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

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

October 1, 2008

Medi-Cal Eligibility Division Information Letter No.: 08-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINSTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIASONS

SUBJECT: DEFICIT REDUCTION ACT – OUTREACH POSTER

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties to begin ordering the Deficit Reduction Act (DRA) poster through the Department of Health Care Services (DHCS) new vendor, MAXIMUS.

MEDIL 08-02 informed counties that a multilingual poster was available as part of the outreach plan for the federal DRA to notify families that there are new Medi-Cal requirements regarding proof of citizenship and identity. Effective October 1, 2008, MAXIMUS will receive and process the order forms and distribute the posters. A copy of the revised order form is enclosed and it will be available on the DHCS DRA web site starting October 1, 2008. The English and Spanish version of the poster can be viewed at the web site below

http://www.dhcs.ca.gov/services/medi-cal/Pages/DRA.aspx.

Beginning October 1, 2008, to order the poster, please complete the new order form and fax the form to MAXIMUS at the number indicated on the form. If you have questions on your order, please contact MAXIMUS by email: medpublicationorders@maximus.com.

If you have any questions regarding this MEDIL, please contact
Ms. Debora Wong-Kochi at (916) 552-9490 or email Debora.Wong-Kochi@dhcs.ca.gov.

Original Signed By:

Vivian Auble, Chief
Medi-Cal Eligibility Division

Attachment

Deficit Reduction Act (DRA) Poster Order Form

Fax your order to: **MAXIMUS**
(916) 364-6612

For questions:
medpublicationorders@maximus.com

Organization Name _____ Today's Date _____

Delivery Address (No P.O. boxes) _____

City _____ State _____ Zip _____

Contact Person Name _____

Telephone Number _____ E-mail address _____

Organization Category Please indicate the category your organization represents:

- ☐ County Social Services
- ☐ County Health Department
- ☐ Hospital/Clinic
- ☐ Health Plans
- ☐ Health Provider
- ☐ School
- ☐ Community Based Organization
- ☐ Advocate
- ☐ Stakeholder

Language Selection (number ordered)

English _____
Spanish _____

Arabic _____
Armenia _____
Chinese _____
Farsi _____
Hmong _____
Khmer (Cambodian) _____
Korean _____
Lao _____
Russian _____
Tagalog _____
Vietnamese _____

Mailing

Please allow 5 to 7 working days for standard delivery at no cost.

Special Delivery Request
You may request to have posters shipped at your cost by:

☐ UPS ☐ FedEx

Preferred Method

☐ Overnight ☐ 2-Day

☐ Ground

Your Billing Authorization/Account # _____