



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



EDMUND G. BROWN JR.
Governor

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:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Index-MC200.aspx>

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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:

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Medi-Cal Eligibility Division