

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



June 30, 2010

Medi-Cal Eligibility Division Information Letter No.: I 10-06

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: PROVISION OF MEDI-CAL FORMS TO COUNTIES

Historically, the Department of Health Care Services (DHCS) has leased warehouse space in Sacramento to store an inventory of over 200 different Medi-Cal forms that DHCS provides to counties upon request for use in the Medi-Cal eligibility determination or redetermination process. The warehouse lease expires on July 31, 2010, and will not be renewed. Warehouse operations ceased on June 25, 2010, to allow time for removal of storage equipment and other clean-up activities.

DHCS has been working with the Office of State Publishing (OSP), MAXIMUS, and counties to establish a new process to provide Medi-Cal forms to counties. This new process involves the following:

- Infrequently used forms will be available to the counties by posting them on the DHCS website. Counties will print and reproduce these forms.
- Orders for medium and high usage forms will be limited to once per quarter.
   Forms will be printed and shipped to counties directly from OSP using a Print on Demand (POD) process.

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#### **Print On Demand Process**

The following is an overview of the POD process which was developed with input from counties:

- Each county will estimate their forms usage over the next three months for each
  of the 57 forms listed on the POD List.
- Each county will complete an order form (using the same order form counties used to order from the DHCS warehouse) that will list which forms are needed, how many boxes of each form are needed, and if desired, listing the forms in priority of immediate need.
- The order form will be faxed to DHCS at (916) 552-9477 by the quarterly due date. Faxed orders not received by the due date will not be filled for the specified quarter.
- OSP will ship forms as they come off the printer, and counties will receive orders periodically over the following three to six weeks instead of one mass shipment.

#### **Medi-Cal Print on Demand Forms List**

Please see Attachment 1, Medi-Cal Print on Demand Forms List, for the official list of Medi-Cal POD forms. The list consists of 57 forms counties will be able to order on a quarterly basis. As ordering trends are identified, this list may change. DHCS will ensure counties are given adequate notice prior to any changes.

#### **Infrequently Used Medi-Cal Forms**

The forms not included on the *Medi-Cal Print on Demand Forms List* are available via the DHCS website at the following address:

http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx

Counties are still required to use these forms, when applicable, by printing and reproducing these forms themselves.

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#### Forms Provided by MAXIMUS

There are certain very high usage forms that DHCS is making available to counties through MAXIMUS. To accomplish this, DHCS has entered into a contact with MAXIMUS to print and ship these forms as needed by counties. Currently, the MC 210 and MC 219 (English and Spanish) are available from MAXIMUS. The MC 210, RV, and the Pub 68 will soon be available.

MAXIMUS is instructed to keep a stock of forms available in their warehouse to fill orders as they come in. Orders are normally filled within five business days. Counties have been instructed, in previous MEDILs, to use the MC 0026 to order forms from MAXIMUS. The MC 0026 is faxed directly to MAXIMUS. Please see MEDIL 10-04 for more information regarding this process through MAXIMUS.

#### **Medi-Cal Print on Demand Order Form**

In an effort to simplify the ordering process for counties, DHCS is going to use the existing warehouse order form. Order forms will be faxed to the Medi-Cal Eligibility Administrative Support Unit at (916) 552-9477. Counties should use as many order forms as needed to complete their order. Counties must have their orders faxed according to the POD Schedule. Any orders not received by the due date will not be processed for the specified quarter.

It is critical that counties list forms in order of priority. Forms will be shipped as soon as they come off the printing press and counties will receive them on a staggered basis. DHCS will prioritize the printing orders by the information they receive from the counties.

Please note, counties can no longer order a specific number of forms; forms are only now available by the box. Please see *Attachment 2, Forms Per Box*, for the number of forms contained in each box.

If counties have questions while completing the ordering form, please contact the Medi-Cal Eligibility Administrative Support Unit at (916) 552-9470.

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#### **The Print on Demand Schedule**

Counties will be able to order any of the listed Medi-Cal forms on a quarterly basis. The quarters will be broken down as follows:

Quarter 1 July 15
Quarter 2 October 15
Quarter 3 January 15
Quarter 4 March 15

As previously stated, order forms received at DHCS after the designated due date will not be processed for the specified quarter. If the 15th of the order month falls on a weekend or holiday, POD forms will be due to DHCS by the following business day.

#### **Delivery Timeframes**

Once order forms are received by DHCS, it is expected that it will take anywhere from three to six weeks for the forms to be shipped. This will depend on OSP's workload and the priorities the counties assign to the forms being ordered.

If you have any questions, please contact Mr. Braden Oparowski at (916) 552-9520 or by email at <a href="mailto:braden.oparowski@dhcs.ca.gov">braden.oparowski@dhcs.ca.gov</a>.

Sincerely,

#### Original signed by

René Mollow, MSN, RN, Chief Medi-Cal Eligibility Division

**Enclosure** 

## Attachment 1 Medi-Cal Print on Demand Forms List

Form Number	Form Title	Form Number	Form Title
CW 2.1 NA	N&A CH, SPOUSE, MED	MC 210 S-W	VOC AND WKR HIST
CW 2.1 NA SP	N&A CH, SPOUSE, MED SP	MC 220	AUTH RELEASE INFO
CW 2.1 Q	SUPPORT	MC 220 SP	AUTH RELEASE INFO SP
	QUESTIONNAIRE		
CW 2.1 Q SP	SUPPORT	MC 221 LA	DIS DET AND TRANS
	QUESTIONNAIRE SP		
DHCS 7045	WK OBSERVATIONS DIS	MC 221 OAK	DETERM AND TRANSMIT
DHCS 7077	NOT REG PROP	MC 222 LA	DAPD INFO UPDATE LA
DHCS 7077 SP	NOT REG PROP SP	MC 222 OAK	DAPD INFO UPDATE OAK
DHCS 7077 A	NOTICE OF TRANSFER	MC 223	SUP STATE OF FACT
MC 003	EPSDT GEN NOT	MC 223 SP	SUP STATE OF FACT SP
MC 003 SP	EPSDT GEN NOT SP	MC 224 A	OVERPAYMENT WORK SHEET
MC 007	M/C GEN PROPERTY LIMITS	MC 224 A-S	OVERPAYMENT WORK SHEET
MC 007 SP	M/C GEN PROPERTY LIMITS SP	MC 250	APP & STATE OF FACT
MC 008	QMB INFO NOTICE	MC 262	REDETERMIN BENEF
MC 17	WHAT YOU SHOULD KNOW	MC 263	PROVIDER DIRECTIONS
MC 13	STATE OF CITIZEN	MC 263 SP	PROVIDER DIRECTIONS SP
MC 13 SP	STATE OF CITIZEN SP	MC 273	WORK ACTIVITY REPORT
MC 14 A	SLMB/QI APPLICATION	MC 306	APP OF REPRES
MC 14 A SP	SLMB/QI APPLICATION SP	MC 306 SP	APP OF REPRES SP
MC 176 M	SOC DET M/LTC PERS	MC 322	REAL & PERS PROP
MC 18	IMP INFO M/C BEN	MC 322 SP	REAL & PERS PROP SP
MC 180-2	MULTI PAGE FORM	MC 325	REQUEST TRANS MC 4 MO
MC 19	INFO NOTICE	MC 355	MC REQ FOR INFO
MC 194	S/S ADMIN REFERRAL	MC 355 SP	MC REQ FOR INFO SP
MC 210 A	SUPP STATE OF FACT	MC 371	ADDITIONAL FAMILY MEM
MC 210 A SP	SUPP STATE OF FACT SP	MC 371 SP	ADDITIONAL FAMILY MEM SP
MC 210 PS	PROPERTY SUPPLEMENT	MC 4026 SP	LIM SVCS REQUEST SP
MC 210 PS SP	PROPERTY SUPPLEMENT SP	MC 4034	MC LANGUAGE NOTICE
MC 210 S-I	INCOME IN-KIND HOUSE	SWAS 1	APP FOR CASH AID
MC 180	ELIG LETTER OF AUTH		

### **Attachment 2 Forms Per Box**

Form Number	Forms Per Carton	
CW 2.1 NA	1000	
CW 2.1 NA SP	1000	
CW 2.1 Q	1000	
CW 2.1 Q SP	1000	
DHCS 7045	2100	
DHCS 7077	800	
DHCS 7077 DHCS 7077 SP	800	
DHCS 7077 A	1500	
MC 003	2100	
MC 003 SP	2100	
MC 003 GI	600	
MC 007 MC 007 SP	600	
MC 007 3F	1000	
MC 17	2100	
MC 13		
MC 13 SP	2100	
	2100	
MC 14 A	600	
MC 14 A SP	600	
MC 176 M	2100	
MC 18	2100	
MC 180-2	1000	
MC 18 MC 180-2 MC 19 MC 194 MC 210 A	2100	
MC 194	1500	
MC 210 A	1100	
IVIO Z TO A OI	1100	
MC 210 PS	1100	
MC 210 PS SP	1100	
MC 210 S-I	2100	
MC 210 S-W	2100	
MC 220	2100	
MC 220 SP	2100	
MC 221 LA	800	
MC 221 OAK	800	
MC 222 LA	1000	
MC 222 OAK	1000	
MC 223	800	
MC 223 SP	800	
MC 224 A	1000	
MC 224 A-S	1000	
MC 250	2100	
MC 224 A-S MC 250 MC 262	1100	
MC 263	800	
MC 263 SP	800	
MC 273	2100	
MC 306	1000	
MC 306 SP	1000	
MC 300 3F	1100	
MC 322 SP	1100	
IVIO JZZ JF	1100	

Form Number	Forms Per Carton
MC 325	2100
MC 355	2100
MC 355 SP	2100
MC 371	1000
MC 371 SP	1000
MC 4026 SP	1500
MC 4034	2100
SAWS 1	1000
MC 180	1000