STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_\_CALIFORNIA

REQUIREMENTS FOR ADVANCE DIRECTIVES UNDER STATE PLANS FOR MEDICAL ASSISTANCE

See attached "Supplement 1 to Attachment 4.34-A" entitled "Your Right to Make Decisions about Medical Treatment." A camera-ready copy of this brochure was distributed to all hospitals, nursing facilities, home health agencies, hospices, and health maintenance organizations on November 18, 1991 (a copy of the transmittal letter is also attached). In addition, the California Department of Health Services will notify applicable Medi-Cal providers of implementation of the Patient Self-Determination Act via a "Medi-Cal Provider Bulletin" in the near future.

TN No. \_\_\_\_\_\_FEB 2 5 1992 Effective Date \_\_\_\_\_\_ Supersedes Approval Date \_\_FEB 2 5 1992 Effective Date \_\_\_\_\_\_ TN No. \_\_\_\_\_\_HCFA ID: 7982E