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



ARNOLD SCHWARZENEGGER
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Medi-Cal Eligibility Division Information Letter No.: I 10-05

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

SUBJECT: AVAILABILITY OF REMAINING LOW USAGE MEDI-CAL FORMS
INVENTORY AT THE DEPARTMENT OF HEALTH CARE SERVICES
WAREHOUSE

The purpose of this Medi-Cal Eligibility Division Information Letter is to offer counties one last opportunity to stock up on existing low usage Medi-Cal forms before the Department of Health Care Services (DHCS) warehouse closes and a new ordering plan is implemented for Medi-Cal forms.

The DHCS warehouse lease will officially expire on July 31, 2010. At that time, a new Medi-Cal forms ordering plan will go into effect. All low usage forms, as defined by the Medi-Cal Eligibility Division, will no longer be available for counties to order. These forms will only be available for download via the DHCS Medi-Cal forms webpage. All high usage forms, as defined by the Medi-Cal Eligibility Division, will be moved to a Print on Demand schedule. A new All County Welfare Directors Letter will be released shortly detailing this new ordering plan.

Enclosed is a list of all low usage Medi-Cal forms currently available at the warehouse as of the release of this letter. These forms are available for ordering only until June 15, 2010, and will be shipped by the DHCS Warehouse to counties prior to June 30, 2010. These forms will be distributed on a first come, first serve basis beginning immediately. Once the existing inventory has been cleared from the warehouse, these listed forms will only be available via the DHCS website for county download. If counties wish to order any forms off this list, they are to follow the existing forms ordering procedure. Due to the uncertainty of when the State Budget will be approved, DHCS may experience an inability to ship forms after July 1, 2010, until there is a signed State Budget. Therefore, we encourage counties to order inventory to the extent possible at this time.

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If you have any further questions about the release of all existing low usage Medi-Cal forms currently in the DHCS warehouse, please contact Mr. Braden Oparowski at (916) 552-9520 or braden.oparowski@dhcs.ca.gov.

Original Signed By

René Mollow, MSN, RN, Chief
Medi-Cal Eligibility Division

Enclosure

MCED Warehouse Form Inventory

DHCS 7013	Change of Status-Liens
DHCS 7014	Property Lien Referral
DHCS 7020	Screening Worksheet (Pickle)
DHCS 7021	Financial Eligibility Worksheet I (Pickle)
DHCS 7026 P/D	Medi-Cal Denial/Discontinuance (Pickle)
DHCS 7026 P/D (sp)	Medi-Cal Denial/Discontinuance (Pickle)
DHCS 7027 P/D	Medi-Cal Notice of Eligibility (Pickle)
DHCS 7027 P/D (sp)	Medi-Cal Notice of Eligibility (Pickle)
DHCS 7029	Disregard Computation Worksheet (Pickle)
DHCS 7035 A and Coversheet	Medical Report on Adult (HIV)
DHCS 7035 C and Coversheet	Medical Report on Child (HIV)
DHCS 7037	Pickle Resource Worksheet
DHCS 7044	Statement of Living Arrangements
DHCS 7071	Waiver & Authorization
DHCS 7071 (sp)	Waiver & Authorization (SP)
DHCS 7075	Pickle Needs Test
DHCS 7089	Screening Worksheet (DW) Checklist
DHCS 7102	Notice Re: Standards M/C – Distribute Insurers etc.
DHCS 7102 (sp)	Notificacion Con Respecto A Las Normas Para La...
MC 14 A	SLIMB/QI Application
MC 14 A (SP)	SLIMB/QI Application
MC 174 (bi)	M/C Notice, Clarification/Liability
MC 175-2	Resp. Relative Determination
MC 175-3I.1	Net Nonexempt Income Determination
MC 175-5	Sneede V. Kizer Poverty Level Prop. Preg WIC 1-5
MC 175-6	Includes All Allocations
MC 175-7	Allocation Worksheet
MC 176 D	M/C Special Treatment Programs
MC 176 EP	Exempt Payment Form
MC 176 P	Property Worksheet (1931 B group)
MC 176 P-A QMB/SLMB/QI	QMB Property Worksheet Adult
MC 176 PA-1/PA-2(BI)	Property Worksheet/Assessment Institutionalized Spouses
MC 176 P-C QMB/SLMB/QI	QMB Property Worksheet Child
MC 176 PI	Period of Ineligibility Worksheet
MC 176 QDWI 1	QDWI Income Elig. Worksheet. Couple/ w/ Elig. Spouse
MC 176 QDWI 2	QWDI Property Worksheet Adult
MC 176 QMB-3	QMB Referral and Coversheet
MC 176 TMC (SP)	Reporte Trimestral Sobre La Situacion Medi-Cal De...(TMC)
MC 176 TMC A	Status Report (Pin-fed Version)
MC 176 TMC A (SP)	Status Report (sp) Pin-fed

MC 176 W.1	Stepparent Computation
MC 210 B	Supplement (Pickle Eligibility/Determination)
MC 210 B (sp)	Supplement (Pickle Eligibility/Determination)
MC 212	Medi-Cal Residency Declaration
MC 239 A&D	M/C NOA Approval – Aged & Disabled FPL Program
MC 239 A&D (sp)	Aprobacion Para El Programa Del Nivel Federal De...
MC 239 A&D-2	M/C NOA Denial/Discont. Aged & Disabled FPL Program
MC 239 A&D-2 (sp)	Negacion O Descontinuacion De Beneficios Bajo...
MC 239 B-2	NOA Zero Share of Cost
MC 239 B-2 (sp)	Aprobacion De Beneficios Bajo El Programa Especial...
MC 239 B-3	Discontinuance of Benefits Under the Special Zero...
MC 239 B-3 (sp)	Descontinuacion de los Beneficios Bajo el Progr.
MC 239 Back C (RAMOS)	Your Right to Appeal this Action
MC 239 C-M	NOA Change in Share of Cost
MC 239 D	Application For Retroactive Eligibility
MC 239 D (sp)	Solicitud Para Elegibilidad Retroactiva
MC 239 F	NOA M/C Special Treatment Program
MC 239 F (sp)	Sobre Programas De Tratamiento Especial De Medi-Cal
MC 239 H (sp)	NOA-Approval of 100%
MC 239 HK	M/C NOA Hunt v. Kizer Medical Bill 2nd Disapproval
MC 239 HK (SP)	M/C NOA Hunt v. Kizer Medical Bill 2nd Disapproval
MC 239 HK-1	Approval - Hunt v. Kizer
MC 239 HK-1 (SP)	Approval – Hunt v. Kizer
MC 239 HK-2	Denial - Hunt v. Kizer
MC 239 HK-2 (SP)	Denial – Hunt v. Kizer
MC 239 J	Aprobacion de Beneficios como Beneficiario Aprobado...
MC 239 J (sp)	Aprobacion de Beneficios como Beneficiario Aprobado...
MC 239 K	NOA M/C Denial/Discon. – QMB
MC 239 Q	Restrictions to Full Benefits (CHG)
MC 239 Q (sp)	Cambio De Servicios Limitados A Beneficios Completos
MC 239 QDWI 1	M/C NOA Denial/Discont. of Benefits as QDWI
MC 239 QDWI 2	M/C NOA Approval for Benefits as QDWI
MC 239 R	NOA Disc. Notice- Deceased Persons
MC 239 R (sp)	Notificacion De Descontinuacion - Personas Difuntas
MC 239 S	NOA App. For Retroactive ER and Preg.- Related Services
MC 239 S (sp)	Solicitud Para Recibir Servicios Retroactivos Medicos De...
MC 239 SD	Denial of Benefits S/S Disc
MC 239 SD (sp)	Negacion de Beneficios Debido a una Determinacion Federal...
MC 239 SLMB-1	Approval for Benefits Low Income Medicare
MC 239 SLMB-1 (sp)	Aprobacion De Prestaciones Como Beneficiario De Medicare...
MC 239 SN-10	M/C NOA S. v K. Deny/Discont. Section 1931(b) Benefit
MC 239 SN-10 (sp)	Sneede V. Kizer Negacion O Descontinuacion De...
MC 239 SN-2	S.v.K. Excluded Child Statement From Parent/Caretaker
MC 239 SN-2 (sp)	Sneede V. Kizer Declaracion Del Padre/Madre O.....
MC 239 SN-3	Excluded Child Statement From Parent or Care-Relative

MC 239 SN-3 (sp)	Declaration Del Padre/Madre O Pariente Encargado Sobre...
MC 239 SN-4	M/C NOA Change in Share of Cost
MC 239 SN-4 (sp)	Sneede V. Kizer Cambio En La Parte Del Costo
MC 239 SN-5	Denial/Discon. Of Benefits Due to Excess Property
MC 239 SN-5 (sp)	Sneede Vs. Kizer Negacion/Descontinuacion de.....
MC 239 SN-7	MC NOA S. v K. Approval MN/MI Program Benefits
MC 239 SN-7 (sp)	Sneede V. Kizer Aprobacion De Beneficios Bajo El
MC 239 SN-8	M/C NOA S. v K. Deny/Discont. MN/MI Prog. Benefits
MC 239 SN-8 (sp)	Sneede V. Kizer Negacion O Descontinuacion De
MC 239 SN-9	M/C NOA S. v K. Continuance Section 1931(b) Benefits
MC 239 SN-9 (sp)	Sneede V. Kizer Continuacion De Beneficios Bajo El...
MC 239 TMC-1	TMC NOA Approval of Benefits
MC 239 TMC-1 (sp)	Aprobacion De Beneficios Completos O Limitados Bajo...
MC 239 TMC-2	Denial Discontinuance of Benefits
MC 239 TMC-2 (sp)	Medi-Cal de Transicion (TMC) Negacion.....
MC 239 U	M/C NOA Utilization of Property
MC 239 U (sp)	Utilizacion De Otros Bienes Raices
MC 239 V	Aprobacion De Beneficios
MC 239 V (sp)	Aprobacion De Beneficios
MC 239 W	NOA Property for Sale (LTC)
MC 239 W (sp)	Poner Propiedad En Venta Personas Que....
MC 239 X	M/C NOA Property for Sale
MC 239 X (sp)	Poner La Propiedad En Venta Personas Que.....
MC 239 Y	NOA Denial/Disc Property
MC 239 Y (sp)	Otros Bienes Raices Rechazo/Descontinuacion
MC 239 Z	M/C NOA Result of County Review
MC 239-1 QI	M/C NOA Approval of Eligibility As A (QI)
MC 239-1 QI (sp)	Aprobacion De Accion Como Individuo Elegible (QI)
MC 239-2 SLMB/QI	SLMB/QI Qualify Beneficiary
MC 239-2 SLMB/QI (sp)	Negacion o Descontinuacion de Beneficios como...
MC 263 S-R	Resident Statement
MC 263 S-R (sp)	Declaracion De Residencia En California
MC 265	Patient Directions for Presumptive Eligibility App.
MC 265 (sp)	Instrucciones Para El Paciente Para La Solicitud De...
MC 266	Directions to Apply for Medi-Cal
MC 273	Work Activity Report
MC 273 (sp)	Work Activity Report (sp)
MC 274 TB	M/C T.B. Appl.
MC 274 TB (sp)	M/C T.B. Appl (sp)
MC 275 TB	NOA Denial for T.B
MC 275 TB (sp)	Negacion Para El Programa Sobre La Tuberculosis
MC 276 TB	NOA Discont. T.B
MC 276 TB (sp)	Descontinuacion Programa Sobre La Tuberculosis
MC 277 TB	NOA Appl. For Benefits T.B
MC 277 TB (SP)	NOA Appl. For Benefits T.B

MC 278 TB	T.B Property Worksheet Adult
MC 279 TB	T.B Property Worksheet Child
MC 280 TB	T.B Fin/Elig. WkstElig. Child/Inelig/Program
MC 282 TB	T.B Income Elig. Worksheet
MC 318	Discon SSI/SSP Medi-Cal
MC 323	M/C NOA 4-month continuing M/C Approv. Of Benefits
MC 323 (sp)	Aprobacion De Beneficios Completos O Limitados
MC 326 A	SSI Meth. Adult Worksheet
MC 326 C	Elig. Child Parents
MC 327 A	Worksheet for Adults
MC 327 C	Worksheet for Child
MC 337	PWE Working 100 Hrs/Unemp Parent Wksht
MC 338 B	250% & SSI/SSP Inc. Test Wk. Sht.-Child Applying
MC 338 C	SSI/SSP Property Test WorkSht. 250%-Adult & Child App
MC 338 D	M/C NOA Approval as 250% Work Disabled Ind./Couple
MC 338 D (sp)	Aprobacion De Beneficios Como Persona O Pareja
MC 338 E	M/C NOA Change Of Premium Pay. Amt. In 250% Prog.
MC 338 E (sp)	Cambio De La Cantidad Del Pago De La Prima En
MC 338 F	M/C NOA Discont. For Failure to Pay Full Prem. 250%
MC 338 F (sp)	Descontinuacion Por No Pagar Las Primas Completas
MC 338 G Informing Notice	250% Work. Disabled Prog. Premium Payment Info.
MC 338 H	M/C NOA App. For Retro. Elig. For 250% Program
MC 338 H (sp)	Solicitud Para La Elegibilidad Retroactiva Para El...
MC 338 J	Premium Differential Work Sheet in 250% Wk. Disabled
MC 339	M/C NOA Section 1931(b) Approval of Benefits

MC 339 (sp)	Aprobacion De Beneficios Bajo El Programa De La Seccion 1931(b)
MC 340	M/C NOA Section 1931(b) Denial or Discont. Of Benes.
MC 340 (sp)	Negacion O Descontinuacion De Beneficios Bajo...
MC 341	M/C NOA DDS Waiver Approval of Benefits
MC 341 (sp)	Aprobacion de la Extension de Beneficios del Departamento
MC 342 (sp)	Negacion o Descontinuacion de la Extension de Beneficios...
MC 343	M/C NOA Model Nursing Facility Waiver Appr.of Benes.
MC 343 (sp)	Aprobacion de Beneficios del Programa de Servicios...
MC 344 (sp)	Negacion o Descontinuacion de Beneficios del Programa...
MC 346	M/C NOA Persons age 21-65 in Nursing Facility Approv.
MC 346 (sp)	Aprobacion De Beneficios Para Personas De 21 A 65 Anos...
MC 347	M/C NOA Persons age 21-65 in Nursing Facility Denial
MC 347 (sp)	Negacion O Descontinuacion De Beneficios Bajo El...
MC 349	M/C NOA Continuation of Section 1931(b) Benefits
MC 349 (sp)	Continuacion De Beneficios Bajo El Programa...1931(b)
MC 350	M/C NOA Approval for the MN/MI Program Benefits
MC 350 (sp)	Aprobacion De Beneficios Bajo El Programa Para ...
MC 351	M/C NOA Denial/ Discont. For MN/MI Program Benefits

MC 351 (sp)	Negacion O Descontinuacion De Beneficios Bajo...
MC 352 HK (SP) Approval Letter	Hunt v. Kizer Medical Bill Approval
MC 352 HK Approval Letter	Hunt v. Kizer Medical Bill Approval
MC 353 HK Disapp. Letter	Hunt v. Kizer Medical Bill First Disapproval Letter
MC 354	Medi-Cal Contact Information Release Form
MC 357	MC NOA 4-month Continuing Prog. Denial/Discont.
MC 357 (sp)	Negacion O Descontinuacion De Beneficios Del...
MC 358 S	M/C NOA Intercounty Transfer – Sending County
MC 358 S (sp)	Transferencia Entre Condados-Condado Que Envia
MC 359 R	M/C NOA Intercounty Transfer – Receiving County
MC 359 R (sp)	Transferencia Entre Condados-Condado Que Recibe
MC 364	California Department of Aging (CDA) Waiver Referral
MC 365	Approval of Benefits Multipurpose Senior Svcs Prgm Waiver
MC 365 (sp)	Aprobacion De Beneficios De Servicios De Extension...
MC 366	Denial or Discont. of Benefits Multi. Senior Svcs Prgm Waiver
MC 366 (sp)	Negacion O Suspension De Beneficios De Servicios De...
MC 367	Approval of Section 1931(b) Benefits - Sneeve V. Kizer
MC 367 (sp)	Aprobacion De Beneficios Bajo El Programa De...
MC 368 (Spanish)	Notice and Supplemental Form for Express Enrollment
MC 4033	Disability Listings Update
MC Info. Notice 13	Re: SS Appeals
MC Info. Notice 13 (sp)	Re: SS Appeals