

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



August 25, 2010

Medi-Cal Eligibility Division Information Letter No.: I 10-09

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: UPDATED MC 321 HFP APPLICATION FORM (REV. 07/10)

This Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties of one minor change to the back cover of the MC 321 HFP in the recent printing of the form. The statement," *Valid until 3/31/2010*" located above the income chart on the back cover of the MC 321 HFP form has been removed because the current income guidelines are still in effect. Congressional actions extended the 2009 Federal Poverty Level (FPL) until at least May 31, 2010. Since that date, there have been no further actions to modify the FPL.

An update to the MC 321 HFP form will be issued if the FPL guidelines are changed. Counties are instructed to continue to use the current inventory of MC 321 HFP forms (rev. 01/10) until they are exhausted.

The updated MC 321 HFP application forms are available in English and the eleven threshold languages on the Department of Health Care Services website: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Medi-CalForms.aspx

Also, copies of the updated MC 321 HFP application form may be ordered from the MAXIMUS warehouse by using the order form available at this link: http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC%20370.pdf

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If you have any questions regarding this MEDIL, please contact Ms. Angelica Perez at (916) 552-9511 or by e-mail at: <a href="mailto:Angelica.Perez@dhcs.ca.gov">Angelica.Perez@dhcs.ca.gov</a>.

Original Signed By

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