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Exhibit A

Assembly Bill No. 3483

Assembly Bill No. 3483

CHAPTER 197

An act to amend Sections 1797.254, 102247, 102250, 116590, 116600, 120955, and 123227 **of**, to amend and renumber Section 4019.10 of, to add Sections 116377 and 123228 to, to add Chapter 12 (commencing with Section 1799.202) to Division 25 of, to add and repeal Section 103640 **of**, the Health and Safety Code, to amend Sections 4359, 4643, 5778, 14005.21, 14005.8, 14005.85, 14021.6, 14105.31, 14105.33, 14105.35, 14105.37, 14105.38, 14105.39, 14105.4, 14105.405, 14105.41, 14105.42, 14105.91, 14105.915, 14105.916, 14132.44, 14132.47, 14132.90, 14133.22, 14148.5, and 14163 of, to amend and repeal Section 4791 of, to add Sections 4681.3, 4776.5, 6600.05, 7200.05, 14005.81, 14511, and 14512 to, to add and repeal Chapter 14 (commencing with Section 18993) of Part 6 of Division 9 of, to add and repeal Division 24 (commencing with Section 24000) of, and to add and repeal Sections 14087.305 and 14105.335 of, the Welfare and Institutions Code, and to amend Section 24 of Chapter 305 of the Statutes of 1995, relating to health, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor July 20, 1996. Filed with Secretary of State July 22, 1996.]

LEGISLATIVE COUNSELS DIGEST

AB 3483, Friedman. Health.

Existing law creates an Emergency Medical Services Authority in the Health and Welfare Agency. It requires the authority to, among other things, provide technical assistance to agencies, counties, and cities for developing components of emergency medical services systems.

This bill would establish the Emergency Medical Services for Children Program within the authority, contingent upon available funding, and would authorize local emergency medical service agencies to develop the program and; if so, to integrate an emergency medical services for children program component, as specified, into their emergency medical services plan. It would provide that no more than \$120,000 per fiscal year shall be expended from the General Fund by the authority for the program. This bill would require the authority, among other things, on or before March 1, 2000, to produce a report for the Legislature describing any progress made on the implementation of the program.

Existing law, the California Safe Drinking Water Act, requires the State Department of Health Services to administer provisions relating to the regulation of drinking water and public water systems.

(b) The department may use local assistance funds allocated for the program to provide training to potential grantees authorized by subdivision (d) of Section 18993.2.

(c) The department may use local assistance funds allocated to the program for the evaluation of the program required by subdivision (b) of Section 18993.8.

18993.8. The department shall conduct a statewide independent evaluation of the program. The department shall submit its findings from the evaluation to the Legislature on or before January 1, 1999.

18993.9. This chapter shall remain operative until July 1, 1999, and shall remain in effect only until January 1, 2000, and as of that date is repealed, unless a later enacted statute, which is effective on or before January 1, 2000, deletes or extends that date.

SEC. 52. Division 24 (commencing with Section 24000) is added to the Welfare and Institutions Code, to read:

DMSION 24. STATE-ONLY FAMILY PLANNING PROGRAM'

24000. There is established in the State Department of Health Services the State-Only Family Planning Program to provide comprehensive clinical family planning services to low-income men and women. This division shall be known and may be cited as the State-Only Family Planning Program.

24001. (a) For purposes of this division, "family planning" means the process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved. These means include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods, natural family planning, abstinence methods and basic, limited fertility management. Family planning services include, but are not limited to, preconceptual counseling, maternal and fetal health counseling, general reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures, including supplies and followup, and informational, counseling, and educational services. Family planning does not include abortion, pregnancy testing solely for the purposes of referral for abortion or services ancillary to abortions, or pregnancy care that is not incident to the diagnosis of pregnancy.

(b) For purposes of this division, "department" means the State Department of Health Services.

24003. (a) A person shall be eligible to receive services pursuant to this chapter provided that the following conditions are met:

(1) The person is a resident of California.

(2) The person has a family income at or below 200 percent of the federal poverty level.

(3) The person has no other source of health care coverage unless the use of that health care coverage would create a barrier to access because of confidentiality.

(4) The person is not otherwise eligible for existing Medi-Cal services without a share of cost.

(b) Notwithstanding any other provision of law, the provision of family planning services shall not require the consent of anyone other than the person who is to receive the services.

(c) Eligibility shall be determined at point of service by the provider. The provider shall obtain information on the individual's family size, income, and health care coverage and then, based on that information, determine if the individual meets the eligibility criteria specified in subdivision (a). All individuals who meet the eligibility requirements shall be certified by the provider as eligible for services under the program. A Medi-Cal share of cost shall not be used to deny access to family planning services under the program. The department may require the collection on a voluntary basis or the use of the individual's social security number, or both. No services shall be denied to a client if a social security number is not provided.

(d) Eligibility shall be based on the individual's self-declaration of gross annual or monthly income, family size, and other source of health care coverage, signed under penalty of perjury at each annual eligibility certification. No asset information shall be used to determine eligibility.

(e) The department may establish a copayment system for services provided pursuant to this chapter that is based upon the income level of the individual and the cost of the service provided. No individual whose documented family income is at or below 100 percent of the federal poverty level shall be subject to copayment. The copayment fee shall not be used to deny access to family planning services. State reimbursement to the provider shall be offset by that amount of the copayment collected from the eligible individual. The department shall notify providers on an annual basis of the copayment fee schedule.

24005. (a) Only licensed medical personnel with family planning skills, knowledge, and competency may provide the full range of family planning medical services covered in this program.

(b) Medi-Cal enrolled providers, as determined by the department, shall be eligible to provide family planning services under the program. Those providers electing to participate in the program shall provide the full scope of family planning education, counseling, and medical services specified for the program, either directly or by referral, consistent with standards of care issued by the department. The department shall require providers to enter into enrollment agreements with the department to ensure compliance with standards. Providers who do not provide services consistent

with the standards of care may be disenrolled as a provider from the program.

(c) Enrolled providers shall attend specific orientation approved by the department in comprehensive family planning services. Enrolled providers who insert **IUDs** or contraceptive implants shall have received prior clinical training specific to these procedures.

24007. (a) The department shall determine the scope of benefits for the program, which **shall** include, but is **not** limited to, the following:

(1) Family planning related services and male and female sterilization. Family planning services for men and women include emergency and complication services directly related to the contraceptive method and followup, consultation and referral services, **as** indicated, which **may** require treatment authorization requests.

(2) **All** United States Department of Health and Human Services, Federal Drug Administration-approved birth control methods, devices, and supplies that are in keeping **with** current standards of practice and from which the individual may choose.

(3) **Culturally and** linguistically appropriate health education **and** counseling services, including informed consent; psychosocial and medical aspects of contraception, sexuality, fertility, pregnancy, **and** parenthood; infertility; reproductive health care; preconceptual and **nutrition** counseling; prevention and treatment of sexually transmitted infection; use **of** contraceptive methods, devices, and supplies; possible contraceptive consequences and followup; interpersonal communication and negotiation of relationships to assist individuals and couples in effective contraceptive method use and planning families.

(4) A comprehensive health **history**, updated at next periodic visit (between 11 and 24 months after **initial** examination) that includes a complete obstetrical history, gynecological history, contraceptive history, personal medical history, health **risk** factors, and family health history, including genetic **or** hereditary conditions.

(3) A complete physical examination on initial and subsequent periodic visits.

(b) Benefits under this program **shall** be effective in 30 days after notice to providers, but not sooner than January 1, 1997.

24009. Family planning services are confidential. All information about personal facts and circumstances obtained by the provider shall be treated **as** privileged communications, shall be held confidential, and shall not be divulged without the individual's written consent, except **as** required by law **or** **as** may be necessary to provide emergency services to the individual or **as** required by the department to administer **this** program. Information may be disclosed in summary, statistical, or other form that **does not** identify particular individuals.

24011. (a) Providers shall submit claims for reimbursement for services provided on or after January 1, 1997, or receipt of notice from the department, whichever is later, and covered by this program, to the fiscal intermediary of the department for payment. Charges and individual information shall be submitted on the form or in the format specified by the department for the state-only family planning program, and providers shall be reimbursed at the rates established for those services by the department.

(b) The department shall use existing contractual claims processing services in order to promote efficiency and to maximize use of funds.

(c) Claims for state-only family planning services provided through prescription, including laboratory and pharmaceutical, shall be reimbursed in a manner determined by the department. Eligible individuals shall not be charged for any state-only family planning laboratory or pharmaceutical services.

(d) Claims for method-related complications requiring approved treatment authorization requests shall be reimbursed regardless of category of medical service.

24013. (a) Notwithstanding any other provision of law, the department may adopt any procedures as are necessary for the review of a grievance or complaint concerning the processing of claims or payment of moneys alleged by a provider of services to be payable by reason of any of the provisions of this division.

(b) Any applicant for, or recipient of, services under the state-only family planning program shall have a right to a hearing conducted by the department regarding the person's eligibility or receipt of services. A proposed decision from the administrative law judge shall be submitted to the State Director of Health Services for adoption, modification, or rehearing. The decision of the director shall be final. A person shall not have a right to contest changes made to the eligibility standards or benefits of the state-only family planning program.

24015. The department may adopt emergency regulations as necessary to implement and administer this chapter in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The initial adoption of any emergency regulations following January 1, 1997, shall be deemed to be an emergency and necessary for immediate preservation of the public peace, health and safety, or general welfare. Emergency regulations adopted pursuant to this act shall remain in effect no more than 180 days.

24017. The program shall be exempt from the requirements of Chapter 7 (commencing with Section 11700) of Part 1 of Division 3 of Title 2 of the Government Code and Chapter 3 (commencing with Section 12100) of Division 2 of Part 2 of the Public Contract Code as

those requirements apply to the use of contractual claims processing services by the department.

24021. The department shall conduct ~~an~~ evaluation of the effectiveness and efficiency of the program, including ~~expanded~~ access and reduction of unintended pregnancies, ~~and~~ shall report to the Legislature by no later ~~than~~ January 1, 2000. The department may use local assistance ~~funds allocated~~ to the State-Only Family Planning Program for the evaluation ~~of~~ the program.

24023. It is the intent of the Legislature that the State Department of Health Services shall, effective March 1, 1997, conduct no other general statewide program for the provision of comprehensive clinical family ~~planning~~ services ~~as~~ referenced in Chapter 8.5 (commencing with Section 14500) ~~of~~ Part 3 of Division 9, while the State-Only Family Planning Program authorized by this division is in effect. For the purpose of avoiding a disruption of services, to the extent the implementation of ~~the~~ State-Only Family Planning Program does ~~not~~ occur on or before March 1, 1997, the Director of Health Services may extend the general statewide program for the provision ~~of~~ comprehensive clinical ~~family~~ ~~planning~~ services ~~as~~ referenced in Chapter 8.5 (commencing with Section 14500) of Part 3 of Division 9. This extension shall be made only upon notification to the Chairperson of ~~the~~ Joint Legislative Budget Committee ~~and~~ the chairperson of the committee in each house that considers appropriations and under no condition shall extend beyond 120 days.

24027. This division shall remain operative ~~only until~~ July 1, 2000, and, ~~as of~~ January 1, 2001, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2001, deletes or extends that date.

SEC. 33. Section 24 of Chapter 305 of the Statutes of 1995 is amended to read:

Sec. 24. Notwithstanding any other provision of law, the emergency regulations developed pursuant to Section 14680 of the Welfare and ~~Institutions~~ Code to implement Part 25 (commencing with Section 5775) of Division 5 of the Welfare and ~~Institutions~~ Code shall remain ~~in~~ effect until July 1, 1997, ~~or until~~ the regulations are made permanent, whichever occurs first, and ~~shall~~ not be subject to the repeal provisions of Section 11336.1 of the Government Code until that ~~time~~.

SEC. 54. (a) No later than February 15, 1997, the State Department of Alcohol and Drug Programs shall provide a report to the chairs of the fiscal committees and policy committees of the Legislature on each of the audits, studies, and surveys required by this section.

(b) The State Department of Alcohol and Drug Programs ~~shall~~ contract for an independent audit of the department's financial procedures for allocation of funds and reimbursement of costs for

Exhibit B

Public Notice Comments

EXHIBIT B

COMMENTS ON THE FAMILY PACT MEDICAID WAIVER PROPOSAL AND RESPONSES

This hearing report is issued with respect to the hearings held pertaining to the Family PACT Waiver Medicaid Demonstration Project proposal developed by the State Department of Health Services. David Mitchell was the hearing officer who presided over the public hearing in Sacramento on March 22, 1999, and Roberto Martinez was the hearing officer who presided over the public hearing in Los Angeles on March 23, 1999. Comments and concerns presented to the Department have been grouped into five categories: continuation of the Family PACT program; context of the Waiver proposal; expansion of the Family PACT Program; rate issues; and miscellaneous.

Continuation of the Program

Comment: **This** program **has** been most beneficial to the community, **as** we are able to reach out **and** provide services to individuals who would otherwise be unprotected and untreated. We urge the State to do anything it can to ensure the continuance of the Family PACT program.

Response: The Department is doing its utmost to assure the continuation of the Family PACT program.

The following comments were submitted by anonymous patients served by a County of Placer, Department of Health and Human Services, Family PACT enrolled clinic.

Comment: **This** program allowed me to have an annual PAP smear that detected a precancerous condition. **This** led to treatment, which I would have never had but for this program.

Comment: I am a 22-year-old female who does not make a large amount of money. **This** program allows me the comfort of knowing that I will not get pregnant except by choice.

Comment: I am **an** 18-year-old female who would not have had the needed treatment were it not for **this** program.

Comment: I am a 19-year-old and **am** unable to pay the **share** of cost for Medi-Cal. **This** program allows me to have the medical attention I need.

Comment: **This** is a wonderful program. It is client-based, rational, and covers many needs that were not addressed in prior programs.

Comment: I am a single mother who makes too much to be on Medi-Cal but cannot afford to pay

for health insurance. This program **has** allowed us to have yearly PAP smears and breast exams, **as well as** inexpensive birth control pills.

Context of the Waiver Proposal

Comment: On page 20 of the waiver under program standards, strike the word “general” from the phrase “**same** general set of standards”, **as** the program standards are not general. They are very specific.

Response: The State agrees and will do **so**.

Comment: How will the project evaluation, referred to on page 37 and **38**, be coordinated **with** or complemented by the evaluation that is currently required in the legislation (Section 24021) and due to the legislature January of 2000? Is **this** a repeat and possibly an expansion of that evaluation?

Response: The evaluation referred to in the Waiver proposal will probably contain many of the same components **as** the evaluation required by statute. The evaluation due to the California legislature in **January 2000** will be completed in 1999. The evaluation referenced in the Waiver proposal is a separate assessment required by the federal government and to be conducted during the latter part of the Waiver period.

n of the Program

Comment: Include medical exam, risk assessment, **and** screening and diagnosis of **STI as** part of male services.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: Include in waiver and trailer bill the following language, “Family planning does include prescription contraception for an abortion patient if no other source of coverage for prescription is available and meets the criteria established in Welfare and Institutions Code, Section **24003**.”

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: There is no reason the existing process for Medi-Cal to add drugs to the formulary should not also include the Family PACT program. Also, add FDA approved emergency contraception to the formulary.

Response: At this time, the Department is submitting the waiver proposal as written. We will

keep your comments/suggestions on file for future consideration.

Comment: We strongly support efforts of the administration to support general public awareness. The current toll-free number system needs adequate financial support so it can be updated to accommodate changes in the provider's office locations and more importantly, include the addition of new area codes.

Response: At this time, the Department is submitting the waiver proposal as Written. We will keep your comments/suggestions on file for future consideration.

Comment: Include rubella vaccination in preventive health services.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: We asked the committee to look within this regulation in its expansion process to provide more waivers for people are in that poverty level or just above the poverty level category to consider the needs for people who are deaf, and the ancillary services that are necessary for them to be able to fully access the service that is out there and available to them.

Response: At this time, the Department is submitting the waiver proposal as written. We will keep your comments/suggestions on file for future consideration.

Comment: Family PACT should allow males to receive counseling, education, clinical prevention services, contraception and **STI** testing and treatment independent of female sexual partners.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: The scope of service should be expanded to include a full range of screenings.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: Recommendation: Include Crises Pregnancy Centers in Family PACT evaluation.

Response: At this time, the Department is submitting the waiver proposal **as written**. We will keep your comments/suggestions on file for future consideration.

Comment: The American Social Health Association and the Kaiser Family Foundation found that California **has** the highest estimated number of new cases of STDs and the highest estimated direct medical costs for all STDs in the United States. Including

STDs in the 90/10 match would reduce the fiscal burden to the State for the cost of STDs.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Comment: We believe that the American College of Obstetricians and Gynecologists Guidelines for Women's Health Care should be the standards for the Family PACT Program also.

Response: At this time, the Department is submitting the waiver proposal **as** written. We will keep your comments/suggestions on file for future consideration.

Rate Issues

Comment: Recommendation: Review and increase rates by 20 percent for services provided with Family PACT diagnosis code.

Response: Rate issues are addressed **through** the process described in California's Medicaid State Plan and are subject to the budgetary process. At any time, rate increases may be proposed through the proscribed process.

Comment: Recommendation: Medi-Cal and Family PACT should increase tubal ligation reimbursement rates to **80** percent of private insurance rates for CPT codes: **56301, 56302, 58600, 58615**, for tubal ligations provide in an office or surgical facility.

Response: Rate issues are addressed through the process described in the California State Plan and are subject to the budgetary process. At any time, rate increases may be proposed through the proscribed process.

Miscellaneous

Comment: We encourage DHS and Medi-Cal to consider expanding provider-based eligibility for other state-only Medi-Cal programs, such **as** Medi-Cal Minor Consent **and** Pregnancy-related services.

Response: We will keep your suggestions on file for analysis and future consideration.

Exhibit C

Federal Waivers

EXHIBIT C

FEDERAL WIAVERS

- Acquired Immune Deficiency Syndrome (**AIDS**) and AIDS Related Conditions (ARC) Waiver for statewideness under Section 1902(a)(1) and for Comparability of services under Section 1902(a)(10)(B).
 - CalOPTIMA (Orange County COHS) Waiver for statewideness under Section 1902(a)(1), for single state agency under Section 1902(a)(5), for comparability of services under Section 1902(a)(10), for institutional payments under Sections 1902(a)(4), 1902(a)(13)(A), and 1902(a)(30), and for freedom of choice under Section 1902(a)(23).
 - California Medi-Cal Utilization Review (UR) Waiver (Superior Systems Waiver) for UR provisions under 42 Code of Federal Regulations (CFR) Section 456 and SSA Section 1915(b).
 - California Work Pays Demonstration Project Waiver for maintenance need income levels under Section 1903(f), for maintenance of effort under Section 1902(c), and for extension of Transitional Medi-Cal under Section 1925.
 - Developmentally Disabled Services Waiver for comparability of service under Section 1902(a)(10)(B).
 - Fee-For-Service (FFS) Managed Care Network for statewideness under Section 1902(a)(1), for comparability of services under Section 1902(a)(10)(B), and for freedom of choice under Section 1902(a)(23).
 - Geographic Managed Care Program (GMC) for comparability of services under Sections 1902(a)(1), 1902(a)(5), 1902(a)(10)(B), and for freedom of choice under Section 1902(a)(23), and institutional payment under Section 1902(a)(30).
 - Health Care Options/Assignment for freedom of choice under Section 1902(a)(23).
 - Hudman Waiver for Long-Term Care (LTC) residents' placement under Section 1902(a) and for freedom of choice under Section 1902(a)(23).
 - In-Home Medical Waiver for comparability of service under Section 1902(a)(10)(B).
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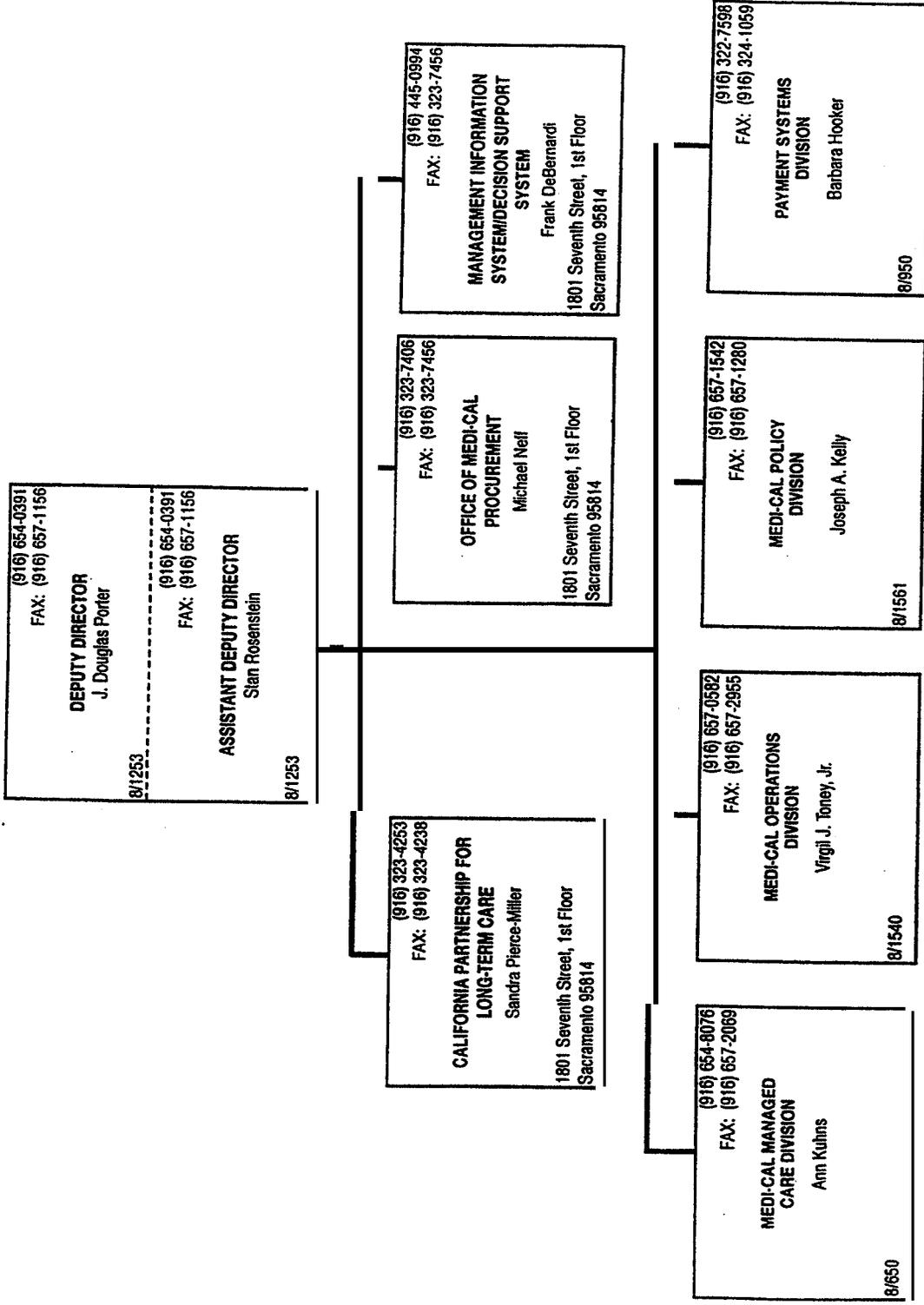
- **Los Angeles County Section 1115 Waiver Demonstration Project** for restructuring the financing of the health care delivery system under Section 1115(a)(2) that in **turn** allowed the waiver for statewideness under Section 1902(a)(1), for disproportionate share hospital payments under 42 CFR Section 431.50, Sections 1902(a)(13)(A) and 1903(l)(3).
- **Medi-Cal Speciality Mental Health Services Consolidation Waiver** for statewideness under Sections 1902(a)(1) and 1915(b)(4), for freedom of choice under Section 1902(a)(23), and institutional payment under Section 1902(a)(13).
- **Model Home and Community-Based Services Waiver** for comparability of service under Section 1902(a)(10)(B) and use of institutional deeming rules for the medically needy population under Section 1902(a)(10)(C)(i)(III).
- **Multipurpose Senior Services Program Waiver** for statewideness under Section 1902(a)(1) and for comparability of service under Section 1902(a)(10)(B).
- **Primary Care Case Management Program** for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), for freedom of choice under Section 1902(a)(23), and for institutional payment under Section 1902(a)(30).
- **San Mateo County Mental Health Managed Care Field Test Waiver** for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), for freedom of choice under Section 1902(a)(23), and for institutional payment under Sections 1902(a)(13) and 1902(a)(30).
- **Santa Barbara Health Initiative (COHS)** for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10), for freedom of choice under Section 1902(a)(23), and for institutional payment under Sections 1902(a)(4), 1902(a)(13)(A), and 1902(a)(30).
- **Santa Cruz County Health Options (COHS)** for statewideness under Section 1902(a)(1), for single state agency under Section **1902(a)(5)**, for freedom of choice under Section 1902(a)(23), and for institutional payment under Sections 1902(a)(13)(A) and 1902(a)(30).
- **Selected Provider Contracting Program (SPCP) Waiver** for statewideness under Section 1902(a)(1), for single state agency under Section **1902(a)(5)**, for freedom of choice under Section 1902(a)(23), **and** for institutional payment under Sections 1902(a)(13)(A) and 1902(a)(30).

- Senior Care Action Network (**SCAN**) for statewideness under Section 1902(a)(1), for Comparability of service under Section 1902(a)(10), for freedom of choice under Section 1902(a)(23), and for upper payment limit (savings sharing) under Section 1902(a)(30), and for primary care case management under Section 1902(e)(2)(A).
- Skilled Nursing Facility (SNF) Waiver for comparability of service under Section 1902(a)(10)(B) and for allowance of a second vehicle with adoptions under Section 1902(a)(10)(C)(i)(III).
- Two-Plan Model Expansion Model for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), and for freedom of choice under Section 1902(a)(23).
- On Lok for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), for freedom of choice under Section 1902(a)(23), for prepaid health plans payments under Section 1903(m)(2)(A)(i)(II), and for income limitations for eligibility under Section 1903(f)(4)(C).
- Sutter Senior Care for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), for freedom of choice under Section 1902(a)(23), for prepaid health plans payments under Section 1903(m)(2)(A)(i)(II), and for income limitations for eligibility under Section 1903(f)(4)(C).
- Center for Elder Independence for statewideness under Section 1902(a)(1), for comparability of service under Section 1902(a)(10)(B), for freedom of choice under Section 1902(a)(23), for prepaid health plans payments under Section 1903(m)(2)(A)(i)(II), and for income limitations for eligibility under Section 1903(f)(4)(C).

Exhibit D

Organization Chart: Medical Care Services

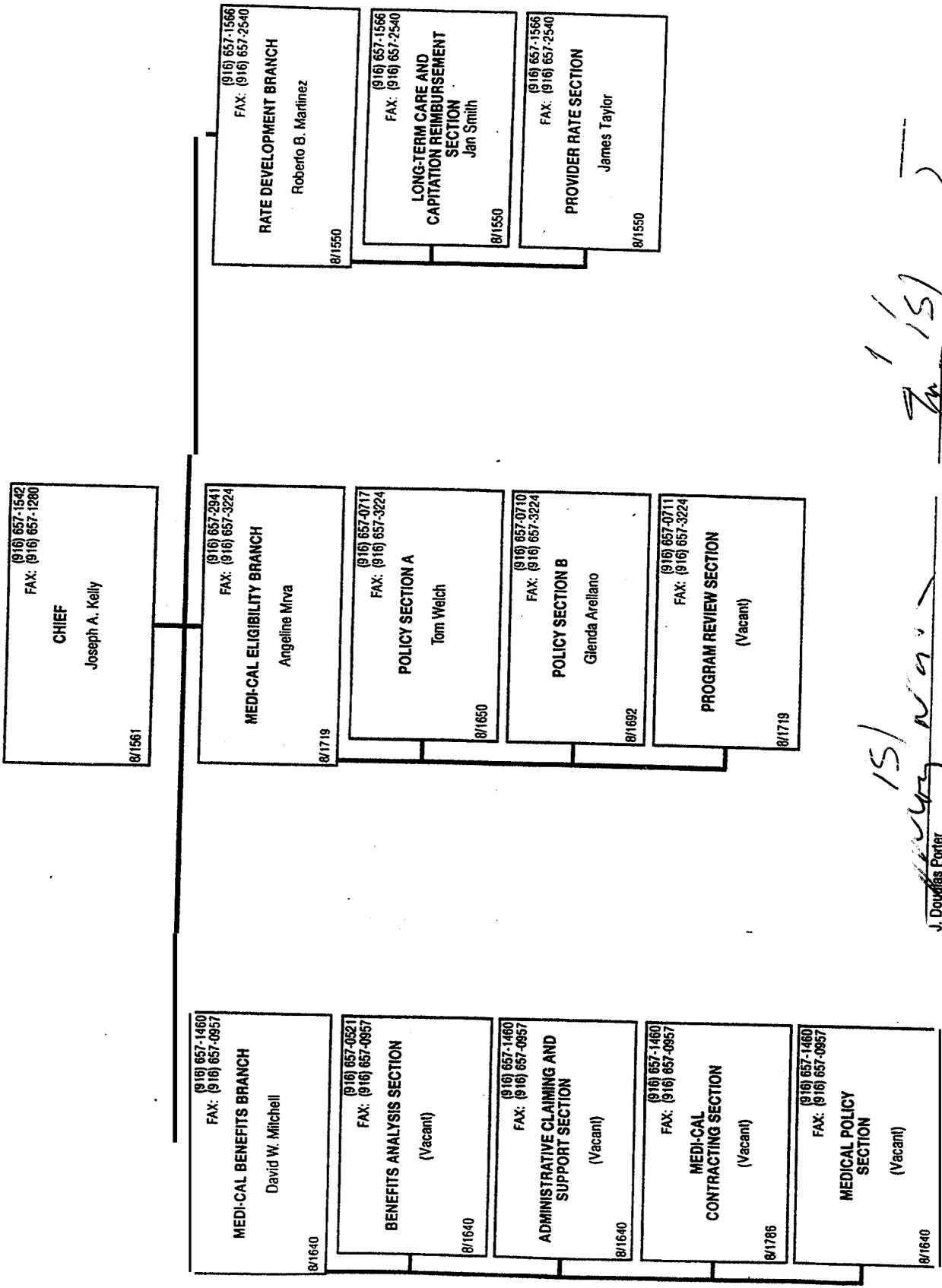
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
MEDICAL CARE SERVICES



15/

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 Deputy Director
 Medical Care Services

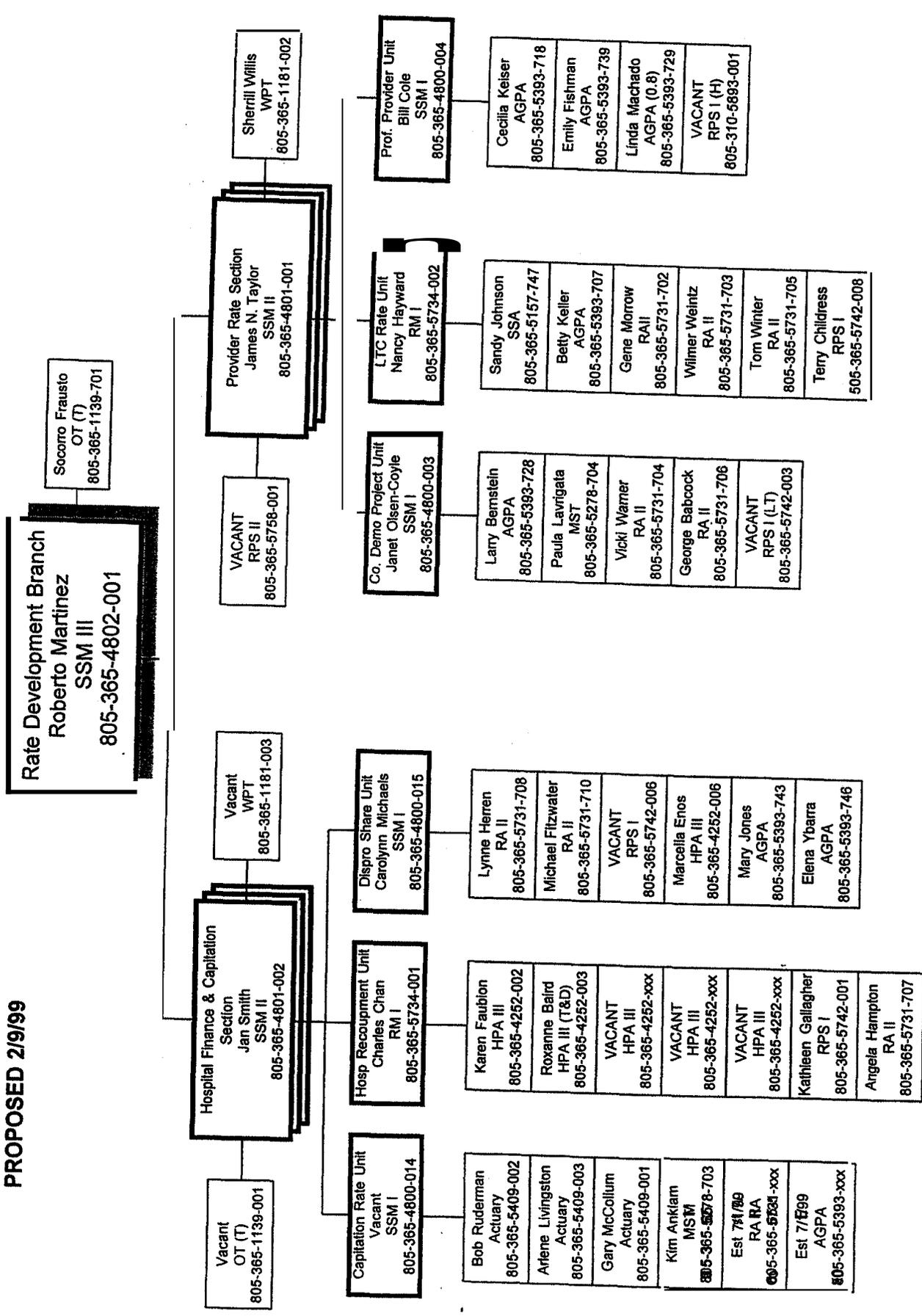
**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 MEDICAL CARE SERVICES
 MEDI-CAL POLICY DIVISION**



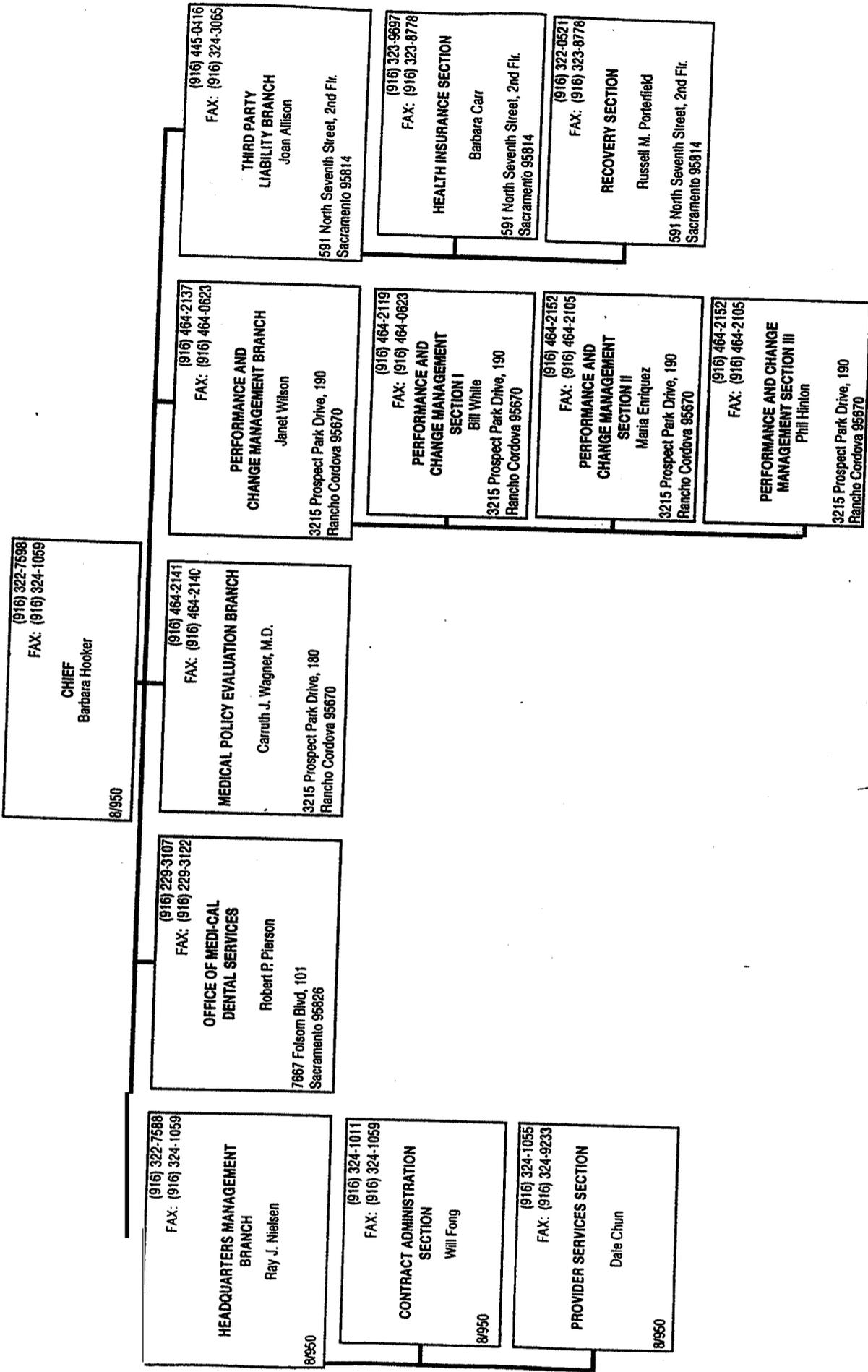
15/15/15
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 Deputy Director
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PROPOSED 2/9/99



**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 MEDICAL CARE SERVICES
 PAYMENT SYSTEMS DIVISION**



15/21

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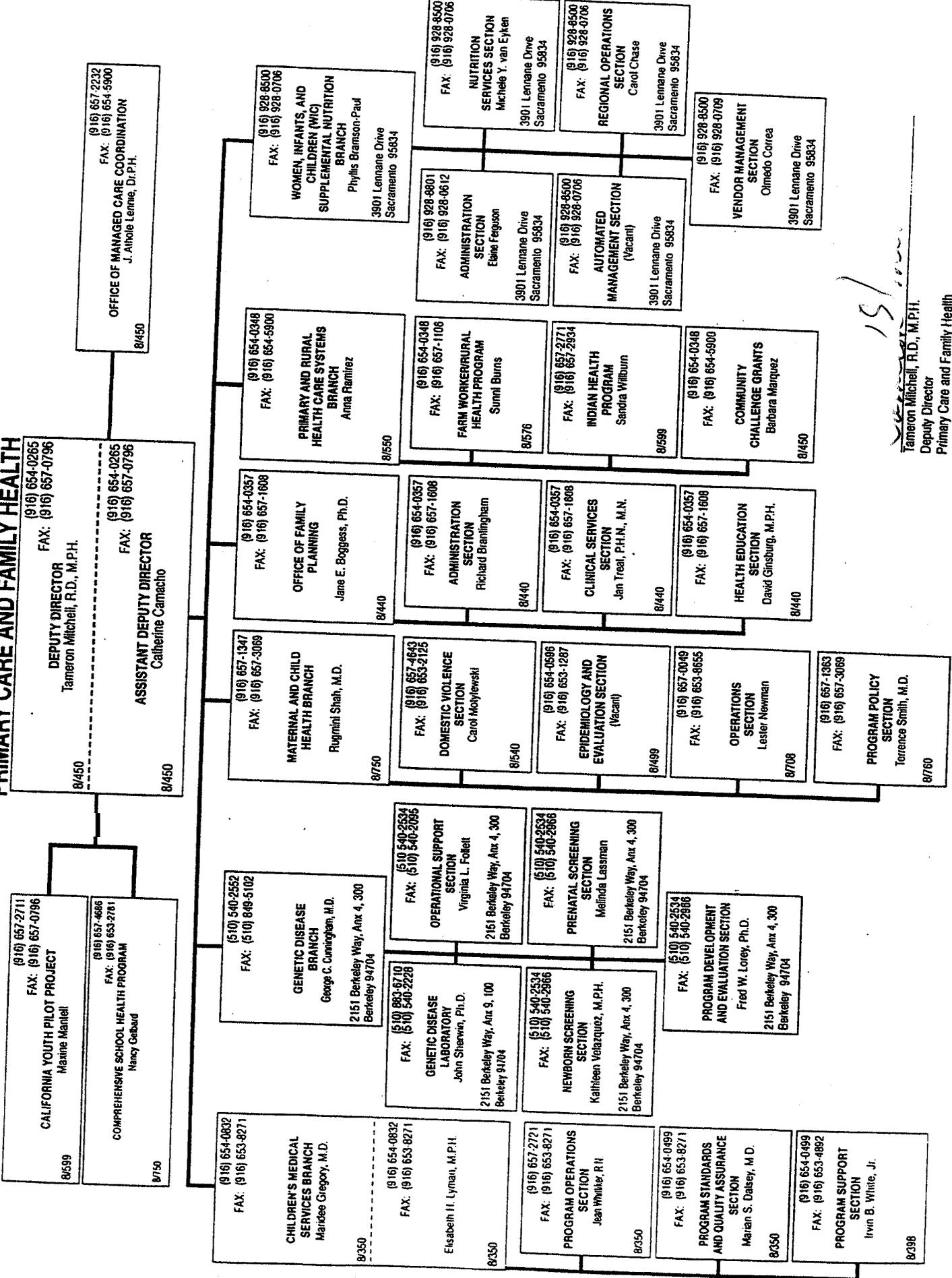
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Barbara Hooker, Chief
 Payment Systems Division

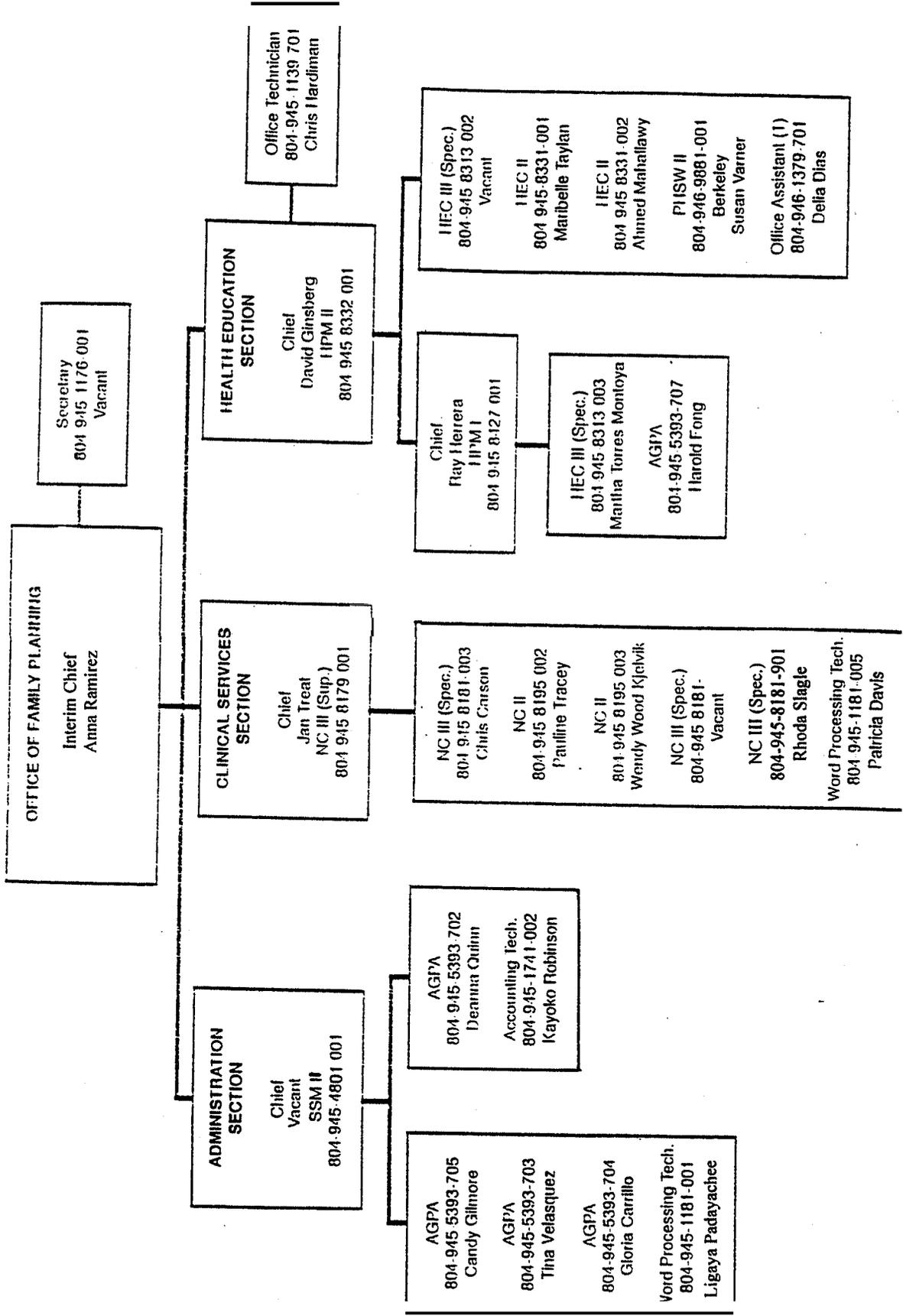
Exhibit E

Organization Chart: Primary Care and Family Health

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
PRIMARY CARE AND FAMILY HEALTH**



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Exhibit F

Organization Chart: Department of Health Services

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