



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

February 24, 2006

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 06-09
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: OVERVIEW OF THE BREAST AND CERVICAL CANCER TREATMENT PROGRAM
(Ref: All County Welfare Directors Letters No. 01-36, No. 01-39, No. 02-12 and No. 02-59).

The purpose of this letter is to provide counties with an overview of the Breast and Cervical Cancer Treatment Program (BCCTP), which was effective January 1, 2002. Additional information regarding coordination between BCCTP and the counties will be provided in subsequent All County Welfare Directors Letters (ACWDLs).

I. Background

Assembly Bill (AB) 430, (Chapter 171, Statutes of 2001) provides the State with statutory authority to implement the optional federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. This federal Medicaid option allows states to provide full-scope, no-share-of-cost (SOC) Medicaid benefits to uninsured women under age 65 who are citizens or lawful immigrants and who are screened through the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program providers and are found to be in need of treatment for breast and/or cervical cancer, including some precancerous conditions. In California, authorized screening providers are those participating in either the Cancer Detection Programs: Every Woman Counts (EWC), or Family Planning, Access, Care and Treatment (FPACT) program.

Eligibility for the federal BCCTP program continues for as long as the woman is in need of treatment and meets all of the federal BCCTP eligibility requirements. Note: federal rules only allow CDC (or CDC-approved) providers to screen women. Therefore, men are precluded from this federal program.

Recognizing the need in California for breast and cervical cancer treatment coverage beyond the limitations of the federal law, AB 430 also establishes a corresponding State-funded BCCTP program. This State-funded program covers breast and/or cervical cancer patients needing treatment who have been determined *ineligible* for the federal BCCTP, such as:

- Women age 65 and over, regardless of immigration status;
- Women under 65 without satisfactory immigration status (SIS); or
- Men (breast cancer only) of any age or immigration status.

The State-funded BCCTP also covers persons who are uninsured or underinsured:

Uninsured

- Persons who do not have no-cost Medi-Cal, Medicare or health insurance

Underinsured

- Persons who have existing comprehensive health insurance coverage (i.e., Medicare or private health insurance) that is inaccessible due to high premium, deductible and/or copayment costs (defined in Health and Safety Code Section 104161(g)(1) as costs exceeding \$750 in the twelve-month period beginning on the date the Eligibility Specialist (ES) evaluates his/her eligibility for BCCTP) (underinsured). If these costs during this twelve-month period are determined by the ES to be \$750 or less, the individual is not eligible for State-funded BCCTP coverage; or
- Persons with share-of-cost Medi-Cal.

The State-funded BCCTP covers breast and/or cervical cancer treatment and related services only. Under the State-funded program, the period of coverage is limited to up to 18 months for breast cancer and up to 24 months for cervical cancer. Although the State-funded component of BCCTP is not a Medi-Cal program, the authorizing State

Legislation provided the authority for the California Department of Health Services (CDHS) to utilize the Medi-Cal program's existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, in administering this component.

Aid Codes

The various eligibility categories under the federal and State-funded programs are represented in the Medical Eligibility Data System (MEDS) by seven aid codes that are unique to the BCCTP. These are: ØP, ØN, ØM, ØU, ØV, ØT, and ØR. Six of these seven aid codes were established effective January 1, 2002, the date BCCTP was implemented statewide. In June 2003, a seventh BCCTP aid code – ØV – was added. A description of each aid code follows:

ØM Accelerated Eligibility (AE) -Two-Month Limit

Temporary, full-scope, no-SOC Medi-Cal, for females only who are less than 65 years of age, and who have been screened and diagnosed with breast and/or cervical cancer or a qualifying precancerous condition, and are found to be in need of treatment, and who have no creditable health insurance coverage. Eligibility is limited to two months (the month of application and the month after) because the individual did not request ongoing Medi-Cal.

ØN AE - Until a Determination of federal BCCTP Eligibility is completed

Temporary, full-scope, no-SOC Medi-Cal coverage, for females only who are less than 65 years of age, who have been screened and diagnosed with breast and/or cervical cancer or a qualifying precancerous condition, and are found to be in need of treatment, and who have no creditable health insurance coverage. This AE continues while a federal BCCTP eligibility determination is made.

ØP Federal BCCTP Eligibility Determined

Full-scope, no-SOC Medi-Cal, for females only, who are less than 65 years of age and are citizens/nationals of the United States or have SIS; who have been screened by an authorized screening provider for breast and/or cervical cancer or a qualifying precancerous condition, and are found to be in need of treatment; and who have no creditable health insurance coverage. The period of eligibility for this aid code is the duration of treatment as long as all other federal BCCTP eligibility criteria continue to be met.

ØR State-Funded, High-Cost Other Health Coverage - Coverage Limited to Cancer Treatment and Related Services Only

Provides payment of premiums, copayments, deductibles, as well as coverage for breast and/or cervical cancer treatment and related services that are not covered by insurance, for males and females, regardless of age or immigration status, whose insurance costs are determined by the ES to exceed \$750 in the 12-month period beginning on the date the ES evaluates his/her eligibility for BCCTP. If the insurance costs during this 12-month period are determined by the ES to be \$750 or less, the individual is not eligible for State-funded BCCTP coverage. These individuals must have been screened by an authorized screening provider for breast cancer or a qualifying precancerous condition and/or cervical cancer or a qualifying precancerous condition, and been found to be in need of treatment.

The period of eligibility for aid code ØR is:

- Up to 18 months for breast cancer
- Up to 24 months for cervical cancer

ØT Other State-Funded - Coverage Limited to Cancer Treatment and Related Services Only

Provides coverage limited to breast and/or cervical cancer treatment and related services for females 65 years or older, regardless of immigration status, who do not have creditable health insurance coverage, and who have been screened and diagnosed with breast and/or cervical cancer, or a qualifying precancerous condition, by a CDC-approved provider. Also provides coverage limited to breast cancer treatment and related services for males who have been screened and diagnosed with breast cancer by a CDC-approved provider; who are of any age or immigration status; and who do not have creditable health insurance.

The period of eligibility for aid code ØT is:

- Up to 18 months for breast cancer
- Up to 24 months for cervical cancer

ØU Federal/State-funded - Restricted Medi-Cal Services and State-funded Cancer Treatment and Related Services for Women Without SIS

Provides restricted services, for females only, who are less than 65 years of age, who do not have SIS, and who have been screened by an authorized screening provider for breast and/or cervical cancer, or a qualifying precancerous condition, and are found to be in need of treatment. This aid code does not cover women with other creditable health insurance. These women are eligible for:

- 1) Medi-Cal emergency services;
- 2) State-funded breast cancer treatment and related services and/or cervical cancer treatment and related services; and
- 3) State-only pregnancy-related and long-term care (LTC) Medi-Cal services.

The period of eligibility for aid code ØU is:

- Up to 18 months for breast cancer
- Up to 24 months for cervical cancer

ØV Continuing Federal Restricted Services for ØU Eligibles Who Have Exhausted Their Period of State-Funded Cancer Treatment Services, but Still Need Treatment and Still Meet All Federal BCCTP Requirements Except for Immigration Status

Provides continuing Medi-Cal emergency services and State-only Medi-Cal pregnancy-related/LTC services, without a SOC, for ØU beneficiaries whose 18- or 24-month period of State-funded cancer treatment coverage has ended, but who continue to need breast or cervical cancer treatment, and continue to meet all other federal BCCTP requirements except for immigration status. Although they may continue to need treatment, individuals in aid code ØV can no longer receive State-funded breast and/or cervical cancer treatment and related services. An individual can never be determined *initially* eligible for the aid code ØV.

Online Application and Eligibility Determination

Under AB 430, the determination of BCCTP eligibility, as well as the ongoing maintenance of the BCCTP case, is done by the State, not the counties. An ES with CDHS' Medi-Cal Eligibility Branch (MEB), evaluates the application, makes the determination of BCCTP

eligibility, and maintains the cases of those applicants that are approved. There are currently two units within the BCCTP. The *federal unit* is responsible for eligibility determinations for those who appear to be eligible for the federal BCCTP as well as annual redeterminations and requests for retroactive coverage.

The *State unit* is responsible for eligibility determinations for those who do *not* appear to be eligible for the federal BCCTP, as well as redeterminations and requests for retroactive coverage.

The BCCTP provides an online, Internet-based application process specifically designed to enable breast and/or cervical cancer patients to apply for BCCTP coverage right in an EWC or FPACT provider's office. This process allows women who, based on the preliminary information provided in the Internet-based application, appear to meet federal BCCTP eligibility criteria to receive immediate, temporary, full-scope, no-SOC Medi-Cal coverage through AE, pending an eligibility determination for federal BCCTP services by an ES.

Applicants who do *not* appear to meet the federal BCCTP eligibility criteria based on the information they provide on the BCCTP application do *not* receive immediate coverage through AE, and therefore do not have access to BCCTP-covered treatment until an eligibility determination is made.

Those applicants who, at the time of their BCCTP application, have current eligibility in MEDS for one of the restricted Medi-Cal aid codes (e.g., 58, 3V) will not be granted AE, as their current status indicates they do not meet all federal BCCTP requirements. However, they will continue to receive their county restricted Medi-Cal coverage while they are being evaluated for BCCTP eligibility. Please note that the establishment of BCCTP eligibility does not necessarily preclude eligibility under the county-reported restricted Medi-Cal aid codes.

Upon application, the enrolling provider gives the applicant the Confirmation Document and message text document. The Confirmation Document tells the applicant whether they received AE or not, and the message text document provides additional information about the BCCTP. Those determined eligible are sent a Benefits Identification Card (BIC), if they do not already have one. If the applicant receives AE and does not have a BIC, the Confirmation Document may be used until the BIC arrives in the mail.

If an individual contacts the county to apply for BCCTP, or an individual applying for Medi-Cal at the county appears to be eligible for BCCTP, that individual should be referred to the BCCTP toll-free line, (800) 824-0088. The BCCTP ES may then refer the individual to the office of a participating enrolling provider, either EWC or FPACT. The individual may also file an

application with the county and have his or her eligibility determined for any other Medi-Cal program except BCCTP.

II. Impact of Existing Medi-Cal Coverage on BCCTP Eligibility

The BCCTP does not allow eligibility for anyone currently eligible for full-scope, no-SOC Medi-Cal. This includes eligibility under the Section 1931(b) or Transitional Medi-Cal programs; the federal poverty level (FPL) percent programs for the aged/blind/disabled, children and pregnant women; the no-SOC Medically Needy/Medically Indigent programs; as well as those receiving Medi-Cal based on receipt of cash payments from the federal Supplemental Security Income program or the California Work Opportunity and Responsibility to Kids program (CalWORKs).

The federal BCCTP does allow eligibility for beneficiaries who have existing eligibility for Medi-Cal with a SOC if they meet all other federal BCCTP eligibility criteria. State-funded BCCTP will provide coverage limited to no-SOC breast and/or cervical cancer treatment and related services only to individuals who meet all nonfederal BCCTP requirements, including those who may be concurrently eligible for emergency or limited services under Medi-Cal (e.g., undocumented persons, pregnant women, or other limited-services Medi-Cal categories).

III. Period of Eligibility

A. Federal BCCTP

A woman who meets all federal BCCTP requirements remains eligible for full-scope, no-SOC Medi-Cal for the duration of her period of treatment, as long as she continues to meet all other federal BCCTP requirements. Annual redeterminations will be performed for those beneficiaries receiving full or restricted federal BCCTP benefits to determine if there have been any changes in the beneficiary's circumstances that may affect her ongoing federal BCCTP eligibility (see Section IV – Annual Redeterminations). Also, all BCCTP beneficiaries are required to report to the ES, within ten days, any changes that may affect their BCCTP eligibility.

If a beneficiary is found by the ES to no longer qualify for federal BCCTP because the ES determines that she no longer meets federal BCCTP requirements, the case may be sent to the beneficiary's county of residence for a determination of Medi-Cal eligibility under any other program. See Section V. – State and County Coordination.

If she does qualify for full-scope, no-SOC Medi-Cal through the county and then, at a later date, loses such coverage, or gets a SOC, she may reenroll into BCCTP and again be determined eligible for full-scope, no-SOC BCCTP Medi-Cal if the enrolling provider determines that she meets CDC screening requirements and certifies that:

1. she still needs treatment for her original breast and/or cervical cancer diagnosis; or
2. she needs treatment for metastatic breast and/or cervical cancer; or
3. she needs treatment for a recurrence of her original breast and/or cervical cancer in the same part, or a different part, of the body; or
4. she has a new tissue diagnosis of breast and/or cervical cancer and needs treatment; and the ES subsequently determines that she meets all other federal BCCTP eligibility requirements.

B. State-Funded BCCTP

As indicated previously, State-funded BCCTP coverage is limited to up to 18 months for breast cancer and up to 24 months for cervical cancer, for the cancer condition under which the beneficiary was initially determined eligible.

An individual who has had a previous period of State-funded BCCTP eligibility may qualify for another period of State-funded BCCTP eligibility only if he or she has a “new tissue diagnosis” of breast or cervical cancer, has been screened and diagnosed by an EWC or FPACT provider for this most recent qualifying cancer condition, and meets all of the State-funded BCCTP eligibility requirements. This “new tissue diagnosis” requirement also applies to ØU beneficiaries who are converted to ØV after their 18 or 24 months of cancer treatment services are completed (and still need treatment) and seek to reenroll for another period of breast and/or cervical cancer treatment.

If the ES finds that a former or current State-funded BCCTP beneficiary now meets all federal BCCTP requirements, the beneficiary may qualify for federal BCCTP, and would not require a new tissue diagnosis.

IV. Annual Redetermination

For ongoing federal BCCTP (ØP) beneficiaries, beneficiaries receiving federal emergency services in addition to State-funded cancer treatment and related services (ØU), and beneficiaries receiving federal emergency services who have exhausted their State-funded cancer treatment services (ØV), annual redeterminations are performed by the State ES to determine whether the beneficiaries are still in need of treatment and if there may have been

any other changes that may affect ongoing eligibility under the BCCTP, such as having obtained creditable health insurance coverage, or no longer being a California resident. Currently, annual redeterminations are not required for State-funded BCCTP eligibles in aid codes ØT and ØR; however, these eligibles are required to report within ten calendar days any changes which may affect their eligibility.

Age is not included in the annual BCCTP redetermination process because a woman is no longer eligible for the federal BCCTP beginning in the month after the month in which she turns age 65 (unless she turns 65 on the first day of the month, in which case her federal BCCTP eligibility ends the last day of the month prior to her birthday). Consequently, the case records of a federally eligible woman who is going to turn 65 years of age will be sent to the county in advance to determine if she is eligible for any other Medi-Cal program.

V. State and County Coordination

If an individual applies for Medi-Cal via the county social services office and indicates she/he has breast and/or cervical cancer, the county must concurrently determine Medi-Cal eligibility and refer the applicant to BCCTP for a determination of eligibility under the BCCTP. To be eligible for BCCTP, the individual must be screened and be found in need of breast and/or cervical cancer treatment by a EWC or FPACT provider, and meet other BCCTP eligibility criteria. If the individual is in need of treatment, the enrolling provider will submit an Internet-based application for her/him for BCCTP coverage. If the county determines that individual is eligible for Medi-Cal, the county shall inform the BCCTP that Medi-Cal eligibility has been established.

In addition, there are other circumstances that will require coordination between the BCCTP and the counties, including annual redeterminations. These circumstances include, but are not limited to the following:

1. When a woman loses eligibility for ØP because she turns 65 years of age, obtains creditable insurance coverage (including Medicare), or is no longer in need of treatment;
2. When a woman loses eligibility for federal Medi-Cal emergency coverage under ØU or ØV because she turns 65, obtains creditable insurance coverage (including Medicare), or is no longer in need of treatment;
3. When a woman loses eligibility for ØP, ØU or ØV at annual redetermination because she no longer meets federal BCCTP eligibility requirements and has claimed disability.

Procedures addressing these and other similar scenarios requiring coordination between the counties and the BCCTP will be developed in coordination with the counties and provided in a subsequent ACWDL.

The BCCTP Internet-based application does not contain enough information to determine if the applicant is eligible under any other Medi-Cal program. Accordingly, an individual seeking Medi-Cal coverage has a right to submit an application with the county to be evaluated under any other Medi-Cal programs while concurrently being evaluated for the BCCTP. If the individual is found eligible for ongoing Medi-Cal under any other full-scope, no-SOC Medi-Cal program, the individual will not be eligible for the BCCTP, and the county will coordinate with the BCCTP so that any BCCTP eligibility that may have been established can be terminated by the ES.

MEB is requesting that counties provide the name of a contact person, telephone/fax, and address that can be dedicated exclusively to the exchange of Medi-Cal and BCCTP case information between the county and BCCTP for all case coordination activities. Please review the enclosed list of BCCTP county contacts that had been created previously for case coordination planning purposes. Please provide any updates to this county contact information, along with your county's BCCTP contact address, directly to Ms. Irina Kadantseva in the federal BCCTP unit, either by phone at (916) 552-8090 or by email at ikadants@dhs.ca.gov.

If you have any questions about the information in this letter, please contact Mr. Tony Plescia of the BCCTP at (916) 552-9389.

Original Signed By

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosure

BCCTP COUNTY LIAISON LIST

Alameda County – 01
Social Services Agency
1106 Madison Street #307
Oakland, CA 94607

Joyce Cooper (510) 267-9442
Fax (510) 267-9428
email: jacooper@co.alameda.ca.us

Alpine County – 02
Department of Health & Human Services
75 B Diamond Valley Road
Markleeville, CA 96120

Lynette Bennett (800) 292-2156
Fax (530) 694-2252
email: alpinehealth-lb@gbis.com

Amador County – 03
Department of Social Services
1003 Broadway
Jackson, CA 95642

Kim Crippen (209) 223-6569
Fax (209) 223-6208
email: none

Butte County – 04
Department of Employment & Social Services
PO Box 1649
Oroville, CA 95965-1649

Patti Walker (530) 879-3521
Fax (530) 879-3483
email: pwalker@dsw.ncen.org

Calaveras County – 05
Calaveras Work & Human Services Agency
Government Center
891 Mountain Ranch Road
San Andreas, CA 95249-9709

Connie McLain (209) 754-6447
Fax (209) 754-6543
email: none

Colusa County – 06
Department of Health & Human Services
251 East Webster Street
Colusa, CA 95932

Hilda Aguayo (530) 458-0262
Fax (530) 458-0492
back-up: Kay Sharpe
email: ksharpe@ncen.org

Contra Costa County – 07
Employment & Human Services Department
40 Douglas Drive
Martinez, CA 94553-4068

Roxane Haynes (925) 313-1633
Fax (925) 313-1758
email: rlhaynes@ehsd.co.contra-costa.ca.us

Del Norte County – 08
Department of Health & Social Services
880 Northcrest Drive
Crescent City, CA 95531-3485

Sally Smart (707) 464-3191
Fax (707) 465-1783
email: ssmart@co.del-norte.ca.us

El Dorado County – 09
Department of Social Services
3057 Briw Road
Placerville, CA 95667-1637

Mitch Mortensen (530) 6422-7159
Fax (530) 626-9060
email: mmortenson@isawa.cahwnet.gov

BCCTP COUNTY LIAISON LIST

Fresno County – 10
Department of Employment & Temporary Assistance Services
4494 East Clinton Way, Suite 112
Fresno, CA 93750
Hopie Serna (559) 253-9269
Fax (559) 253-9250
email: hserna@fresno.ca.gov

Glenn County – 11
Human Resources Agency
PO Box 611
420 East Laurel Street
Willows, CA 95988-0611
Loretta Carr (530) 934-6514 x 105
Fax (530) 934-6521
email: lkjer@isawa.cahwnet.gov

Humboldt County – 12
Department of Health & Human Services
929 Koster Street
Eureka, CA 95501
Kathy Cauble (707) 268-2787
Fax (707) 445-6096
email: kcauble@co.humboldt.ca.us

Imperial County – 13
Department of Social Services
2995 South Fourth Street, Suite 105
El Centro, CA 92243
Gary Andrews (760) 337-7408
Fax (760) 370-0492
email: garyandrews@imperialcounty.net

Inyo County – 14
Department of Social Services
912 North Main Street
Bishop, CA 93514
Sheri Snyder (760) 872-1394
Fax (760) 872-4950
email: none

Kern County – 15
Department of Human Services
PO Box 511
Bakersfield, CA 93302
Dawn Moyer (661) 631-6076
Fax (661) 631-6472
email: moyerd@co.kern.ca.us

Kings County – 16
Human Services Agency
1200 South Drive
Hanford, CA 93230-5997
Ida Guzman (559) 582-3241 x 4793
Fax (559) 584-2749
email: aguzman@co.kings.ca.us

Lake County – 17
Department of Social Services
15975 Anderson Ranch Parkway
PO Box 9000
Lower Lake, CA 95457
Sharon Gould (707) 995-4262
Fax (707) 995-4204
email: none

BCCTP COUNTY LIAISON LIST

Lassen County – 18
Lassen WORKS
720 Richmond Road
PO Box 1359
Susanville, CA 96130

Mary Polley (530) 251-8182
Fax (530) 251-8370
email: none

Los Angeles County – 19
Department of Public Social Services
12900 Crossroads Parkway South
City of Industry, CA 91746

Roxanna Molina (562) 908-3531
Fax (562) 908-5393
email: none

Madera County – 20
Department of Social Services
629 East Yosemite
PO Box 569
Madera, CA 93639-0569

Nancy Brice (559) 662-8364
Renee Sanchez (559) 675-2448
Fax (559) 675-7690
email: rsanchez@mcdoss.net

Marin County – 21
Department of Health & Human Services
3501 Civic Center Drive
PO Box 4160, Civic Center Branch
San Rafael, CA 94913

Pat McCormack (415) 499-7433
Chris Ferguson (415) 499-7082
Fax (415) 499-6731
email: pmcCormack@marin.org
email: cferguson@marin.org

Mariposa County – 22
Department of Human Services
5186 Highway 49 North
PO Box 7
Mariposa, CA 95338

Debbie Smith (209) 966-3609
Fax (209) 966-5943
email: dbsmith@yosemite.net

Mendocino County – 23
Department of Social Services
737 South State Street
PO Box 8508
supervisors)
Ukiah, CA 95482

Nancy Naumann (707) 463-7828
Fax (707) 463-7859
email: aguilard@mcdss.org (Use

Merced County – 24
Human Services Agency
PO Box 112
Merced, CA 95341

Jan Bradley (209) 385-3000 x 5489
Fax (209) 725-3583
email: jbradley@hsa.co.merced.ca.us

BCCTP COUNTY LIAISON LIST

Modoc County – 25

Department of Social Services
120 North Main Street
Alturas, CA 96101

Pat Wood (530) 233-6504
Marie Herrera (530) 233-6501
Fax (530) 233-2136

email: none

Mono County – 26

Department of Social Services
452 Old Mammoth Road
3rd Floor Sierra Center Mall
Mammoth Lake, CA 93546

Julie Timmerman (760) 934-3411
Fax (760) 924-5431

email: none

Monterey County – 27

Department of Social Services
1000 South Main Street, Suite 216
Salinas, CA 93517

Star Howard (831) 755-4407
Fax (831) 755-8408

email: none

Napa County – 28

Department of Social Services
2261 Elm Street
PO Box 329

Teresa Zimny (707) 259-8134
Fax (707) 253-6095

email: tzimny@co.napa.ca.us

Nevada County – 29

Adult & Family Services
PO Box 1210
Nevada City, CA 95959

Cindy Lackey (530) 265-1379
Fax (530) 265-7062

email: cindy.lackey@co.nevada.ca.us

Orange County – 30

Social Services Agency
888 North Main Street, #158C
Santa Ana, CA 92701

Rene LeClair (714) 541-7750
Fax (714) 245-6188

email: rleclair@ssa.co.orange.ca.us

Placer County – 31

Health & Human Services
100 Stonehouse Court, Suite A
Roseville, Ca 95678-1997

Dianne Helton (916) 784-6033
Fax (916) 784-6100

email: dhelton@placer.ca.gov

Plumas County – 32

Department of Social Services
270 County Hospital Road, Suite 207
Quincy, CA 95971

Virginia Ekonen (530) 283-6441
Fax (530) 283-6368

email: vekonen@isaws.cahwnet.gov

Riverside County – 33

Department of Social Services
1605 Spruce Street
Riverside, CA 92507

Sue DeJonckheere (909) 358-3992
Fax (909) 358-3990

email: sdejonck@riverside.dpss.org

BCCTP COUNTY LIAISON LIST

Sacramento County – 34
Department of Human Assistance
2433 Marconi Avenue
Sacramento, CA 95821-4807

Jennifer Sipe (916) 875-3731
Fax (916) 875-3591
email: jsipe@saccounty.net

San Benito County – 35
Human Services Agency
1111 San Felipe Road, Suite 206
Hollister, CA 95023-3801

Roberta Johnson (831) 636-4180
Fax (831) 637-9754
email: none

San Bernardino County – 36
Human Services System
Transitional Assistance Department
825 East Hospitality Land, 2nd Floor

Raquel Raden (909) 383-9778
Fax (909) 383-9714
email: rraden@hss.sbcounty.gov

San Diego County – 37
Human Services Agency
8840 Complex Drive, Suite 255
San Diego, CA 92123

Roxanne Brown (858) 492-2236
Fax (858) 492-2275
email: rbrownss@co.san-diego.ca.us

San Francisco County – 38
Department of Human Services
1440 Harrison Street
San Francisco, CA 94103

Mary Adrian (415) 558-1987
Fax (415) 558-2625
email: maryadrian@ci.sf.ca.us

San Joaquin County – 39
Human Services Agency
333 East Washington Street
PO Box 8119
Stockton, CA 95201-3006

Diane Luis (209) 468-1153
Fax (209) 468-1985
email: dluis@co.san-joaquin.ca.us

San Luis Obispo County – 40
Department of Social Services
3433 South Higuera Street
PO Box 8119
San Luis Obispo, CA 93403-8119

Pam Mettier (805) 781-1897
Fax (805) 781-1846
email: cchow@co.slo.ca.us

San Mateo County – 41
Human Services Agency
400 Harbor, Building C
Belmont, CA 94002-4047

Lorena Gonzalez (650) 595-7570
Fax (650) 7576
email: agonzalez@co.sanmateo.ca.us

Santa Barbara County – 42
Department of Social Services
1100 West Laurel Avenue
Lompoc, CA 93436

Mysty Bonner (805) 737-7056
Fax (805) 737-7098
email: mbonner@co.santa-barbara.ca.us

BCCTP COUNTY LIAISON LIST

Santa Clara County – 43
Social Services Agency
1725 Technology Drive, 2nd Floor
San Jose, CA 95110-1360

Guillermo (William) Caceres (408) 441-5590
Fax (408) 436-5493
email: caceresg@ssa.ca.santa-clara.ca.us

Santa Cruz County – 44
Human Resources Agency
1020 Emeline Street
Santa Cruz, CA 95060-1913

Adella Ruvalcaba (831) 763-8508
Fax (831) 763-8530
email: adella.ruvalcaba@hra.co.santa-cruz.ca.us

Shasta County – 45
Department of Social Services
PO Box 496005
Redding, CA 96049-6005

Penny Smith (530) 245-6318
Fax (530) 255-5087
email: psmith@isaws.cahwnet.gov

Sierra County – 46
Social Services
PO Box 1019
Loyalton, CA 96118-1019

Lori Wright (530) 993-6720 x 725
Fax (530) 993-6767
email: lwright@isaws.cahwnet.gov

Siskiyou County – 47
Human Services
818 South Main Street
Yreka, CA 96097-9905

Nadine Della Bitta (530) 841-2750
Fax (530) 841-2790
email: ndellabitta@snowcrest.net

Solano County – 48
Health & Social Services
1745 Enterprise Drive, Building 2
Fairfield, CA 94533-9933

Diane Perez (707) 421-7805
Fax (707) 421-7237
email: dperez@solanocounty.com

Sonoma County – 49
Social Services Department
PO Box 1539
Santa Rosa, CA 95402-1539

Kim Seamans (707) 565-5304
Fax (707) 565-5353
email: kseamas@sonoma-county.org

Stanislaus County – 50
Community Services Agency
PO Box 42
251 East Hackett Road
Modesto, CA 95353-0042

Josephine Navarro (209) 558-2670
Fax (209) 558-2558
email: navarroj@mail.co.stanislaus.ca.us

Sutter County – 51
Department of Human Services
PO Box 1535
Yuba City, CA 95992

Denise Damm (530) 822-7230 x 218
Fax (530) 822-7212
email: ddamm@co.sutter.ca.us

BCCTP COUNTY LIAISON LIST

Tehama County – 52
Department of Social Services
22840 Antelope Boulevard
PO Box 1515
Red Bluff, CA 96080-3196

Sue Proctor (530) 528-4095
Fax (530) 527-5410
email: fproctor@tcoss.org

Trinity County – 53
Health & Human Services Department
1 Industrial Park Way
PO Box 1470
Weaverville, CA 96093-1470

Marilyn Blackburn (530) 623-1265
Fax (530) 623-1250
email: mblackburn@isaws.cahwnet.gov

Tulare County – 54
Department of Social Services
PO Box 671
Visalia, CA 93279-0671

Alex Cantu (559) 737-4660 x 2106
Fax (559) 737-4694
email: acantu@tularehhsa.org

Tuolumne County – 55
Department of Social Services
20075 Cedar Road North
Sonora, CA 95370-5900

Rebecca Minor (209) 533-5715
Fax (209) 533-5714
email: none

Ventura County – 56
Human Services Agency
505 Poli Street
Ventura, CA 93001-2632

Pat Judkins (805) 652-7815
Fax (805) 652-7845
email: pat.judkins@mail.co.ventura.ca.us

Yolo County – 57
Department of Employment & Social Services
25 North Cottonwood Street
Woodland, CA 95695

Rebecca Pfeifle (530) 661-2715
Fax (530) 661-2847
email: rebecca.pfeifle@ccm.yolocounty.org

Yuba County – 58
Health & Human Services Department
PO Box 2320
Marysville, CA 95901

Erma Thurman (530) 749-6356
Fax (530) 749-6797
email: none