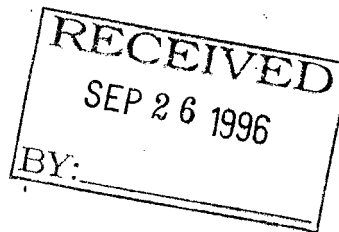


**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET  
P. O. Box 942732  
SACRAMENTO, CA 94234-7320

(916) 654-8076

September 12, 1996



**MMCD Policy Letter No. 96-09**

- To:  **Prepaid Health Plans (PHPs), Including All "Two-Plan Model" Plans**
- Primary Care Case Management (PCCM) Plans**
- Geographic Managed Care (GMC) Plans**
- County Organized Health Systems (COHS)**

**SUBJECT: SEXUALLY TRANSMITTED DISEASE SERVICES IN MEDI-CAL  
MANAGED CARE**

### GOAL

To achieve optimum clinical outcomes for Medi-Cal managed care members by facilitating access to prompt evaluation, diagnosis, treatment, and follow-up of sexually transmitted diseases (STDs) and by establishing effective coordination of care between all providers of such care.

To maximize the opportunities to control the spread of STDs by providing a full range of prevention services including screening, education, and counseling services to Medi-Cal managed care members.

### POLICY

#### **I. Guidelines for the Diagnosis and Treatment of STDs**

All contracting Health Plans (COHS, PHPs, PCCMs, including Plans in the GMC and Two-Plan Model and referred to henceforth as the Plans) are required to follow the latest STD Guidelines recommended by the U.S. Public Health Service (USPHS) as published in the MMWR. [Note: The most recent STD guidelines are the 1993 STD Treatment Guidelines. MMWR 42(RR-14): 1-102, supplemented by relevant sections of the USPHS STD Clinical Practice Guidelines, Part III, STD Medical Protocols (May 1991)].

## **II. Access to STD Services Within Plan**

All contracting Plans are responsible for implementing procedures to ensure that members have prompt access to appropriate STD prevention, screening, counseling, diagnosis, and treatment services. Services must be delivered without prior authorization and in a timely and confidential manner. The procedures must allow the member to access STD services by selecting a provider other than the member's PCP if he/she desires confidentiality. In addition, the procedures must allow minors aged 12 and older to access STD services without parental consent (Civil Code, Section 34.7 as quoted in California Laws and Regulations, 1989).

## **III. Confidentiality and Reporting**

The Plan must implement procedures to ensure confidentiality in the provision of STD services by Plan providers. These procedures must include, but are not limited to, the manner in which medical records are to be safeguarded; how employees are to protect medical information; and under what conditions information can be shared.

Plan providers of STD services must meet communicable disease reporting requirements (see Attachment A). Plans must implement procedures to monitor their providers' compliance with these requirements.

## **IV. Out-of-Plan Services**

### **a. Definition of Out-of-Plan Provider**

An Out-of-Plan provider is a provider who is not employed by, under contract with, or otherwise financially affiliated with the Plan for the provision of health care services. An Out-of-Plan provider may be a family planning provider, a Local Health Department (LHD), or any other provider who treats STDs within his or her scope of practice.

### **b. General**

Some Plan contracts require the Plan to reimburse Out-of-Plan providers for the diagnosis and treatment of the following STDs, without prior authorization: bacterial vaginosis, candidiasis, trichomoniasis, syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, human papilloma virus, non-gonococcal urethritis, lymphogranuloma venereum, and granuloma inguinale and for the evaluation and initiation of outpatient treatment of Pelvic Inflammatory Disease.

Members receiving services from Out-of-Plan providers may: elect to sign a release of confidential information; allow billing and treatment information to be sent to the Plan but not shared with the PCP, or may choose not to sign a release of information.

**c. Out-Of-Plan Reimbursement (Applies to Two-Plan Model and GMC Plans)**

The Out-of-Plan provider who renders services to a Medi-Cal member for the diagnosis and/or treatment of the above-listed STDs may bill the Plan for reimbursement.

- 1) For family planning providers, all Plans must reimburse for STD diagnosis and treatment provided during a family planning encounter (see MMCD policy letter No. 94-13).
- 2) For STD services provided by an LHD, some Plans must reimburse for services provided per STD episode (see Section d), pursuant to contract provisions.
- 3) For Out-of-Plan providers who are not associated with an LHD or a family planning clinic, some Plans, pursuant to contract provisions, must reimburse for STD services limited to one office visit per disease episode. An office visit to an Out-of-Plan provider must be reimbursed by the Plan if it occurred as the result of a member seeking diagnosis and treatment services for symptoms suspicious of one of the listed STDs.

Conditions for Out-of-Plan reimbursement of STD services:

The following are conditions under which an Out-of-Plan provider will be reimbursed by a Plan for STD services:

- 1) The Out-of-Plan provider is qualified to provide STD services based on licensed scope of practice.
- 2) The Out-of-Plan provider must submit claims according to Plan specified billing procedures.
- 3) The Out-of-Plan provider must provide medical records sufficient to allow the Plan to meet case management responsibilities. If a Plan member refuses the release of medical information, the Out-of-Plan provider must submit

documentation of such refusal. In order to avoid duplication of services, to promote continuity of care and achieve the optimum outcome for Plan members, the out-of-Plan providers must document reasonable efforts in coordinating services with Plan providers and educate Plan members to return to Plan providers for continuity of care.

If all the above conditions are met, Plans must assure the timely reimbursement of Out-of-Plan providers. For PHPs, including all Two-Plan Model and some GMC Plans, timely reimbursement is defined as payment of a claim within 45 days of receipt of all necessary documentation. If a Plan determines that a claim is incomplete or is to be contested, the Plan must notify the provider of this fact within 45 days. Other Plans should refer to their contracts for timeliness requirements.

In general, those STDs amenable to presumptive diagnosis and treatment will be reimbursable for one visit only. (For number of visits for specific STDs, see Section e). Reimbursements will be at the approved Medi-Cal fee-for-service rate(s), appropriate for the provider type, as specified in Title 22 CCR, Section 51501 et seq., unless other rates have been negotiated between the Plan and the provider. A listing of the billing codes for STD services and the reimbursement rates will be provided under separate cover.

Plans must have a provider claims appeal system pursuant to the following requirements: Title 22, CCR, Section 56262 for PCCMs; Health and Safety Code Section 1370.2, for PHPs; and provisions of COHS contracts. In the event of disputes, Plans must advise Out-of-Plan providers in writing of the process for mediating claim disputes.

If the Plan member has consented to the release of information to the PCP, the medical documentation must be forwarded to the PCP. Plans must implement procedures to facilitate the PCP's timely provision of all needed follow-up care. The Plans, as well as the family planning providers and LHDs, must educate Plan members regarding the significant positive impact of coordinated care on clinical outcomes, the problems associated with fragmentation of care, and the importance of allowing medical information to be shared between providers.

**d. Subcontract with Local Health Departments**

Some Plans (e.g., Two-Plan Model and GMC) are contractually required to execute a subcontract with the LHD in the county in which they operate, governing the

provision of STD services. This subcontract must specify the scope of responsibilities of each party including, but not limited to, billing and reimbursements, reporting responsibilities, medical record management to ensure coordinated health care services, claims appeals procedures, and education of Plan members regarding the critical importance of continuity of care and the important role of the member's PCP. (A sample STD subcontract will be distributed under separate cover.) All other Plans are encouraged to develop similar working relationships with LHDs in the area of STD services.

**e. Definition of an Episode**

For purposes of reimbursing LHDs for STD services provided to Plan members, an "episode" is defined based upon specific STD diagnoses as follows:

- 1) Bacterial Vaginosis, Trichomoniasis, Candidiasis -- Initiation of treatment of vaginal or urethral discharge for symptoms and signs consistent with any one or a combination of these diagnoses is considered an episode, and one visit is reimbursable.
- 2) Primary or Secondary Syphilis -- Initial visit and up to five additional visits for clinical and serological follow-up and retreatment, if necessary, may be required for certain high-risk individuals. A maximum of six visits per episode is reimbursable. Documentation should include serologic test results upon which retreatment recommendations were made.

**NOTE:** Members who are found to have a reactive serology, but show no other evidence of disease, should be counselled about the importance of returning to the Plan for follow-up and treatment of possible latent syphilis. For female members of child bearing age who refuse to return to the Plan for their care, up to six visits are reimbursable for treatment and follow-up.

- 3) Chancroid -- Initial visit and up to two follow-up visits for confirmation of diagnosis and clinical improvement are reimbursable.
- 4) Lymphogranuloma Venereum, Granuloma Inguinale -- Based upon the time involved in confirming the diagnosis and the duration of necessary therapy, a maximum of three visits is reimbursable.

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- 5) Herpes Simplex -- Presumptive diagnosis and treatment (if offered) constitute an episode, and one visit is reimbursable.
- 6) Gonorrhea, Non-Gonococcal Urethritis and Chlamydia -- Can often be presumptively diagnosed and treated at the first visit, often with single-dose therapy. For individuals not presumptively treated at the time of the first visit, but found to have gonorrhea or chlamydia, a second visit for treatment will be reimbursed.
- 7) Human Papilloma Virus -- One visit reimbursable for diagnosis and initiation of therapy with referral to PCP for follow-up and further treatment.
- 8) Pelvic Inflammatory Disease -- Initial visit and two follow-up visits for diagnosis, treatment, and urgent follow-up are reimbursable. Member should be referred to PCP for continued urgent follow-up after the initial three visits have been provided by the LHD.

It should be noted that guidelines for treatment of various STDs may require that HIV counselling and testing be performed. These tests and counselling procedures will be reimbursed according to the appropriate Medi-Cal fee-for-service rate.

#### V. Continuity of Care

It is critical that the LHD educate and counsel the Plan member to return to Plan providers for continuity of care. LHD providers should assist the Plan in coordinating care and should cooperate with the Plan in the expeditious exchange of medical information; however, if the Plan member refuses to release medical information to the Plan or Plan provider, further treatment of the STD by the LHD may be necessary.

If you have any questions regarding this policy, please contact your contract manager.

Sincerely,

Joseph A. Kelly, Chief  
Medi-Cal Managed Care Division

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cc: Larry L. Dickey, M.D., M.P.H.  
Office of Clinical Preventive Medicine  
1800 Third Street, Room 100  
Sacramento, CA 95814

Michael Genest  
Assistant Deputy Director  
Prevention Services  
714 P Street, Room 1253  
Sacramento, CA 95814

Stephen Waterman, M.D., M.P.H., Chief  
Communicable Disease Control Division  
2151 Berkeley Way, Room 708  
Berkeley, CA 94704

Carol A. Glaser, M.D.  
STD Control Branch  
601 North 7th Street, MS 460  
Sacramento, CA 95814

Virgil J. Toney, Jr., Chief  
Medi-Cal Operations  
714 P Street, Room 1540  
Sacramento, Ca 95814

Benjamin C. Thomas, Chief  
Medi-Cal Policy Division  
714 P Street, Room 1561  
Sacramento, CA 95814

Stan Rosenstein, Chief  
Payment Systems Division  
714 P Street, Room 950  
Sacramento, CA 95814

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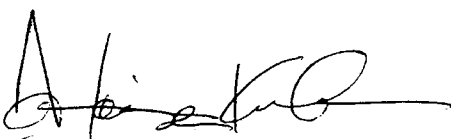
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If you have any questions regarding this policy, please contact your contract manager.

Sincerely,



Joseph A. Kelly, Chief  
Medi-Cal Managed Care Division



California  
Laws and Regulations  
Relating to

**SEXUALLY TRANSMITTED DISEASE**

Excerpts From the  
Health and Safety Code  
Administrative Code  
Civil Code  
Education Code  
Business and Professions Code  
Penal Code

1989



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\* In addition to the laws and regulations relating to venereal disease control reproduced in this publication, other laws and regulations of a more general nature pertaining to communicable disease control are often relevant and useful in connection with venereal disease control. Attention is directed to: California Health and Safety Code, Sections 3350, 3353, and 3354 (Division 4, Communicable Disease Prevention and Control).

## HEALTH AND SAFETY CODE

**211.5 Confidential nature of records, reports and statements.** All records of interviews, written reports and statements procured by the state department or by any other person, agency or organization acting jointly with the state department, in connection with special morbidity and mortality studies shall be confidential insofar as the identity of the individual patient is concerned and shall be used solely for the purposes of the study. The furnishing of such information to the state department or its authorized representative, or to any other cooperating individual, agency or organization in any such special study, shall not subject any person, hospital, sanitarium, rest home, nursing home, or other organization furnishing such information to any action for damages. The provisions of this section shall not apply to general morbidity and mortality studies customarily and continuously conducted by the state department and which do not involve patient identification.

Nothing in this section shall prohibit the publishing by the state department of statistical compilations relating to morbidity and mortality studies which do not identify individual cases and sources of information or religious affiliations.

### CHAPTER 1. GENERAL PROVISIONS AND DEFINITIONS

**3000. Health officer defined.** "Health officer" as used in this division, includes county, city, and district health officers, and city and district health boards, but does not include advisory health boards.

**3001. Venereal diseases defined.** As used in this division, "venereal diseases" means syphilis, gonorrhoea, chancroid, lymphopathia venereum, and granuloma inguinale.

**3002. Service or notice of order or demand.** Whenever in this division, service or notice of any order or demand is provided for, it shall be sufficient to do so by registered or certified mail if a receipt therefor signed by the person to be served or notified is obtained. The receipt shall be prima facie evidence of such service or notice in any civil or criminal action.

### CHAPTER 2. FUNCTIONS OF STATE DEPARTMENT

**3051. Quarantine, isolation, inspection and disinfection of persons and property.** The state department may quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgement such action is necessary to protect or preserve the public health.

**3053. Additional measures; possession of body of living or deceased person.** Upon being informed by a health officer of any contagious, infectious, or communicable disease the state department may take such measures as are necessary to ascertain the nature of the disease and prevent its spread. To that end, the department may, if it considers it proper, take possession or control of the body of any living person, or the corpse of any deceased person.

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### CHAPTER 3. FUNCTIONS OF HEALTH OFFICERS

**3110. Duty of health officers to prevent spread of disease.** Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the State Department of Health Services, or any other contagious, infectious, or communicable disease exists, or has recently existed, within the territory under his jurisdiction, shall take such measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.

**3111. Enforcement of orders, rules and regulations.** Each health officer shall enforce all orders, rules, and regulations concerning quarantine or isolation prescribed or directed by the state department.

**3111.5. Qualifications of inspectors or investigators in Los Angeles County.** If the health officer of any county having a population of 5,000,000 or more employs personnel as inspectors or investigators in the enforcement of this division, who are not otherwise licensed, registered, nor certified by this state, such personnel shall meet any one of the following minimum standards and qualifications:

(a) Possess a bachelor's degree in public health from an institution on the list of accredited colleges of the United States Office of Education.

(b) Possess a bachelor's degree with a minimum of 30 semester units of basic sciences from an institution on the list of accredited colleges of the United States Office of Education; or a statement from an accredited institution that the applicant has successfully completed a minimum of 16 semester units distributed among at least the following fields: public health and administration, epidemiology, public health statistics, public health microbiology, and communicable disease control.

(c) Possess a bachelor's degree from an institution on the list of accredited colleges of the United States Office of Education; and have had at least one year of full-time experience or the equivalent in investigation or inspection work in public health or law enforcement.

(d) Be employed as an inspector or investigator in communicable disease prevention and control by a county health department in the State of California, and have passed an official civil service examination therefor, prior to the effective date of this section.

**3121. Report of local epidemic; contents.** In the case of a local epidemic of disease, the health officer shall report at such times as are required by the state department all facts concerning the disease, and the measures taken to abate and prevent its spread.

**3122. Report of certain diseases; telegraph or telephone.** Each health officer shall immediately report by telegraph or telephone to the state department every discovered or known case or suspect case of those diseases designated for immediate reporting by the state department. Within 24 hours after investigation each health officer shall make such reports as the state department may require.

**3123. List of reportable diseases; establishment by department; rules requiring quarantine; quarantine by health officer; publication of list.** The state department shall establish a list of reportable diseases. The list of reportable diseases may include both communicable and noncommu-

## HEALTH AND SAFETY CODE

nicable diseases. The list may include those diseases that are either known to be, or suspected of being, transmitted by milk or milk-based products. The list shall also include, but not be limited to, diphtheria, listeria, salmonella, shigella, streptococcal infection in food handlers or dairy workers, and typhoid. This list may be changed at any time by the state department. Those diseases listed as reportable shall be properly reported as required to the state department by the health officer.

The state department may from time to time adopt and enforce rules and regulations requiring isolation (strict or modified) or quarantine for any of the contagious, infectious, or communicable diseases if in the opinion of the state department the action is necessary for the protection of the public health.

The health officer may require isolation (strict or modified) or quarantine for any case of contagious, infectious, or communicable disease when this action is necessary for the protection of the public health. This list shall be published in Title 17 of the California Administrative Code.

**3123.5. Noncompliance with modified isolation order; issuance of strict isolation order.** If, pursuant to Section 2123, a modified isolation order is issued, and such order is not complied with, the local health officer may, in such instance, issue a strict isolation order.

**3124. Weekly reports to county health officer.** Each health officer, other than a county health officer, in the county shall transmit to the county health officer at least weekly in writing a report showing the number and character of infectious, contagious, or communicable diseases reported, and their location.

**3125. Duty to report diseases to health officer.** All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living, or visiting any sick person, in any hotel, lodginghouse, house, building, office, structure, or other place where any person is ill of any infectious, contagious, or communicable disease, shall promptly report that fact to the health officer, together with the name of the person, if known, the place where he is confined, and the nature of the disease, if known.

## CHAPTER 4. VENEREAL DISEASE

### Article 1. Prevention and Control

**3180.** The state department shall develop and review plans and provide leadership and consultation for, and participate in, a program for the prevention and control of venereal disease.

**3181.** The state department shall cooperate in the prevention, control, and cure of venereal diseases with physicians and surgeons; medical schools; public and private hospitals, dispensaries, and clinics, public and private school, college and university authorities; penal and charitable institutions; reform and industrial schools; detention homes; federal, state, local and district health officers, and boards of health, and all other health authorities; institutions caring for the mentally ill; and any other persons, institutions, or agencies.

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**3182.** The state department shall investigate conditions affecting the prevention and control of venereal diseases and approved procedures for such prevention and control, and shall disseminate educational information relative thereto.

**3183.** The state department shall conduct such educational and publicity work as it may deem necessary; and, from time to time, shall cause to be issued, free of charge, copies of such rules and regulations, pamphlets, and other literature as it deems reasonably necessary.

**3184.** The state department may establish, maintain, and subsidize clinics, dispensaries, and prophylactic stations for the diagnosis, treatment, and prevention of venereal diseases, and may provide medical, advisory, financial, or other assistance to such clinics, dispensaries, and stations as may be approved by it. No clinic, dispensary, or prophylactic station shall be approved unless it meets the requirements of the board and complies with its rules and regulations.

**3185.** The state department may furnish treatment for a case or for a group of cases in rural counties or cities upon the recommendations of the local health officer if adequate facilities for such treatment are not available in the county or city.

**3186.** Any state agency conducting a public hospital shall admit acute venereal disease cases, when, in the opinion of the state department or the local health officer having jurisdiction, persons infected with venereal disease may be a menace to public health.

**3187.** The state department may require any physician in attendance on a person infected or suspected of being infected with a venereal disease infection to submit such specimens as may be designated for examination, when in its opinion such procedure is reasonably necessary to carry out the provisions and purposes of this article.

**3188.** The examination may be made in the state laboratory or in a local public health laboratory designated by the state department or in a clinical laboratory which is under the immediate supervision and direction of a clinical laboratory technologist or a licensed physician and surgeon.

**3189.** Nothing in this article limits any person's freedom to have additional examinations made elsewhere than specified in this article.

**3190.** Every diseased person shall give all information required by this article, including the name and address of any person from whom the disease may have been contacted and to whom the disease may have been transmitted.

**3191.** Every diseased person shall from time to time submit to approved examinations to determine the condition of the disease.

**3192.** If any person subject to proper venereal disease control measures discontinues any control procedure required by this article, the agency administering the procedure prior to such discontinuance shall make reasonable efforts to determine whether such person is continuing to comply with the procedure elsewhere.

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**3193.** If it appears reasonably likely that such person is not complying with such procedure elsewhere, the agency which was administering the procedure prior to the discontinuance shall make all reasonable efforts to induce such person to comply and if it thereafter appears reasonably likely that he has failed to comply, shall report his name and address to the local health officer or board of health, or to the state department where there is no such local health officer or board.

**3194.** It is the duty of the local health officers to use every available means to ascertain the existence of cases of infectious venereal diseases within their respective jurisdictions, to investigate all cases that are not, or probably are not, subject to proper control measures approved by the board, to ascertain so far as possible all sources of infection, and to take all measures reasonably necessary to prevent the transmission of infection.

**3194.5.** Notwithstanding any other provision of law, a person employed by a public health department as a venereal disease case investigator may perform venipuncture or skin puncture for the purpose of withdrawing blood for test purposes upon specific authorization from a licensed physician and surgeon, even though he is not otherwise licensed to withdraw blood provided that such person meets all of the following requirements:

(a) He works under the direction of a licensed physician and surgeon.

(b) He has been trained by a licensed physician and surgeon in the proper procedures to be employed when withdrawing blood, in accordance with training requirements established by the board, and has a statement by the instructing physician and surgeon that such training has been successfully completed.

**3195.** Local health officers may inspect and quarantine any place or person when such procedure is necessary to enforce the rules and regulations of the board or the state department.

**3196.** It is the duty of the district attorney of the county in which a violation of this article may occur to prosecute the person accused of the violation.

**3197.** In any prosecution for a violation of any provision of this article or any rule or regulation of the board made pursuant to this article, or in any quarantine proceeding authorized by this article, or in any habeas corpus or other proceeding in which the legality of such quarantine is questioned, any physician, health officer, spouse, or other person shall be competent and may be required to testify against any person against whom such prosecution or other proceeding was instituted, and the privileges provided by Sections 970, 971, 980, 994, and 1014 of the Evidence Code are not applicable to or in any prosecution or proceeding.

**3198.** Any person who refuses to give any information to make any report, to comply with any proper control measure or examination, or to perform any other duty or act required by this article, or who violates any provision of this article, or who exposes any person to or infects any person with any venereal disease or any person infected with a venereal disease in an infectious state who knows of such condition and who marries or has sexual intercourse, is guilty of a misdemeanor.

## HEALTH AND SAFETY CODE

3199. Nothing in this article shall be construed to interfere with the freedom of any adherent of teaching of any well-recognized religious sect, denomination, or organization to depend exclusively upon prayer for healing in accordance with the teachings of such religious sect, denomination, or organization. Any such person, along with any person treating him, shall be exempt from all provisions of this article regarding venereal diseases, except that the provisions of this code and the rules and regulations of the board regarding compulsory reporting of communicable diseases and the quarantine of such diseases, and regarding callings in which a person with venereal disease may not engage, shall apply.

### **Article 2. Prenatal Syphilitic Tests**

3220. "Approved laboratory" as used in this article means a laboratory approved by the state department, or any other laboratory the director of which is licensed by the state department according to law.

3221. "Standard laboratory blood test" as used in this article means a test for syphilis approved by the state department.

3222. Every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman, or attending such woman at the time of delivery, shall obtain or cause to be obtained a blood specimen of such woman at the time of the first professional visit or within 10 days thereafter.

3223. The blood specimen thus obtained shall be submitted to an approved laboratory for a standard laboratory test for syphilis.

3224. In submitting a specimen to a laboratory the physician shall designate it as a prenatal test or a test following recent delivery.

3226. The laboratory shall submit such laboratory reports to the State Department of Health as are required by regulation of the State Board of Health. The health officer may destroy any copies of reports which have been retained by him pursuant to this section for a period of two years.

3227. All laboratory reports are confidential, and are not open to public inspection.

3228. In case of question concerning the accuracy of a test required by this article, it is mandatory upon the state department to accept specimens for checking purposes from any district in the State.

3229. Any licensed physician and surgeon, or other person engaged in attendance upon a pregnant woman or recently delivered woman, or any representative of a laboratory who violates any provision of this article, is guilty of a misdemeanor. However, a licensed physician and surgeon, or other person engaged in attendance upon a pregnant or recently delivered woman, whose request for a specimen is refused, is not guilty of a misdemeanor for failure to obtain it.

### **Article 3. Information on Venereal Disease Materials**

3230. **Development and preparation; availability.** The department shall develop and prepare posters and leaflets which inform the public of



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venereal diseases and make such posters and leaflets available to the California State Board of Pharmacy for distribution.

The department may determine the size, shape, and materials of such posters and leaflets so as to adequately fulfill the purposes of this article.

### **Article 4. Victims of Sexual Offenses**

**1490. Professional personnel; presence or on call at hospitals for examinations.** Each county with a population of more than 100,000 shall have professional personnel trained in the examination of victims of rape and other sexual assaults present or on call either in county hospitals which provide emergency medical services or in a general acute care hospital which has contracted with a county to provide emergency medical services. Such professional personnel shall be provided at not less than one general acute care hospital per each 1,000,000 of population in the county.

**1491. Examinations without charge; testing for venereal disease and pregnancy.** In addition to any examination performed without charge to a victim of rape or other sexual assault pursuant to Section 13861.5 of the Government Code, a county hospital shall, without charge, provide the victim of rape or other sexual assault with testing for venereal disease and pregnancy.

### **Section 199.25 Partner Notification (HIV)**

**199.25 (a)** Notwithstanding Section 199.21 or any other provision of law, no physician and surgeon who has the results of a confirmed positive test to detect infection by the probable causative agent of acquired immune deficiency syndrome of a patient under his or her care shall be held criminally or civilly liable for disclosing to a person reasonably believed to be the spouse, or to a person reasonably believed to be a sexual partner or a person with whom the patient has shared the use of hypodermic needles, or to the county health officer, that the patient has tested positive on a test to detect infection by the probable causative agent of acquired immune deficiency syndrome, except that no physician and surgeon shall disclose any identifying information about the individual believed to be infected.

(b) No physician and surgeon shall disclose the information described in subdivision (a) unless he or she has first discussed the test results with the patient and has offered the patient appropriate educational and psychological counseling, which shall include information on the risks of transmitting the human immunodeficiency virus to other people and methods of avoiding those risks, and has attempted to obtain the patient's voluntary consent for notification of his or her contacts. The physician and surgeon shall notify the patient of his or her intent to notify the patient's contacts prior to any notification. When the information is disclosed to a person reasonably believed to be a spouse, or to a person reasonably believed to be a sexual partner, or a person with whom the patient has shared the use of hypodermic needles, the physician and surgeon shall refer that person for appropriate care, counseling, and followup. This section shall not apply to disclosures made other than for the purpose of di-

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agnosis, care, and treatment of persons notified pursuant to this section, or for the purpose of interrupting the chain of transmission.

(c) This section is permissive on the part of the attending physician, and all requirements and other authorization for the disclosure of test results to detect infection by the probable causative agent of acquired immune deficiency syndrome are limited to the provisions contained in this chapter, Chapter 1.12 (commencing with Section 199.30) and Sections 1603.1 and 1603.3. No physician has a duty to notify any person of the fact that a patient is reasonably believed to be infected by the probable causative agent of acquired immune deficiency syndrome.

(d) The county health officer may alert any persons reasonably believed to be a spouse, sexual partner, or partner of shared needles of an individual who has tested positive on a test to detect infection by the probably causative agent of acquired immune deficiency syndrome about their exposure, without disclosing any identifying information about the individual believed to be infected or the physician making the report, and shall refer any person to whom a disclosure is made pursuant to this subdivision for appropriate care and followup. Upon completion of the county health officer's efforts to contact any person pursuant to this subdivision, all records regarding that person maintained by the county health officer pursuant to this subdivision, including but not limited to any individual identifying information, shall be expunged by the county health officer.

(e) The county health officer shall keep confidential the identity and the seropositivity status of the individual tested and the identities of the persons contacted, as long as records of contacts are maintained.

(f) Except as provided in Section 1603.1 or 1603.3, no person shall be compelled in any state, county, city, or local civil, criminal, administrative, legislative, or other proceedings to identify or provide identifying characteristics which would identify any individual reported or person contacted pursuant to this section.

### **ADMINISTRATIVE CODE Title 17 TESTS FOR SYPHILIS**

#### **Group 4. Tests for Syphilis Under the Premarital and Prenatal Laws Article 1. Serologic Tests for Syphilis**

**1125. Application Required.** The director of any laboratory in which performance of serologic tests for syphilis is planned in connection with premarital and prenatal examinations, as required by Sections 4300-4309 of the Civil Code and Sections 3220-3229 of the Health and Safety Code shall apply to the State Department of Health for approval to perform these tests. The laboratory director shall submit to the State Department of Health, on forms provided by the department, such information as may be required by the department to satisfactorily evaluate the personnel, equipment, and scope of activity in relation to these tests.

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**1126. Approved Tests.** The serologic tests for syphilis approved by the department for use in connection with legally required premarital and prenatal examinations are as follows: VDRL slide, Automated Reagin, Fluorescent Treponemal Antibody (absorption), Reagin Screen, and the Rapid Plasma Reagin (circle) Card. Any one of these tests shall constitute the "standard test" as required by the California Civil Code and California Health and Safety Code. (This section goes on to include information on rubella tests.)

**1127. Method of Conducting Tests.** All tests must be conducted exactly as outlined by the author of the test. All equipment recommended by the author of the test must be available in the laboratory before approval can be granted. For syphilis serology, the latest United States Department of Health, Education and Welfare, Public Health Service publication pertaining to the performance of these tests, or its replacement, shall be the resource for reference on equipment and methods. (This section goes on to include information on rubella tests.)

**1128. Evaluation Sera.** Any laboratory approved to perform premarital and prenatal serologic tests must accept and test, evaluation sera provided by the department or a proficient testing service approved by the department, and report test results to the department. Any laboratory showing unsatisfactory performance shall make changes as recommended by the department or discontinue the testing of legally required premarital and prenatal blood specimens, and return all outstanding "Marriage Health Certificates".

**1129. Marriage Health Certificates.** "Marriage Health Certificates" shall be assigned by the State Department of Health to an individual laboratory at a specified location, and shall be used by no other. These certificates must not be transmitted to the physician until the tests have been performed.

The California State Department of Health shall distribute a "summary report form" to all laboratories approved to do tests called for in this article. Any laboratory so approved shall transmit this report to the State Department of Health at regular intervals as determined by the department.

**1130. Persons Permitted to Perform Tests.** Only a person who is duly licensed as a physician and surgeon pursuant to Sections 2000-2497 of the Business and Professions Code, or as a clinical laboratory bioanalyst or clinical laboratory technologist pursuant to Sections 1200-1322 of the Business and Professions Code, or who is certified under the provisions of Sections 1075-1084 of Title 17 of the California Administrative Code, shall be permitted to conduct premarital and prenatal serologic tests for syphilis.

**1131. Change of Personnel.** Within 30 days after new personnel are employed to perform legally required prenatal or premarital serologic tests, their names shall be transmitted to the State Department of Health. This rule does not apply to the rotation of staff members from one phase of laboratory work to another.

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**1132. Change of Director or Location.** Reapplication for approval to perform legally required premarital and prenatal serologic tests for syphilis shall be made when there is a change of laboratory director or location.

**1133. Advertising Prohibited.** Laboratories shall not be approved to perform premarital and prenatal serologic tests if they advertise the performance of these tests to the lay public.

**1134. Withdrawal of Approval.** Approval granted under this article may be withdrawn following violation of any of the provisions of Sections 1125-1134 of Title 17 of the California Administrative Code, Sections 3220-3229 of the Health and Safety Code, Sections 4300-4309 of the Civil Code, or Sections 1200-1322 of the Business and Professions Code pertaining to the performance of premarital and prenatal serologic tests and all outstanding "marriage health certificates" shall be returned to the State Department of Health.

### **Subchapter 1. Reportable Diseases and Conditions**

#### **Article 1. Reporting**

**2500. Reporting to the Local Health Authority.** (a) It shall be the duty of every health care provider knowing of or in attendance on a case or suspected case of any of the following diseases or any of the following conditions, to notify the local health department. Where no physician is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the reportable diseases or conditions shall notify the local health department. Confidential Morbidity Cards PM 110 (11/87), are available from the local health department for reporting as required by this section.

(b) Health care provider as used in this article includes: medical doctors; osteopaths; veterinarians; podiatrists; nurse practitioners; physician assistants; nurses; nurse midwives; infection control practitioners; medical examiners; coroners; dentists; and administrators of health care facilities and clinics.

(c) Each health facility, clinic or other setting where more than one health care provider may know of, or be in attendance on, a case or suspected case may establish administrative procedures to assure that reports are made to the local health department without duplication.

(d) Disease notifications shall include, if known, the diagnosis, the name, address, telephone number, occupation, ethnic group, Social Security number, sex and date of birth of the patient, the date of onset, the date of diagnosis, the date of death when applicable and the name, address and telephone number of the person making the report.

(e) The urgency of reporting is identified by symbols in the list of reportable diseases and conditions. Those diseases with a star (\*) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing a report or telephoning within one (1) working day of the case or suspected case. Those diseases or conditions not otherwise identified by a star or a cross shall be reported within seven (7) calendar days of the time of identification.

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(f) All cases of foodborne illness shall be reported within seven (7) days. The dagger (†) symbol indicates that when two (2) or more cases or suspected cases of foodborne illness from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

(g) Health care providers shall submit reports in accordance with the following list of reportable diseases subdivided into two sections: communicable diseases and noncommunicable diseases and conditions.

1. *Communicable Diseases*

Acquired Immune Deficiency Syndrome (AIDS)  
Amebiasis +  
Anthrax\*  
Botulism (Infant, Foodborne, Wound) \*  
Brucellosis  
Campylobacteriosis +  
Chancroid  
Chlamydial Infections (*C.trachomatis*)  
Cholera \*  
Coccidioidomycosis  
Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology +  
Cryptosporidiosis  
Cysticercosis  
Dengue\*  
Diarrhea of the Newborn, Outbreaks \*  
Diphtheria \*  
Encephalitis: Viral, Bacterial, Fungal, Parasitic (Specify Etiology)  
Foodborne Illness (Food Poisoning) †  
Giardiasis  
Gonococcal Infections  
Granuloma Inguinale  
Haemophilus influenzae, Invasive Disease +  
Hepatitis A +  
Hepatitis B, Cases and Carriers (Specify)  
Hepatitis Non-A, Non-B  
Hepatitis Delta (D)  
Hepatitis Unspecified  
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)  
Legionellosis  
Leprosy (Hansen's Disease)  
Leptospirosis  
Listeriosis +  
Lyme Disease  
Lymphogranuloma Venereum  
Malaria +  
Measles (Rubeola)  
Meningitis: Viral, Bacterial, Fungal, Parasitic (Specify Etiology) +  
Meningococcal Infections +  
Mumps

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Non-Gonococcal Urethritis (Excluding Laboratory Confirmed  
Chlamydial Infections)  
Pelvic Inflammatory Disease (PID)  
Pertussis (Whooping Cough) +  
Plague \*  
Poliomyelitis, Paralytic +  
Psittacosis +  
Q Fever +  
Rabies, Human and Animal \*  
Relapsing Fever +  
Reye Syndrome  
Rheumatic Fever, Acute  
Rocky Mountain Spotted Fever  
Rubella (German Measles)  
Salmonellosis (Other than Typhoid Fever) +  
Shigellosis +  
Streptococcal Infections (Outbreaks and Cases in Food Handlers  
and Dairy Workers Only) +  
Syphilis +  
Tetanus  
Toxic Shock Syndrome  
Trichinosis +  
Tuberculosis  
Tularemia  
Typhoid Fever, Cases and Carriers +  
Typhus Fever  
Yellow Fever \*

2. *Non-Communicable Diseases or Conditions:*

Alzheimer's Disease and Related Conditions  
Disorders Characterized by Lapses of Consciousness

(h) For outbreak reporting and reporting of unusual and rare diseases  
see Sections 2502 and 2503.

**2501. Reports by Local Health Officer to State Department of Health  
Services.**

(a) Summary Reports: Each local health officer shall report at least  
weekly, on the Weekly Morbidity by Place of Report form (DHS 8245  
[3/89]) to the Director of the State Department of Health Services the  
number of cases of those diseases or conditions in the above list (Section  
2500) which have been reported. Copies of the form are available from  
the Department's Infectious Disease Branch.

(b) Individual Case Reports: The local health officer shall prepare and  
send to the State Department of Health Services along with the summary  
report described in (a) above an individual case report for each individual  
case of those diseases which the Department has identified as requiring  
epidemiological analysis. Copies of these forms are available from the De-  
partment's Infectious Disease Branch. An individual case report is not re-  
quired for the following diseases:

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Amebiasis  
Campylobacteriosis  
Chancroid  
Chlamydia Infections  
Coccidioidomycosis  
Conjunctivitis, Acute Infectious of the Newborn  
Gonococcal Infections  
Granuloma Inguinale  
Lymphogranuloma Venereum (Lymphogranuloma Inguinale)  
Mumps  
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed  
Chlamydial Infections)  
Pelvic Inflammatory Disease (PID)  
Rheumatic Fever, Acute  
Rubella (German Measles)  
Salmonellosis (Other than Typhoid Fever)  
Shigellosis

(c) Immediate Reports: Cases and suspect cases of anthrax, botulism, cholera, diarrhea of the newborn (outbreaks), diphtheria, dengue, plague, human rabies and yellow fever are to be reported to the State Department of Health Services immediately by telephone.

**2502. Reporting of Outbreaks.** Any health care provider having knowledge of any outbreak or undue prevalence of infectious or parasitic disease or infestation whether or not listed in Section 2500, shall promptly report the facts to the local health officer, who shall investigate the circumstances and if he finds that an epidemic or undue prevalence does in fact exist, he shall report the outbreak to the Director of the Department of Health Services. The following are examples of diseases, outbreaks of which are to be so reported:

Epidemic gastroenteritis (other than food poisoning)  
Epidemic keratoconjunctivitis  
Fever of unknown etiology  
Impetigo  
Infectious mononucleosis  
Influenza, epidemic  
Pneumonia, infectious  
Lymphocytic choriomeningitis  
Ringworm

**2503. Occurrence of Unusual Diseases.** Any health care provider having knowledge of a case of an unusual disease not listed in Section 2500 shall promptly convey the facts to the local health officer. Examples of unusual diseases are: glanders, herpangina, histoplasmosis, toxoplasmosis, echinococcosis, cat scratch fever, and rickettsialpox. The local health officer shall report unusual diseases to the State Department of Health Services as prescribed in Section 2501 (a).

**2504. Report by Individual.** When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being commu-

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communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person.

**2505. Notification by Laboratories.** (a) To assist the local health officer in discharging his responsibilities (Health and Safety Code Sections 110, 3194, 3285), any person who is in charge of a clinical laboratory in which a laboratory examination of any specimen derived from the human body yields microscopical, cultural, immunological, serological, or other evidence suggestive of those communicable diseases significant from a public health standpoint listed in subsection (d) below, shall promptly notify the health officer of such findings on the same day that the physician who submitted the specimen is notified; this regulation need not apply to specimens examined for tuberculosis that are derived from reported cases under treatment in a licensed tuberculosis hospital. Notification as herein required shall be submitted by the person in charge of a clinical laboratory to the appropriate health officer in the health jurisdiction of the office address of the physician for whom such examination was performed.

(b) Each notification shall give the date and result of the test performed, the name, address and the age of the person from whom the specimen was obtained, and the name and address of the physician for whom such examination or test was performed. A legible copy of the laboratory report or telephone communication will satisfy the purpose of this regulation.

(c) Except when acting on the basis of information other than the laboratory notification, the local health department will not under any circumstances contact the patient or the potential contacts until a diagnosis has been reported to the local health officer by the attending physician. Nothing in this regulation, however, precludes the local health department from discussing the laboratory notification with the attending physician.

(d) The conditions or diseases to which this regulation applies are:

Chlamydial infections	Syphilis
Diphtheria	Tuberculosis
Gonorrhoea	Typhoid
Listeriosis	

(e) All laboratory notifications herein required are confidential and are not open to public inspection.

**2508. Reporting by Schools.** It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence of any of the communicable diseases.

**2509. Records of Local Health Officer.** The local health officer shall maintain such records as he deems necessary in the performance of his duties, or as requested by the State Department of Health Services.

**2511. Determination of Morbidity Level.** It shall be the duty of the local health officer to determine the amount and kind of communicable disease occurring in his area by such methods as he deems necessary in order to obtain knowledge of the general level of morbidity in his jurisdiction.



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**Article 2. General Instructions**

**2512. Investigation of the Case.** Upon being notified of a case, suspected case, or outbreak of a communicable disease, the local health officer shall take whatever steps he deems necessary for the investigation and control of the disease. If he finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, he shall make or cause to be made an examination of the patient in order to verify the diagnosis, make an investigation to determine the source of infection, and take appropriate steps to prevent or control the spread of the disease.

If the disease is one in which identification of the source of infection is important, and the source of infection is believed to be outside his jurisdiction, the local health officer shall notify the Director of the State Department of Health Services or the health officer under whose jurisdiction the infection was probably contracted, if known. Similar notification shall be given if there are believed to be exposed persons, living outside the jurisdiction of the local health officer, who should be quarantined or observed for evidence of the disease.

**2540.** In addition to the requirements stipulated in these regulations, the local health officer shall, after suitable investigation, take such additional steps as he deems necessary to prevent the spread of communicable disease or a disease suspected of being communicable in order to protect the public health.

**2560. Conjunctivitis, Acute Infectious of the Newborn.**

(a) Acute infectious conjunctivitis of the newborn includes gonorrheal ophthalmia and ophthalmia neonatorum.

(b) Prophylaxis for acute infectious conjunctivitis of the newborn shall be administered to all infants within two hours after birth in accordance with Sections 551-556 of the Business and Professions Code.

(c) The approved prophylaxis for acute infectious conjunctivitis of the newborn shall be any one of the following.

(1) One percent silver nitrate in wax ampules administered without saline irrigation.

(2) Ophthalmic ointments or drops containing tetracycline or erythromycin.

(d) An infant with acute infectious conjunctivitis shall be isolated in accordance with Section 2516, Title 17, California Code of Regulations, until clinical recovery occurs and negative laboratory tests are obtained.

**2577. Gonococcus Infection.** (See Section 2636 on Venereal Diseases.)

**2578. Granuloma Inguinale.** (See Section 2636 on Venereal Diseases.)

**Article 3. Specific Diseases and Conditions**

**2636. Venereal Diseases.** (a) Sections 2636 to 2636 (m) inclusive pertain to the venereal diseases and, unless otherwise specified, shall include syphilis, gonococcus infection, granuloma inguinale, lymphogranuloma venereum, and chancroid. (See Chapter 765, Statutes 1947; also Section 21100 Health and Safety Code.)

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(b) Reports Confidential. Reports of examinations, cases, investigations and records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged, except as may be necessary for the preservation of the public health.

(c) Report of Unusual Prevalence. When the local health officer, through investigation, becomes aware of unusual prevalence of venereal diseases, or of unusual local conditions favoring the spread of these diseases, he shall report the fact at once to the State Department of Health.

(d) Parents or Guardians Responsible for Compliance of Minors. The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.

(e) Certification. Each local health officer shall take every proper means of repressing prostitution, inasmuch as it is the most prolific source of the venereal diseases. Health officers and physicians shall not issue certificates of freedom from venereal diseases to known prostitutes, as such certificates may be used for purposes of solicitation.

(f) Diagnosis. The local health officer may require the submission of such specimens as may be designated from cases of venereal disease or from individuals suspected of being infected with a venereal disease for examination in a laboratory approved by the State Board of Health. The local health officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimens as may be designated for examination in a public health laboratory approved by the State Board of Health provided, however, nothing shall prevent the physician or individual from having additional examination made elsewhere.

(g) Instruction to the Patient. It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for treatment and prolonged medical supervision, and the physician shall in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State Department of Health and the local health departments free of charge.

(h) Investigation. All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of venereal disease in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. The attending physician, in every case of venereal disease coming to him for treatment, shall endeavor to discover the source of infection, as well as any sexual or other intimate contacts while the patient was in the communicable stage of the disease. The physician shall make an effort, through the cooperation of the patient, to bring these cases in for examination and, if necessary, treatment. If, within 10 days of identification, any such source of infection or any such contact has not given satisfactory evidence of being under the

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care of a physician, such person shall be reported to the health officer, the physician's name being kept confidential in any investigations by the health department. In cases in which prostitutes are named as sources of infection, all obtainable information as to name, description, residence etc., shall be given to the health officer at once.

In carrying out such investigations, all health officers are hereby invested with full powers of inspection, examination and isolation of all persons known to be infected with a venereal disease in an infectious stage, or suspected of being infected with a venereal disease in an infectious stage and are hereby directed:

(1) To make such examinations as are deemed necessary of persons reasonably suspected of having a venereal disease in an infectious stage.

(2) When the individual to be examined is a woman, to provide the services of a woman physician if such physician is available, when so requested by the individual to be examined.

(3) To isolate such persons, whenever deemed necessary for the protection of the public health. In establishing isolation the health officer shall proceed as provided in Sections 2636(i), 2636(j), 2636(l) and 2636(m).

(4) Pursuant to Section 3194.5 of the Health and Safety Code, a person employed by a Public Health Department shall meet the following training requirements as a prerequisite to the performance of venipuncture or skin puncture:

(A) Possesses a statement signed by a licensed physician and surgeon stating that the individual named in such statement has received adequate training in the proper procedure to be employed in the performance of venipuncture and skin puncture.

(B) In order to receive such statement, the venereal disease case investigator shall be trained by a licensed physician and surgeon. The trainee shall observe and receive sufficient instruction and demonstration of the proper technique and procedure to be employed in the performance of venipuncture and skin puncture; in turn, the physician and surgeon shall then observe the procedure and technique of the trainee.

(C) When such training has been completed by the trainee to the satisfaction of the physician and surgeon, such physician and surgeon shall execute a statement that the venereal disease case investigator has received adequate training in the proper procedure to be employed in the performance of venipuncture and skin puncture. Satisfaction of these training requirements shall be in addition to other requirements of Section 3194.5 of the Health and Safety Code.

(i) Isolation. Any person who presents himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease except late syphilis shall be considered to be in modified isolation. The requirements of this isolation shall be considered fulfilled if the patient remains under adequate and proper treatment until the completion of the course of treatment, except in instances in which, because of occupation, suspicion of prostitution, or other reason, the health officer deems more strict isolation necessary to safeguard other persons.

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(j) Violation of Isolation to Be Reported. Whenever any person while in the infectious or potentially infectious stage of a venereal disease, lapses from treatment for a period of more than 10 days after the time appointed for such treatment, the said diseased person shall be deemed to have violated the requirements of isolation, and the physician or person in attendance upon such case shall report the same at once to the local health department, giving the person's name, address, and report number, together with such other information as requested on the card provided for this purpose, except that this shall not be required in instances in which a report has been received that the patient is under treatment elsewhere.

(k) If any person has knowledge that a person infected with a venereal disease is failing to observe adequate precautions to prevent spreading infection, he shall report the facts at once to the local health officer.

(l) Gonorrhoea. A case of gonococcus infection of the genitourinary tract shall be regarded as subject to isolation until the local health officer is reasonably satisfied that the disease is no longer communicable.

(m) Syphilis. A case of syphilis shall be regarded as subject to isolation until, under treatment, all syphilitic lesions of the skin or mucous membrane are completely healed and a competent clinical examination fails to show the presence of any area from which infection may spread. Any patient who refuses or otherwise fails to receive a full course of a currently accepted method of treatment, or who discontinues treatment prematurely, may be subjected to strict isolation if the health officer deems it necessary.

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### Examination of Minors

34.7. Minors; diagnosis or treatment of communicable or sexually transmitted diseases; consent not disaffirmable. Notwithstanding any other provision of law, a minor 12 years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to the local health officer, or a related sexually transmitted disease, as may be determined by the State Director of Health Services. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

### Article 3. Premarital Examination

4300. (a) Before any person, who is authorized to issue marriage licenses shall issue the license, each applicant therefor shall file with him or her, a certificate from a duly licensed physician stating that the applicant has been given the examination, including a standard serologic test, as may be necessary for the discovery of syphilis, made not more than 30

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days prior to the date of issuance of the license, and that, in the opinion of the physician, the person either is not infected with syphilis, or if so infected, is not in a stage of that disease which is or may become communicable to the marital partner.

(b) Such certificate shall also state whether the female applicant has laboratory evidence of immunological response to rubella (German measles). Such certificate shall not contain such evidence of response to rubella where the female applicant (1) is over 50 years of age, or (2) has had a surgical sterilization or (3) presents laboratory evidence of a prior test declaring her immunity to rubella.

(c) The certificate shall indicate that an HIV test, as defined in Section 26 of the Health and Safety Code, including any appropriate confirmatory tests for positive reactors, was offered. It is the intention of the Legislature that the results of the tests shall be transmitted to the marriage license applicant, and that followup counseling by a knowledgeable and experienced person shall be made available.

(d) Disclosure of the results of any test performed in accordance with subdivision (c) shall not be made except as provided in Chapter 1.11 (commencing with Section 199.20) of Division 1 of the Health and Safety Code.

(e) Any person who by law is validly able to obtain a marriage license in the State of California is validly able to give consent to any examination and tests required by this article. In submitting the blood specimen to the laboratory the physician shall designate that this is a premarital test.

4301. The certificate shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person authorized to make such reports, setting forth the name of the test, the date it was made, the name and address of the physician to whom the test was sent and the name and address of the person whose blood was tested.

4302. Repealed in 1981.

4303. Certificate forms provided by other states having comparable laws will be accepted for persons who have been examined and who have received serological tests for syphilis outside of California provided such examinations and tests are performed not more than 30 days prior to the issuance of a marriage license. Certificates provided by the armed forces of the United States will be accepted for military personnel provided such certificates are signed by a medical officer commissioned in such armed forces and provided the certificates state the examinations and serological tests for syphilis were performed not more than 30 days prior to the issuance of the marriage license.

Certificate forms provided by other states not having comparable laws will be accepted for persons who have been examined by a physician and surgeon licensed in that state and who have received serological tests for syphilis performed by the official state public health laboratory in that state if the certificate states that such examination and tests were performed not more than 30 days prior to issuance of the marriage license.

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4304. For the purpose of this article a standard serological test shall be a test for syphilis approved by the State Department of Health Services or a laboratory approved by the State Department of Health Services or any other laboratory the director of which is licensed by the State Department of Health Services according to law. In case of question concerning accuracy of tests prescribed in this article, it shall be mandatory upon the State Department of Health Services to accept specimens for checking purposes from any district in the state.

4305. The laboratory shall submit such laboratory reports or records to the State Department of Health Services as are required by regulation. The health officer may destroy any copies of reports retained by him pursuant to this section for a period of two years.

4306. The judge of the superior court in the county in which the license is to be issued is hereby authorized and empowered, on joint application by both parties to a marriage, to waive the requirements as to medical examinations, laboratory tests, and certificates and to order the licensing authority to issue the license applied for, if all other requirements of the marriage laws have been complied with, and if the judge is satisfied by affidavit or other proof that an emergency or other sufficient cause for such action exists and the public health and welfare will not be injuriously affected thereby.

In any case where such examinations and tests have been made and certificate or certificates have been refused because one or both of the applicants have been found to be infected with syphilis, the judge shall nevertheless be authorized and empowered, on application of both parties to such marriage to order the licensing authority to issue the license, if all other requirements of the marriage laws have been complied with and if the judge is satisfied by affidavit or other proof that an emergency or other sufficient cause for such order exists and that the public health and welfare will not be injuriously affected thereby. In every such case, however, the clerk of the court shall transmit to the State Department of Health Services a transcript of the record and the order thereon for such followup by the department as is required by law or deemed necessary by the department for the protection of the public health. The order of the court shall be filed by the licensing authority in lieu of the certificate form.

The superior court when it is deemed necessary may, to the extent authorized by law or rules of court, order all proceedings instituted under the provisions of this article to be confidential and private. There shall be no fee for these court proceedings.

4307. The certificate forms and the court orders shall be filed in the office of the county clerk. They shall be preserved for one year from the date of filing after which date they may be destroyed.

4308. Any applicant for a marriage license, physician, or representative of a laboratory who shall misrepresent his identity or any of the facts called for by the certificate form prescribed by this article; or any licensing officer who shall issue a marriage license without having received the certificate form or an order from the court, or who shall have reason to believe that any of the facts have been misrepresented, and shall never-

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theless issue a marriage license; or any person who shall otherwise fail to comply with the provisions of this article shall be guilty of a misdemeanor.

**4309.** Certificates, laboratory statements or reports, applications and court orders, in this article referred to and the information therein contained, shall be confidential and shall not be divulged to or open to inspection by any person other than state or local health officers or their duly authorized representatives.

Any person who shall divulge such information or open to inspection such certificates, statements, reports, applications or court orders, without authority, to any person not by law entitled to the same shall be guilty of a misdemeanor.

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### Sections Related to Venereal Disease Education

**51202.** The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas in personal and public safety and accident prevention, including emergency first aid instruction, instruction in hemorrhage control, treatment for poisoning, resuscitation techniques, and cardiopulmonary resuscitation when appropriate equipment is available; fire prevention; the protection and conservation of resources, including the necessity for the protection of our environment; and health, including venereal disease and the effects of alcohol, narcotics, drugs, and tobacco upon the human body.

**51820.** The governing board of any district maintaining elementary or secondary schools may offer units of instruction in venereal disease education in such schools with the assistance and guidance of the State Department of Education. The grade level at which such instruction shall be given shall be determined by the governing board of the school district.

Nothing in this section shall be construed as prohibiting or limiting any right provided for in Section 51240.

If venereal disease education classes are offered, the parent or guardian of each pupil enrolled or to be enrolled therein shall be notified in writing of the instructional program. Such notice shall be given at least 15 days prior to the commencement of the instructional program. The notice shall also advise the parent or guardian of his (or her) right to inspect the instructional materials to be used in such class and of his (or her) right to request the school authorities that his (or her) child not attend any such class.

Sending the required notice through the regular United States mail or any other method of delivery which the school district commonly uses to communicate individually in writing to all parents, meets the notification requirements of this section.

The parent or guardian may request that his child not participate in a venereal disease instruction program. Such request shall be in writing, but may be withdrawn by the parent or guardian at any time. No pupil may attend any class in venereal disease education, if a request that he not attend the class has been received by the school in the manner provided in this section.

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The parent or guardian of any pupil enrolled or to be enrolled in any venereal disease education class shall be provided the opportunity to inspect the textbooks, audiovisual aids, and any other instructional materials to be used in such class.

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### Article 3. Ophthalmia Neonatorum

550. As used in this article, "ophthalmia neonatorum", independent of the nature of the infection, means any condition of the eye, or eyes, of any infant in which there is any inflammation, swelling or redness in either one or both of the eyes of any infant, either apart from or together with any unnatural discharge from the eye, or eyes, of any infant, at any time within two weeks after its birth.

As used in this article, "department" refers to the State Department of Health Services.

551. It is the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home or hospital of any nature, parent, relative, and any person or persons attendant upon, or assisting in any way whatsoever, either the mother or child, or both, at childbirth, to treat both eyes of the infant within two hours after birth with a prophylactic efficient treatment, and in all cases where the child develops within two weeks after its birth ophthalmia neonatorum, and such person knows it to exist, to report the case within 24 hours after knowledge, in such form as the State Department of Health Services directs, to the local health officer of the county or city within which the mother of any such infant resides.

552. Any case of ophthalmia neonatorum or of blindness resulting from it upon which one accused of a violation of this article has been in attendance constitutes prima facie evidence of knowledge of the case by the one accused.

553. All maternity homes, hospitals, and similar institutions wherein childbirths occur shall keep a record of all cases of ophthalmia neonatorum occurring or discovered therein. These records shall be in the form and contain the matters which the department prescribes.

554. The local health officer shall: (a) Investigate each case filed with him in pursuance of this article, and all other cases coming to his attention.

(b) Report all cases of ophthalmia neonatorum coming to his knowledge, and the result of all investigations that he makes to the department in such form as the department directs.

(c) Conform to such rules and regulations as the department promulgates for the purpose of carrying out the provisions of this article.

555. The State Department of Health Services shall: (a) Enforce the provisions of this article.

(b) Promulgate rules and regulations necessary to carry out properly the provisions of this article.

(c) Print and publish any further advice and information concerning the dangers of ophthalmia neonatorum and the necessity for prompt and effective treatment thereof as it deems necessary.



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(d) Furnish without cost copies of this article to all physicians, midwives and such other persons as may be lawfully engaged in the practice of obstetrics or assisting at childbirth.

(e) Keep a proper record of any and all cases of ophthalmia neonatorum filed in its office in pursuance of this article, and as may come to its attention in any way, and such records shall constitute a part of the biennial report to the Governor and Legislature.

(f) Report any and all violations of this article as may come to its attention to the district attorney of the county wherein any violation of any provision of this article has been committed, for the purpose of prosecution.

**556.** The failure of any person mentioned in Section 551 to report, or the failure of any maternity home, hospital, or similar institution, to use the treatment prescribed in Section 551 and to record any and all cases of ophthalmia neonatorum, as directed in Section 553, or the failure or refusal of any person or institution mentioned in this article, to obey any rule or regulation adopted by the department under this article constitutes a misdemeanor, and upon conviction thereof shall be fined, for the first offense not to exceed one hundred dollars (\$100); for a second offense, not to exceed two hundred dollars (\$200); and for a third offense, and thereafter not to exceed four hundred dollars (\$400) for each violation.

**557.** If the person is a physician, midwife, or is a person who is professionally employed, the third conviction is sufficient cause for the revocation of his license by the board which has jurisdiction over it.

**558.** One-half of all fines collected hereunder shall go to the county wherein the prosecution was had, and the remaining one-half thereof shall go into the State treasury and constitute a special fund to be expended by the department for the purposes of carrying out the provisions of this article.

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### **Article 2.5 Child Abuse Reporting**

#### **(Only that which apply to the Health Department)**

**1165. Definitions.** As used in this article:

(a) "Child" means a person under the age of 18 years.

(b) "Sexual assault" means conduct in violation of the following sections of the Penal Code: Section 261 (rape), 264.1 (rape in concert), 285 (incest), subdivisions (a) and (b) of Section 288 (lewd or lascivious acts upon a child under 14 years of age), and Sections 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), and 647a (child molestation).

(c) "Neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.

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(1) "Severe neglect" means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by subdivision (d), including the intentional failure to provide adequate food, clothing, or shelter.

(2) "General neglect" means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred.

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16508 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child.

(d) "Willful cruelty or unjustifiable punishment of a child" means a situation where any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

(e) "Corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

(f) "Abuse in out-of-home care" means situations of physical injury on a child which is inflicted by other than accidental means, or of sexual assault or neglect or the willful cruelty or unjustifiable punishment of a child, as defined in this article, where the person responsible for the child's welfare is a foster parent or the administrator or an employee of a public or private residential home, school, or other institution or agency.

(g) "Child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual assault of a child or any act or omission proscribed by Section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (corporal punishment or injury). "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article.

(h) "Child care custodian" means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensed day care worker; an administrator of a community care facility licensed to care for children; headstart teacher; a licensing worker or licensing evaluator; public assistance worker; employee of a child care institution including, but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or a probation officer.

(i) "Medical practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed

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nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(j) "Nonmedical practitioner" means a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a paramedic; a marriage, family, or child counselor; or a religious practitioner who diagnoses, examines, or treats children.

(k) "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department.

### **11166. Report; duty; time.**

(a) Except as provided in subdivision (b), any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.

(b) Any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or his or her emotional well-being is endangered in any other way, may report such known or suspected instance of child abuse to a child protective agency.

(c) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may report the known or suspected instance of child abuse to a child protective agency.

(d) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

(e) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

(f) A county probation or welfare department shall immediately or as soon as practically possible report by telephone to the law enforcement agency having jurisdiction over the case, and to the agency given the re-

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sponsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, every known or suspected instance of child abuse as defined in Section 11165, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A county probation or welfare department shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

A law enforcement agency shall immediately or as soon as practically possible report by telephone to the county welfare department and the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, every known or suspected instance of child abuse reported to it, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A law enforcement agency shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

### **11167. Report; contents.**

(a) A telephone report of a known or suspected instance of child abuse shall include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and other information, including information that led such person to suspect child abuse, requested by the child protective agency.

(b) Information relevant to the incident of child abuse may also be given to an investigator from a child protective agency who is investigating the known or suspected case of child abuse.

(c) The identity of all persons who report under this article shall be confidential and disclosed only between child protective agencies, or to counsel representing a child protective agency, or to the district attorney in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code, or when those persons waive confidentiality, or by court order.

(d) Persons who may report pursuant to subdivision (c) of Section 11166 are not required to include their names.

MANAGED CARE OPERATIONS (MCOB) LETTER INDEX

MCOB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
96-10		Medi-Cal Managed Care Plans Whose Contracts <u>Exclude</u> California Children's Services			
96-11	8/19/96	Managed Care Plan Relationships with Alcohol & Drug Treatment Providers			

MANAGED CARE OPERATIONS (MCOB) LETTER INDEX

COB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
96-02	4/3/96 PHP/COHS	Managed Care Plans Whose Contracts Include California Children Services			
96-03	6/1/96	Training Sessions to Assist the Identification of Health Insurance Coverage Held by Medi-Cal Beneficiaries			
96-04	6/4/96	Changes to the Monthly PHP Address Masterfile			
96-05	6/1/96	Notice of Federal Regulations Concerning Physician Incentive Plans in Prepaid Health Care Organizations			
96-06	6/11/96	Facility Review	Supercede Policy Letter No. 94-03		
96-07	7/5/96	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) Services			
96-08	7/17/96	Revised Compliance Date for Federal Regulations Concerning Physician Incentive Plans in Prepaid Health Care Organizations			
96-06 Replacement	9/5/96	Facility Review	Supercede Policy Letter No. 96-06 (Corrected)		
96-09	9/12/96	Sexually Transmitted Disease Services in Medi-Cal Managed Care			

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COB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
94-9	10/3/94	Caseload Growth Percent Factor			
94-10	10/12/94	Mental Health Services			
94-11	11/18/94 PHP/PCCM COHS	Major Organ Transplants			
94-12	12/29/94 PHP/COHS PCCMS	Treatment Authorization Procedures for Inpatient Mental Health Services	Supercede cob ltr 91-10 & PCCM ltr 88-13		
94-13	1/4/95 PHP/PCCM COHS/SP	Family Planning Services in Medi-Cal Managed Care			
95-01	5/31/95 PHP/PCCM COHS	Emergency Services for Medi-Cal Managed Care	Supercede s cob ltr 88-13 & PCCM ltr 90-05		
95-02	7/26/95 PCCMS	Adult Day Health Care (ADHC) Services			
95-03	11/16/95 PCCM/PHP CHS	Family Planning Services Medi-Cal Allowed Amounts			
95-04	12/20/95 PHP/PCCM /SP	1996 Health Care Plan Cut-Off Schedule			
NOTICE	12/20/95	To all Medi-Cal Managed Care Contracting Health Plans Subject: Expansion Request and Door-to-Door Marketing in the counties of SF, Tulare, Contra Costa, Alameda, and Santa Clara			
96-01	2/7/96 ALL PLANS	Obstetrical Care	Supercede s cob ltr 87-4		
95-03	2/27/96 PHP/PCCM /COHS	Family Planning Services/ Medi-Cal Allowed Amounts		Addendum I	

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COB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
94-1	1-31-94 PCCM-PHP COHS	Medi-Cal Coverage for Inpatient Mental Health Services		Addendum 94-1	
94-2	2-2-94 PHP-PCCM COHS-13 Counties	On Line Eligibility Verification Systems Information	Did not to all	go out plans	
94-3	4-6-94 PHPs PCCMs County Organ. Health Systems	Requirements for Pre- contractual or Expansion Site Reviews			
94-4	4-18-94 All Plans	On-Line Eligibility Verification Systems Information <b>Note:</b> Superseded by MCOB No. 94-2			
94-5	4-28-94 PHPs PCCMs Special Projects	Beneficiary Identification Card (BIC)			
94-6	7-20-94	Local Education agencies Medi-Cal Billing Options and the Comprehensive Integrated School Linked Services Program			
94-7	8-24-94 PHP's	Child Health and Disability Prevention (CHDP)/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Reporting Changes			
94-8	10-3-94 All Plans	California Public Records Act  Notice - Sterilization Consent Form			



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COB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
93-03	3-26-93 1,2	Prequalification Package/Facility Review Application			
93-04	4-15-93 ALL	Quality Assessment and Improvement Program			
93-05	6-18-93 ALL	Notice to Provide Dental Services to Managed Care Enrollees by a Single Statewide Contractor			
93-04 Addendum	7-20-93 ALL	Quality Assessment and Improvement Program		7-20-93 ALL	
93-06	8-13-93 ALL	Change in Dental Benefits	Recision		
93-07	9- -93 1,2	Disenrollment Form Modification			
93-08	8-30-93 ALL	Medi-Cal Stuffer for September 1993			
93-09	11-22-93 PHPs	Reporting Acute Care Hospital Inpatient Days for Medi-Cal Enrollees			
93-10	12- -93				
93-11	1-26-94 PCCM	List of Mandatory and Optional Services Available for Capitation in PCCM Contracts	Super- cedes PCCM Ltr #86-6 Revised		
93-12		Marketing Manual			
93-13	1-19-94 ALL	Recision			

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ICOB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
92-10	5-8-92 ALL	Norplant			
92-11	5-18-92 2	Capitation of AZT, Epoetin Alpha and all other Medi-Cal Covered Drugs			
92-12	6-2-92 1,2	Monthly Marketing Repre- sentative Reports			
92-13	6-17-92 ALL	Initial Health Assessments			
92-14	7-24-92 ALL	Medical Assistants			
92-15	7-28-92 ALL	Board of Vocational Nurses Action on LVN and Triage			
92-16	8-24-92 ALL	Adult Preventive Health Screens and Immuni- zations			
92-17	8-25-92 ALL	Medical Clinical Laboratory Improvement Act (CLIA)			
92-18	10-5-92 2	AIDS Rate Billings			
92-19	10-14-92 1,2	Off-Site Marketing			
92-20	10-21-92 ALL	Medical/Financial Audits Corrective Action Plan Standardization			
92-21	10-30-92 ALL	Subcontracts with Federally Qualified Health Centers			
93-01	2-26-93 1	Plan-Initiated Disenrollments			
93-02	3-25-93 ALL	On Line Eligibility Verification Systems Site Survey			

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JOB #	DATE	SUBJECT	REVISIONS	ADDENDA	DELETED
91-01	8-2-91 2	Telephone Disenrollment of PCCM Plan Enrollees			
91-02	8-21-91 2	Treatment Authorization Request (TAR) Training			
91-03	9-26-91 ALL	Managed Care Programs Branch Letter Indexing			
91-04	9-30-91 1	CHDP Requirements			
91-05	10-2-91 ALL	Medi-Cal Eligibility Data System (MEDS) Reporting System Changes			
91-06	12-11-91 2	MCOB Letter 91-06 Submission Time Frames for Disenrollment Request	5-6-93 ALL Sent: 6-25-93		
92-01	2-6-92 2	Monthly PCCM Paid Claims Report			
2-02	2-20-92 2	Medi-Cal Program Services. Requiring a TAR			
92-03	2-20-92 2	Change PCCM Program Services Requiring TARs; Effective March 1, 1992			
92-04	2-21-92 1,2	Marketing			
92-05	2-28-92 2	Capitation of AZT and All Medi-Cal Covered Drugs			
92-06	3-19-92 2	Savings Sharing	1-19-93 2		
92-07	4-1-92 2	1992 CPT; Evaluation and Management Codes	5-4-92 2		
92-08	5-8-92 1,2	Payments to Marketing Representatives			
92-09	5-8-92 1,2	Managed Care Plans Minimum Enrollment Period Survey			