



DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
Department of Health Services



GRAY DAVIS  
Governor

May 20, 2003

MMCD All Plan Letter No. 03005

TO: County Organized Health System (COHS) Plans  
Geographic Managed Care (GMC) Plans  
Prepaid Health Plans  
Two-Plan Model Plans

FROM: Luis R. Rico, Acting Chief  
Medi-Cal Managed Care Division

SUBJECT: MEDI-CAL INTERCOUNTY TRANSFERS

**PURPOSE:**

The purpose of this letter is to transmit All County Letter No. 03-12 (enclosed), Medi-Cal Intercounty Transfers to all of the Medi-Cal Managed Care health plans. This All County Letter provides counties with new Intercounty Transfer Procedures (ICT), to ensure retention of benefits and continuous coverage for Medi-Cal eligible persons when they move from one county to another.

**BACKGROUND:**

The ability of Medi-Cal eligible recipients to retain benefits has been a challenge for migratory populations. In many situations families are terminated from Medi-Cal when they move from one county to another. This practice causes significant barriers for transitory populations, such as migrant farm-workers, to receive continuous Medi-Cal coverage. As a result, the Department of Health Services (DHS) is making efforts to address problems with the existing ICT process in order to improve retention of Medi-Cal eligibility for the affected population. The Centers for Medicare and Medicaid Services (CMS) has determined that counties cannot require a beneficiary to reapply for Medi-Cal or complete a redetermination solely based on the individual moving from one county to another county within the State. Counties are responsible for transferring the



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case record from the beneficiary's former county of residence to the new county of residence to ensure that Medi-Cal benefits continue without disruption.

**INFORMATION:**

All plans should be aware of the new ICT procedures when assisting with a Medi-Cal ICT and that the new ICT procedures apply to both temporary changes of residence and permanent changes of residence.

Please be advised that the enclosed All County Welfare Directors letter contains three new ICT notices:

1. Medi-Cal Informing Notice, Sending County (MC-358-S)
2. Medi-Cal Notice of Action, Receiving County (MC 359-R)
3. Medi-Cal ICT form, Notification of Medi-Cal Intercounty Transfer (MC-360)

Note: You may download these forms (also available in Spanish) from the DHS website at: [www.dhs.ca.gov](http://www.dhs.ca.gov). The counties will be notified when the notices are available from the DHS warehouse.

Should you have any questions, or require additional information, please contact your contract manager.

Enclosure: Letter No. 03-12 Medi-Cal Intercounty Transfers



DIANA M. BONTÁ, R.N., Dr. P.H.  
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State of California—Health and Human Services Agency  
Department of Health Services



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February 21, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 03-12  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY MEDS COORDINATORS/LIAISONS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY HEALTH EXECUTIVES

SUBJECT: MEDI-CAL INTERCOUNTY TRANSFERS

This letter supercedes instructions contained in the Medi-Cal Eligibility Procedures Manual, Section 3D Intercounty Transfer; All County Welfare Directors Letter 99-36, Section III on Intercounty Transfer; and Title 22, Sections 50136(a)(1), (3) and 50137 of the California Code of Regulations, to the extent provisions of those sections conflict with the instructions in this letter.

### I. Introduction

Effective immediately, the following applies to Medi-Cal Intercounty Transfers (ICTs):

- Counties must ensure all Medi-Cal cases remain active throughout the ICT period with no interruption in benefits. Medi-Cal is a statewide program; counties may not terminate Medi-Cal benefits when a beneficiary moves from one county to another until an effective date of benefits for the beneficiary in the new county is confirmed.
- Counties may neither ask nor require a beneficiary to reapply for Medi-Cal benefits or apply for a redetermination of eligibility in the new county of residence solely due to the change in county residence.



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- Counties shall not require the beneficiary to undergo any redetermination procedures during the ICT. ICT is a transfer of county responsibility for the beneficiary's case record. A redetermination of eligibility is not part of the ICT process.
- Counties shall not require the beneficiary to complete a new application or cooperate with a full eligibility review in the new county until the next annual redetermination date as determined by the beneficiary's old county of residence.

## II. Purpose and Background

The purpose of this letter is to provide counties with new ICT instructions ensuring retention of benefits and continuous coverage for Medi-Cal eligible persons when they move from one county to another. Counties must assist beneficiaries in their transition from one county to another.

The change to the ICT process is the result of recent federal policy clarification. The Center for Medicaid and Medicare Services clarified that counties cannot require a beneficiary to reapply for Medi-Cal or complete a redetermination solely based on the individual moving from one county to another county within the State. The counties are responsible for transferring the case record from the beneficiary's old county of residence (referred to in this letter as the "Sending County") to the new county of residence (referred to in this letter as the "Receiving County") so that Medi-Cal benefits can continue without interruption. The objective is to administer the Medi-Cal program statewide in a coordinated and efficient manner.

## III. New ICT Process

Effective immediately, the counties must use the following process for completing a Medi-Cal ICT:

### A. Temporary Change of Residence

When a beneficiary reports a temporary change in county address due to seasonal employment, medical care, or other personal reasons and the beneficiary maintains a primary home in the county, the primary home county shall continue benefits for the beneficiary and not initiate an ICT. The county where the beneficiary's primary home is located must, however, ensure that the Medi-Cal Eligibility Data System (MEDS) record for the beneficiary is updated to show the temporary residence county address and county code to facilitate continued access to medical care in the temporary residence county. (See Section VI of this ACWDL, Temporary Change of County of Residence Code on MEDS.)

#### B. Permanent Change of Residence

When a beneficiary reports a permanent change in county address or a change for an indefinite period, the counties must follow the instructions in this letter to assist the beneficiary with the transition of Medi-Cal benefits to the Receiving County. The Sending County must initiate an ICT and not discontinue Medi-Cal benefits until a new benefits effective date is confirmed with the Receiving County. The counties cannot require the beneficiary to reapply for Medi-Cal benefits in the Receiving County.

#### C. ICT Notices

Two new ICT notices (MC 358-S and MC 359-R) and a new Medi-Cal Intercounty Transfer Notification form (MC 360) are provided with this ACWDL for counties to process Medi-Cal ICTs. The MC 358-S and MC 359-R and MC 360 are available for counties to download from the DHS Website. The ICT notices are available in English and Spanish. The counties will be notified when the notices and form are available from the DHS warehouse. Those counties with automated eligibility systems may revise their ICT notices with the text provided on the notices. The counties should note that the new Sending county ICT notice is an informing notice to advise the beneficiaries of the change in county administration of their Medi-Cal cases. The new Sending County's notices does not have a Medi-Cal discontinuance date.

#### D. Sending County Responsibility

When a beneficiary reports a permanent change of county residence or reports that he or she is living in another county for an indefinite period, the Sending County must initiate the ICT within seven calendar days to the Receiving County. The Sending County must:

- confirm the change of address by telephone if a telephone number is provided to the county;
- send an ICT Informing Notice (MC 358-S) to the beneficiary regarding the county address change and the initiation of the case transfer to the Receiving County;
- complete an address change to the county system and, if the county system does not report residence address to MEDS in the residence address field, complete an online MEDS transaction so that the MEDS record will show the beneficiary's correct new residence county code and address (see Section V, New Residence County Code and Address on MEDS);

- notify the Receiving County of the initiation of a case transfer in writing with a MC 360;
- send an ICT packet to the Receiving County with copies of available documents supporting the beneficiary's eligibility through the ICT transfer period (see Section IV, Documents for ICT packet); and
- not initiate action to terminate benefits until an effective date of benefits for the beneficiary is confirmed with the Receiving County through electronic mail, telephone, fax, or written communication.

If there are other changes in the beneficiary's circumstances associated with the move that would require the Receiving County to follow-up or complete an eligibility review once the transfer is completed, the Sending County must annotate the information on the MC 360 and in the case documents provided.

#### E. Receiving County Responsibility

The Receiving County shall complete the ICT no later than the first of the month after the 30-day ICT notification from the Sending County. The beneficiary shall not be required to complete a new application. The Receiving County shall not conduct a full eligibility review until the next annual redetermination date unless there is a change in circumstances that affects Medi-Cal eligibility.

Upon receipt of the ICT notification and ICT packet from the Sending County, the Receiving County must:

- review the ICT packet from the Sending County for completeness;
- verify the beneficiary's current address and active Medi-Cal status on MEDS;
- review case documents and initiate action to continue Medi-Cal benefits for the beneficiary in the Receiving County;
- contact the Sending County caseworker listed on the MC 360 form if there are questions regarding the ICT or missing documents;
- verify that the county system has submitted a successful MEDS EW05 transaction to assume responsibility for the case for the upcoming month;

- notify the Sending County caseworker of the effective date of Medi-Cal benefits for the beneficiary by telephone, electronic mail, fax transmittal, or written correspondence so that the Sending County can take action to terminate benefits, and;
- send a Notice of Action (MC 359-R) to the beneficiary of the effective date of Medi-Cal benefits in the Receiving County, new caseworker name, telephone number, and work hours.

To assure MEDS accepts data transmission from the Sending and Receiving Counties, the Sending County's termination date must be on the last day of the month and the Receiving County's effective date of benefits must be on the first day of the month following the Sending County's termination date.

#### F. Case Scenarios

The following are some case scenarios that may arise when processing potential ICT cases.

##### 1. Beneficiary contacts the Receiving County and reports the move and a new address.

When the beneficiary contacts the Receiving County requesting Medi-Cal, the Receiving County shall not ask the beneficiary to complete a new application if the beneficiary reports that he/she is receiving Medi-Cal in another California county. The Receiving County shall assist the beneficiary with the ICT process as follows:

- Verify the beneficiary's current Medi-Cal status on MEDS. If the beneficiary has an open case in the Sending County, the Receiving County must contact the Sending County caseworker and inform the caseworker of the beneficiary's new county address and request the Sending County to initiate an ICT on behalf of the beneficiary.
- Explain the ICT process to the beneficiary in addition to instructing the beneficiary to contact the Sending County caseworker if there are changes associated with the move so that those changes can be documented in the ICT packet.

The Sending County, upon notification by the Receiving County of the beneficiary's move, must initiate the ICT process as outlined in Section III-D of this ACWDL, Sending County responsibilities.

2. Beneficiary requests Medi-Cal after Medi-Cal has been terminated.

When the beneficiary contacts either the Sending or Receiving County for benefits after his/her Medi-Cal case has already been terminated, counties shall implement the following instructions:

a. Case discontinued less than 30 days

**Sending County** - If the beneficiary contacts the Sending County within 30 days of the termination date due to "whereabouts unknown" or "loss of contact", the Sending County shall restore the beneficiary's case without any break in aid. The Sending County shall inform the beneficiary that an ICT will be initiated to the Receiving County.

**Receiving County** - If the beneficiary contacts the Receiving County requesting Medi-Cal, after verifying that the beneficiary was on Medi-Cal in the Sending County within the last 30 days, the Receiving County shall contact the Sending County case worker, request restoration of the beneficiary's case and an ICT for the beneficiary. In addition, the beneficiary should be advised to contact the Sending County worker to report other changes associated with the move and ensure that case restoration is in effect and an ICT has been initiated to the Receiving County.

b. Case discontinued more than 30 days and less than 60 days

When the beneficiary contacts the Counties after Medi-Cal benefits have been terminated in the Sending county for more than 30 days but less than 60 days due to "whereabouts unknown" or "loss of contact" the Sending and Receiving Counties shall jointly assess the beneficiary's current circumstances to determine if restoration in the Sending County or reapplication in the Receiving County is in the best interest of the beneficiary. For example:

If the Sending County has erroneously terminated the beneficiary's benefits or the beneficiary has provided the County with evidence of good cause, the Sending County shall restore benefits to the beneficiary and initiate an ICT to the Receiving County. If the Sending County has correctly terminated the beneficiary's benefits, the beneficiary will be required to reapply for benefits in the Receiving County. The counties shall determine each case situation separately and be flexible in determining which county has responsibility for the beneficiary. If the beneficiary is required to reapply in the Receiving County and he/she is unable to provide verification/documentation from the Sending County, to expedite the reapplication process, the Receiving County may require the



missing verification from the Sending County. The overriding principle must be that benefits are issued promptly to the beneficiary to ensure access to health care coverage is not delayed.

c. Case discontinued in Sending County for failure to complete the Annual Redetermination

**Sending County** - If the beneficiary contacts the Sending County within the 30 days of termination and completes the annual redetermination, the Sending County shall restore the beneficiary's case and initiate an ICT to the Receiving County.

**Receiving County** - If the beneficiary contacts the Receiving County within 30 days of termination and the Receiving County has verified that the beneficiary's Medi-Cal was discontinued due to failure to complete the annual redetermination, the Receiving County can assist the beneficiary with completing the annual redetermination in the Receiving County. The Receiving County shall assist the beneficiary with completing the required annual redetermination form. The Receiving County shall only ask the beneficiary to provide new or changed information. The Receiving County shall contact the Sending County for copies of other verification and documentation already in the Sending County's case file so that the beneficiary can comply with the annual redetermination requirement and continue to receive Medi-Cal in the Receiving County with no interruption of benefits.

If the beneficiary contacts the Sending or the Receiving County after the case has been terminated more than 30 days for failure to complete the annual redetermination, the Counties may request the beneficiary to reapply for Medi-Cal unless the beneficiary provides the counties with evidence of good cause for not completing the annual redetermination requirements.

#### **IV. Documents for ICT Packet**

The Receiving County must not delay processing the ICT while waiting for additional information from the Sending County because the receipt of benefits is not contingent upon the transfer of case documents from one county to another. The Sending County's ICT packet must contain information necessary for the Receiving County to initiate an active Medi-Cal case for the beneficiary. The Sending County must ensure any documentation supporting the beneficiary's eligibility is promptly sent to the Receiving County upon request. The Receiving County must make every effort to contact the Sending County, not the beneficiary, for additional information. If the Sending County is unable to locate documents or verifications, the Sending County

must annotate the missing documentation or verification on the MC 360 for the Receiving County to follow-up with the beneficiary at the next redetermination.

The following is a list of photocopied documents the Sending County must include in the ICT packet:

- Current Statement of Facts and appropriate supplements including MC210S-W for Primary Wage Earner or the last annual redetermination form (MC 210 RV)
- Identifications and/or social security numbers
- Budget worksheet for Medi-Cal Family Budget Unit (MFBU)/Mini Budget Units (MBU), computer generated case documents or standard state forms
- Description of MFBU/MBU
- Last Notice(s) of Action for eligibility or share-of-cost
- Case Narrative/Summary
- Copy of ICT Informing notice (MC 358-S) to beneficiary

If the case situation applies, the following documents may also be required:

- Income or property verification (MC 176P or case narrative on how income or property was verified for current eligibility)
- Pregnancy verification for full scope-benefits
- Medi-Cal Statement of Citizenship, Alienage, and Immigration Status (MC-13)
- Other Health Coverage information (DHS-6155)
- Child, Spousal and Medical Support information, CW 2.1s, including any court orders for child/spousal support
- CA-5, Veterans Referral
- Copy of Disability and Adult Programs decision or verification for incapacity
- Authorized Representative form or letter

#### **V. New Residence County Code and Address on MEDS**

During the ICT period, the Sending County is the county of responsibility for the beneficiary's Medi-Cal benefits and case record until the Receiving County confirms responsibility for the beneficiary with an effective date of benefits. To allow better access to health services for the beneficiary in the Receiving County during the ICT period, the Sending County must ensure the beneficiary's new residence county address and county code are reported to MEDS timely. Although the address updates to the county systems are routinely transmitted to and updated on MEDS, MEDS does not recognize the reported address as a "residence address" unless the county's system transmits the address data to MEDS using the data element number that identifies it as a residence address.

It is extremely important that an online EW12 MEDS transaction be submitted to MEDS for each eligible beneficiary in the ICT case if the Sending County is one of those counties that does not report the residence and mailing addresses to MEDS using the unique data element numbers. The EW12 MEDS transaction is a MEDS transaction to update beneficiary addresses. The instructions for using this online transaction have been sent to all county MEDS Coordinators. If county staff have questions regarding the EW12 MEDS transaction, they should be instructed to direct their MEDS questions to their designated county MEDS coordinator. Based on reporting of the residence address, MEDS will determine the new residence county code, which is then used by MEDS to determine the appropriate health care plan coverage.

The counties, by reporting the new residence address to MEDS will facilitate the beneficiary's health care access during the ICT and transition between managed care and fee-for-service (FFS) counties. The counties should note that due to the MEDS schedule for creating Health Care Plan eligibility files, the residence address and residence county code updates received by MEDS after the MEDS renewal update cut-off will not take effect until the first of the following month. Timely reporting of residence address changes to MEDS will facilitate the beneficiary's access to health care services in the new county or emergency disenrollment from a health plan during the ICT.

#### **VI. Temporary Change of County of Residence Code on MEDS**

The Medi-Cal program allows a beneficiary to be temporarily away from home due to employment, medical care or other reason. Counties shall not initiate an ICT if the beneficiary states the intention of returning to the county. The county shall note in the case file the individual's temporary address and the reason for the absence from the county. The county shall remind the beneficiary of his/her reporting responsibilities for changes that can affect his/her eligibility for Medi-Cal.

During the beneficiary's temporary absence, the county must ensure the beneficiary's temporary address is updated on the county system and reported to MEDS as a residence address. The county shall follow instructions outlined in Section V, New Residence County Code and Address on MEDS, and ACWDL 99-35, MEDS Address Enhancement. These instructions explain how to complete an online MEDS EW 12 transaction to ensure the individual's temporary residence county code and address are reported to MEDS. Completing the online MEDS transaction on residence address and county code will facilitate the individual's access to health care coverage in his or her temporary residence county.

## **VII. Beneficiary Access to Medical Care Service during the ICT**

### **A. Sending County**

Once the beneficiary becomes a resident of the Receiving County, as a member of a Medi-Cal managed care health plan in the Sending County, the beneficiary will not be able to access routine medical care nor get prescription refills in the Receiving County from an out-of-plan provider without prior authorization. The beneficiary will only be able to access emergency care, family planning and Sexually Transmitted Disease (STD) services in the Receiving County. The plan will only pay for these services from a non-plan provider without prior authorization. If a managed care beneficiary in this situation contacts the county and indicates that he/she needs other medical services, the county shall advise the managed care beneficiary to contact the Department's Medi-Cal Managed Care, Office of the Ombudsman, toll free at 1-888-452-8609 for assistance or emergency disenrollment.

If the beneficiary requests information from the county regarding health plan choices (or dental plan choices in Sacramento or Los Angeles Counties only) in the Receiving County, and the Receiving County is a Geographic Managed Care (GMC) or 2-Plan Model County, the county shall refer the beneficiary to contact Health Care Options (HCO) at 1-800-430-4263 for plan and enrollment information. If the beneficiary contacts HCO to request a disenrollment, and the MEDS address information supports the change, HCO will initiate an emergency disenrollment that will be effective the first of the month in which the disenrollment was requested. If the MEDS information does not support the request, HCO will send the beneficiary a packet that includes an enrollment /disenrollment choice form and instruct the beneficiary to contact his/her caseworker in the Sending County.

## B. Receiving County

If the Receiving County is a County Organized Health System (COHS) county, the beneficiary will be enrolled in the COHS automatically at the first of the month after the MEDS update. If the beneficiary is in a mandatory aid code in a mandatory GMC or two-plan model county, the beneficiary will receive enrollment information within two weeks of the MEDS update and will continue to receive Medi-Cal through fee for service (FFS) until the beneficiary enrolls or defaults into a new plan. If the beneficiary does not choose a plan by MEDS cut-off, he or she will have an additional period to choose, up to the next MEDS cut-off. During this period, he/she will remain on FFS, or unless the beneficiary makes a choice, the beneficiary will be defaulted into a plan effective the first day of the following month.

A beneficiary who seeks non-emergency medical care in the Receiving County before the effective date of disenrollment from his/her Sending County's managed care plan may call the Office of the Ombudsman and request immediate disenrollment from the Sending County managed care plan. If the Office of the Ombudsman can verify on MEDS the beneficiary's new residence county address, or verify with the Sending County that the county has been notified of the beneficiary's new county address, the Office of the Ombudsman will initiate a disenrollment from the plan on MEDS. The beneficiary may access fee-for-service on the day after the Office of the Ombudsman completed the disenrollment action.

## C. Examples of ICT Between Different Managed Care Counties

### 1. COHS County

If the beneficiary moves from a COHS county, MEDS will automatically disenroll the beneficiary from the Sending County's COHS health plan based on the new residence county code. If the Receiving County, as identified by the residence county code, is another COHS County, the beneficiary will automatically be put into the new COHS. If the Receiving County is a non-COHS county, the beneficiary will become FFS Medi-Cal.

### 2. GMC or Two-plan Model County

If the beneficiary moves from a GMC or two-plan Model County to a COHS county, MEDS will automatically enroll the beneficiary into the COHS health plan in the Receiving County based on the new residence county code. If a beneficiary moves from a GMC or two-plan model county to another GMC or two-plan model county, MEDS will automatically change the beneficiary to FFS Medi-Cal and the new residence address and residence county code will expedite the beneficiary's enrollment choice into a new health plan in the Receiving County. The new residence address and

residence county code will initiate Health Care Options to contact the beneficiary with health plan information for the Receiving County.

### **VIII. Redetermination After the ICT is Completed**

Once the transfer of county responsibility is complete and the beneficiary is on Medi-Cal in the Receiving County, the Receiving County may complete an eligibility review if the Receiving County has information from the Sending County or the beneficiary indicating that there is a change in circumstance in addition to the county change that could affect ongoing eligibility. The Receiving County must use current instructions to counties on changes of circumstance as outlined in ACWDL 01-36. The Receiving County must not request information from a beneficiary which has been previously provided and which is not subject to change, or not necessary for the county to complete a Medi-Cal eligibility review.

If the Receiving County cannot complete an eligibility redetermination after the ex parte review, the Receiving County may contact the beneficiary and request the changed information in accordance with current instructions to counties regarding requests for changed information. If the beneficiary does not comply with the Receiving County's request for information, through phone contact or use of the MC 355 form, then the Receiving County may initiate action to terminate benefits as the beneficiary has a responsibility to cooperate during a redetermination resulting from changed circumstances.

### **IX. CalWORKs ICT Discontinuance**

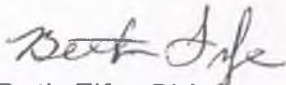
The CalWORKs and Medi-Cal programs in each county must establish an interprogram referral process to ensure all CalWORKs ICT discontinuances are referred to Medi-Cal for followup review and completion of the Medi-Cal ICT process. A referral from the CalWORKs program to the Medi-Cal program is required for all beneficiaries who fail to complete the ICT requirements under CalWORKs. It is important that counties make these referrals to ensure all needy families and their children receive the assistance for which they are eligible (Reference: California Department of Social Services (CDSS) ACIN I-32-01 for CalWORKs discontinuances.) The beneficiary's failure to complete the ICT requirement under CalWORKs should not result in the termination of Medi-Cal benefits. CDSS will be issuing instructions to counties regarding CalWORKs ICT discontinuances and referrals.

### **X. ICT Coordinators**

An ICT Coordinators list is provided with this letter to assist counties with the transfer of cases. The ICT coordinator's responsibilities are to assist eligibility staff with the ICT,

cases. The ICT coordinator's responsibilities are to assist eligibility staff with the ICT, assure communication between the Sending and Receiving Counties, and continue Medi-Cal benefits for the beneficiaries during their county transition. Counties must work together to streamline the ICT process and not delay the processing of cases pending additional case documentation. If there are issues with the case transfer, documentation, effective or termination date of aid, eligibility staff must direct these issues to the designated case worker before contacting the designated county ICT coordinator for resolution. The ICT Coordinators list is a joint effort of DHS and CDSS. The ICT Coordinators list also includes contacts for other assistance programs such as Welfare to Work and Foster Care.

The counties should work together to ensure continuous Medi-Cal benefits for the beneficiary during the county transition. If the ICT period needs to be extended or shortened, counties should mutually agree on the date of termination through the Sending County and effective date through the Receiving County, ensuring that interruption of benefits for the beneficiary will not occur. If you have questions regarding the Medi-Cal ICT process, please contact Ms. Alice Mak of my staff at (916) 654-0573 or email [amak@dhs.ca.gov](mailto:amak@dhs.ca.gov). If you have questions or issues regarding a beneficiary's access to health care coverage or emergency disenrollment during the ICT period, please address them to the Medi-Cal Managed Care, Office of the Ombudsman at 1-888-452-8609.



Beth Fife, Chief  
Medi-Cal Eligibility Branch

Enclosure

**MEDI-CAL  
INFORMING NOTICE  
INTERCOUNTY TRANSFER—  
SENDING COUNTY**



(COUNTY STAMP)



Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Notice for: \_\_\_\_\_

You told us you were moving/moved to \_\_\_\_\_ County. Therefore, handling of your Medi-Cal case will be transferred to \_\_\_\_\_ County.

You do not have to fill out a new application and your Medi-Cal benefits will not stop during your transfer to your new county of residence. If you have any questions regarding your Medi-Cal benefits during the transfer to the new county or you decided not to move, please call the worker and telephone number listed in this notice.

- You will get another notice from the new county telling you about your new case number, worker's name, telephone number, office location and hours.
- You must report within ten days changes that could affect your eligibility such as changes in your income, employment, property, medical condition, or household situations.

If you get health and dental services from a health plan, you should also contact your health plan membership services and report your move out of this county. You may be required to enroll in a plan in the new county. You will get notice about what kinds of plans there are. Until you are enrolled in a new plan in the new county, your old plan will only pay for emergency, family planning, and sexually transmitted disease (STD) services.

If you need help with getting health care services in the new county because you are still enrolled in another health plan that does not provide services in the county where you now live, you may call the Medi-Cal Managed Care, Office of the Ombudsman, at 1-888-452-8609 for urgent disenrollment assistance.

If you want a non-urgent disenrollment from your health plan or to enroll in a health plan in the new county, please call Health Care Options at 1-800-430-4263.

You can continue to use the plastic Benefits Identification Card (BIC) you have now in your new county of residence. Always show your BIC to your medical provider whenever you need care. This card is good in the State of California as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulations that require this action are California Code of Regulations, Title 22, Sections 50120 and 50136(a)(2).



**MEDI-CAL  
NOTICE OF ACTION  
INTERCOUNTY TRANSFER—  
RECEIVING COUNTY**

\_\_\_\_\_

\_\_\_\_\_

(COUNTY STAMP)

\_\_\_\_\_

\_\_\_\_\_

Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Notice for: \_\_\_\_\_

**This letter has your new case number, worker's name, telephone number, and office hours. Please refer to this letter when you contact us.**

\_\_\_\_\_ County has transferred your Medi-Cal case record to our county. You will continue to get the Medi-Cal benefits listed below:

- Full benefits with no share-of-cost for \_\_\_\_\_
- Full benefits with share-of-cost in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_
- Full benefits with share-of-cost in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_
- Full benefits with share-of-cost in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_
- Emergency and pregnancy-related services for \_\_\_\_\_
- Emergency and pregnancy-related services with share-of-cost in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_
- Restricted services for \_\_\_\_\_
- Restricted services with share-of-cost in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_
- Other: \_\_\_\_\_

- You must report within ten days changes that could affect your eligibility such as changes in your income, employment, property, medical condition, or household situations.
- You must complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulations that require this action are California Code of Regulations, Title 22, Sections 50120 and 50136(a)(2).

**PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION.**

**NOTIFICACIÓN DE INFORMACIÓN  
DE MEDI-CAL  
TRANSFERENCIA ENTRE CONDADOS—  
CONDADO QUE ENVÍA**

(COUNTY STAMP)

Fecha de la notificación: \_\_\_\_\_  
 Número del caso: \_\_\_\_\_  
 Nombre del trabajador: \_\_\_\_\_  
 Número del trabajador: \_\_\_\_\_  
 Número de teléfono del trabajador: \_\_\_\_\_  
 Horas hábiles: \_\_\_\_\_  
 Notificación para: \_\_\_\_\_

Usted nos informó que se mudaría/mudó al Condado de \_\_\_\_\_. Por lo tanto, el manejo de su caso de Medi-Cal se transferirá al Condado de \_\_\_\_\_.

Usted no tiene que llenar una nueva solicitud, y sus beneficios de Medi-Cal no pararán, durante su transferencia a su nuevo condado de residencia. Si usted tiene alguna pregunta con respecto a sus beneficios de Medi-Cal, durante la transferencia al nuevo condado, o si usted decide no mudarse, por favor llame al/a la trabajador(a), al número de teléfono que se indica en esta notificación.

- Usted recibirá otra notificación del nuevo condado, informándole sobre su nuevo número del caso, nombre, número de teléfono, ubicación de la oficina y horario del/de la trabajador(a).
- Usted tiene que reportar, en un plazo de diez días, los cambios que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, empleo, bienes, condición médica o situaciones en el hogar.

Si usted recibe servicios médicos y dentales de un plan médico, usted también debe comunicarse con el departamento de servicios de inscripción de su plan médico, y reportar que usted se mudó de este condado. Es posible que se le requiera inscribirse en un plan en el nuevo condado. A usted se le informará las clases de planes que hay. Hasta que usted se inscriba en un nuevo plan, en el nuevo condado, su plan anterior solamente pagará servicios de emergencia, de planificación familiar y de enfermedades que se transmiten sexualmente (STD).

Si usted necesita ayuda para obtener servicios de atención médica en el nuevo condado, debido a que usted aún está inscrito(a) en otro plan médico que no proporciona servicios en el condado en donde usted vive ahora, usted puede llamar a la Oficina del Defensor del Pueblo, para la Atención Administrada de Medi-Cal, al 1-888-452-8609, para recibir ayuda urgente para la cancelación de su inscripción.

Si usted desea cancelar su inscripción de su plan médico, que no sea urgente, o inscribirse en un plan médico en el nuevo condado, por favor llame a la oficina sobre Opciones de Atención Médica, al 1-800-430-4263.

Usted puede continuar utilizando la Tarjeta de Identificación de Beneficios (*BIC*), que usted tiene ahora, en su nuevo condado de residencia. Siempre muestre su *BIC* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida en el Estado de California, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU *BIC*.**

Las regulaciones que exigen esta acción son las Secciones 50120 y 50136(a)(2), del Título 22, del Código de Regulaciones de California.

# NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL TRANSFERENCIA ENTRE CONDADOS— CONDADO QUE RECIBE



(COUNTY STAMP)

Fecha de la notificación: \_\_\_\_\_  
Número del caso: \_\_\_\_\_  
Nombre del trabajador: \_\_\_\_\_  
Número del trabajador: \_\_\_\_\_  
Número de teléfono del trabajador: \_\_\_\_\_  
Horas hábiles: \_\_\_\_\_  
Notificación para: \_\_\_\_\_

Esta carta tiene su nuevo número del caso, nombre, número de teléfono y horas hábiles del/de la trabajador(a). Por favor, refiérase a esta carta cuando se comunique con nosotros.

El Condado de \_\_\_\_\_ ha transferido su expediente del caso de Medi-Cal a nuestro condado. Usted continuará recibiendo los beneficios de Medi-Cal, que se enumeran enseguida:

- Beneficios completos, sin una parte del costo para \_\_\_\_\_.
- Beneficios completos, con una parte del costo por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Beneficios completos, con una parte del costo por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Beneficios completos, con una parte del costo por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Servicios de emergencia y relacionados con el embarazo para \_\_\_\_\_.
- Servicios de emergencia y relacionados con el embarazo, con una parte del costo por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Servicios limitados para \_\_\_\_\_.
- Servicios limitados, con una parte del costo, por la cantidad de \$ \_\_\_\_\_ para \_\_\_\_\_.
- Otros: \_\_\_\_\_.

- Usted tiene que reportar, en un plazo de diez días, los cambios que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, empleo, bienes, condición médica o situaciones en el hogar.
- Usted tiene que completar el formulario para su evaluación anual de Medi-Cal, cuando ésta se le envíe.

Siempre muestre su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU BIC.

Las regulaciones que exigen esta acción son las Secciones 50120 y 50136(a)(2), del Título 22, del Código de Regulaciones de California.

**POR FAVOR, LEA EL REVERSO PARA SUS DERECHOS DE AUDIENCIA Y OTRA INFORMACIÓN IMPORTANTE.**

## NOTIFICATION OF MEDI-CAL INTERCOUNTY TRANSFER

*Instructions: Complete each space or box. If information does not pertain to this case, indicate with N/A.*

Receiving county name and address	Sending county name and address
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### Case Name/Beneficiary Information

Case name	Phone number (     )	Alternate phone number (     )
Address (number, street)	City	ZIP code
Authorized representative (AR) <input type="checkbox"/> Yes <input type="checkbox"/> No	AR name	AR phone number (     )
		Beneficiary's primary language

Receiving county follow-up on changes related to intercounty transfer

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Name	Aid Code	Income/How Often Received	Share-of-Cost (SOC)

### Other Case Information

<input type="checkbox"/> CE for: _____ <input type="checkbox"/> CEC for: _____ CEC period: _____ <input type="checkbox"/> TMC period: _____	<input type="checkbox"/> Annual redetermination due date: _____ <input type="checkbox"/> LTC period of ineligibility: _____ <input type="checkbox"/> Court case: _____ <input type="checkbox"/> Other: _____
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### Documents in Transfer Packet

<input type="checkbox"/> Statement of Facts and applicable supplements/MC 210 RV <input type="checkbox"/> Social security card(s) <input type="checkbox"/> Identifications <input type="checkbox"/> Case narrative <input type="checkbox"/> Budget work sheets for MFBU/MBU <input type="checkbox"/> Computer generated case documents <input type="checkbox"/> Last NOAs for share-of-cost <input type="checkbox"/> Income verifications <input type="checkbox"/> Other Health Coverage Information (DHS 6155)	<input type="checkbox"/> Pregnancy verification for: _____ <input type="checkbox"/> Primary wage earner: _____ <input type="checkbox"/> MC 13s and Proof of Alien Status for: _____ <input type="checkbox"/> Property verifications or MC 176 P <input type="checkbox"/> Family Support Information (CW 2.1s) <input type="checkbox"/> Authorized Representative Form/Letter <input type="checkbox"/> DAPD Decision/Incapacity Verification for: _____ <input type="checkbox"/> Other(s) (list): _____
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### Sending County Worker Information

Worker name	Worker number	Date ICT packet sent
Phone number (     )	Fax number (     )	E-mail address

## Inter-County Transfer (ICT) Coordinators List

<b>1</b>	<b>ALAMEDA</b>
<ul style="list-style-type: none"> <li>• Central Index ..... (510) 268-2981</li> </ul> <p><b>CalWorks</b></p> <ul style="list-style-type: none"> <li>• Andrea Ford ..... (510) 259-3886</li> <li>FAX ..... (510) 259-3890</li> </ul> <p style="padding-left: 40px;">Alameda County, Department of Workforce and Human Services, 24100 Amador St., 6<sup>th</sup> Floor, Hayward, CA 94544</p> <p><b>Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Joyce Cooper..... (510) 267-9432</li> <li>FAX ..... (510) 267-9468</li> </ul> <p style="padding-left: 40px;">Alameda County, Social Services Agency, Department of Welfare to Work, 1106 Madison St., 4<sup>th</sup> Floor, Oakland, CA 94607</p> <p><b>Welfare to Work</b></p> <ul style="list-style-type: none"> <li>• Charles Schwab ..... (510) 259-3877</li> <li>FAX..... (510) 259-3880</li> </ul> <p style="padding-left: 40px;">Alameda County, Department of Workforce and Human Services, 24100 Amador St., 6<sup>th</sup> Floor, Hayward, CA 94544</p> <p><b>Foster Care</b></p> <ul style="list-style-type: none"> <li>• Marilyn Todd..... (510) 268-2204</li> </ul> <p style="padding-left: 40px;">Alameda County, Social Services Agency, Foster Care Section – J330, P.O. Box 12881, Oakland, CA 94604-2881</p>	
<b>2</b>	<b>ALPINE</b>
<p><b>CalWORKS/Medi-Cal/Foster Care</b></p> <ul style="list-style-type: none"> <li>• Regina Britschgi..... (530) 694-2235</li> </ul> <p><b>Welfare to Work</b></p> <ul style="list-style-type: none"> <li>• Joanne Morello ..... (530) 694-2235</li> <li>FAX ..... (530) 694-2252</li> </ul> <p style="padding-left: 40px;">Alpine County, Department of Social Services, 75 A Diamond Valley Road, Markleeville, CA 96120</p>	
<b>3</b>	<b>AMADOR</b>
<p><b>CalWORKS/Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Barbara Hale..... (209) 223-6621</li> <li>FAX ..... (209) 223-6208</li> </ul> <p><b>Welfare to Work</b></p> <ul style="list-style-type: none"> <li>• Steve Baber..... (209) 223-6550</li> </ul> <p style="padding-left: 40px;">Amador County, Department of Social Services, 1003 Broadway, Jackson, CA 95642</p>	
<b>4</b>	<b>BUTTE</b>
<p><b>CalWORKS</b></p> <ul style="list-style-type: none"> <li>• Mimi Rogers ..... (530) 538-3720</li> </ul> <p><b>Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Art Sanderson..... (530) 879-3528</li> </ul> <p style="padding-left: 40px;">Butte County, Department of Employment and Social Services, P.O. Box 1649, Oroville, CA 95965</p>	
<b>5</b>	<b>CALAVERAS</b>
<p><b>CalWORKS</b></p> <ul style="list-style-type: none"> <li>• Anne Carder ..... (209) 754-6440</li> </ul> <p><b>Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Connie McLain..... (209) 754-6447</li> <li>FAX ..... (209) 754-6543</li> </ul> <p><b>Welfare to Work</b></p> <ul style="list-style-type: none"> <li>• Mary Antus ..... (209) 754-6424</li> <li>FAX ..... (209) 754-0465</li> </ul> <p><b>Foster Care</b></p> <ul style="list-style-type: none"> <li>• Stephanie Kearny ..... (209) 754-6812</li> <li>FAX ..... (209) 754-6543</li> </ul> <p style="padding-left: 40px;">Calaveras County, Calaveras Works and Human Services, 891 Mountain Ranch Road, San Andreas, CA 95249</p>	
<b>6</b>	<b>COLUSA</b>
<p><b>CalWORKS</b></p> <ul style="list-style-type: none"> <li>• Nancy Montgomery..... (530) 458-0265</li> </ul> <p><b>Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Hilda Aguayo ..... (530) 458-0262</li> <li>FAX ..... (530) 458-0492</li> </ul> <p style="padding-left: 40px;">Colusa County, Department of Human &amp; Health Services, P.O. Box 370, Colusa, CA 95932</p>	
<b>7</b>	<b>CONTRA COSTA</b>
<p><b>CalWORKS/Medi-Cal</b></p> <ul style="list-style-type: none"> <li>• Kenya Taylor..... (510) 262-7711</li> <li>FAX ..... (510) 262-8545</li> </ul> <p><b>Foster Care</b></p> <ul style="list-style-type: none"> <li>• Donna Harbaugh..... (925) 335-7151</li> <li>FAX..... (925) 335-7167</li> </ul> <p style="padding-left: 40px;">Contra Costa County, Employment &amp; Human Services Dept., 40 Douglas Drive, Martinez, CA 94553</p>	

## Inter-County Transfer (ICT) Coordinators List

<b>8</b>	<b>DEL NORTE</b>
<b>CalWORKs</b>	
• Terile Keevil.....	(707) 464-3191
<b>Medi-Cal</b>	
• Carmen Chavez.....	(707) 464-3191
<b>Welfare to Work</b>	
• Sally Smart (707) 464-3191	
FAX .....	(707) 465-1783
Del Norte County, Department of Health & Social Serv., 880 Northcrest Drive, Crescent City, CA 95531	
<b>9</b>	<b>EL DORADO</b>
<b>CalWORKs/Medi-Cal</b>	
• Edward Zylman.....	(530) 642-7277
FAX .....	(530) 626-9060
El Dorado County, Department of Social Services, 3057 Briw Road, Placerville. CA 95667	
<b>10</b>	<b>FRESNO</b>
<b>CalWORKS ICT – Incoming</b>	
• Genevieve Vasquez.....	(559) 456-7537
FAX .....	(559) 456-7448
<b>CalWORKs ICT – Outgoing</b>	
• Pete Martinez.....	(559) 453-6537
FAX .....	(559) 453-8507
<b>Medi-Cal ICT - Incoming</b>	
• Jennie Phan.....	(559) 456-7417
<b>Medi-Cal ICT – Outgoing</b>	
• Maria Guerra.....	(559) 453-3944
<b>Welfare to Work</b>	
• Jose Luis Gonzales.....	(559) 453-6130
FAX .....	(559) 453-4745
Fresno County, Employment and Temporary Assistance, P.O. Box 1912, Fresno, CA 93750-0001	
<b>11</b>	<b>GLENN</b>
<b>CalWORKs/Medi-Cal</b>	
• Becky Hanson.....	(530) 934-6514
• Loretta Kjer.....	(530) 934-6514
FAX .....	(530) 934-6521
<b>Welfare to Work</b>	
• Robyn Zimmer .....	(530) 934-6510
Glenn County, Human Resources Agency, P.O. Box 611, Willows, CA 95988	
<b>12</b>	<b>HUMBOLDT</b>
<b>CalWORKs</b>	
• Bill Linn.....	(707) 268-3442
<b>Medi-Cal</b>	
• Kathy Cauble .....	(707) 268-2787
FAX .....	(707) 445-6096
Humboldt County, Department of Social Services, 929 Koster Street, Eureka, CA 95503	
<b>13</b>	<b>IMPERIAL</b>
<b>CalWORKs</b>	
• Charles Fourong .....	(760) 337-6837
<b>Medi-Cal</b>	
• Carmen M. Encinas .....	(760) 337-7420
• Dora Juslin.....	(760) 337-7429
FAX .....	(760) 370-0492
Imperial County, Department of Social Services, 2995 S. 4 <sup>th</sup> Street, Ste. 105, El Centro, CA 92243	
<b>14</b>	<b>INYO</b>
<b>CalWORKs</b>	
• Sheri Snyder.....	(760) 872-1394
<b>Medi-Cal</b>	
• Sheri Snyder.....	(760) 872-1394
FAX .....	(760) 872-4950
Inyo County, Dept. of Health & Human Services, 912 North Main Street, Bishop, CA 93514	

## Inter-County Transfer (ICT) Coordinators List

<b>15</b>	<b>KERN</b>
<b><u>CalWORKs/Medi-Cal</u></b>	
Incoming ICT	
• Beverly Hughes .....	(661) 631-6318
FAX .....	(661) 631-6573
<b><u>CalWORKs/Outgoing</u></b>	
• Liane Strong .....	(661) 631-6800
<b><u>Medi-Cal/ Outgoing</u></b>	
• Deana Baird .....	(661) 631-6484
FAX .....	(661) 631-6562
Kern County, Department of Human Services, P.O. Box 511, Bakersfield, CA 93302	
<b>16</b>	<b>KINGS</b>
<b><u>CalWORKs/Medi-Cal</u></b>	
• Sandra Jackson-Bobo .....	(559) 582-3241 x4280
FAX .....	(559) 585-0346
<b><u>Welfare to Work</u></b>	
• John Semas .....	(559) 582-3241 x2270
FAX .....	(559) 585-8046
Kings County, Human Services Agency, 1200 South Drive, Hanford, CA 93230	
<b>17</b>	<b>LAKE</b>
<b><u>CalWORKs/Medi-Cal</u></b>	
• Peggy Anderson .....	(707) 995-4222
FAX (Eligibility) .....	(707) 995-4204
<b><u>Foster Care</u></b>	
• Kari Vandrick .....	(707) 995-4208
Lake County, Department of Social Services, P.O. Box 9000, Lower Lake, CA 95457 or 15975 Anderson Ranch Parkway, Lower Lake, CA 95457	
<b>18</b>	<b>LASSEN</b>
<b><u>CalWORKs</u></b>	
• Gwen Mears .....	(530) 251-8152
<b><u>Medi-Cal</u></b>	
• Mary Polley .....	(530) 251-8182
FAX .....	(530) 251-8370
Lassen County, Health & Human Services Dept., P.O. Box 1359, 720 Richmond Road, Susanville, CA 96130	
<b>19</b>	<b>LOS ANGELES</b>
• Case Inquiry .....	(213) 639-6300
<b><u>CalWORKs</u></b>	
• Sherri Cheatham .....	(562) 908-6353
<b><u>Medi-Cal</u></b>	
• Carol Roach .....	(562) 908-3528
FAX .....	(562) 908-0593
Los Angeles County, Department of Public Social Services, Attn: ICT Unit, 12860 Crossroads Parkway South, City of Industry, CA 91746	
<b><u>Foster Care</u></b>	
• Chris Campos .....	(626) 858-1519
FAX .....	(626) 332-8637
<b><u>Foster Care Mailing Address</u></b>	
Dept. of Children & Family Services, Revenue Enhancement-Special Oper., 800 South Barranca Avenue Covina, CA 91723, Attn: FC/AAP HOTLINE	
<b>20</b>	<b>MADERA</b>
<b><u>CalWORKs/Medi-Cal</u></b>	
• Mary Stanley .....	(559) 675-2448
• Margot Simons .....	(559) 675-2414
FAX .....	(559) 675-7603
<b><u>Welfare to Work</u></b>	
• Marion Brawley .....	(559) 662-8367
FAX .....	(559) 675-7983
Madera County, Department of Social Services, P.O. Box 569, Madera, CA 93639	
<b>21</b>	<b>MARIN</b>
<b><u>CalWORKs</u></b>	
• Pat McCormack .....	(415) 499-7433
<b><u>Medi-Cal</u></b>	
• Pat McCormack .....	(415) 499-7433
FAX .....	(415) 499-3790
Marin County, Department of Health & Human Serv., P.O. Box 4160, San Rafael, CA 94913	

## Inter-County Transfer (ICT) Coordinators List

**22** **MARIPOSA**

**CalWORKs/Medi-Cal**

- Debbie Smith ..... (209) 966-3609
- FAX ..... (209) 966-5943

**Welfare to Work**

- Nancy Bell ..... (209) 966-3609
- FAX ..... (209) 966-5943

Mariposa County, Department of Human Services, P.O. Box 7, Mariposa, CA 95338

**23** **MENDOCINO**

**CalWORKs - Fort Bragg Office**

- Jan Kurtyka ..... (707) 962-1077

**Medi-Cal**

- Nancy Naumann ..... (707) 463-7828
- FAX ..... (707) 463-7859

Mendocino County, Department of Social Services, P.O. Box 8508, 737 South State Street, Ukiah, CA 95482

**24** **MERCED**

**CalWORKs**

- Sherry Lopez ..... (209) 385-3000 x5219

**Medi-Cal**

- Vicki Lopes ..... (209) 385-3000 x5491
- FAX ..... (209) 383-6925

Merced County, Human Services Agency, P.O. Box 112, Merced, CA 95341-0112

**25** **MODOC**

**CalWORKs/Medi-Cal**

- Pat Wood ..... (530) 233-6504 x 504
- FAX ..... (530) 233-2136

**Welfare to Work**

- Diane Fogle ..... (530) 233-6428
- FAX ..... (530) 233-6240

Modoc County, Department of Social Services, 120 North Main Street, Alturas, CA 96101

**26** **MONO**

**CalWORKs**

- Francie Avitia ..... (800) 521-6678

**Medi-Cal**

- Julie Timmerman ..... (760) 934-3411
- FAX ..... (760) 924-5431

**Welfare to Work**

- Phil Hartz ..... (800) 521-6678
- FAX ..... (760) 934-5142

Mono County, Department of Social Services, P.O. Box 2969, Mammoth Lakes, CA 93546

**27** **MONTEREY**

**CalWORKs**

- Star Howard ..... (831) 755-4406
- FAX ..... (831) 755-8408

**Medi-Cal**

- Yvette Grimes ..... (831) 755-4407
- FAX ..... (831) 755-8408

**Welfare to Work**

- Diana Jimenez ..... (831) 755-4457
- FAX ..... (831) 755-8408

Monterey County, Department of Social Services, 1000 South Main Street, Ste. 208, Salinas, CA 93901

**28** **NAPA**

**CalWORKs**

- Teresa Zimny ..... (707) 253-4697
- FAX ..... (707) 253-6095

**Medi-Cal**

- Kim Huerta ..... (707) 253-4177
- FAX ..... (707) 253-6095

Napa County, Health & Human Services Agency, 2261 Elm Street, Napa, CA 94559

**29** **NEVADA**

**CalWORKs/Medi-Cal**

- Pamela Carlson ..... (530) 265-1629
- FAX ..... (530) 265-7062

Nevada County, Human Services Agency, Dept. of Adult & Family Services, P.O. Box 1210, Nevada City, CA 95959



## Inter-County Transfer (ICT) Coordinators List

<b>30</b>	<b>ORANGE</b>
<b><u>CalWORKs/Medi-Cal/Foster Care/Welfare to Work</u></b>	
<ul style="list-style-type: none"> <li>• Ruth Daniel ..... (714) 825-3280</li> <li>FAX ..... (714) 825-3275</li> </ul> <p style="text-align: center;">Orange County, Social Services Agency, P.O. Box 25196, Santa Ana, CA 92799-5196</p>	
<b>31</b>	<b>PLACER</b>
<b><u>CalWORKs</u></b>	
<ul style="list-style-type: none"> <li>• Brenda Green ..... (916) 784-6034</li> <li>FAX ..... (916) 784-6100</li> </ul>	
<b><u>Medi-Cal</u></b>	
<ul style="list-style-type: none"> <li>• Jane Christensen ..... (530) 889-7195</li> <li>FAX ..... (530) 889-6826</li> </ul> <p style="text-align: center;">Placer County, Department of Health &amp; Human Services, 11519 "B" Avenue, Auburn, CA 95603</p>	
<b>32</b>	<b>PLUMAS</b>
<b><u>CalWORKs/Welfare to Work</u></b>	
<ul style="list-style-type: none"> <li>• Susan Rhodes ..... (530) 283-6276</li> </ul>	
<b><u>Medi-Cal/Foster Care</u></b>	
<ul style="list-style-type: none"> <li>• Virginia Ekonen ..... (530) 283-6441</li> <li>FAX ..... (530) 283-6368</li> </ul> <p style="text-align: center;">Plumas County, Department of Social Services, 270 County Hospital Road, Room 207, Quincy, CA 95971</p>	
<b>33</b>	<b>RIVERSIDE</b>
<b><u>CalWORKs/Welfare to Work</u></b>	
<ul style="list-style-type: none"> <li>• Carol Spooner ..... (909) 358-3369</li> <li>Audrey Escarzaga ..... (909) 358-4070</li> </ul>	
<b><u>Medi-Cal</u></b>	
<ul style="list-style-type: none"> <li>• Susan de Jonckheere ..... (909) 358-3992</li> <li>Susan Jeffries ..... (909) 358-3042</li> <li>FAX ..... (909) 358-3990</li> </ul>	
<b><u>CalWORKs/Medi-Cal Mailing Address</u></b>	
Riverside County, Department of Public Social Services, 4260 Tequesquite Avenue, Riverside, CA 92501	
<b><u>Welfare to Work Mailing Address</u></b>	
Riverside County, Department of Public Social Services, 1020 Iowa Avenue, Riverside, CA 92507	
<b><u>Foster Care</u></b>	
<ul style="list-style-type: none"> <li>• Susan Doble ..... (909) 358-3532</li> </ul>	
<b><u>Foster Care Mailing Address</u></b>	
Riverside County, Foster Care ICT Coordinator, 10769 Hole Avenue, Riverside, CA 92503	
<b>34</b>	<b>SACRAMENTO</b>
<b><u>CalWORKs</u></b>	
<ul style="list-style-type: none"> <li>• Eloween Ivey ..... (916) 875-3579</li> </ul>	
<b><u>Medi-Cal</u></b>	
<ul style="list-style-type: none"> <li>• Jennifer Sipe ..... (916) 875-3731</li> </ul>	
<b><u>Foster Care</u></b>	
<ul style="list-style-type: none"> <li>• Grady Young ..... (916) 875-6390</li> </ul> <p style="text-align: center;">Sacramento County, Department of Human Assistance, P.O. Box 2448, Sacramento, CA 95812</p>	
<b>35</b>	<b>SAN BENITO</b>
<b><u>CalWORKs</u></b>	
<ul style="list-style-type: none"> <li>• Pat Estrada ..... (831) 636-4180</li> </ul>	
<b><u>Medi-Cal</u></b>	
<ul style="list-style-type: none"> <li>• Alma Villasana ..... (831) 636-4180</li> </ul>	
<b><u>Foster Care</u></b>	
<ul style="list-style-type: none"> <li>• Karen Shurden ..... (831) 636-4180</li> </ul>	
<b><u>Welfare to Work</u></b>	
<ul style="list-style-type: none"> <li>• Sheri Pieper ..... (831) 636-4196</li> </ul> <p style="text-align: center;">San Benito County, Health &amp; Human Services, 1111 San Felipe Road, Ste. 206, Hollister, CA 95023</p>	
<b>36</b>	<b>SAN BERNARDINO</b>
<ul style="list-style-type: none"> <li>• Central Index ..... (909) 386-9504</li> </ul>	
<b><u>CalWORKs</u></b>	
<ul style="list-style-type: none"> <li>• Judy Varela ..... (909) 383-9705</li> <li>• Karol Hamman ..... (909) 383-9710</li> </ul>	
<b><u>Medi-Cal</u></b>	
<ul style="list-style-type: none"> <li>• Candice Karpinen ..... (909) 383-9859</li> <li>• Elisa Miller ..... (909) 383-9660</li> <li>• Raquel Raden ..... (909) 383-9778</li> <li>FAX ..... (909) 383-9714</li> </ul> <p style="text-align: center;">San Bernardino County, Human Services System, Temporary Assistance Dept., ICTs, 494 North "E" Street, San Bernardino, CA 92415-0080</p>	

## Inter-County Transfer (ICT) Coordinators List

**37** **SAN DIEGO**

**CalWORKs/Medi-Cal**

- Terri McGregor ..... (858) 514-6920  
 FAX ..... (858) 514-6760  
 San Diego County, Health & Human Services Agency, 4990 View Ridge Avenue, San Diego, CA 92123

**Foster Care**

- Irene Flores ..... (858) 495-5448  
 FAX ..... (858) 495-5749  
 Health & Human Services Agency, Family Resource Center, 5201 Ruffin Road, Ste. K, San Diego, CA 92123

**38** **SAN FRANCISCO**

**CalWORKs**

- Ana Villalpando ..... (415) 557-5906  
 FAX ..... (415) 557-6314

**Medi-Cal**

- Mercy Gainé ..... (415) 557-1927  
 FAX ..... (415) 558-1977  
 San Francisco County, Department of Human Services, P.O. Box 7988, San Francisco, CA 94120

**39** **SAN JOAQUIN**

**CalWORKs/Medi-Cal**

- Sunday Smith (ICT Incoming) ..... (209) 468-1773
- Rod Gaede (ICT Outgoing) ..... (209) 468-1453  
 FAX ..... (209) 468-1968  
 San Joaquin County, Human Services Agency, P.O. Box 201056, Stockton, CA 95201-3006

**40** **SAN LUIS OBISPO**

**CalWORKs**

- Trish Avery ..... (805) 781-1970

**Medi-Cal**

- Christina Chow ..... (805) 781-1897  
 FAX ..... (805) 781-1846  
 San Luis Obispo County, Department of Social Services, P.O. Box 8119, San Luis Obispo, CA 93403-8119

**41** **SAN MATEO**

- Central Index ..... (650) 595-7602

**CalWORKs**

- John Baarts ..... (650) 595-7500

**Medi-Cal**

- Lorena Gonzalez ..... (650) 595-7570  
 FAX ..... (650) 595-7576  
 San Mateo County, Human Services Agency, 400 Harbor Blvd., Bldg. C, Belmont, CA 94002

**42** **SANTA BARBARA**

**CalWORKs**

- Matilde Ulrich ..... (805) 882-3684

**Medi-Cal**

- Ernie Banos ..... (805) 681-4530  
 FAX: ..... (805) 681-4402

**Welfare to Work**

- Kelly Arredondo ..... (805) 614-1378

**Foster Care (ICT)**

- Jan Stricklin ..... (805) 737-7057  
 Santa Barbara County, Department of Social Services, 234 Camino Del Remedio, Santa Barbara, CA 93110-1369

**43** **SANTA CLARA**

**CalWORKs**

- Rita Carvalho ..... (408) 491-6700

**Refugees**

- Fran Valdez ..... (408) 491-6700

**Medi-Cal**

- Alice Turney (Not LTC) ..... (408) 491-6700
- Guillermo Caceres (LTC Only) ..... (408) 491-6700  
 FAX: ..... (408) 975-4530  
 Santa Clara County, Social Services Agency, Attn: ICT Clerk, 1919 Senter Road, San Jose, CA 95112

**Employment Services**

- Rafaela Perez ..... (408) 491-6700  
 CalWORKs Employment Services, Santa Clara County, Social Services Agency, 1888 Senter Road, San Jose, CA 95112

**Foster Care**

- Yolanda Martinez ..... (408) 491-6700  
 Santa Clara County, Social Services Agency, Attn: PAC Office, 373 W. Julian St., Bldg. 2, San Jose, CA 95110

## Inter-County Transfer (ICT) Coordinators List

44	SANTA CRUZ
<b>CalWORKs</b>	
• Brenda Lane .....	(831) 763-8771 or (831) 454-5401
FAX .....	(831) 763-8789 or (831) 454-4651
<b>Medi-Cal</b>	
• Adella Ruvalcaba .....	(831) 763-8508
FAX .....	(831) 763-8530
<b>Welfare to Work</b>	
• Carol Walberg .....	(831) 454-4378
FAX .....	(831) 454-4651
<b>Foster Care</b>	
• Nan Toy .....	(831) 454-4378
FAX .....	(831) 454-4717
Santa Cruz County, Human Resources Agency, P.O. Box 1320, Santa Cruz, CA 95060	
45	SHASTA
<b>CalWORKs</b>	
• Jeanette Trusty .....	(530) 225-5523
FAX .....	(530) 225-3790
<b>Medi-Cal</b>	
• Janet Wright .....	(530) 245-6464
FAX .....	(530) 225-5288
<b>Welfare to Work</b>	
• Jari Myers .....	(530) 225-5208
FAX .....	(530) 225-3790
<b>Foster Care</b>	
• Susan Hovator .....	(530) 225-5868
FAX .....	(209) 225-5190
Shasta County, Department of Social Services, P.O. Box 498005, Redding, CA 96049-6005	
46	SIERRA
<b>CalWORKs/Medi-Cal</b>	
• Lori Wright .....	(530) 993-6720 x725
FAX .....	(530) 993-6767
Sierra County, Human Services Department, P.O. Box 1019, Loyallton, CA 96118	
47	SISKIYOU
• Main Number .....	(530) 841-2700
<b>CalWORKs</b>	
• Bill Wallis .....	(530) 841-2755
<b>Medi-Cal</b>	
• Gail Taylor .....	(530) 841-2754
<b>Welfare to Work</b>	
• Nadine Della Bitta .....	(530) 841-2750
FAX .....	(530) 841-2790
<b>CalWORKs/Medi-Cal/Welfare to Work</b>	
Siskiyou County, Human Services, 818 S. Main Street, Yreka, CA 96097	
<b>Foster Care</b>	
• Judy Growney .....	(530) 841-4218
FAX .....	(530) 842-6277
Siskiyou County, Human Services/Social Services Division, 490 S. Broadway, Yreka, CA 96097	
48	SOLANO
<b>CalWORKs</b>	
• Veata Anderson .....	(707) 553-5407
<b>Medi-Cal</b>	
• Diana Perez .....	(707) 784-8715
FAX .....	(707) 432-3548
Solano County, Health & Social Services Department, P.O. Box 12000, Vallejo, CA 94590-9000	
49	SONOMA
<b>CalWORKs</b>	
• Ella Perez .....	(707) 565-2823
<b>Medi-Cal</b>	
• Kim Seamans .....	(707) 565-5304
<b>Foster Care</b>	
• Evelyn DeMartini .....	(707) 565-4348
FAX .....	(707) 565-4399
Sonoma County, Human Services Department, Intake Support Transfer Clerk, P.O. Box 1539, Santa Rosa, CA 95402-1539	

## Inter-County Transfer (ICT) Coordinators List

<b>50</b>		<b>STANISLAUS</b>
	<b>CalWORKs</b>	
	• Susan List..... (209) 558-2680	
	<b>Medi-Cal</b>	
	• Meribeth Ruiz..... (209) 558-2675	
	<b>Welfare to Work</b>	
	• Carol Wright..... (209) 558-2863	
	<b>Foster Care</b>	
	• Rick Dunn ..... (209) 558-2694	
	FAX ..... (209) 558-2558	
	Stanislaus County, Community Services Agency, P.O. Box 42, Modesto, CA 95353-0042	
<b>51</b>		<b>SUTTER</b>
	<b>All Programs</b>	
	• April James ..... (530) 822-7230 X222	
	FAX ..... (530) 822-7212	
	Sutter County, Department of Human Services, P.O. Box 1535, Yuba City, CA 95992	
	<b>Welfare to Work</b>	
	FAX ..... (530) 822-7213	
	Sutter County, Department of Human Services, P.O. Box 1592, Yuba City, CA 95992	
<b>52</b>		<b>TEHAMA</b>
	• Main Index ..... (530) 527-1911	
	<b>CalWORKs</b>	
	• Marylee Renfree ..... (530) 528-4121	
	<b>Welfare to Work</b>	
	• Barbara Boggio..... (530) 528-4021	
	<b>Medi-Cal</b>	
	• Sue Proctor..... (530) 528-4095	
	FAX ..... (530) 527-5410	
	Tehama County, Department of Social Services, P.O. Box 1515, Red Bluff, CA 96080	
<b>53</b>		<b>TRINITY</b>
	<b>CalWORKs</b>	
	• Michael Cottone..... (530) 623-8237	
	<b>Medi-Cal</b>	
	• Marilyn Blackburn ..... (530) 623-1265	
	FAX ..... (530) 623-1250	
	Trinity County, Dept. of Health & Human Services, P.O. Box 1470, Weaverville, CA 96093	
<b>54</b>		<b>TULARE</b>
	<b>CalWORKs</b>	
	• Lori Lady ..... (559) 737-4660 X2108	
	<b>Medi-Cal</b>	
	• Alex Cantu ..... (559) 737-4660 X2106	
	FAX ..... (559) 733-4694	
	Tulare County, Health & Human Services Agency, P.O. Box 671, Visalia, CA 93279	
<b>55</b>		<b>TUOLUMNE</b>
	<b>CalWORKs</b>	
	• Vicki Brown ..... (209) 533-5753	
	<b>Medi-Cal</b>	
	• Rebecca Espino..... (209) 533-5746	
	FAX ..... (209) 533-5714	
	Tuolumne County, Social Services Agency, 20075 Cedar Road North, Sonora, CA 95370	
<b>56</b>		<b>VENTURA</b>
	<b>CalWORKs</b>	
	• Rosie Magallanes ..... (805) 652-7612	
	<b>Medi-Cal</b>	
	• Jean Bridges..... (805) 652-7661	
	<b>ICT Clerk</b>	
	• Jane Gilbert ..... (805) 652-7664	
	FAX ..... (805) 652-7571	
	Ventura County, Human Services Agency, 505 Poli Street, Ventura, CA 93001	

Inter-County Transfer (ICT) Coordinators List

57 YOLO

**CalWORKs**

- James McMahon ..... (916) 375-6200 x6215  
FAX ..... (916) 375-6310

**Medi-Cal**

- Esther Vasquez ..... (530) 661-2771  
FAX ..... (530) 661-2658  
Yolo County, Department of Employment and Social Services, 25 Cottonwood Street, Woodland, CA 95695

**Welfare to Work**

- Jan Wolff ..... (916) 375-6291  
FAX ..... (916) 375-6310  
500-A Jefferson Blvd., West Sacramento, CA 95605

58 YUBA

**CalWORKs**

- Iris Robinson ..... (530) 749-6206

**Welfare to Work**

- Pam Castillo ..... (530) 749-6380

**Medi-Cal**

- Joanne McNamara ..... (530) 749-6475
- Erma Thurman ..... (530) 749-6356  
Yuba County, Human Services Agency, P.O. Box 2320, Marysville, CA 95901