



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



EDMUND G. BROWN JR.  
Governor

October 24, 2014

Medi-Cal Eligibility Division Information

Letter No.: I 14-52

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

SUBJECT: Translation of the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualifying Individuals Application (MC 14A).

The purpose of this letter is to inform counties of the availability of the July 2014 revision to the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualifying Individuals Application, MC 14A.

The revised MC 14A has been translated into all 12 threshold languages. The MC 14A is available on the Department of Health Care Services website at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Index-MC13-MC0805.aspx>

If you have any questions about the revised MC 14A application, please contact Tammy Kaylor at (916) 327-0406 or by email at [Tammy.Kaylor@dhcs.ca.gov](mailto:Tammy.Kaylor@dhcs.ca.gov).

Sincerely,

**Original Signed By**

Tara Naisbitt, Chief  
Medi-Cal Eligibility Division