

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-0258



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

Letter No.: 00-66E

**ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) 00-66:  
INSTRUCTIONS FOR HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY  
ACT OF 1996 (HIPAA '96)**

Attachment #2 referred to in ACWDL 00-66 was inadvertently omitted. Attachment #2 is enclosed with this letter.

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

ORIGINAL SIGNED BY

**Glenda Arellano**  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosure

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**INFORMATION ON CATEGORIES OF BENEFITS**

1. Date of original certificate: \_\_\_\_\_
2. Name of group health plan providing the coverage: \_\_\_\_\_
3. Name of beneficiary: \_\_\_\_\_
4. Identification number of beneficiary: \_\_\_\_\_
5. The following information applies to the coverage in the certificate that was provided to the individual(s) identified above:
  - a. MENTAL HEALTH: \_\_\_\_\_
  - b. SUBSTANCE ABUSE TREATMENT: \_\_\_\_\_
  - c. PRESCRIPTION DRUGS: \_\_\_\_\_
  - d. DENTAL CARE: \_\_\_\_\_
  - e. VISION CARE: \_\_\_\_\_
6. Telephone number to call if there are any questions concerning the above information:  
\_\_\_\_\_

*For each category above enter "N/A" if the individual had no coverage within the category. Either enter both the date that the individual's coverage within the category began and the date that the individual's coverage within the category ended (or indicate if continuing), or enter "same" on the line if the beginning and ending dates for coverage within the category are the same as the beginning and ending dates for the coverage in the certificate.*