

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

December 10, 1997



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

Letter No.: 97-61

MAILING ADDRESS FOR MEDI-CAL SPECIAL CHILDREN'S PROGRAM AND PREGNANT WOMAN APPLICATIONS

Senate Bill 903 provides for expansion of coverage to children under Medi-Cal, including a simplified application package and mail-in process for pregnant women and children. A face-to-face interview for this population is no longer required. Assembly Bill 1126 establishes the Healthy Families program and requires the Department of Health Services to work with the Managed Risk Medical Insurance Board to develop a common application form for both programs.

The application form will be mailed to either Healthy Families or to Medi-Cal after the applicant completes the screening process to determine which program is appropriate for their family situation. The common application form will be available through counties, community based organizations and programs, the Healthy Families program, and various agencies and businesses throughout the State.

To ensure timely receipt by the applicant's county of residence, the Medi-Cal Eligibility Branch (MEB) is requesting each county welfare department to provide one central mailing address for receipt of the simplified Medi-Cal application for pregnant women and children. This address will be part of the application package and will be critical to the efficiency of the mail-in process.

Provide the central mailing address for your county in writing or by FAX. Please submit the information by **January 31, 1998** to:

Ms. Kveta Simon
Department of Health Services
714 P Street, Room 1650
P. O. Box 942732
Sacramento, CA 94234-7320
FAX Number: (916) 657-3224

If you have any questions, you may contact Ms. Simon at (916) 657-2767.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch