



Proposed 10% Medi-Cal Cut Budget Action Alert

CAHF is urging DS providers and family members to submit written comments to DHCS regarding the payment reduction.

The California Regulatory Notice Register, dated May 27, 2011 includes the notice to implement a provider payment reduction and adjustment up to 10 percent for long-term care providers. The information specific to DS providers is located on pages 889 and 890 via the following link:

<http://www.oal.ca.gov/res/docs/pdf/notice/21z-2011.pdf>

The DHCS will receive written comments via US mail, fax or email.

SAMPLE LETTERS

Two sample letters – one for providers and one for client family members – have been prepared by CAHF. Please carefully edit these letters to personalize them.

[Sample letter for Providers](#) (.doc)

[Sample letter for Families](#) (.doc)

WHERE TO SEND

Written comments will need to be submitted to:

U.S. MAIL:

Grant Gassman, Chief, Long Term

Care Section; Medi-Cal Benefits, Waiver Analysis, and Rates Division; Department of Health Care Services MS 4612; P.O. Box 997413 Sacramento, CA 95899-7413.

FAX:

Grant Gassman Chief, Long Term

Care Section; Medi-Cal Benefits, Waiver Analysis, and Rates Division; Department of Health Care Services

916-650-6424

EMAIL:

Grant Gassman Chief, Long Term

Care Section; Medi-Cal Benefits, Waiver Analysis, and Rates Division; Department of Health Care Services

Grant.Gassman@dhcs.ca.gov

Please "cc" CAHF with a copy of letters sent to DHCS, either by email or fax Attn: Ronnie Higgins rhiggins@cahf.org or 916-441-6441.

CAHF Staff contact: Ronnie Higgins



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