STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

June 16, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter 88 - 37

SUBJECT: MEDI-CAL FORMS AND COUNTY USAGE

In our continuing effort to insure that Medi-Cal forms are in stock, and readily obtainable for County Welfare Departments, the Medi-Cal Eligibility Branch, Forms Coordinator, has established an annual usage rate for all Medi-Cal Eligibility forms maintained by the Department of Health Services. It has been brought to our attention, however, that a number of counties are reproducing forms which are supplied by our Department because in the past they were unable to order the quantity needed from the Department of Health Services' Warehouse.

It is the Department's intent to provide counties with the quantity of Medi-Cal forms, pamphlets, and notices they require. In order to accomplish this, we are asking that each county complete the attached questionnaire and indicate your county's annual usage for each form. However, if a Medi-Cal form has been modified with the Department's approval for a county's personal use, please indicate on the attached questionnaire that the form was modified and is being produced by the county. Upon receipt of the questionnaire, we will adjust our annual forms usage to insure that all forms provided by the Department are made available for county use. Please complete the attached questionnaire and return it to the address below by July 30, 1988.

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, California 95814
Attention: Forms Coordinator

We thank you in advance for your cooperation.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

Expiration Date: August 31, 1988

DEPARTMENT OF HEALTH SERVICES
MEDI-CAL FORMS USAGE
QUESTIONNAIRE
(5/1/88)

COUNTY NAME: _____

COUNTY PERSON TO CONTACT: _____

COUNTY PHONE NUMBER: _____

FORM NUMBER	TITLE	ANNUAL USAGE
CMSP 177 S-M	COUNTY MEDICAL SERVICES PROGRAM OF HEALTH COST-SHARE OF COST (PART A) NON-AUTOMATED	_____
CMSP 177 S-M	COUNTY MEDICAL SERVICES PROGRAM OF HEALTH COST-SHARE OF COST (PART B) NON-AUTOMATED	_____
CMSP 177 SA-M	COUNTY MEDICAL SERVICES PROGRAM OF HEALTH COST-SHARE OF COST (PART A) AUTOMATED	_____
DHS 6114	RECORD OF NONCOVERED SERVICES	_____
DHS 7004	DUAL CHOICE STATUS REPORT	_____
DHS 7013	CHANGE OF STATUS-LIENS	_____
DHS 7014	PROPERTY LIEN REFERRAL	_____
DHS 7015	MEDI-CAL INPATIENT HOSPITAL CARE	_____
DHS 7019	PICKLE ELIGIBLES	_____
DHS 7020	SCREENING WORKSHEET	_____
DHS 7021	PICKLE ELIGIBLES	_____
DHS 7026	MEDI-CAL DENIAL/ DISCONTINUANCE (PICKLE)	_____
DHS 7026 SPANISH	" "	_____
DHS 7027	NOTICE OF MEDI-CAL ELIGIBILITY	_____
DHS 7028	POSSIBLE MEDI-CAL ELIGIBILITY WITHOUT A SHARE OF COST	_____

FORM NUMBER	TITLE	ANNUAL USAGE
DHS 7029	DISREGARD COMPUTATION WORKSHEET	
DHS 7035	MEDICAL VERIFICATION-AIDS	
DHS 7037	PICKLE RESOURCE WORKSHEET	
DHS 7044	STATEMENT OF LIVING ARRANGEMENTS IN-KIND SUPPORT AND MAINTENANCE	
DHS 7045	WORKER OBSERVATIONS-DISABILITY	
DHS 7062	MEDI-CAL REQUEST FOR RECONSIDERATION	
DHS 7068	PUBLIC GUARDIAN/CONSERVATOR OR APPLICANT/BENEFICIARY REPRESENTATIVE CHECKLIST	
DHS 7072	INFORMATION REQUEST AND REPORT	
DHS 7075	PICKLE NEEDS TEST	
DHS 7076	NOTICE REGARDING SEPARATE AND COMMUNITY PROPERTY AND ELIGIBILITY FOR MEDI-CAL	
DHS 7076 SPANISH	" "	
ID 104	DEPARTMENT OF HEALTH SERVICES IMPORTANT NOTICE ABOUT YOUR MEDI-CAL BENEFITS	
PUBLICATION MC INFORMATION NOTICE 001	MEDI-CAL CALIFORNIA MEDICAL ASSISTANCE PROGRAM	
MC INFORMATION NOTICE 002	SUMMARY MEDI-CAL ELIGIBILITY	
PUBLICATION MC INFORMATION NOTICE 003	FOR DISABLED PERSONS MEDI-CAL	
MC INFORMATION NOTICE 004	IMPORTANT INFORMATION FOR MEDI-CAL NURSING HOME PATIENTS	
MC INFORMATION NOTICE 005	COMMUNITY PROPERTY-PERSON IN LONG TERM CARE MEDICAL PROPERTY LIMITATIONS	

FORM NUMBER	TITLE	ANNUAL USAGE
MC INFORMATION NOTICE 005 SPANISH	" "	
MC 1	MC 300/MC 301 REQUISITION	
MC 5	NOTICE OF SSI/SSP MEDI-CAL CARD PROBLEM	
MC 110	MEDI-CAL CARD/POE LABEL REQUEST	
MC 110 SPANISH	" "	
MC 160	COMPLIANCE SURVEY REPORT	
MC 176 D	MEDI-CAL SPECIAL TREATMENT PROGRAMS-PERCENTAGE OBLIGATION COMPUTATION	
MC 176 M	SHARE OF COST DETERMINATION	
MC 176 M-LTC	SHARE OF COST DETERMINATION	
MC 176 P	PROPERTY WORKSHEET	
MC 176 R	RESOURCE VERIFICATION QUESTIONNAIRE	
MC 176 R SPANISH	" "	
MC 176 S	MEDI-CAL STATUS REPORT NON-AUTOMATED MONTHLY	
MC 176 S SPANISH	" "	
MC 176 SA	MEDI-CAL STATUS REPORT AUTOMATED MONTHLY	
MC 176 SA SPANISH	" "	
MC 176 SAQ	MEDI-CAL STATUS REPORT AUTOMATED QUARTERLY	
MC 176 SAQ SPANISH	" "	
MC 176 SQ	MEDI-CAL STATUS REPORT NONAUTOMATED QUARTERLY	
MC 176 SQ SPANISH	" "	
MC 176 W	ALLOCATION/SPECIAL DEDUCTION WORKSHEET	

FORM NUMBER	TITLE	ANNUAL USAGE
MC 177 S-M PART A	RECORD OF HEALTH COST SHARE OF COST MONTHLY NON-AUTOMATED	
MC 177 S-M PART A	RECORD OF HEALTH COST SHARE OF COST MONTHLY NON-AUTOMATED	
MC 177 S-M PART B	RECORD OF HEALTH COST SHARE OF COST MONTHLY NON-AUTOMATED	
MC 177 SA-M PART A	RECORD OF HEALTH COST SHARE OF COST MONTHLY AUTOMATED	
MC 187	MEDI-CAL AUTHORIZATIONS FOR NONCASH GRANT PERSONS	
MC 194	SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE	
MC 210	STATEMENT OF FACTS (MEDI-CAL)	
MC 210 SPANISH	" "	
MC 210 A	SUPPLEMENT TO STATEMENT OF FACTS	
MC 210 A SPANISH	" "	
MC 210 B	SUPPLEMENT TO STATEMENT OF FACTS	
MC 210 B	" "	
MC 210 E	DETERMINATION OF MEDI-CAL ONLY ELIGIBILITY AFTER DISCONTINUANCE FROM AFDC	
MC 211	MEDI-CAL TEMPORARY REDETERMINATION	
MC 215	VOLUNTARY REQUEST FOR WITHDRAWAL OF APPLICATION OR DISCONTINUANCE OF ELIGIBILITY OR WAIVER	
MC 215 SPANISH	" "	
MC 215 A	BENEFICIARY WAIVER OF TEN DAY NOTIFICATION	

FORM NUMBER	TITLE	ANNUAL USAGE
MC 215 A SPANISH	" "	
MC 216	RIGHTS OF PERSONS REQUESTING MEDI-CAL	
MC 216 SPANISH	" "	
MC 217	MEDI-CAL RESPONSIBILITY CHECKLIST	
MC 217 SPANISH	" "	
MC 218	PRIVACY AND CONFIDENTIALITY NOTIFICATION	
MC 220	AUTHORIZATION FOR RELEASE OF INFORMATION	
MC 220 A	AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION-AIDS	
MC 221	DISABILITY DETERMINATION AND TRANSMITTAL	
MC 223	APPLICANT'S SUPPLEMENTAL STATEMENT OF FACTS FOR MEDI-CAL	
MC 223 SPANISH	" "	
MC 223 VH	VOCATIONAL HISTORY	
MC 237	CASELOAD MOVEMENT AND ACTIVITY REPORT	
MC 239 A	MEDI-CAL NOTICE OF ACTION DENIAL/DISCONTINUANCE OF BENEFITS	
MC 239 A SPANISH	" "	
MC 239 B-M	MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS	
MC 239 B-M SPANISH	" "	
MC 239 BACK (C)	YOUR RIGHT TO APPEAL THIS ACTION	
MC 239 C-M	MEDI-CAL NOTICE OF ACTION CHANGE IN SHARE OF COST	

FORM NUMBER	TITLE	ANNUAL USAGE
MC 239 C-M SPANISH	" "	
MC 239 D	MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE ELIGIBILITY	
MC 239 D SPANISH	" "	
MC 239 E	MEDI-CAL NOTICE OF ACTION DICONTINUANCE OF BENEFITS STATUS REPORT NOT RECEIVED OR NOT COMPLETE	
MC 239 E SPANISH	" "	
MC 239 F	MEDI-CAL SPECIAL TREATMENT PROGRAMS NOTICE OF ACTION	
MC 239 F SPANISH	" "	
MC 239 I	MEDI-CAL NOTICE OF ACTION DISCONTINUANCE OF BENEFITS STATUS REPORT NOT RECEIVED OR NOT COMPLETE	
MC 239 I SPANISH	" "	
MC 239 R	MEDI-CAL NOTICE OF ACTION DISCONTINUANCE NOTICE DECEASED PERSONS	
MC 239 R SPANISH	" "	
MC 239 U	MEDI-CAL NOTICE OF ACTION UTILIZATION OF PROPERTY	
MC 239 U	" "	
MC 239 W	MEDI-CAL NOTICE OF ACTION LIST PROPERTY FOR SALE PERSONS IN LONG-TERM CARE	
MC 239 W SPANISH	" "	
MC 239 X	MEDI-CAL NOTICE OF ACTION LIST OF PROPERTY FOR SALE PERSONS IN LONG-TERM CARE	
MC 239 X SPANISH	" "	

FORM NUMBER	TITLE	ANNUAL USAGE
MC 239 Y	MEDI-CAL NOTICE OF ACTION DENIAL/DISCONTINUANCE PROPERTY	_____
MC 239 Y SPANISH	" "	_____
MC 239 Z	MEDI-CAL NOTICE OF ACTION RESULT OF COUNTY REVIEW	_____
MC 239 Z SPANISH	" "	_____
MC 250	APPLICATION AND STATEMENT OF FACTS FOR CHILD NOT LIVING WITH A PARENT OR RELATIVE AND FOR WHOM A PUBLIC AGENCY IS ASSUMING SOME FINANCIAL RESPONSIBILITY	_____
MC 255	REFUGEE CROSS REFERENCE TRANSACTION	_____
MC 257	IMPORTANT NOTICE	_____
MC 262	REDETERMINATION FOR MEDI-CAL BENEFICIARIES (LTC)	_____
MC 1414	STATE HEARING REVIEW	_____
MC 1708	MEDICAL REPORT MEDICAL ASSISTANCE ONLY	_____
MC 4026	REQUEST FOR ELIGIBILITY FOR LIMITED SERVICES	_____

PLEASE MAIL THE QUESTIONNAIRE TO:

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814

Attention: Forms Coordinator