

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



March 12, 1993

TO: All County Welfare Directors Letter No.: 93-18
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Outstationed Eligibility Worker Coordinators

OUTSTATIONING OF ELIGIBILITY WORKERS

This letter is to provide information concerning counties petitions for outstationing of eligibility workers for Fiscal Year (FY) 1993/1994. Enclosed with this letter are forms which must be completed and returned to the Medi-Cal Eligibility Branch no later than March 19, 1993.

OBRA-90 Outstationing

It is still mandatory that county welfare departments outstation eligibility workers at Disproportionate Share Hospitals and Federally Qualified Health Centers, unless it can be demonstrated that it is administratively not feasible to do so.

Enclosed with this letter is a list of clinics which have attained Federally Qualified Health Center (FQHC) status since All County Letter 92-16 was issued. Counties must contact these clinics to evaluate the feasibility of placing an outstationed worker at these clinics. When submitting petitions, counties must submit either Petition "A" or Petition "B" to indicate whether an eligibility worker must be outstationed.

Identification of Disproportionate Share Hospitals occurs annually on a July 1 - June 30 fiscal year basis. The original list of Disproportionate Share Hospitals was based on facilities which qualified in FY 1991/1992. Any county which had changes for FY 1992/93 was notified of the changes so that contact with the facilities could be initiated to determine if outstationing was feasible. We expect the list of Disproportionate Share Hospitals for the FY 93/94 Fiscal Year to be available during the first quarter of FY 93/94. We will notify counties at that time of any changes in the designated facilities. The counties will be required to contact the newly designated Disproportionate Share Hospitals to determine the feasibility of outstationing. If appropriate, counties will develop an outstationing proposal for the site(s) and submit it to MEB. MEB will review the proposal and, if appropriate, additional funding will be requested when the budget revision process occurs in November. Additional funding would potentially be available January 1994.

It is not necessary at this time for counties to contact OBRA-90 sites which declined to participate in the outstationing program in FY 92/93. However, please be aware that in an effort to assure California's compliance with the

All County Welfare Directors
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OBRA-90 outstationing mandate, a letter is being mailed to all mandated sites who declined to participate in the outstationing program during FY 92/93 informing them of the benefits of outstationing.

In response to requests from several counties, we are asking those facilities which originally declined to participate to respond directly to MEB. MEB staff will evaluate the responses and forward to the county welfare departments as appropriate. If a facility originally declined but responds they are now interested, we will request the counties again contact the facility and re-examine the feasibility of outstationing. If the county determines that outstationing is now feasible at the site, we will request that the county submit a supplemental petition for evaluation. Because of the time frames we are working with for the FY 93/94 budget, we will not be able to include these sites in the initial funding for FY 93/94. These sites will also have to be included in our request to increase outstationing funding in the November budget process.

Perinatal Outstationing

We do not anticipate any appreciable increase in the available funding for Perinatal outstationing for FY 93/94. Therefore, we are again requesting counties to re-evaluate their Perinatal outstationing program to assure that resources are being utilized appropriately (i.e. applications are primarily being processed for pregnant women and the number of applications supports the need for an outstationed worker).

Counties may modify their perinatal outstationing program (change the number of EW days, hours, and discontinue or add sites) within their existing allocation if there is justification for such modification. Such justification might include, but is not limited to, such factors as: increase or decrease in projected number of applications. When adding sites, counties should assure the projected site meets the original intent of the Perinatal outstationing program; that is, placement of an outstationed worker will result in pregnant women having their eligibility determination completed quickly which will result in improved and early access to prenatal services. To request continued funding for perinatal outstationing, counties should complete "Petition C" enclosed.

Throughout the year the State Department of Health Services (SDHS) receives inquiries from many sources concerning the possibility of having an outstationed worker at a particular clinic to process Medi-Cal applications. When contacted, Medi-Cal Eligibility Branch (MEB) staff explain the funding limitations and direct the clinics to contact the appropriate county welfare department office.

All County Welfare Directors
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We are aware that counties are also contacted directly by clinics not currently in the outstationing program and which provide services to a high volume of pregnant women who are potential Medi-Cal beneficiaries. If these clinics express an interest in having an outstationed worker, and the counties feel there is a compelling reason for placing an outstationed worker at these additional sites, they should complete Petition Attachment D enclosed.

Examples of compelling reasons to outstation a worker at a location where the county is currently unable to place a worker due to insufficient incremental funding could include: the clinic serves a large number of pregnant women and is located in a portion of the county where there are currently inadequate number of sites other than the county welfare offices for the client to apply for Medi-Cal; or that there currently exists in the county a high infant mortality rate for a particular group, which potentially could be reduced by having an eligibility worker outstationed at the clinic; or a county without any type of an outstationing program may determine there is a need for such a program.

When discussing placement of an outstationed worker at clinics where you are currently unable to place a worker due to funding limitations, counties should emphasize that placement of a worker will be contingent upon appropriate funding being approved in the State Budget appropriation for FY 93/94.

Reminder Regarding Reporting Requirements

It continues to be mandatory that counties submit quarterly statistical reports on their outstationing activities. The reports are an important part of the outstationing program. It also continues to be necessary to maintain and report Perinatal and OBRA-90 statistics separately. For your information, we have made some minor modifications in the reporting format and are enclosing copies for your convenience. We have developed a separate form for reporting OBRA-90 statistics. Please use the revised format effective with the quarter ending March 31, 1993.

Please accept my sincere appreciation for your excellent cooperation and hard work in implementing the outstationing provisions of OBRA-90 legislation and in maintaining a successful Perinatal outstationing program. With the implementation of the OBRA-90 outstationing program in FY 1992/1993, the number of workers allocated to outstationing on a statewide basis has increased from 189 Perinatal outstationed staff in FY 1991/1992 to a total of 485 outstationed staff in the current fiscal year. The increase in the number of outstationed staff and sites has resulted in a significantly larger number of pregnant women and children having eligibility determined more promptly and earlier access to prenatal and medical care.

All County Welfare Directors
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If you have any questions about the outstationing of eligibility workers, please contact Martha Bracha of my staff at (916) 657-2767. If you have any questions concerning incremental funding, please contact Fred Chow of the County Administrative Expense Unit at (916) 654-0602.

Sincerely,

ORIGINAL SIGNED BY
Angelina Mrva for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

PETITION SUMMARY

PETITION FOR OUTSTATIONING OF ELIGIBILITY WORKERS AT
DISPROPORTIONATE SHARE HOSPITALS AND FEDERALLY QUALIFIED HEALTH CLINICS
(INCLUDING "LOOK ALIKE" CLINICS AND INDIAN HEALTH CENTERS)

COUNTY: _____

Approval is requested to outstation eligibility workers at the following disproportionate share hospitals and federally qualified health centers.

<u>Hospital/Clinic Name</u>	<u>Implementation Date</u>	<u>No. of EW's</u>	<u>No. EW Hr./Mo</u>	<u>Est'd # of App'/Mo. Preg.Women Children</u>
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(Use additional pages if outstationing requested at more than 10 sites.)

Totals - This Page	_____	_____	_____	_____
Totals - Other Pages	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Signature of Person Preparing Petition _____

Typed Name of Person Preparing Petition _____

Name and Telephone Number of Person to Contact for Additional Information
relative to OBRA 90 Outstationing:

Name _____ Telephone Number _____

County Welfare Directors Signature _____

SUMMARY SHEET - PAGE 2

(To be used only by counties requesting funding for more than 10 sites)

County _____				
<u>Hospital/Clinic Name</u>	<u>Implementation Date</u>	<u>No. of EW's</u>	<u>No. EW Hr./Mo</u>	<u>Est'd # of App'/Mo. Preg. Women! Children</u>
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TOTALS - This Page* _____				

*Transfer Totals To Page 1 of Summary

OBRA-90 OUTSTATIONING OF ELIGIBILITY WORKERS
PETITION ENCLOSURE A

(NOTE: Complete this form for each OBRA 90 Site where you are proposing to outstation workers. Include any OBRA 90 Site for which funding was previously requested through perinatal outstationing program.)

County _____

Hospital/Clinic Name _____

Type of Facility:

Disproportionate Share Hospital _____ FWHC _____ Look-Alike Clinic _____

Indian Health Center _____ Other (Specify) _____

1. Does County currently have EWs at this location? Yes _____ No _____

If answer is yes, complete the following:

- A. Current # of EW at this location _____
B. Current # of EW hours per month _____
C. Current # of applications per month _____

2. What is estimated total number of EW hours per month necessary to process applications from OBRA 90 targeted population? _____

- 2a. How many EWs are needed to process OBRA 90 cases? _____

3. What is projected number of applications which will be processed at this location? _____

- 3a. What is your county's FY 92-93 intake target? _____

4. What is estimated staff travel time to process applications at this location? (Hours per month) _____

5. Please indicate which days outstationed worker will visit this site?
Circle days M T W Th F

- 5a. How many hours on each day? _____

6. Describe what arrangements will be made to meet OBRA 90 mandates of having staff available during hours welfare offices are normally open, e.g., posting notices, etc.

7. Will facility staff be used to assist in Medi-Cal process, such as distribution of forms, scheduling interviews, etc? Yes _____ No _____

If yes, describe extent to which facility staff will be utilized.

8. Based on information received from facility, what is the primary language of potential applicants?

English _____% Spanish _____% Chinese _____% Vietnamese _____%
Other (Specify) _____%

9. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population?

Yes _____ No _____

10. Please provide fiscal analysis of the incremental funding:

EXAMPLE:

(Estimated OBRA App/Mo)

100% — (No. of Requested EWs) ÷ FY 92/93 Intake Target* = Incremental %

(Question 3)

100% — (Question 2) ÷ Question 3a = Incremental %

11. Describe mechanism counties will use to oversee the quality assurance of eligibility decisions by outstation staff.

Name of Facility Contact Person _____

Phone Number of Facility Contact Person _____

County Welfare Director's Signature _____

* Intake Target will be adjusted if it changes for FY 93-94.

OBRA-90 OUTSTATIONING OF ELIGIBILITY WORKERS
PETITION ENCLOSURE B

(Complete this sheet for each designated OBRA-90 site where you are not planning to Outstation eligibility workers.)

County _____

Hospital/Clinic Name _____

Type of Facility: Disp. Share Hospital _____ FQHC _____ Look-Alike Clinic _____
Indian Health Center _____ Other (Specify) _____

Facility Contact Person _____ Phone No. _____

It is not possible to outstation an eligibility worker at this location for the following reason(s) (Check all that apply):

1. ___ This hospital/clinic does not provide services to the targeted population
2. ___ Anticipated number of applicants in targeted group who do not already have Medi-Cal is too small to justify having an eligibility worker travel to this location. Anticipated number of applicants per month would be _____
3. ___ Facility does not have adequate resources or space to support on-site processing of applications. (Describe resources unavailable):
4. ___ Facility does not want to have eligibility workers outstationed. (Indicate reason facility does not want worker if other than not having adequate resources or space)
5. ___ Other (Describe reason why you have determined not feasible to outstation worker at this location. Attach additional sheet if necessary)

Name of Person Contacted at Facility: _____

Phone Number of Person Contacted: _____

Signature of County Welfare Director _____

County _____

PETITION C

PERINATAL OUTSTATIONED ELIGIBILITY WORKER PROGRAM
PETITION FOR CONTINUATION OF INCREMENTAL FUNDING
FY 1993/1994

CURRENT OUTSTATIONING PROGRAM ACTIVITIES:

- | | EWs | Sups |
|--|-------|-------|
| 1. Number of FTE outstationed staff currently in place | _____ | _____ |
| 2. What is the outstationed EWs monthly caseload target for FY 1992/1993 | _____ | |
| 3. Caseload target for FY 1993/1994
(If not the same as FY 1992/1993 explain on second page of this petition) | _____ | |
| 4. Describe the outstationed clinic sites. Be sure to include name, address (including zip code) of each site | | |

<u>Name & Address</u> <u>of each</u> <u>Clinic site</u>	<u>Implementation</u> <u>Date</u>	<u>Projected</u> <u># of</u> <u>Apps/month 1/</u>	<u>Actual</u> <u># of</u> <u>apps/month 2/</u>
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(Please attach a separate sheet of paper if additional space is required)

- 1/ No. should reflect projected number for FY 1992/93
- 2/ No. should reflect actual monthly average for period July 1, 1992 through December 31, 1993

COUNTY REQUEST FOR CONTINUED PERINATAL OUTSTATIONING FUNDING FY 1993/1994

5. If the number of pregnant applicants is lower than the number projected for FY 1992/1993, please indicate, in an attachment to this petition, by site, the reason fewer applications are being taken. Also describe what, if any, efforts have been made to increase the number of applications.

6. Have any modifications, such as adding or discontinuing clinic sites, been made since the petition for FY 1992/1993 was submitted.

☐ Yes ☐ No If yes, describe modifications on an attachment to this petition

7. To determine the requested level of incremental funding, counties should refer to the example presented in ACWDL 91-25. Please indicate requested funding level below:

☐ SAME LEVEL OF INCREMENTAL FUNDING
(No program change is requested. Actual applications are consistent with application projections)

☐ INCREASED LEVEL OF INCREMENTAL FUNDING
(Program expansion is requested and/or actual applications are less than application projections.) What is requested funding level? Please explain why actual applications are less than projections and why an increase is required. Also, list the number of requested additional EWs, clinic sites, the clinic type, required travel time, client language needs, and projected number of applications per month.

☐ REDUCED LEVEL OF INCREMENTAL FUNDING
(Program reduction is requested and/or caseload-generated revenue is greater than originally projected.) What is requested funding level? Describe program reduction, including clinic sites to be discontinued or staff positions to be eliminated on an attachment to this petition.

County contact person Phone
regarding this position: _____ Number: _____

Signature: _____
County Welfare Director

PETITION D

PETITION TO ADD OUTSTATIONING LOCATION WHERE WORKERS NOT PREVIOUSLY
OUTSTATIONED DUE TO UNAVAILABILITY OF INCREMENTAL FUNDING

County _____

Name of Clinic _____

Address of Clinic _____

1. Type of Clinic (e.g. CPSP, Primary Health _____)

2. Average number of Perinatal patients per month _____

3. Projected number of Medi-Cal applications per month _____

4. Projected number of EWs at this location _____

5. Projected number of EW hours per month at this location _____

6. Please indicate which days outstationed worker will visit this site -
circle days M T W Th F

How many hours on each day _____

7. What is the primary language of potential applicants?

English _____% Spanish _____% Chinese _____% Vietnamese _____%

Other (Specify) _____%

8. Does your county currently have, or anticipate being able to hire
sufficient bilingual staff to meet the needs of the targeted
population

Yes _____ No _____

9. Describe mechanism county will use to oversee the quality assurance
of eligibility decisions by outstation staff.

Perinatal Outstationing Program

Petition D

Page 2

10. Describe community needs for outstationing of eligibility workers which are not currently being met through the Perinatal outstationing program in your county. (Examples: (1) Current statistics indicate low birth weight babies in this community for population which are primary clientele of clinic; or (2) Clinic located in an area of county where clients do not apply for Medi-Cal and receive prenatal care early in pregnancy due to access problems.)

11. Describe how outstationing a worker at this site will contribute to the goals of the Perinatal Outstationing Program. The goals include removing barriers to prenatal care for those pregnant women who otherwise would not apply for Medi-Cal benefit; increasing the number of pregnant women who initiate and complete the application process; and allowing pregnant women to have access to prenatal care earlier in the applicant's pregnancy.

12. Are there any other reasons which you feel support the need for outstationing an eligibility worker at this clinic?

County Welfare Director's Signature _____

Name and phone number of County person to contact for additional information relative to outstationing at this location.

Name _____ Phone No. _____

LIST OF NEWLY CERTIFIED FEDERALLY QUALIFIED
HEALTH CENTERS, INDIAN HEALTH CENTERS AND LOOK-A-LIKE CLINICS

JANUARY 1993

ALAMEDA COUNTY

La Clinica De La Raza
1515 Fruitvale Avenue
Oakland, CA 94601

Casa Del Sol
1601 Fruitvale Avenue
Oakland, CA 94601
(Viola Lujan; 510-534-0078)

St. Josephs Clinic
2647 East 14th Street, Suite 317
Oakland, CA 94601
(Viola Lujan; 415-534-0078)

Miranda Health Center
27171 Calaroga
Hayward, CA 94544
(Esther M. Picazo; 510-786-6517)

Over 60 Health Center
1860 Alcatraz Avenue
Berkeley, CA 94703
(Martin A. Lynch; 510-644-6060)

Tiburcio Vasquez Health Center
33255 Ninth Street
Union City, CA 94587

Tiburcio Vasquez Health Center, Inc.
Eden Youth Center Location
680 West Tennyson
Hayward, CA 94544
(Cynthia A. Coit; 415-783-6360)

BUTTE COUNTY

Chico Family Health Center
SEE: Yuba County, Northern Sacramento Valley Rural Health Project

Oroville Family Health Center
SEE: Yuba County, Northern Sacramento Valley Rural Health Project

Gridley Family Health Center

SEE: Yuba County, Northern Sacramento Valley Rural Health Project

CONTRA COSTA COUNTY

Contra Costa County Health Services Department
20 Allen Street
Martinez, CA 94553

Merrithew Memorial Hospital
Brentwood Health Center (Look-A-Like Clinic)
118 Oak Street
Brentwood, CA. 94513
(Patrick Godley; 510-370-5100)

Merrithew Memorial Hospital
Martinez Health Center (Look-A-Like Clinic)
2500 Alhambra Avenue
Martinez, CA 94553
(Patrick Godley; 510-370-5100)

Merrithew Memorial Hospital
Concord Health Center (Look-A-Like Clinic)
3052 Willow Pass Road
Concord, Calif. 94520
(Patrick Godley; 510-370-5100)

Merrithew Memorial Hospital
Pittsburg Health Center (Look-A-Like Clinic)
550 School Street
Pittsburg, CA 94565
(Patrick Godley; 510-370-5100)

FRESNO COUNTY

Sequoia Community Health Foundation, Inc.
2790 S. Elm Avenue
Fresno, CA 93706

Selma Health Center
1041 Rose Avenue
Selma, CA 93706

United Health Centers of San Joaquin Valley
650 Zediker Avenue
Parlier, CA 93648

United Health Centers - Huron
16928 - 11th Street
Huron, CA 93234
(Jose M. Garcia; 209- 646-3561)

United Health Centers - Orange Cove
445 - 11th Street
Orange Cove, CA 93646
(Jose M. Garcia; 209-626-4031)

United Health Centers - Parlier
650 Zediker Avenue
Parlier, CA 93648
(Jose M. Garcia; 209-646-3561)

United Health Centers - Mendota
121 Barboza Street
Mendota, CA 93640
(Arcadio Viveros; 209-646-3561)

Tulare County

United Health Centers - Earlimart
476 East Washington
Earlimart, CA 9319
(Jose M. Garcia; 209-646-3561)

GLENN COUNTY

Orland Family Health Center
SEE: Yuba County, Northern Sacramento Valley Rural Health Project

IMPERIAL COUNTY

Clinicas De Salud Del Pueblo
1166 K Street
Brawley, CA 92227

Clinicas de Salud del Pueblo, Inc.
341 Paulin Avenue
Calxico, CA 92231
(Louis P. Lerma; 619-353-2900)

Clinicas de Salud del Pueblo, Inc.
1166 K Street
Brawley, CA 92227
(Louis P. Lerma; 619-344-6471)

Riverside County

Blythe Health Clinic
321 W. Hobsonway, Suite C
Blythe, CA 92255
(Louis P. Lerma; 619-922-4981)

LOS ANGELES COUNTY

Alta Med Health Services Corp.
5240 E. Beverly Blvd.
Los Angeles, CA 90022

Alta Med Senior Center
5425 E. Pomona Blvd.
Los Angeles, CA 90022
(Kathy Hegstrom; 213-728-0156)

MADERA COUNTY

El Concilio de Madera, Inc.
dba Madera Family Health Center
P. O. Box 2
Madera, CA 93639

Madera Family Health Center
344 E. 6th Street
Madera, CA 93638
(Selina Trevino; 209-675-5600)

MENDOCINO COUNTY

Mendocino Community Health Clinic
860 N. Bush Street
Ukiah, CA 95482
(Linnea Ritter; 707-463-4028)

MERCED COUNTY

MERCED FAMILY HEALTH CENTERS, INC.
727 W. Childs Avenue
Merced, CA 95340

Planada Family Health Center
9235 W. Broadway
Planada, CA 95365
(Michael O. Sullivan; 209-382-0253)

Family Health Center Nueva Esperanza
821 Texas Avenue
Los Banos, CA 93635
(Michael O. Sullivan; 209-826-1045)

Dos Palos Health Center
2765 Blossom
Dos Palos, CA 93620
(Michael O. Sullivan; 209-392-2111)

MONTEREY COUNTY

Clinica De Salud Del Valle De Salinas
950 Circle Drive
Salinas, CA 93905

Clinica De Salud De Soledad
799 Front Street
Soledad, CA 93960
(Roberto Rubalcava; 408-678-0881)

RIVERSIDE COUNTY

Blythe Health Clinic
SEE: Imperial County - Clinicas De Salud Del Pueblo

El Progreso del Desierto, Inc.
51-800 Harrison Street
Coachella, CA 92236

Family Health Center
1293 - 6th Street
Coachella, CA 92236
(Fred Deharo; 619-398-4466)

Physicians Medical Center
82-423 Miles Avenue
Indio, CA 92201
(Fred Deharo; 619-398-4466)

SAN DIEGO COUNTY

Indian Health Council
P. O. Box 406
Pauma Valley, CA 92061

Indian Health Council, Inc.
Highway S-6 and Golsh Roads
Pauma Valley, CA 92061
Bruce R. Fey (619-749-1410)

SAN FRANCISCO COUNTY

San Francisco Community Clinic Consortium
1748 Market Street, Room 205
San Francisco, CA 94102

Tom Waddell Clinic
50 Ivy Street
San Francisco, CA 94102
(Robert W. Prentice; 415-554-2950)

SAN JOAQUIN COUNTY

Agricultural Workers' Health Center
P. O. Box 799
Stockton, CA 95201

Yolo County

Knights Landing Family Practice
42240 county Road, No. 116
Knights Landing, CA 95645
(Michael Kirkpatrick; 209-948-5410)

Esparto Family Practice
17050 S. Grafton Street
Esparto, CA 95627
(Michael Kirkpatrick; 209-948-5410)

SOLANO COUNTY

Dixon Family Practice
131 West A Street, Suite 1
Dixon, CA 95620
(Michael Kirkpatrick; (209) 948-5410)

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SUTTER COUNTY

Richland Family Health Center

SEE: Yuba County - Northern Sacramento Valley Rural Health Project

TULARE COUNTY

Tule River Indian Health Center, Inc.

P. O. Box 768

Porterville, CA 93258

Tule River Indian Health Center, Inc.

P. O. Box 768

Porterville, CA 93258

(Sajjan S. Bajwa; 209-784-2316)

Tule River Indian Health Center, Inc.

1900 North Dinuba Blvd., Suite A

Visalia, CA 93291

(Sajjan S. Bajwa (209-625-0844)

United Health Centers - Earlimart

SEE: Fresno County - United Health Centers of San Joaquin Valley

YOLO COUNTY

Knights Landing Family Practice

SEE: San Joaquin County - Agricultural Workers' Health Centers, Inc.

Esparto Family Practice

SEE: San Joaquin County - Agricultural Workers' Health Centers, Inc.

YUBA COUNTY

Northern Sacramento Valley Rural Health Project

4941 Olivehurst Avenue

Olivehurst, CA 95961

Lindhurst Family Health Center

4941 Olivehurst

Olivehurst, CA 95961

(Adan Juarez; 916-743-6638)

Butte County

Chico Family Health Center
199 E. 19th Street
Chico, CA 95926
(Al Davis; 916-342-4395)

Oroville Family Health Center
1453 Downer Street
Oroville, CA 95965
(Adan Juarez 916-534-7580)

Gridley Family Health Center
3 East Gridley Highway
Gridley, CA 95948
(Adan Juarez; 916-846-6231)

Glenn County

Orland Family Health Center
1211 Cortina Drive
Orland, CA 95963

Sutter County

Richland Family Health Center
334 Samuel Drive
Yuba City, CA 95961
(Al Davis; 674-9200)

PERINATAL OUTSTATIONING REPORT

COUNTY OF _____

OUTSTATIONED ELIGIBILITY WORKERS QUARTERLY STATUS REPORTS QUARTER/FY _____

PLEASE ENTER MONTHLY TOTALS FOR THE QUARTER ON THIS SHEET

MONTHLY TOTALS	EW HOURS PER MONTH	EW DAYS PER MONTH	NUMBER OF APPLICATIONS TAKEN	NUMBER OF APPLICATIONS APPROVED	NUMBER OF APPLICATIONS DENIED	NUMBER OF APPLICATIONS PENDING
QUARTER TOTALS						

SEND ONE COPY OF REPORT TO:

STATE DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY BRANCH
OUTSTATIONED ELIGIBILITY WORKERS COORDINATOR
714 P STREET, ROOM 1650
SACRAMENTO, CA 95814

Contact Person Regarding
This Report

Telephone Number

(Rev. 2/24/92)

**Quarterly Report
Perinatal Outstationing**

County of _____

Quarter/FY _____

NAME AND ADDRESS OF CLINIC(S)	EW HOURS PER MONTH	EW DAYS PER MONTH	NUMBER OF APPLICATIONS TAKEN	NUMBER OF APPLICATIONS APPROVED	NUMBER OF APPLICATIONS DENIED	NUMBER OF APPLICATIONS PENDING

ORBA 90 OUTSTATIONING REPORT SUMMARY

COUNTY OF: _____

QTR _____

FY _____

[illegible]

1/ PREGNANT WOMEN
2/ CHILDREN BORN AFTER 9/30/83

Contact Person Regarding This Report	Telephone Number
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SEND ONE COPY OF REPORT TO:

STATE DEPARTMENT OF HEALTH SERVICES
MEDICAL ELIGIBILITY BRANCH
OUTSTATIONED ELIGIBILITY WORKERS - OBRA 90 COORDINATOR
714 P STREET, ROOM 1650
SACRAMENTO, CA 95814

COUNTY OF:

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**NOTE: USE ONE BOX FOR EACH CLINIC.
ATTACH ADDITIONAL SHEETS IF NECESSARY**

1/ PREGNANT WOMEN
2/ CHILDREN BORN AFTER 9/30/83