

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



July 5, 1996

Medi-Cal Eligibility Branch Information Letter No.: I-96-24

TO: All County Welfare Directors

MEDI-CAL PAMPHLET "WHAT IT MEANS TO YOU"

The purpose of this information letter is to transmit a sample copy of the newly revised and reformatted Medi-Cal pamphlet.

The Medi-Cal pamphlet revisions include:

- o Simplified wording;
- o Simplified program description to reflect current information;
- o Text in chronological sequence; and
- o Quick reference telephone number page.

The Medi-Cal pamphlet will remain in its current size format, but will be printed in separate English and Spanish versions.

Comments regarding the Medi-Cal pamphlet may be directed to Ana Ramirez at (916) 657-1401 or Judy Hamilton at (916) 657-3184. Counties may also transmit comments via FAX at (916) 657-3224 or mail to the following address:

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
P.O. Box 942732
Sacramento, CA 94234-7320

All county input must be received in this office no later than July 31, 1996.

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure