



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



ARNOLD SCHWARZENEGGER
Governor

April 18, 2008

Medi-Cal Eligibility Division Information Letter No.: I 08-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIASONS

SUBJECT: DEFICIT REDUCTION ACT – OUTREACH

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform the counties that the Deficit Reduction Act (DRA) poster and fliers are available for use.

POSTER

The Department of Health Care Services (DHCS) has developed a poster as part of the outreach plan for the federal DRA to inform families that there are new Medi-Cal requirements regarding proof of citizenship and identity. The poster is available in 13 threshold languages for county social services offices as well as hospitals, providers, schools, community based organizations, advocates and other stakeholders to display in public areas. The poster is 14" x 20" in size and is available in the following languages: English, Spanish, Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Lao, Russian, Tagalog and Vietnamese. On April 21, 2008, Mail Pac will be accepting order requests. Mail Pac is the company that will receive and process the order forms and distribute the posters.

You may view the English version of the poster on the DHCS DRA web site at:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/DRA.aspx>.

You may order high resolution posters from Mail Pac. A copy of the order form is enclosed, but it is available on the DHCS DRA web site. To order the poster, please complete the order form, print the order form and fax the form to Mail Pac at the number indicated on the form. If you have questions on your order, please contact Mail Pac at (818) 767-6984.

FLIERS

DHCS has also developed three fliers as part of the outreach plan for DRA. The fliers are available in the 13 threshold languages and include three topics:

- *Medi-Cal Requires Proof of Citizenship and Identity for U.S. Citizens and Nationals* – provides general information about DRA requirements;
- *Medi-Cal Requires Proof of Citizenship and Identity for Children Who Are U.S. Citizens or Nationals* – provides general information about DRA affect on children;
- *Changes in Medi-Cal Citizenship and Identity Requirements for U.S. Citizens and Nationals* – explains how DRA affects the benefits of applicants and beneficiaries.

The fliers are 8 ½ " x 14" and must include a listing of the acceptable citizenship and identity documents on the back side of each flier. The fliers should therefore be printed back to back such that the document listing is printed on the back of the front page of each flier. County social services offices as well as hospitals, providers, schools, community based organizations, advocates and other stakeholders may download, print and distribute the fliers to applicants and beneficiaries. The fliers can be downloaded from the DHCS DRA web site at:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/DRA.aspx>.

If you have any questions regarding this MEDIL, please contact Ms. Debora Wong-Kochi at (916) 552-9490 or email Debora.Wong-Kochi@dhcs.ca.gov.

Original Signed By

Vivian Auble, Chief
Medi-Cal Eligibility Division

Attachment

Deficit Reduction Act (DRA) Poster Order Form

Fax your order to: (818) 767-6980

For questions: (818) 767-6984

Organization Name _____

Today's Date _____

Delivery Address (No P.O. boxes) _____

City _____

State _____

Zip _____

Contact Person Name _____

Telephone Number _____

E-mail address _____

Organization Category Please indicate the category your organization represents:

- | | |
|---|---|
| <input type="checkbox"/> County Social Services | <input type="checkbox"/> School |
| <input type="checkbox"/> County Health Department | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Health Plans | <input type="checkbox"/> Stakeholder |
| <input type="checkbox"/> Health Provider | |

Language Selection (number ordered)	Mailing
English _____	Please allow 5 to 7 working days for standard delivery at no cost.
Spanish _____	
Arabic _____	<p style="text-align: center;">Special Delivery Request</p> <p style="text-align: center;">You may request to have posters shipped at your cost by:</p> <p style="text-align: center;"> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx </p> <p style="text-align: center;">Preferred Method</p> <p style="text-align: center;"> <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day </p> <p style="text-align: center;"> <input type="checkbox"/> Ground </p> <p style="text-align: center;">Your Billing Authorization/Account # _____</p>
Armenia _____	
Chinese _____	
Farsi _____	
Hmong _____	
Khmer (Cambodian) _____	
Korean _____	
Lao _____	
Russian _____	
Tagalog _____	
Vietnamese _____	