



June 11, 2003

CHDP Program Letter No.: 03-10

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S  
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE  
STAFF

SUBJECT: CHDP GATEWAY IMPLEMENTATION INFORMATION

Enclosed in CHDP Provider Information Notice Number 03-10 informing CHDP providers of the extension of the transition period, provider training, program participation requirements, printed materials and forms, and contact information for further assistance in preparing for the implementation of the CHDP Gateway on July 1, 2003.

Providers will still have the option to order both versions of the DHS 4073 through local CHDP programs. On the old Provider Forms Reorder Request for CHDP (the gray postcard), local CHDP programs must indicate which version of the DHS 4073 they are ordering in the following manner:

- To order CHDP Eligibility Information Forms (DHS 4073, versions prior to 7/03), use the **first** row on the order card. Indicate the language desired by either circling "ENG/SP" or writing the language in the blank space under the "Title" column. Available languages include English/Spanish, Armenian, Cambodian, Chinese, Hmong, Lao, and Vietnamese. You **must** also write "pink" in the "Other" column.
- To order CHDP Pre-Enrollment Applications (DHS 4073, revised 7/03), use the **second** row on the order card. Indicate the language desired in the "Specify Other Languages" space under the "Title" column. Available languages include Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Russian, Spanish, and Vietnamese. You **must** also write "white" under the "Other" column.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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- If ordering more than one language, write the first two letters of the language in the appropriate "Quantity" column rather than an "X". For example, of ordering 100 copies of Cambodian, write "CA" under the 100 column.

EDS will begin filling orders for the CHDP Pre-Enrollment Application on June 15, 2003. **Orders will be delayed or returned if they do not conform to these instructions.** Remember, the new CHDP Pre-Enrollment Application (DHS 4073, 7/03) should not be used before July 1, 2003.

The EDS Print and Distribution Center will continue to distribute Version 6 of the Confidential Screening/Billing Report (PM 160) form, standard and information only, until supplies have been exhausted. The next reprinting will reflect the cosmetic changes to the PM 160 in version 7.

Please distribute the enclosed provider information notice without any revisions to providers in your local program area and complete and return the enclosed "Report of Distribution".

If you have any questions about the CHDP Gateway, please contact your Regional Nurse Consultant.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

Department of Health Services  
Children's Medical Services Branch  
Child Health and Disability Prevention (CHDP) Program  
REPORT OF DISTRIBUTION REPORT FORM

**Purpose of form and instruction for use:**

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution report form is to be mailed to the address shown below within 45 days of this letter.

**PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THIS PROVIDER INFORMATION NOTICE OR ATTACHMENT.**

**THANK YOU.**

**Report of Distribution of:**

CHDP Program Letter No. 03-10 and Provider Information Notice No. 03-10

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

\_\_\_\_\_ COUNTY/CITY on \_\_\_\_\_ DATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Program Representative (Print)

SIGNATURE OF SENDER: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the completed form to: Report of Distribution Clerk  
Children's Medical Services Branch  
Child Health and Disability Prevention  
P.O. Box 942732  
Sacramento, CA 94234-7320

**Please note:** To update local program contact information (e.g., address, telephone, director or deputy director name), please follow the instructions on page one of the **Children's Medical Services Directory**. The directory can be found under "Forms and Publications" at [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp). To open the directory, enter the case-sensitive password: CMS#directory.