



SANDRA SHEWRY
Director

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



ARNOLD SCHWARZENEGGER
Governor

December 13, 2005

Medi-Cal Eligibility Branch Information Letter No.: I 05-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: "MEDI-CAL WHAT IT MEANS TO YOU" PUB 68 (NOV 05)

Purpose: Advise counties:

- PUB 68 (NOV 05), "Medi-Cal What It Means to You," is now available.
- PUB 68 is available on the California Department of Health Services (CDHS) website at:
<http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibility.htm>

Details: Updates to PUB 68 (NOV 05) include:

- County addresses and phone numbers.
- Mail-in application process.
- Benefit and program information.
- Brochure size and color.

*Required
Action:*

By February 1, 2006, counties are to:

- Distribute PUB 68 (NOV 05) to all applicants and interested parties.
- Destroy any remaining PUB 68 (FEB 01) stock.

Ordering: To order PUB 68 (NOV 05):

<u>Special Order Process</u> <u>Before December 18, 2005*</u>	<u>Regular Order Process</u> <u>After December 18, 2005</u>
<p>E-mail a PUB 68 Order Form (Enclosure 1) to Susan Jackson (sjackson@dhs.ca.gov)*.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none">▪ Counties may order a 2-3 month supply.▪ PUB 68 cannot be ordered from the CDHS Warehouse currently. <p>* If your county submitted a pre-order, it is <u>not</u> necessary to return this form.</p>	<p>Submit a DHS 2031 to the CDHS Warehouse.</p> <p><i>Note:</i> The CHDS Warehouse closes for inventory on December 8, 2005 and reopens on January 22, 2006.</p>

Contact: Ms. Susan Jackson at sjackson@dhs.ca.gov or (916) 552-9458 for questions about this notice.

Original signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosure

PUB 68 Order Form

Name of County: _____ County Number: _____

Department/Agency/Facility: _____

Contact Person: _____

Phone: _____ E-Mail Address: _____

Delivery Address (must be a street address not a P.O. Box):

Street Address: _____

City: _____ State: CA Zip Code: _____

Contact Person at Delivery address: _____

Phone: _____ E-Mail Address: _____

Quantity Requested: _____ (limit 2-3 month supply)

Note:

- 1) Counties may request a 2-3 month supply of PUB 68. CDHS may adjust the amount shipped.
- 2) At this time, PUB 68 is not available through the CDHS Warehouse.
- 3) CDHS will ship orders to one address for each county. Shipments to multiple addresses cannot be accommodated.

Submit the completed form to the address below or by e-mail to:

Ms. Susan Jackson, AGPA
Medi-Cal Eligibility Branch
California Department of Health Services
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MS 4609
P O Box 997417
Sacramento, CA 95899-7417 Phone: (916) 552-9458
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