May 8, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-24

TO: ALL COUNTY WELFARE DIRECTORS
    ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
    ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: San Bernardino County Jurisdictional Change for Medi-Cal Disability
Referrals and Applications

The purpose of this letter is to inform counties of a jurisdictional change for the processing
of Medi-Cal disability referrals for San Bernardino County. Effective May 1, 2014,
San Bernardino County shall send all referrals and application packets for Medi-Cal
disability to the Disability Determination Services Division (DDSD) - Los Angeles State
Programs Branch. San Bernardino County shall mail all correspondence and disability
packets to the following address, effective May 1, 2014:

DDSD-LA State Programs
P.O. Box 992
El Segundo, CA 90245-0992

San Bernardino County shall refer to Medi-Cal Eligibility Division Information Letter No.: (MEDIL) 14-15 for additional contact information for DDSD-Los Angeles State Programs
Branch.

Effective May 1, 2014, San Bernardino County is instructed to use the MC 221 LA (02/14)
Disability Determination and Transmittal and MC 222 LA (02/14) DDSD Pending
Information Update for correspondence purposes with DDSD-Los Angeles State Programs
Branch. Both forms can be accessed on the Department of Health Care Services Forms
Index below:

If you have any questions, please contact Yingjia Huang at (916) 552-9467 or by email at yingjia.huang@dhcs.ca.gov.

Original Signed By:

Tara Naisbitt, Chief
Medi-Cal Eligibility Division