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Director

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



GRAY DAVIS
Governor

August 14, 2002

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No: 01-39E

ERRATA FOR ALL COUNTY WELFARE DIRECTOR LETTER NO. 01-39: MEDI-CAL REQUEST FOR INFORMATION FORM (MC 355)

The purpose of this letter is to inform counties that the Department is rescinding instructions outlined in ACWDL 01-39 regarding Senate Bill (SB) 87 processing procedures and timeframes as they relate to the annual redetermination process. Instructions for this process were issued in error.

ACWDL 01-39 was issued to introduce a new form MC 355 and provide instructions for its use. Because this ACWDL was intended as operational only, it did not undergo the rigorous review process, including legal review, that is used when the Department is interpreting statutes or regulations or announcing new policies. Once this error was detected, this letter was reviewed and it was determined that it was an incorrect statement of current Department policy. We regret any confusion this error has caused.

Effective immediately, counties shall not apply the instructions outlined on page 3, Section C. PROCESSING PROCEDURES AND TIMEFRAMES to the Medi-Cal annual redetermination or the annual redetermination form MC 210 RV. Instead counties should continue to follow the pre-existing Medi-Cal annual redetermination process.

If you have questions regarding this errata, please contact Mack Guynn at (916) 657-1064

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch



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