

DEPARTMENT OF HEALTH SERVICES

14741 P STREET
CRAMENTO, CA 95814
(916) 445-1979



February 7, 1979

To: All County Welfare Directors

Letter No. 79-4

FORM MC 176M -- SHARE OF COST DETERMINATION

Medi-Cal procedures require counties to provide the Department's Benefits Review Unit (BRU) with copies of MC 176M for share of cost clients the first time the share of cost is met or when there is a change in circumstance.

However, several county welfare offices are also sending BRU copies of MC 176Ms for beneficiaries who have no share of cost involvement.

Please advise your staff that it is unnecessary to send BRU copies of MC 176Ms for non share of cost cases.

If you have any questions or comments please contact your Medi-Cal field representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Eligibility Branch
Medical Care Standards Division

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives