

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



February 3, 2022

Medi-Cal Eligibility Division Information Letter No.: I-22-03

- 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 LIAISONS
- SUBJECT: Revision of the Breast and Cervical Cancer Treatment Program (BCCTP) Forms MC 372 and MC 373 (Reference: All County Welfare Directors Letter (ACWDL) 22-02)

The purpose of this Medi-Cal Eligibility Division Informational Letter (MEDIL) is to inform counties of the revised <u>MC Info Notice 372 (MC 372 (12/21))</u> flyer and the <u>County</u> Referral to the Breast and Cervical Cancer Treatment Program (MC 373 (12/21)) form.

The MC 372 has been rewritten to provide Medi-Cal applicants and beneficiaries the two options on how to obtain more information and apply for BCCTP, while using minimal eligibility information to encourage individuals to apply. Counties shall continue to include the MC 372 flyer in all Medi-Cal intake and redetermination packets.

The MC 373 has been updated to streamline the referral process between counties and BCCTP. Please provide current and available information at the time of the referral that would assist in determining BCCTP eligibility. BCCTP determines family size by using Non-Modified Adjusted Gross Income (non-MAGI) household composition rules.

Both forms are available on the Department of Health Care Services, Medi-Cal Eligibility Division forms <u>website</u>. The MC 372 is available in all of the threshold languages.

If you have any questions or require additional information, please contact BCCTP at (800) 824-0088 or by email at BCCTP@dhcs.ca.gov.

Sincerely,

## **Original Signed By**

Sandra Williams, Chief Medi-Cal Eligibility Division