



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 11, 2013

PPL: 13-006

TO: LOS ANGELES COUNTY ADMINISTRATIVE OFFICER  
LOS ANGELES COUNTY HEALTH EXECUTIVES

**SUBJECT: Submission of Signed Documents**

### **Purpose**

This policy and procedure letter is to provide updated guidance to the counties regarding the submission of signed forms to meet the provisions specified in Assembly Bill (AB) 85 (Chapter 24, Statutes of 2013).

### **Background**

AB 85 requires counties to submit various signed forms, including but not limited to the tentative decision forms and certification forms for data submissions to the Department of Health Care Services. This guidance clarifies how to properly return signed forms as required.

### **Signed Forms**

All AB 85 related forms (including tentative decision form) requiring a signature from a county representative must be signed and mailed to:

Department of Health Care Services  
Realignment Unit, MS 4519  
P.O. Box 997436  
Sacramento, CA 95899-7436

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Electronic copies of signed forms will not be deemed as an acceptable submission. Original signatures must be received. If the county has already submitted electronic copies of the signed forms, please mail a hardcopy as noted above.

The county should submit a signed tentative decision form by November 1, 2013.

Should you have any questions or concerns, please contact Michelle Gibbons, Chief of the Realignment Unit at (916) 552-8494 or [AB85@dhcs.ca.gov](mailto:AB85@dhcs.ca.gov).

Thank you,

**Original Signed by Pilar Williams**

Pilar Williams  
Deputy Director, Health Care Financing

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