

DEPARTMENT OF HEALTH SERVICES

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TO: All County Welfare Directors
All County Administrative Officers

March 14, 1991
Letter No.: 91-26

SUBJECT: IMPLEMENTATION OF MC 210/MC 009

REFERENCE: ACWDL 90-77

This is to inform you that the new MC 210 (rev. 5/90) is now in the State Forms Warehouse and is available for ordering. The use of this new form should begin no later than May 1, 1991. We wish to take this opportunity to express our thanks to the members of the Forms Committee for their diligent work over the last two-plus years to bring this project to completion. We also wish to acknowledge the valuable input provided by the Sierra Foundation and their assistance in evaluating the form's readability and language level.

The new MC 210 reflects an improved, easier to read format with shading in appropriate areas; a lower reading level than the previous version; and a more logical sequence of questions. It also contains, in the form of an attached Coversheet, critical application/eligibility information which was previously provided separately on the MC 216 (Rights of Persons Requesting Medi-Cal), MC 217 (Medi-Cal Responsibilities Checklist), and MC 218 (Privacy and Confidentiality Notification). The MC 210 Coversheet should remain attached to the MC 210 until the face-to-face interview has been completed. After the information in the Coversheet is reviewed with the applicant/beneficiary, the EW shall have the person sign and date the Certification page (page 3), then the EW shall sign and date that page as well. The EW shall then separate all four Coversheet pages from the rest of the form, keep the 3rd page (with original signatures) for the file, and give the 1st, 2nd and 4th pages to the applicant/beneficiary.

The MC 210 Coversheet will also be printed as a separate document, so that it can be used in place of MC 216, MC 217, and MC 218 when a Statement of Facts other than the MC 210 (such as the MC 211, MC 250, MC 262) is required. Accordingly, the MC 216, MC 217 and MC 218 will be obsoleted as soon as the MC 210 Coversheet is available in the warehouse (approximately two months). You will be notified when the MC 210 Coversheet is ready to order. At that time, you will be instructed to destroy your existing stock of MC 216, MC 217, and MC 218 forms upon receipt of your new MC 210 Coversheet stock.

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With regard to the Certification page of the MC 210 (page 15 of 15), the "Signature of Applicant" line is repeated twice, as is the "Signature of Person Acting for Applicant/Beneficiary" line below. This was an oversight that somehow remained undetected until after the form had been printed. As a result, there is no designated space for signature of a witness if the applicant/beneficiary signs with a mark. Therefore, it is advised that the EW modify one of the blocks to reflect "Signature of Witness" when appropriate.

An important new feature of the revised MC 210 is the asterisked instruction to applicants, located at the bottom of page one, which instructs them to read form MC 009 "Citizenship/Immigration Status Information for Applicants and Beneficiaries of Medi-Cal" before completing asterisked items on the MC 210. Form MC 009 is a new information notice which briefly explains how citizenship/immigration status affects the level of Medi-Cal benefits applicants and beneficiaries may receive, and cautions them that certain items need not be completed for family members requesting Restricted Medi-Cal benefits. It does not replace the MC 13. Therefore, the MC 009 must be provided to applicants and beneficiaries with every MC 210 they are asked to complete. It must also be provided with any other Medi-Cal form which asks for a Social Security Number, birthplace, and/or immigration status.

Reproducible copies of the MC 009 (English/Spanish) are enclosed. Please print an adequate supply of these forms to use with the new MC 210 until the MC 009 is available in the warehouse (approximately one month from the date of this letter). We appreciate your patience and cooperation in this implementation effort.

Please contact Tony Plescia at (916) 324-0650 or Elaine Bilot at (916) 327-7158 if you have any questions. Questions concerning the MC 009 should be addressed to John Zapata at (916) 322-6238.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

CITIZENSHIP/IMMIGRATION STATUS INFORMATION FOR APPLICANTS AND BENEFICIARIES OF MEDI-CAL

READ this information BEFORE you give the county welfare department information on any form that requests your Social Security number, birthplace, citizenship or immigration status.

MEDI-CAL BENEFITS FOR CITIZENS

U.S. citizens are eligible for full Medi-Cal benefits if they meet all other Medi-Cal requirements. U.S. citizen applicants are not eligible for restricted Medi-Cal benefits.

MEDI-CAL BENEFITS FOR ALIENS

Aliens who meet all other program requirements are eligible for full Medi-Cal benefits or restricted Medi-Cal benefits (limited to emergency and pregnancy-related services) depending on their immigration status. Alien applicants eligible for full Medi-Cal benefits are not eligible for restricted Medi-Cal benefits.

IF YOU ARE APPLYING FOR OR RECEIVING FULL MEDI-CAL BENEFITS

You must give the county welfare department information about your citizenship, place of birth, Social Security number and, if you are an alien, immigration status.

Aliens may receive full Medi-Cal benefits if they are otherwise eligible and one of the following:

- Lawfully admitted for permanent residence.
- Granted amnesty and are under age 18, age 65 or over, blind or disabled.
- Permanently Residing (in the U.S.) Under Color Of Law (PRUCOL).

IF YOU ARE AN ALIEN APPLYING FOR OR RECEIVING RESTRICTED MEDI-CAL BENEFITS ONLY

You are not required to give the county welfare department information about the immigration status, place of birth or Social Security number of yourself or any member of your family requesting or receiving restricted benefits.

Restricted Medi-Cal benefits are available to aliens who meet all other Medi-Cal requirements and are:

- Undocumented.
- Granted amnesty and not under age 18, not age 65 or over, not blind or disabled.
- Persons with temporary visas (students, visitors, etc.)

IF YOU CURRENTLY RECEIVE OR NEED LONG-TERM-CARE BENEFITS

You must give the county welfare department information regarding your Social Security number, place of birth, citizenship, and, if you are an alien, immigration status.

VERIFICATION OF IMMIGRATION STATUS

If you are an alien, your immigration status will be verified through the Immigration and Naturalization Service (INS) if you provide your immigration documents to the county welfare department. If you are an amnesty alien and are not under age 18, not age 65 or over, and not blind or disabled, your status will be verified regardless of the level of benefits for which you apply. The INS is prohibited by law from using any information obtained through the verification system to detain or deport any alien who is not legally present in the U.S. If you have questions, please contact your local legal aid office or center for immigrant rights.

USE THIS CHART TO SEE IF YOU MUST GIVE THE FOLLOWING INFORMATION WHEN APPLYING FOR MEDI-CAL

INFORMATION REQUESTED ON FORM	ALIEN APPLYING FOR RESTRICTED BENEFITS	ANYONE APPLYING FOR FULL BENEFITS
Citizenship	NO	YES
Immigration Status	NO	YES
Place of Birth	NO	YES
Social Security Number	NO	YES

INFORMACION SOBRE ESTADO MIGRATORIO/CIUDADANIA PARA SOLICITANTES Y BENEFICIARIOS DE MEDI-CAL

LEA esta información ANTES de completar cualquier forma del departamento de bienestar del condado donde se le pida que proporcione su número del Seguro Social, lugar de nacimiento, o información respecto a su ciudadanía o estado legal.

BENEFICIOS DE MEDI-CAL PARA CIUDADANOS

Las personas con ciudadanía estadounidense son elegibles para recibir beneficios completos de Medi-Cal si llenan todos los otros requisitos de Medi-Cal. Los solicitantes que tengan ciudadanía estadounidense no son elegibles para recibir beneficios limitados de Medi-Cal.

BENEFICIOS DE MEDI-CAL PARA EXTRANJEROS

Las personas extranjeras que reúnan todos los otros requisitos de Medi-Cal son elegibles para recibir beneficios de Medi-Cal completos o limitados (los servicios se limitan a casos de emergencia y los relacionados con el embarazo) dependiendo del estado o condición legal de la persona. Los extranjeros que sean elegibles para recibir beneficios completos de Medi-Cal no son elegibles para recibir beneficios limitados de Medi-Cal.

SI USTED ESTA SOLICITANDO O RECIBIENDO BENEFICIOS COMPLETOS DE MEDI-CAL

Tiene que proporcionarle al departamento de bienestar del condado información respecto a su ciudadanía, lugar de nacimiento, número del Seguro Social, y si usted es extranjero, su estado migratorio.

Es posible que las personas extranjeras puedan recibir beneficios completos de Medi-Cal si reúnen todos los requisitos y:

- Si se le ha admitido legalmente en calidad de extranjero con residencia permanente.
- Si se le ha otorgado amnistía y si es menor de 18 años, o usted tiene, o es mayor de 65 años de edad, o está ciego o incapacitado.
- Si está residiendo permanentemente (en los E.E.U.U) bajo amparo de la ley (PRUCOL).

SI USTED ES UN EXTRANJERO QUE ESTA SOLICITANDO O RECIBIENDO UNICAMENTE BENEFICIOS LIMITADOS DE MEDI-CAL

No se le requiere que proporcione al departamento de bienestar del condado información respecto a su estado migratorio, lugar de nacimiento o número del Seguro Social de usted ni de cualquier miembro de su familia que esté solicitando o recibiendo beneficios limitados.

Los beneficios limitados de Medi-Cal están a la disposición a personas extranjeras quienes reúnen todos los otros requisitos de Medi-Cal y los cuales:

- Estén indocumentados.
- Se les haya otorgado amnistía y no son menores de 18 años, o no tienen o no son mayores de 65 años de edad, y no están ciegos o incapacitados.
- Tengan visa provisional (estudiantes, visitantes, etc.)

SI USTED ACTUALMENTE ESTA RECIBIENDO O NECESITA RECIBIR BENEFICIOS DE CUIDADO A LARGO PLAZO

Tiene que proporcionarle al departamento de bienestar del condado información respecto a su número del Seguro Social, lugar de nacimiento, ciudadanía, y si usted es extranjero, su estado migratorio.

VERIFICACION DE SU ESTADO MIGRATORIO

Si usted es extranjero, se verificará su estado migratorio por medio del Servicio de Inmigración y Naturalización (INS) si le proporciona al departamento de bienestar del condado sus documentos de inmigración. Si usted es un extranjero bajo amnistía y no es menor de 18 años, no tiene, o no es mayor de 65 años de edad, y no está ciego o incapacitado, su estado legal será verificado sin importar el nivel de beneficios que usted solicite. El INS tiene prohibido por ley, usar cualquier información que obtenga por medio del sistema de verificación para aprender o deportar cualquier extranjero que no esté legalmente en los E.E.U.U. (U.S.). Si tiene preguntas, por favor comuníquese con su oficina local de asesoramiento legal (Legal Aid) o centro que trate con asuntos respecto a los derechos de inmigrantes.

USE ESTA TABLA PARA VER SI USTED TIENE QUE PROPORCIONAR LA SIGUIENTE INFORMACION AL SOLICITAR BENEFICIOS DE MEDI-CAL

INFORMACION QUE SE SOLICITA EN LA FORMA	EXTRANJERO SOLICITANDO BENEFICIOS LIMITADOS	CUALQUIERA SOLICITANDO BENEFICIOS COMPLETOS
Ciudadanía	NO	SI
Estado legal	NO	SI
Lugar de nacimiento	NO	SI
Número del Seguro Social	NO	SI