



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



GAVIN NEWSOM
GOVERNOR

June 30, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: THRESHOLD LANGUAGES FOR MC 355 MEDI-CAL REQUEST FOR INFORMATION FORM
(Reference: All County Welfare Directors Letter [18-25](#))

Purpose

The purpose of this Medi-Cal Eligibility Division Informational Letter (MEDIL) is to provide counties and Statewide Automated Welfare System (SAWS) with the threshold languages for MC 355 Medi-Cal Request for Information form. Please refer to All County Welfare Directors Letters (ACWDL) [18-25 Updated MC 355 Medi-Cal Request for Information Form](#) for further guidance on when to use the MC 355 form.

Background

ACWDL [18-25](#) provided the English and Spanish version of the MC 355 and informed counties that the remaining threshold languages would be provided directly to SAWS as they become available. The MC 355 form is now available at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC300.aspx> in the following threshold languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Hindi
- Japanese
- Korean
- Laotian
- Mien
- Punjabi
- Russian
- Tagalog
- Thai
- Ukrainian
- Vietnamese

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Implementation Timeline

The Department of Health Care Services will simultaneously transmit the PDF, Word, and XDP versions of the language translations to SAWS for programming. SAWS must make programming changes to use the attached translated MC 355 forms during the next available SAWS release.

If you have any questions or require additional information, please contact Jessie Choi at (916) 345-8077 or by email at Jessie.Choi@dhcs.ca.gov

Sincerely,

Original Signed By

Linda Nguyen, Chief
Policy Development Branch
Medi-Cal Eligibility Division