

## Tuolumne County Medical Marijuana Program

### **I. Purpose**

In achieving compliance with the Compassionate Use Act of 1996, Health and Safety Code §11362.5-11362.9, this program is intended to provide a means by which “qualified patients,” as defined in Article 2.5, Chapter 6 of Division 10 of the Health and Safety Code, may be issued an identification card through the Tuolumne County Health Department and the California Department of Health Services which will identify qualified patients as having met the criteria established by the Compassionate Use Act for the use of medical marijuana.

### **II. Authority**

All California counties are required to implement applicable provisions of Senate Bill 420. The primary function of each county’s participation in the Medical Marijuana Program is to process applications for Medical Marijuana Identification Cards (MMICs). The applicable statutes are referred to as “The Compassionate Use Act,” and include Health and Safety Code §11362.5-11362.9.

### **III. Referenced Material**

The Tuolumne County Medical Marijuana Program (TCMMP) is designed to comply and follow the guidelines established by the following documents:

- a. California Health and Safety Code §11362.5-11362.9
- b. California Health and Safety Code §11362.7
- c. State of California Medical Marijuana Program (CMMP) County Handbook, revision October 2005
- d. Tuolumne County Sheriff’s Department Marijuana Enforcement Policy

### **IV. Definitions**

- a. **“Appeals Form:”** The Application Denial Appeals Form (DHS Form No. 9043)
- b. **“Applicant:”** A patient or a designated representative of a patient who is engaged in the process of applying for an identification card for themselves or their primary caregiver. A primary caregiver may not apply for a card unless he/she is the legal representative of the patient.
- c. **“Application Form:”** The Application/Renewal Form (DHS Form No. 9042) that has been submitted by a patient or legally designated representative seeking to obtain a MMIC.
- d. **“Attending Physician:”** A Doctor of Medicine or Osteopathy who: possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California; has taken responsibility for an aspect of the medical care, treatment, diagnosis,

counseling or referral of a patient; has performed a medical examination of that patient before recording in that patient's medical record an assessment of the patient's medical condition and whether the patient's condition warrants the use of medical marijuana.

- e. **“CDHS:”** The California Department of Health Services
- f. **“CMMP:”** The State of California Medical Marijuana Program
- g. **“Emancipated Minor:”** A minor who has entered into a valid marriage (whether or not the marriage is dissolved), is on active duty with the armed forces of the United States, or has received a court-ordered declaration of emancipation. A Declaration of Emancipation is conclusive evidence that a minor is emancipated [Family Code § 7002 and 7122(c)].
- h. **“Emergency Card:”** A temporary document authorized and issued by the TCMMP on an emergency basis in the event that a qualified patient meets the criteria established by the CMMP for emergency MMIC access.
- i. **“Government Issued Photo ID Card:”** A California Motor Vehicle Drivers License or California Identification Card issued by the Department of Motor Vehicles (DMV)
- j. **“Medical Marijuana ID Card” or “MMIC:”** The photo identification card developed by CDHS and issued by the TCHD to a qualified patient who is authorized to engage in the medical use of marijuana and the person's designated primary caregiver, if any. An example of the MMIC is shown on page .
- k. **“Legal Representative:”** A person acting on the applicant's behalf when the applicant lacks the capacity to make medical decisions and includes, but is not limited to: (1) a conservator with authority to make medical decisions; (2) an attorney-in-fact under durable power of attorney for health care or surrogate decision maker authorized under another advanced health care directive; (3) any other individual authorized by statutory or decisional law to make medical decisions for the applicant; and/or (4) the primary caregiver if he or she meets the requirements as described in numbers one through three of this section. If the applicant is under 18, the legal representative may be a parent with the legal authority to make medical decisions for the applicant.
- l. **“MMIC:”** Medical Marijuana ID Card
- m. **“Medical Documentation:”** Accurate reproductions of the applicant's medical records or appropriate documentation showing the attending physician has stated that the person has been diagnosed with a serious medical condition and that the use of medical marijuana is appropriate. Attending physicians may use the Written Documentation of Patient's Medical Records Form (DHS Form No. 9043) for this purpose.
- n. **“Medical Marijuana Automated System” or “MMAS:”** The online system developed and maintained by CDHS to process limited information for MMIC applicants. This enters the patient and/or caregiver into the CDHS web-based card verification system.
- o. **“Medical Marijuana Review Committee” or “MMRC:”** A multidisciplinary committee of three health care experts responsible for the review of Medical Documentation to determine if the documents verify the

decision by the attending physician that the patient meets the conditions to be a “qualified patient” under the criteria established by the Compassionate Use Act.

- p. **“Primary Caregiver:”** A person who: (1) is at least 18 years of age, unless the primary caregiver is an emancipated minor or the parent of a minor child who is a qualified patient; (2) is designated by the applicant or his/her legal representative to be the primary caregiver; (3) has consistently assumed responsibility for the housing, health, or safety of a qualified patient; and (4) is one of the following:
1. An individual who: (i) resides in Tuolumne County and may have multiple qualified patients in the county; or (ii) resides outside of Tuolumne County if he/she has been designated as the primary caregiver ONLY for the qualified patient and nobody else.
  2. The owner or operator, or no more than three employees who are designated by the owner or operator, of a facility providing medical care and/or supportive services as follows:
    - (i) Clinics licensed in accordance with Chapter 1 (beginning with Section 1200) of Division 2 of the H&S Code. These are organized outpatient health facilities that provide direct medical, surgical, dental, optometric, podiatric, or psychological advice, services or treatment to patients who remain less than 24 hours. These facilities may provide diagnostic or therapeutic services to patients in the home incidentally to care provided at the clinic facility. These can include community clinics, free clinics, and/or specialty clinics such as surgical, chronic dialysis, or rehabilitation.
    - (ii) Health care facilities licensed in accordance with Chapter 2 (commencing with Section 1250) of Division 2 of the H&S Code. This means any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during an after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer. These are, for example, general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, congregate living health facilities, and/or correctional treatment centers.
    - (iii) Residential care facilities for persons with chronic life-threatening illness licensed in accordance with Chapter 3.01 (commencing with Section 1568.01) of Division 2 of the H&S Code. These are facilities that care for persons with HIV, AIDS, or both.
    - (iv) Residential care facilities for the elderly licensed in accordance with Chapter 3.2 (commencing with Section 1569) of Division 2 of the H&S Code.
    - (v) Hospices or home health agencies licensed in accordance with Chapter 8 (commencing with Section 1725) of Division 2 of the H&S Code.

These are private or public organizations that provide or arrange for the provision of skilled nursing services to people in their residence.

- q. **“Qualified patient”** means a person with a “serious medical condition” who is entitled to the protections of the Act. Determination of qualification is made by the patient’s attending physician, with review of the documentation by the Medical Marijuana Review Committee in accordance with the criteria established in the Compassionate Use Act.
- r. **“Remittance Form:”** Refers to DHS Remittance Form No. 9045
- s. **“Self-sufficient minor”** or **“Minor capable of medical consent:”** A person under the age of 18 who can make medical decisions for himself/herself, who is at least 15 years of age, lives apart from his/her parents or legal guardians, manages his/her own finances, and whose parents/legal guardians are not liable for the minor’s medical care. This conforms to Family Code §6922.
- t. **“Serious Medical Condition:”** acquired immune deficiency syndrome, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, seizures, severe nausea, and any other chronic or persistent medical symptom that either: (1) substantially limits the ability of the person to conduct one or more major life activities, as defined in the Americans with Disabilities Act of 1990; or (2) if not alleviated, may cause serious harm to the patient’s safety or physical or mental health.
- q. **“Tuolumne County Health Department”** or **“TCHD:”** The administering agency designated by the Tuolumne County Board of Supervisors to administer the Tuolumne County Medical Marijuana Program (TCMMP).
- r. **“Tuolumne County Medical Marijuana Program”** or **“TCMMP:”** The implementation and administration of the applicable provisions of SB 420 (Statutes of 2003) by Tuolumne County public agencies.
- u. **“Unique user identification number (UUID Number):”** The unique number for each identification card created by the MMAS.

## V. Application Processing

- A. Necessary forms may be obtained from the Tuolumne County Health Department for any person requesting one. All forms can also be downloaded from the CDHS website at <http://dhs.ca.gov/mmp/forms> These forms include each of the following:
  - 1. Application/Renewal Form - DHS 9042
  - 2. Denial Appeals Application - DHS 9043
  - 3. Written Documentation of Patient’s Medical Records - DHS 9044
  - 4. Monthly Remittance Form - DHS 9045
- B. Completed applications for patients who are residents of Tuolumne County must be submitted in person to the Tuolumne County Health Department with supporting documentation. This is to confirm identity and allow for photographs. If the applicant has a primary caregiver and intends to apply for an MMIC for the primary caregiver, the primary caregiver must accompany the qualified patient at the time of submission of the application for the primary caregiver. If the patient is confined to the home and unable to walk,

special arrangements can be made through the Tuolumne County Health Department.

- C. If the patient's application includes a primary caregiver, the TCHD must determine if he/she meets the qualifying conditions for being a caregiver, as defined in California Health and Safety Code §11362.7. If the applicant has more than one caregiver (up to three employees in a health care facility), a separate Application Form must be completed for each caregiver. If the applicant is unable to make his or her own medical decisions, the application may be made by the applicant's legal representative with appropriate documentation.
- D. Upon receipt of the application by the TCMMP, the date of receipt is marked on the materials. Verification of the accuracy of the information contained in the application and that the applicant is a qualified patient will be accomplished by the TCMMP within 30 days of receipt of the application.
- E. Fees
  - 1. Applicants must provide the TCMMP with a **non-refundable** \$126 processing fee at the time the application is submitted. The application is considered incomplete until the fee is paid.
  - 2. Upon satisfactory proof of eligibility and participation in the MediCal or CMSP Program, a MediCal/CMSP beneficiary will receive a 50 percent reduction in fees, to \$63.
  - 3. Each applicant will receive a receipt for their application fee, indicating the form of payment received by the TCMMP.
- F. Designating whether the Application is for the Patient, Caregiver, or Both
  - 1. An applicant must designate on the Application Form if he/she is applying for himself or herself, a primary caregiver, or both. Only a qualified patient may apply for an MMIC for himself/herself and/or his/her primary caregiver. A primary caregiver may not apply for an MMIC unless he/she is also the legal representative of the qualified patient. A primary caregiver must be at least 18 years of age, unless he/she is the parent of a minor child who is a qualified patient, or if the primary caregiver is entitled to make medical decisions for the applicant and meets all other criteria for being a caregiver, as defined in "Definitions," above. Persons who are incarcerated or detained, parolees, probationers, or are criminal defendants released on bail may not be denied an MMIC for these reasons.
  - 2. When a qualified patient with an MMIC changes or adds a primary caregiver and the new primary caregiver is seeking a card, the qualified patient must apply in person with the new primary caregiver to submit an Application Form and any supporting documentation for the new primary caregiver. In the case of a qualified patient with multiple caregivers, all caregivers must be employees of a health care facility, residential care facility, clinic, home health agency, or hospice. If the primary caregiver being added exceeds the limit of three primary caregivers, then the qualified patient can choose to either have the UUID of an existing primary caregiver deactivated or, not add the new primary caregiver.

3. It will be the responsibility of the TCHD to ensure that the qualified patient does not exceed the limit of three primary caregivers for the purposes of the MMP, that the qualified patient's MMIC is valid, and that any primary caregivers who have been identified by the qualified patient as no longer providing primary caregiver services are disqualified.
  4. Deactivation of UUIDs for disqualified caregivers will be accomplished when the TCMMP notifies the State MMP Operations Coordinator in writing to invalidate the UUIP.
- G. Confirmation of Identity of Applicant, Caregiver, and Legal Representative
1. The TCMMP will verify the identity of the applicant or his or her legal representative and the designated primary caregiver, if any. This will occur in person at the time of application submission. A government issued photo-identification card must be provided as proof of identity. However, if the applicant is under the age of 18, a certified copy of a birth certificate will serve as sufficient proof of identity.
- H. Information Verification
1. The TCMMP may request appropriate documentation to substantiate information provided in the application.
- I. Medical Documentation
1. The applicant must provide the TCMMP with written documentation completed by the applicant's attending physician that is in his/her medical records which states that the applicant has been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate. The attending physician may complete the Written Documentation of Patient's Medical Records Form (DHS Form No. 9044) and the applicant may submit this form to serve as the medical documentation.
- J. Proof of Residency
1. Qualified patients must reside in Tuolumne County and must provide proof of residency. Primary caregivers may not reside in Tuolumne County. However, proof of residency of the primary caregiver is needed to determine if they qualify as a primary caregiver. Proof of residency may consist of any of the following:
    - (a) A current and valid California motor vehicle driver's license or California Identification Card issued by the Department of Motor Vehicles (DMV) in their name bearing their current address within Tuolumne County. This includes DMV's DL 43 "Change of Address Certification Card."
    - (b) A current and valid California motor vehicle registration bearing the patient's name and current address in Tuolumne County.
    - (c) A current rent or mortgage receipt or utility bill in the patient's name bearing a current address in Tuolumne County.
- K. Photographing Applicant and Primary Caregiver
1. The TCHD will take an electronically transmissible photo of the applicant and the designated primary caregiver, if any. The photo will be used for creating the MMIC and will be included in the information entered into the MMAS.

L. Replacement and Renewal MMIC

1. To replace a lost, stolen, or damaged card, the applicant must reapply for a new MMIC and repay the current fee. The TCHD will notify the MMP Operations Coordinator in writing as soon as possible to have the UUID Number invalidated for the lost, stolen, or damaged MMIC. This written notification can be made by fax addressed to the attention of the Operations Coordinator. A copy of the confirmation screen will be included in the communication to ensure the correct UUID is deactivated. The Operations Coordinator will confirm deactivations by e-mail.
2. Prior to the expiration of the MMIC for an applicant or primary caregiver, the applicant must submit new applications and supporting documentation and repay the fee for a new card (renewal) to avoid the invalidation of the UUID. Information in applications and supporting documents will be verified by the TCMMP, following the same process as in an application for a new MMIC.

**VI. Approval, Denial, and Appeal Process**

A. Completed Application and Supporting Documentation

1. The Application Form must be completed and signed. The applicant must also provide all required supporting information, including medical documentation, proof of residency, proof of identity, documents that may be needed when a minor applies, and proof of being a Medi-Cal or CMSRP beneficiary if the 50 percent fee reduction is being requested. Any additional information or necessary documents that have not been provided by the applicant will be requested by the TCMMP. The TCMMP will use the Tuolumne County Medical Marijuana Application Verification Checklist to carry the application through the review process. No employee of the TCHD will process an Application Form for himself or herself or for a friend or family member. The TCMMP will notify the applicant of any deficiency within the 30-day processing period. The applicant is responsible for correcting deficiencies and has 30 days from the date of notice to provide missing information and documentation. If the applicant provides the missing information or documentation within the 30 days of notice, the TCMMP has the remainder of the initial 30-day processing period or 14 days, whichever is more, to approve or deny the application.

B. Verification

1. The TCMMP will verify within 30 days from receipt of the application the accuracy of information contained therein, and approve or deny the application. The TCMMP, through the MMRC, may request appropriate documentation to verify the information provided in the application. The Tuolumne County Medical Marijuana Application Verification Checklist will be attached to the Application Form when the application is received. If the applicant is less than 18 years of age and is not an emancipated minor, a self-sufficient minor, or a minor capable of

medical consent, the TCMMP will require that the parent with legal authority to make medical decisions, legal guardian, or other person or entity with legal authority to make medical decisions present in person to the TCHD to verify the accuracy of information on the Application Form. The TCMMP will contact the office of the attending physician listed on the application by telephone to confirm that the medical documentations submitted by the patient are true and correct copies of those contained in the attending physician's office and that the documentation meets the statutory qualifying criteria. The medical documentation must state that the person has been diagnosed with a serious medical condition, as defined in Section IV above. CDHS offers attending physicians the use of the Written Documentation of Patient's Medical Records Form (DHS Form No. 9044) to serve as the medical documentation. The TCMMP will verify this information with the attending physician. The TCMMP will verify with the Medical Board of California or the Osteopathic Medical Board of California (OMBC) that the attending physician identified in the application has a license in good standing to practice medicine or osteopathy in California. The Contact information for these medical boards is as follows:

(a) Medical Board of California

Telephone: (916) 263-2382

Web page: <http://www.medbd.ca.gov>

(b) Osteopathic Medical Board of California

Telephone: (916) 263-3100

Web page: <http://www.dca.ca.gov/osteopathic>

C. Transmission of Data to CDHS

1. Upon approval of an application, or when an emergency card is to be issued, the TCMMP will submit data through the MMAS within 24 hours or by the end of the next business day, review the information on the screen for accuracy and quality control, and obtain a screen print of the submitted information for the TCMMP's records.
2. The screen print will serve as a temporary emergency card in accordance with the policy and procedures described under Section "E" below.

D. Approvals

1. The TCMMP will approve the application only if all of the following occur:
  - (a) The application form is complete and signed.
  - (b) The applicant has provided sufficient proof of residency within the county.
  - (c) The identity of the patient and primary caregiver, if any, has been verified.
  - (d) The applicant has paid the appropriate fee.
  - (e) A sufficient electronically transmissible photo has been obtained.



- (f) The administering agency has verified that the attending physician has a license in good standing to practice medicine or osteopathy in California.
  - (g) The TCMMP has confirmed that the medical documentation provided is a true and correct copy of the documents contained in the attending physician's office records stating that the applicant has been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate.
2. The TCMMP will seek to deliver the MMIC to the qualified applicant within 5 business days of the approval of the application.
  3. The default expiration date for cards when the recommendation from the Attending Physician was made within 8 weeks of the application being submitted to the TCMMP will be one year from the card processing date unless other specific information from the Attending Physician is provided. If more than 8 weeks has elapsed since the recommendation from the Attending Physician and the submission of the application, the MMIC expiration date will be no more than whichever is the earlier of the following dates:
    - (a) one year from the date of the Attending Physician recommendation or,
    - (b) the exact date of expiration of the Attending Physician's recommendation as determined by the Attending Physician.
- E. Emergency Cards
1. The TCMMP will issue a temporary emergency card if an applicant can establish that an MMIC is needed on an emergency basis and has submitted a completed Application Form with supporting documentation, had their photograph taken by the TCMMP, and the applicant has paid a fee for both the emergency card and the MMIC. The \$20 fee for the emergency card will be in addition to the \$126 fee for the MMIC. If the TCMMP grants a temporary emergency card to an applicant, the primary caregiver, if applicable, will also receive a temporary emergency card. The applicant must also pay a \$20 fee for the primary caregiver's emergency card and the \$126 fee for the primary caregiver's MMIC if a primary caregiver is designated. The \$20 emergency card fee is also subject to the 50 percent reduction to \$10 for MediCal or CMSP qualified patients. The TCMMP will submit data for the emergency card through the MMAS within 24 hours or by the end of the next business day and will modify the expiration date from the default of one year to 30 days from the date of issuance. For example, if an applicant applies for and is granted a temporary emergency card on April 1, and the data is entered into the MMAS on that day, the first day the card would be valid would be April 2. The thirtieth day the card would be valid would be May 1, and the Date of Expiration would be May 2. An emergency card may be extended an additional 30 days if approved by the TCMMP and if the applicant continues to meet the requirements. Each extension requires the production of a new emergency card, UUID, and fee. The TCMMP will issue a copy of the MMAS print screen to the applicant or primary

caregiver to serve as an initial temporary emergency card. The TCMMP will receive a plastic emergency card within three business days of submitting the emergency card application information into the MMAS. Upon approval of the application, the TCMMP will submit data for the MMIC through the MMAS using the default expiration date of one year from the date of entering the data. The UUID generated for the MMIC will differ from the UUID used for the emergency card. When the administering agency issues the MMIC, the emergency card must be returned to the TCMMP for confidential destruction and the TCMMP will notify CDHS in writing to invalidate the UUID.

2. The MMAS Print screen will have additional wording to indicate that an emergency MMIC is on order by the TCMMP.

#### F. Denials

1. The administering agency may deny an application for an MMIC for any of the following reasons:
  - (a) The applicant did not provide all of the required information, and upon notice of the deficiency, did not provide the information within 30 days of the notice.
  - (b) The administering agency determined some of the submitted information was false.
  - (c) The applicant did not meet the required criteria, as specified in this handbook and pursuant to Section 11362.74(a) of the H&S Code and regulations for the MMP.
2. The TCMMP will notify the applicant of the denial of his/her application within a reasonable period of time and note the date of denial on the Application Form. The applicant will have 30 days from the date they were notified of the denial to appeal the decision to CDHS using the Application Denial Appeals Form (DHS Form No. 9044). If an application has been denied by the TCMMP, the applicant may not reapply for six months from the date of denial unless authorized by the TCMMP or a court of competent jurisdiction.

#### G. Appeals

1. Applicants will be offered the Application Denial Appeals Form (DHS Form No. 9044) whenever MMIC applications are denied. Only an applicant or his/her legal representative may appeal a denied application. An applicant who wishes to appeal his/her denial must complete an Appeals Form and submit it to CDHS no later than 30 calendar days from the date of the denial notice. See Denial Letter Template.
2. Applicants may appeal a denied application for themselves or their caregivers to the CDHS at the following address within 30 days from the date they were notified of the denial:

California Department of Health Services  
Office of County Health Services  
Appeals Desk, Medical Marijuana Program  
MS 5203

P.O.Box 997413  
Sacramento, CA 95899-7413

3. When an appeal is submitted, CDHS will request a copy of the appellant's file from the TCMMP. The TCMMP will have ten business days to supply CDHS with copies of all information and documents contained in the appellant's file. CDHS will inform the appellant and the TCMMP within 30 days of receipt of the appellant's file of the approval or denial of the appeal. In the case of an approved appeal, the TCMMP will enter the data in the MMAS within five business days from the date of notification from CDHS, and the administering agency will issue an MMIC to the appellant or designated primary caregiver within five business days of entering the data into the MMAS. All decisions on appeals by CDHS are final.

## **VII. Receipt and Issuance of Identification Cards**

- A. Upon receipt of a new MMIC from CDHS, the following data will be reconciled with data in the TCMMP patient's file:
  1. Photograph
  2. UUID number
  3. TCHD name and phone number
  4. Expiration date
- B. Issuance of Card
  1. The patient's MMIC will be made available to an applicant within five days of the application's approval. The MMIC must be issued to the person for whom the MMIC was produced: either the qualified patient or the primary caregiver. If the applicant or primary caregiver does not pick up his/her MMIC, the TCMMP will retain the MMIC on file for the duration of the MMIC. If the MMIC is not picked up before the expiration date, the TCMMP will confidentially destroy the MMIC.
- C. Invalidating Cards
  1. A patient who obtains an MMIC must notify the TCMMP within seven days of any change in his/her attending physician or primary caregiver. If a person who possesses an MMIC fails to comply, the card shall be deemed expired. If the card expires, the MMIC of any designated primary caregiver of the patient shall also expire. If the caregiver has changed, he/she must return the MMIC to the administering agency for "confidential destruction," and the administering agency needs to notify CDHS in writing to invalidate the UUID.

## **VIII. Maintenance of Records**

- A. A confidential patient file will be maintained on each applicant to the TCMMP. Included in this file is:
  1. The original application

2. All supporting documents submitted with the original application
  3. All additional supporting documents used to verify and approve the application and all records, copies of the screen prints that are created when data are submitted through the MMAS, and copies of all remittance records and source documents.
- B. Length of file maintenance
1. The TCMMP will maintain records for at least one year for all approved and denied applications. However, all remittance records and their supporting documents will be maintained for at least three years.
- C. Confidentiality
1. The TCMMP will implement and utilize appropriate procedures and protocols to ensure compliance with all applicable medical record, confidentiality and HIPAA laws and regulations.

#### **IX. Maintenance of Tuolumne County Medical Marijuana Program**

- A. The TCMMP will be reviewed annually for utilization, quality assurance and compliance with current statute.
- B. Ongoing compliance with current confidentiality and HIPAA regulations will be annually reviewed.

#### **X. Tuolumne County Medical Marijuana Program Contact Information**

- A. The Tuolumne County Health Department administers the TCMMP. The contact information is as follows:

Tuolumne County Health Department  
20111 Cedar Road N.  
Sonora, CA 95370

telephone: 209-533-7401

after hours urgent/emergency calls: 209-533-8055

fax: 209-533-7406

e-mail: [health.in@tuolumnecounty.ca.gov](mailto:health.in@tuolumnecounty.ca.gov)

- B. All TCMMP forms are available on the CDHS website at the following web address:

[www.dhs.ca.gov/mmp](http://www.dhs.ca.gov/mmp)