STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

August 17, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Outstationed Eligibility Workers Coordinators
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-44

OUTSTATIONED ELIGIBILITY WORKER (EW) PROGRAM REPORTING CHANGE

Ref.: All County Welfare Directors Letter Nos. 89-114, 91-25, 91-108, 92-16, 93-18, 94-23, 95-05, 96-07, 97-04, 98-13, 99-12 and 00-6.

The purpose of this letter is to provide counties with revised reporting forms for Omnibus Budget Reconciliation Act of 1990 (OBRA 90) and Perinatal Outstationing.

The Outstationing report forms have been changed to include the reporting of the number of EW positions assigned to OBRA 90 facilities and Perinatal facilities. This change is being made in order to keep an ongoing record of the number of EWs being utilized at the Outstationing sites and is for tracking and statistical purposes only. In reporting the number of EWs at each site, report the workers to the nearest 100th of a worker such as 1.25 workers.

Enclosed are copies of the revised OBRA 90 and Perinatal Outstationing Report forms. Please begin using these revised reports or their likeness with the July 2000 OBRA 90 and Perinatal Outstationing reports.

If you have any questions regarding this letter, please contact Mr. Chet Heine of my staff at (916) 657-0837.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

PERINATAL OUTSTATIONING REPORT FORM

COUNTY _____ MONTH_____ YEAR_____ Page_____of ____

Total Number of Eligibility Workers Positions Assigned to Perinatal Outsationing _____

CLINIC NAME & ADDRESS	NUMBER OF WORKERS ASSIGNED	NUMBER APPLICATIONS TAKEN Pregnant Women	NUMBER APPLICATIONS APPROVED Pregnant Women
TOTAL			

_____ *County Contact Person*

( ) _____ *Telephone Number*

SEND ONE COPY OF REPORT TO:

STATE DEPARTMENT OF HEALTH SERVICES
Medi-Cal Eligibility Branch
Outstationing - OBRA 90 Coordinator
Sacramento, CA 95814

(Perinatal – Rev. 6/00)

OBRA 90 OUTSTATIONING REPORT FORM

COUNTY _____ MONTH _____ YEAR _____ Page ____ of ____

Total Number of Eligibility Workers Positions Assigned to OBRA 90 Outsationing _____

CLINIC NAME & ADDRESS	NUMBER OF WORKERS ASSIGNED	NUMBER APPS. TAKEN Preg. Women	NUMBER APPS. APPROVED Preg. Women	NUMBER APPS. TAKEN Children	NUMBER APPS. APPROVED Children
TOTAL					

_____
County Contact Person

( )_____
Telephone Number

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STATE DEPARTMENT OF HEALTH SERVICES
Medi-Cal Eligibility Branch
Outstationing - OBRA 90 Coordinator
Sacramento, CA 95814

(OBRA 90 – Rev. 6/00)