



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 8, 2019

Medi-Cal Eligibility Division Information Letter No.: I 19-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIASONS

SUBJECT: SPANISH TRANSLATION FOR UPDATED AUTHORIZED
REPRESENTATIVE FORMS
(Ref: All County Welfare Directors Letter 18-26)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with the Spanish translation of the Medi-Cal authorized representative forms previously released in [All County Welfare Directions Letter 18-26](#). These forms include:

- MC 380 (06/18): Notice of Authorized Representative Appointment
- MC 381 (06/18): Notice of Cancellation or Change to a Medi-Cal Authorized Representative Appointment
- MC 382 (06/18): Appointment of Authorized Representative Form
- MC 383 (06/18): Authorized Representative Standard Agreement for Organizations

The Spanish translations for these forms can be located on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMC300.aspx>

The remaining threshold language translations are in development and will be provided in a separate MEDIL.

The Statewide Automated Welfare System (SAWS) shall make programming changes to automate the Spanish translated authorized representative forms and notices during the next available SAWS release.

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If you have any questions, or if we can provide further information, please contact Kathryn Floto, by phone at (916) 345-8076 or by email at kathryn.floto@dhcs.ca.gov.

Original Signed By

Karen Chang, Branch Chief
Policy Development Branch
Medi-Cal Eligibility Division