State of California—Health and Human Services Agency

Department of Health Care Services

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DIRECTOR

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GOVERNOR

OFFICE OF REGULATIONS 2014 MAILING LIST FORM

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The Department of Health Care Services (Department), Office of Regulations maintains a mailing list pursuant to Section 14911 of the Government Code. This mailing list is comprised of parties that have requested to receive public notices of proposed regulations for program(s) administered by the Department.

As of July 1, 2014, the following Managed Risk Medical Insurance Board (MRMIB) health care coverage programs were transitioned to the Department: Access for Infants and Mothers (AIM) Program (which has been renamed the Medi-Cal Access Program), County Health Initiative Matching (CHIM) Fund Program, and the Major Risk Medical Insurance Program (MRMIP).

If you would like to be added to the Department's mailing list, please complete Sections A, B and C. If you would like to be deleted from the mailing list, please complete Section D. Please submit the completed form by mail, fax or e-mail, as designated below.

SECTION A: Please select from the following mailing list categories:

- ☐ **ALL DEPARTMENT NOTICES OF REGULATORY ACTIONS**
- ☐ **AUDITS & INVESTIGATIONS**
- ☐ **HEALTH CARE COVERAGE PROGRAMS** (Includes County Health Initiative Matching Fund Program, Major Risk Medical Insurance Program, and Medi-Cal Access Program)
- ☐ **MEDI-CAL PROGRAM** (Includes Early and Periodic Screening Diagnosis and Treatment (EPSDT), Medi-Cal Benefits, Medi-Cal Dental Services, Medi-Cal Eligibility, Medi-Cal Managed Care, Pharmacy Benefits, Provider Enrollment, Rates, Third Party Liability & Recovery, and Utilization Management)
  (EXCLUDES Substance Use Disorder and Mental Health Services)
- ☐ **MENTAL HEALTH SERVICES** (Includes Medi-Cal related and community mental health services)
- ☐ **OTHER HEALTH CARE PROGRAMS** (Includes Primary and Rural Health, Long-Term Care, and Cancer Detection and Treatment)
- ☐ **SAFETY NET FINANCING** (Includes Disproportionate Share Hospital, Local Educational Agency, Subacute Care, and Supplemental Payment Programs)
- ☐ **SUBSTANCE USE DISORDER SERVICES** (Includes Drug Medi-Cal Program and other substance use prevention, treatment and recovery programs)
- ☐ **SYSTEMS OF CARE** (Includes California Children's Services, Child Health and Disability Prevention Program, Genetically Handicapped Persons Program, and Newborn Hearing Screening Program

OFFICE OF REGULATIONS 2014 MAILING LIST FORM (Cont.)

SECTION B: Please provide the following information:

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Title:
Organization:
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SECTION C: Please select **one** method of delivery. If both methods of delivery are selected, the default method of delivery will be via e-mail.

☐ **Electronically deliver public notices via e-mail**

Join the effort to reduce costs and conserve natural resources. Electronic delivery of public notices will include an e-mail with hyperlinks to the Department's Regulations Website (http://www.dhcs.ca.gov/formsandpubs/laws/Pages/OfficeofRegulations.aspx), which includes all proposed regulations. Please add Regulations@dhcs.ca.gov to your "Safe Senders" list to ensure that you receive e-mail notification of the Department's regulatory actions.

☐ **Deliver public notices via the United States Postal Service (USPS)**

NOTES:

1. Name and address information on Department regulation mailing lists may be shared with other State agencies or the public. In accordance with the State Information Practices Act, this directory may not be used, rented, distributed, or sold or used otherwise for commercial purposes.

2. Mailing address information is requested as a back-up contact method should the Department's electronic means of delivery be unavailable.

SECTION D: Please **remove me** from the Department's mailing list for public notices:

Six Digit Code from Current Mailing Label (if available):

Name:
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