

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



California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director



GRAY DAVIS
Governor

April 23, 2003

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 277

TO: ALL HOLDERS OF THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUBJECT: ARTICLE 22 C-4 COMPLETING DISABILITY EVALUATION FORMS

Enclosed is an update to Article 22 C-4 regarding the most recent change to the MC 222 form utilized by counties to communicate information on disability cases pending with Oakland and Los Angeles State Programs branches.

Recently, State Programs-Disability Evaluation Division (DED) changed their name to State Programs-Disability and Adult Programs Division (DAPD). The revised MC 222 shows DAPD in the title and address instead of DED. The latest revision date is March 2002. However, the Department of Health Services warehouse indicated that they still have a significant amount of the October 2000 revision left in stock. Counties may continue to use the October 2000 version until the stock is depleted. MC 222 forms dated prior to October 2000, should be destroyed immediately. The Medi-Cal Eligibility Branch is in the process of changing all other Medi-Cal disability forms to reflect the new name.

As a reminder, counties that normally refer disability cases to Oakland DAPD should use the MC 222 (OAK) and counties that refer disability cases to Los Angeles DAPD should use the MC 222 (LA).

Filing Instructions:

Remove Page

Article 22
Pages 22C-4.19 & 22C-4.20

Insert Pages:

Article 22
Pages 22C-4.19 and 22C-4.20



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If you have any questions, please contact Mr. Terry Durham at (916) 657-2701.

Original signed by

**Beth Fife, Chief
Medi-Cal Eligibility Branch**

Enclosures

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

DAPD PENDING INFORMATION UPDATE

COUNTY WELFARE DEPARTMENT ADDRESS

DAPD ADDRESS

Oakland State Disability and
Adult Programs Division
P.O. Box 23645
Oakland, CA 94623-0645

County Number	Aid Code	Case Number
—	—	—

Social Security Number
on MC 221 _____

Applicant's Name
(Last, First, MI) _____

Date of Birth _____

THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DAPD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DAPD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION.)

Check the appropriate box or boxes and complete the information.

1. CHANGE OF ADDRESS
New address: _____
2. CHANGE OF TELEPHONE NUMBER
New telephone number: () _____
3. CHANGE OF SOCIAL SECURITY NUMBER
Corrected number: _____
4. CASE CLOSED
Date: _____ (Discontinue evaluation)
5. CLIENT DECEASED
Death certificate attached Yes No
6. NON-ENGLISH SPEAKING
Language spoken: _____
Interpreter name: _____ Phone number: () _____
7. UPDATED MEDICAL RECORDS ATTACHED
8. CHANGE OF COUNTY WORKER (See below)
9. OTHER _____

Worker name (Please print)	Worker number
Date	Telephone number ()

MC 222 OAK (3/02)



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DAPD PENDING INFORMATION UPDATE

COUNTY WELFARE DEPARTMENT ADDRESS

DAPD ADDRESS

Los Angeles State Disability and
Adult Programs Division
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030-9934

County Number	Aid Code	Case Number
—	—	—

Social Security Number
on MC 221 _____

Applicant's Name
(Last, First, MI) _____

Date of Birth _____

THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DAPD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DAPD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION.).

Check the appropriate box or boxes and complete the information.

1. CHANGE OF ADDRESS
New address: _____

2. CHANGE OF TELEPHONE NUMBER
New telephone number: () _____

3. CHANGE OF SOCIAL SECURITY NUMBER
Corrected number: _____

4. CASE CLOSED
Date: _____ (Discontinue evaluation)

5. CLIENT DECEASED
Death certificate attached Yes No

6. NON-ENGLISH SPEAKING
Language spoken: _____
Interpreter name: _____ Phone number: () _____

7. UPDATED MEDICAL RECORDS ATTACHED
8. CHANGE OF COUNTY WORKER (See below)
9. OTHER _____

Worker name (Please print)	Worker number
Date	Telephone number () _____

MC 222 LA (3/02)

