

DEPARTMENT OF HEALTH SERVICES

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November 10, 1993

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

Letter No.: 93-80

PREGNANCY VERIFICATION

This All County Welfare Directors Letter (ACWDL) supersedes ACWDL 93-35 and the Errata to 93-35.

The purpose of this ACWDL is to clarify the California Code of Regulations, Title 22, Section 50167 (a)(8) and the Department's policy regarding pregnancy verifications.

A letter of verification must include:

- (1) Applicant's name.
- (2) Estimated date of confinement.
- (3) Signature of the physician, certified nurse practitioner, midwife, or physician's assistant that diagnosed pregnancy.

Examples of unacceptable signatories on verification letters are:

- (1) Office Receptionist.
- (2) Lab Technician.
- (3) Registered Nurse.

Examples of unacceptable pregnancy verifications are those which:

- (1) Have a photocopied signature.
- (2) Have not been signed but have been stamped (e.g., signature stamp).
- (3) Are submitted via electronic device (e.g., facsimile or modem).

Thank you for your cooperation. If you have any questions, please contact Ms. Loretha Ford at (916) 657-3772.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch