STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
BOX 942732
SACRAMENTO, CA 94234-7320

(916) 657-2941

June 22, 1995

ACWDL Information Letter No.: I-95-08

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Outstationed Eligibility Worker Coordinators

OUTSTATIONED ELIGIBILITY WORKER REPORTING

Reference: All County Welfare Directors Letter (ACWDL) No.: 95-05

The purpose of this information letter is to transmit camera-ready copies of the new Omnibus Budget Reconciliation Act of 1990 (OBRA '90) and Perinatal Outstationing report forms as described in ACWDL 95-05, dated January 13, 1995.

The report forms have been revised and simplified. The Medi-Cal Eligibility Branch (MEB) is requesting the minimal amount of data necessary to evaluate the efficiency and integrity of the program.

Beginning with Fiscal Year 1995-96 (July 1, 1995), the counties will be required to submit monthly reports. These reports must be received by MEB not later then 15 calendar days after the month for which the report is prepared.

The warehouse will not stock these forms, but you may order additional camera-ready copies from Tony Dario, Forms Coordinator, at (916) 657-5357.

Thank you for your continuing excellent cooperation. If you have any questions regarding this letter or outstationing, please call Kveta Simon of my staff at (916) 657-2767.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

OBRA 90 OUTSTATIONING REPORT FORM

COUNTY OF_____ MONTH_____ YEAR_____ Page___ of ____

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPLICATIONS TAKEN Children Federal Poverty Level Programs	TOTAL # APPLICATIONS	TOTAL # APPROVALS
TOTAL				

_____ ( )_____

County Contact Person *Telephone Number*

SEND ONE COPY OF REPORT TO:

STATE OF DEPARTMENT OF HEALTH SERVICES
Medi-Cal Eligibility Branch
Outstationed Eligibility Workers - OBRA 90 Coordinator
714 P Street, Room 1650
Sacramento, CA 95814

(Obra 90: F ed 6/95)

PERINATAL OUTSTATIONING REPORT FORM

COUNTY OF_____ MONTH_____ YEAR_____ Page___ of ____

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPROVALS Pregnant Women
Total		

_____ (___)_____

County Contact Person *Telephone Number*

SEND ONE COPY OF REPORT TO:

STATE OF DEPARTMENT OF HEALTH SERVICES
Medi-Cal Eligibility Branch
Outstationed Eligibility Workers - OBRA 90 Coordinator
714 P Street, Room 1650
Sacramento, CA 95814

(Perinatal: P ed 6/95)