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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 10-07

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

SUBJECT: MC 219 Rev. (4/10) – Important Information for Persons
Requesting Medi-Cal

This Medi-Cal Eligibility Division Information Letter (MEDIL) informs counties of the availability of Medi-Cal forms through the MAXIMUS warehouse. The MC 210 Spanish and the MC 219 in both English and Spanish are now available for ordering.

Ordering Forms from MAXIMUS

As a result of the Department of Health Care Services (DHCS) warehouse closure, **certain** Medi-Cal publications will now be ordered from the DHCS contractor, MAXIMUS. Effective March 15, 2010, the MC 210 English form became available through MAXIMUS. The MC 210 Spanish and the MC 219 in English and Spanish are now available for counties to order from MAXIMUS.

The order form, MC 0026 must be used to obtain the designated Medi-Cal forms from MAXIMUS. The form can be found in the DHCS forms index located at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>. Ongoing, DHCS will update the MAXIMUS order form and will issue MEDILs to announce the availability of any additional Medi-Cal publications that counties will order from MAXIMUS. All other Medi-Cal forms should be ordered through the quarterly print on demand schedule.

MC 219 Changes

The MC 219 was restructured to make it easier for the applicant and beneficiary to read. The form will be printed in black-ink only. Current policy states that the MC 219 does not need to be signed by the applicant/beneficiary. Therefore, the carbon copy is no longer needed. DHCS is aware that the signature is not required and that the wording may be confusing. DHCS is currently looking at options for the signature page and will transmit the changes, if any, at a later time.

There were minor edits throughout the document. Some of the edits include:

- Changing the “county welfare department” to local social services office.
- Change the text format (no bold text).
- Update the department’s name.
- Addition to page 5 to comply with 22 CCR, Section 50167(a)(10), which specifies that an applicant/beneficiary be advised that they may not be receiving public assistance outside of California. This declaration was also added to page 7 on the MC 210.
- Edits to the Third Party Liability statements to add “or registered domestic partner” (page 6).

The updated MC 219 in English is available electronically at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>. The Spanish is available at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBTranslatedForms.aspx>.

The MC 219 in other threshold languages will be updated on a flow basis in the next few months. Counties should exhaust their current inventory of MC 219s before ordering the new format.

If you have any questions regarding this MEDIL, please contact Ms. Maria Delk at Maria.Delk@dhcs.ca.gov or 916-552-9508.

Original Signed By:

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Medi-Cal Eligibility Division