February 24, 2006

TO: ALL COUNTY WELFARE DIRECTORS
   ALL COUNTY ADMINISTRATIVE OFFICERS
   ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
   ALL COUNTY HEALTH EXECUTIVES
   ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No.: 06-09

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
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Social Services Agency
1106 Madison Street #307
Oakland, CA  94607
Joyce Cooper  (510) 267-9442
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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
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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
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Calaveras County – 05
Calaveras Work & Human Services Agency
Government Center
891 Mountain Ranch Road
San Andreas, CA  95249-9709
Connie McLain  (209) 754-6447
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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
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Department of Health & Social Services
880 Northcrest Drive
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Department of Employment & Temporary Assistance Services
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Fresno, CA  93750  Fax (559) 253-9250
email: hserna@fresno.ca.gov

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

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

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

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

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

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

Lake County – 17
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PO Box 9000  email: none
Lower Lake, CA  95457
<table>
<thead>
<tr>
<th>County</th>
<th>Department</th>
<th>Name</th>
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<tr>
<td>Lassen County – 18</td>
<td>Lassen WORKS</td>
<td>Mary Polley</td>
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<td>(530) 251-8370</td>
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<td>Los Angeles County – 19</td>
<td>Department of Public Social Services</td>
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<td>Madera County – 20</td>
<td>Department of Social Services</td>
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<td>Merced County – 24</td>
<td>Human Services Agency</td>
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Modoc County – 25
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120 North Main Street  
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San Diego, CA  92123
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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
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
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
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Tulare County – 54
Department of Social Services
PO Box 671
Visalia, CA 93279-0671
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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