



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 13-09

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

SUBJECT: PREORDERS FOR THE SINGLE STREAMLINED PAPER  
APPLICATION, REVISED PUB 68 AND REVISED MC 219 FORMS

The purpose of this letter is to request counties to preorder the new single streamlined paper application form and other Department of Health Care Services (DHCS) forms that are contained in the Medi-Cal mail-in application packet that are being updated. Preordering by August 19, 2013, will assist DHCS and the publication and distribution vendors to have sufficient quantities available for the initial open enrollment period of the California Health Benefit Exchange, Covered California, beginning October 1, 2013. The materials to be preordered are as follows:

**Single Streamlined Application**

DHCS, in conjunction with Covered California, is developing the new single streamlined paper application form that will replace the current MC 210 and MC 321 application forms. It will be translated and printed in all threshold languages on a flow basis.

**Medi-Cal What It Means To You (PUB 68) booklet**

PUB 68 is also being updated regarding the single streamlined paper application and the new income methodologies and processes to determine eligibility under the Affordable Care Act (ACA). It will be printed in the current English/Spanish format.

**Important Information for Persons Requesting Medi-Cal "Rights and Responsibilities for Medi-Cal" (MC 219)**

The MC 219 "Rights and Responsibilities for Medi-Cal" is a mandatory form for all Medi-Cal applicants. The form will also be updated to reflect new rules and changes in accordance with ACA. It will be printed in the current English and Spanish formats.

August 7, 2013

**Preorders**

Using the attached preorder form, DHCS requests that counties project their needs for an initial three months' supply of forms. Please provide a contact person, telephone number, email address, and the physical address (no P.O. Boxes) for shipment of your orders. Each county will be required to identify **one** location for the forms shipment. Email the completed pre-order form to: [MCEDPUBPreorder@dhcs.ca.gov](mailto:MCEDPUBPreorder@dhcs.ca.gov) no later than Monday, August 19, 2013.

DHCS expects to fill each county's three month supply; however, if we experience delays in the printing schedule, DHCS will ship a reduced order, initially, to ensure all counties receive some inventory as soon as possible. As the additional quantities of applications are printed, DHCS will send the remainder of the requested/projected order. Information on the shipment of forms and county delivery dates will be provided after the printing schedule for each form is established. Instructions for counties to order these materials after October 1, 2013, will be sent in a future Medi-Cal Eligibility Division Information Letter (MEDIL).

If you have any questions about this MEDIL, please contact Andrea Mack at (916) 341-3968 or by e-mail at [Andrea.Mack@dhcs.ca.gov](mailto:Andrea.Mack@dhcs.ca.gov).

Original Signed By

Tara Naisbitt, Division Chief  
Medi-Cal Eligibility Division

Attachment

**Preorders  
for  
Single Streamlined Paper Application/ PUB 68/ MC 219**

To process your pre-order send this form to  
[MCEDPUBPreorder@dhcs.ca.gov](mailto:MCEDPUBPreorder@dhcs.ca.gov)

<b><u>County/Organization Name</u></b>	<b><u>Contact Name</u></b>
<b><u>Delivery Address</u></b> (No P.O. Boxes)	<b><u>Contact Phone</u></b>
	<b><u>Email Address</u></b>

**For large quantities, are you able to receive palletized freight at the delivery address? Yes [ ] No [ ]**

**Specify Delivery Hours:**

Provide an estimate for a 3 month supply of the following publications.

Single Streamlined Application Form			
Language	Quantity	Language	Quantity
English		Spanish	
Arabic		Hmong	
Armenian		Korean	
Cambodian		Russian	
Chinese		Tagalog	
Farsi		Vietnamese	
Form Number	Title	Language	Quantity
<b>PUB 68</b>	Medi-Cal What It Means To You	English/Spanish	
<b>MC 219</b>	Important Information For Persons Requesting Medi-Cal	English	
		Spanish	

**These threshold languages will be available after October 1 as soon as they are produced.**