STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
ACRAMENTO, CA 94234-7320

March 29, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-21

SUBJECT: Genetically Handicapped Persons Program (GHPP)

The purpose of this letter is to inform you that the Department of Health Services Genetically Handicapped Persons Program has sent a mailing to approximately 600 clients (statewide) who have not yet complied with the requirement to apply for Medi-Cal in order to remain eligible for GHPP services (SB 1999).

On December 10, 1992, E-Mail 92160, we advised you that we would be working with GHPP to examine the possibility of a screening device for GHPP staff's use. Enclosed you will find copies of the recent letters sent to the 600 GHPP clients asking them to complete the "Genetically Handicapped Persons Program Medi-Cal Application Check List", and the "GHPP/Medi-Cal Questionnaire". Clients are instructed to mail the forms to GHPP. Through review of the answers to the questionnaire, GHPP will decide who should still be required to apply for Medi-Cal at a local county welfare department for a Medi-Cal eligibility determination. The Medi-Cal Eligibility Branch will be assisting GHPP in the review of the questionnaires returned to GHPP.

In the future, new GHPP applicants will also be asked to fill out the questionnaire in order to determine if they must apply for Medi-Cal. The GHPP/Medi-Cal Questionnaire is being used only for the above-stated purpose.

If you have any questions, please contact Sue Miller of MEB at (916) 657-3184.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures