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Director

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Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

April 21, 2016

Medi-Cal Eligibility Division Information Letter No.: I 16-05

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

SUBJECT: Updated MC 219 Rights and Responsibilities Form (Rev. 11/15)  
Available for Order

The purpose of this letter is to inform counties of the availability of the updated MC 219, Rights and Responsibilities form. The MC 219 (Rev 11/15) took into consideration of the new laws and regulations related to the Affordable Care Act and extensive stakeholder input. Counties should note that the signature block has been removed from MC 219 (Rev. 11/15), as current policy does not require that the MC 219 be signed or returned to the county by the applicant/beneficiary. Counties shall begin using the revised English or Spanish MC 219 immediately.

The English and Spanish versions of the revised MC 219 forms may be ordered through the MAXIMUS warehouse. Counties may order the MC 219 by completing the MC 0026 order form. The order form can be found on the Department of Health Care Services (DHCS) website located at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC0026.pdf>.

Additionally, the revised English and Spanish version of the MC 219 can be found in the DHCS forms index located at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC200.aspx>.

The updated MC 219 forms in the remaining threshold languages will be finalized and posted on the DHCS website in the coming months for counties to use. In the interim, counties may continue to provide the existing MC 219 in the threshold languages to applicants/beneficiaries who request the forms in one of these languages. The existing MC 219 in the threshold languages can be found in the DHCS forms index located at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC200.aspx>.

Medi-Cal Eligibility Division Information Letter No.: I 16-05

Page 2

April 21, 2016

If you have any questions or if we can provide further information, please contact Alison Brown at (916) 319-9565 or by email at [Alison.Brown@dhcs.ca.gov](mailto:Alison.Brown@dhcs.ca.gov).

Original Signed By

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Medi-Cal Eligibility Division