STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

October 11, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter 88 - 82

SUBJECT: COUNTY WELFARE DEPARTMENT FORMS SUBCOMMITTEE

In January 1987, the Department of Health Services and the County Welfare Director's Association (CWDA), Medical Care Committee established a Medi-Cal Forms Subcommittee. This Subcommittee, which meets monthly subsequent to the CWDA Medical Care Committee, is responsible for: 1) reviewing new and existing forms; 2) determining if revisions to forms are necessary; and 3) recommending overall improvement to the forms ordering and revision process.

Recently, members of the CWDA, Medical Care Committee, Forms Subcommittee, and the Department of Health Services (DHS) established new procedures for the review process of Medi-Cal forms. This letter is to inform all county welfare departments of these new procedures. They are as follows:

1. The role of Chairperson will now be rotated among the county staff members who are on the Medi-Cal Forms Subcommittee. The Chairperson will also be responsible for preparing the agenda and minutes.

2. DHS will contact the acting Chairperson and all County Welfare Departments via EMC2 two weeks before a CWDA meeting to identify which Medi-Cal forms, pamphlets, and/or notices are up for reorder.

3. Counties are encouraged, upon notification (EMC2) by the Department, to submit any suggested changes to Medi-Cal forms, pamphlets and/or notices. Changes should be submitted to the address below prior to the next scheduled CWDA Medical Care Committee, Forms Subcommittee meeting.

   Department of Health Services
   Medi-Cal Eligibility Branch
   714 P Street, Room 1692
   Sacramento, CA 95814
   Atten: Forms Coordinator

4. At the meeting, the committee will review and consider any changes to the Medi-Cal forms. Minor revisions to forms, such as language clarification or simple sentence reconstruction,

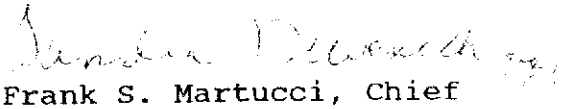
must be done on the most up-to-date form. Major changes however, such as detailed extensive revisions, should be explicitly written out on a separate page and attached to the most up-to-date form revision.

5. DHS will send a form letter (DHS 7080) at the end of the Department/Subcommittee review process that will advise the counties of: 1) the revisions made; 2) the old form disposition; 3) the approximate date the form will be available in the DHS, Warehouse; and 4) any additional information regarding the form. (See attached DHS 7080.)

Overall, these new procedures will assist the Medi-Cal Forms Subcommittee to better represent the counties interests on the revision and review process on Medi-Cal forms.

If you have any questions regarding this letter, please contact Craig Yagi of my staff at (916) 322-8702.

Sincerely,



Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: October 11, 1989

NOTICE OF FORM CHANGE

	DATE:
TO: All County Welfare Directors All County Administrative Officers All Forms Coordinators All Supply Clerks	FROM: DHS Medi-Cal Eligibility Forms Coordinator (916) 445-1912

LISTED BELOW IS INFORMATION REGARDING A FORM CHANGE. THE FORM HAS BEEN REVIEWED BY THE DEPARTMENT OF HEALTH SERVICES AND THE CWDA, MEDI-CAL FORMS SUBCOMMITTEE. ONLY APPLICABLE INFORMATION IS SHOWN. THIS NOTICE UPDATES THE FORMS SECTION OF THE MEDI-CAL PROCEDURES MANUAL.

Form Number and Title:

Form Status:

☐ Revised ☐ New ☐ Rerun ☐ Obsolete Date on Form: _____

Substitute Permitted:	DHS Approval Required:	Date Stock Will Be Available:
☐ Yes ☐ No	☐ Yes ☐ No	_____/_____/_____

Stock is Maintained at: Department of Health Services, Warehouse
1723 20th Street, Sacramento, CA 95814

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

Disposition of Existing Forms:

☐ Use Until Old Supply is Exhausted

☐ Use New Form Effective _____

☐ Destroy All Supply of Old Form

Form Specifics:

NCR ☐ Paper Bond ☐ Number of Pages _____

Additional Information Regarding the Form Change: