discontinuance date, the county must evaluate the MSR for continued eligibility. If the MSR is completed 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. Since Medi-Cal is based on whole month of eligibility, (if eligible in any day of the month, eligible for the entire month), the county may evaluate the MSR for continued eligibility and rescind the discontinuance action for beneficiaries who submit a complete MSR on the 31<sup>st</sup> day of the month after the discontinuance date. For example the discontinuance date is April 30 and the MSR is received at the county on May 31.

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 notice of action shall be sent to the beneficiary.

When the non-exempt beneficiary submits the completed MSR after the last day of the month following the discontinuance date, counties should review the case to determine whether good cause regulations Title 22, CCR Section 50175 (c) apply to the situation. 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, the county shall notify the beneficiary that there is no change to the discontinuance action taken and if the beneficiary wishes to receive Medi-Cal benefits again, he/she shall complete a new Medi-Cal application to determine 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 can 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 members of the MFBU.

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

## **SECTION VI: REVISED NOTICE OF ACTION**

The revised MC 239 I NOA (Discontinuance of Benefits Status Report Not Received or Not Completed) 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.

### **SECTION VII: DATA COLLECTION**

Section 14011.18 was added to the W&I Code which requires DHCS to provide the Legislature with a report of the impact of imposing the MSR requirements on children. The report shall be funded in its entirety by non-profit organizations and universities. It is expected that the data for this report will be primarily extracted from the Medi-Cal Eligibility Data System (MEDS).

The Department shall collect data, conduct research, and report to the Legislature on the following:

1. The number of children enrolled in Medi-Cal by eligibility category (aid code) prior to the imposition of semiannual status reporting and on a quarterly basis after the imposition of semiannual reporting. Within each eligibility category, the report also must identify the number of enrolled children in Medi-Cal managed care and in fee-for-service Medi-Cal.
2. The annual cost per child enrollee in managed care and by cost category in fee-for-service prior to the imposition of semiannual reporting and for the 2009-2010 fiscal year.
3. An analysis of enrollment interruptions and reinstatements for children prior to the imposition of semiannual reporting for the 2009-2010 fiscal year. The analysis shall include:
  - Data on the number of children disenrolled as a result of the semiannual reporting requirement;
  - The number of those children who were subsequently reenrolled in Medi-Cal by duration of their enrollment gap;
  - An analysis, to the extent feasible, of the extent to which enrollment gaps resulted from failure of families to file a complete semiannual report versus a change in family circumstances that resulted in a child no longer being eligible for no-cost Medi-Cal coverage;
  - The number of children that transitioned to the Healthy Families program as a result of semiannual reporting.

4. An estimate of the additional annual county eligibility administration costs or savings resulting from the processing of semiannual reports for children, disenrollment processing, reinstatement, reenrollment and caseload reductions.

County Action Required:

It is essential that MEDS transactions be accurate in order for DHCS to report on this data. Counties and consortia are instructed to use term code 64 (Failure to submit a Medi-Cal Mid-Year Status Report) as the term reason that should be submitted to MEDS when a beneficiary is discontinued for failure to submit the MSR. Term code 65 (Failure to submit a Medi-Cal RV) has also been established. Information pertaining to term code 65 will be provided in a future ACWDL. Term codes 64 and 65 will be available on MEDS beginning January 1, 2009. At this time it is unknown the extent that counties may be requested to participate in the other types of data collection for the evaluation report.

**SECTION VIII: ENCLOSURES**

This 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.
- Enclosure IV is the revised NOA as described above.
- Enclosure V offers two samples of outreach materials counties can use to inform beneficiaries of changes to Medi-Cal reporting requirements.

The County Insert Flyer will be translated for all threshold languages. This flyer is to be distributed by counties to beneficiaries when they receive their first MSR packet. The CBO Flyer is to be used by Community Based Organizations and posted throughout county offices so that beneficiaries visiting a county office will be informed of the changes to the mid-year status reporting process.

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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](mailto:Braden.Oparowski@dhcs.ca.gov).

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