

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814



April 16, 1979

To: All County Welfare Directors

Letter No. 79-10

REPORTING OF UNBORN CHILDREN

To determine the effects that restricted abortion funding, if implemented, would have on the Medi-Cal caseload, the Department must first identify certain data available from the counties. We recently conducted a limited telephone survey of those counties which do not routinely report unborns through the CID system and found that some counties maintain information on unborns but do not report it to the Department. We would like to identify each county that maintains such data whether or not they currently report it, and in what format that data is available. This will assist the Department to develop a valid sample on which to base projections.

We request that each county complete the attached questionnaire and return it by April 30 to:

Mardel Rodriquez  
Medi-Cal Eligibility Branch  
714 P Street, Room 1692  
Sacramento, CA 95814

If you should have any questions regarding the questionnaire, please direct them to Mardel Rodriquez at (916) 445-1797.

Thank you for your cooperation.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Eligibility Branch

Attachment

## UNBORN CHILDREN QUESTIONNAIRE

1. Is your county reporting unborn children, who are part of the MFBU, to the Department as part of your monthly CID report of eligibles?

            
yes

            
no

2. If yes, please describe the exact CID record format used by your county to report the unborn child to the Department (e.g., the word UNBORN is in the first six characters of the name field). Please attach a sample record format.

3. If no,

a. Is this information available?

b. Would it be possible for the county to report the number of unborns each month or on a quarterly basis (specify)? Starting when?

- c. Would it be possible for your county to send this information to the Department via CID by using the word UNBORN as the first six characters of the name field? If so, how quickly could your county implement this procedure?

4. If your county is unable to provide this information to the Department please specify why.

5. Address and phone number of a county contact person regarding this questionnaire:

---

---

---

---

Phone Number: