



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

Date: August 7, 2013

Medi-Cal Eligibility Division Information Letter No.: I 13-08

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: MC 003 FORM, EARLY & PERIODIC SCREENING, DIAGNOSIS
& TREATMENT (EPSDT) INFORMATIONAL NOTICE AVAILABLE
IN ALL THRESHOLD LANGUAGES

The EPSDT informational notice (MC 003 revision 11/12) has been translated into the following threshold languages and is posted on the Department of Health Care Services website for counties to print as needed: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Russian, Tagalog and Vietnamese and is available at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEDFormsMCinfo.aspx>

For the English and Spanish EPSDT information notice (MC 003), counties can request copies quarterly by following ordering instructions in Medi-Cal Eligibility Division Information Letter 10-06, Provision of Medi-Cal Forms to Counties.

If you have any questions, please contact Andrea Mack at (916) 341-3968 or by e-mail at Andrea.Mack@dhcs.ca.gov.

Original Signed By

Tara Naisbitt, Chief
Medi-Cal Eligibility Division