STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

January 5, 1998

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

Letter No.: 98-02

MEDI-CAL TUBERCULOSIS (TB) PROGRAM AND CORRECTED 1998 TB INCOME AND RESOURCE STANDARDS

As you are aware, Section 13603 of the Omnibus Budget Reconciliation Act of 1993 established an optional program for persons infected with tuberculosis whose income and resources do not exceed the maximum amount for a disabled individual. State law (Chapter 147, Statutes of 1994, Assembly Bill 2377) specified that this program be adopted. This program was implemented on October 1, 1994.

It has come to the attention of the Medi-Cal Eligibility Branch that some counties have told public health clinics that the Medi-Cal TB program is no longer in existence. **This is incorrect**. In addition, some counties are not administrating the TB program correctly.

Therefore, the purpose of this letter is to reiterate the Medi-Cal TB program policy and county responsibilities associated with the TB program. This letter supersedes All County Welfare Directors Letter (ACWDL) 97-52.

OVERVIEW OF PROCESS

Medi-Cal clinics and Medi-Cal providers who serve TB infected persons are encouraged to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at the county. The providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. (Please see MEDI-CAL ELIGIBILITY PROCEDURES, Article 5N for details including required forms.) This information will then be forwarded to the county welfare department (CWD) for a Medi-Cal determination. Please be aware that it is the responsibility of the CWD to make the eligibility determination.

Counties have previously designated in each county a coordinator who will receive TB applications and forms from Medi-Cal providers. We have enclosed the recent revision of the TB Coordinators listing with this letter. (Counties not submitting responses to the request for updates to the TB Coordinator's listing have remained the same). Upon receipt of the

application and additional forms, the counties will determine eligibility under the Medi-Cal TB program. If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. Counties at times may have to contact the clinic worker and sometimes participate in a conference call with the clinic worker and the Medi-Cal client. CWDs shall mail a Notice of Action informing the clients of their eligibility status.

If the CWD determines that the applicant is eligible for the TB program, the eligibility worker or county MEDS person reports their eligibility under Aid Code 7H via a transaction to MEDS through standard procedures. Eligibility under 7H will continue until the counties redetermine, continue, or terminate the beneficiary from the MEDS system.

PLEASE NOTE: The 1998 TB Income and Resource Standards were recently published in ACWDL 97-52. The standard and resource limits were mistakenly identified under headings listing 1997. The headings should have stated 1998. The amounts listed are correct for 1998; we are reprinting the 1998 amounts with the correct headings:

<u>1998 Tuberculosis Income Standard</u>

Individual $1,073

<u>1998 Resource Limit</u>

Individual $2,000

NOTE: The only exception to the $2,000 limit is when determining a child's property eligibility and there are two parents present. Allow the parents a resource limit of $3,000.

<u>1998 Supplemental Security Income Standard Allocation</u>

(Maximum amount allowed to an ineligible child from an ineligible parent(s)).
$247

1998 Federal Benefit Rate (Used to determine the Parental Deduction)

Individual $494
Couple $741

Questions regarding this letter may be directed to Ms. Sharon Garcia at (916) 657-5327 or Ms. Mary Maestas Sandoval at (916) 657-1248.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

November 26, 1997 Revision

MEDI-CAL TUBERCULOSIS PROGRAM COORDINATORS

1. Glenda Garland
   Alameda County
   401 Broadway 3rd Floor
   Oakland, CA 94607
   (510) 208-1081

2. Jackie Casey
   Alpine County
   Dept. of Social Services
   P.O. BX 277
   Markleeville, CA 96120
   (916) 694-2235

3. Emily Daniel
   Eligibility Supervisor
   Amador Department of Social Services
   108 Court Street
   Jackson, CA 95642 (209) 223-6550

4. Cathi Grams
   Butte County
   Dept. of Social Welfare
   P.O. Box 1649
   Oroville, CA 95926
   (916) 538-2070

5. Connie McLain
   Calveras County Welfare Dept.
   891 Mtn. Ranch Rd.
   San Andreas, CA 95249
   (209) 754-6440
   Fax (209) 754-6724

6. Nancy Montgomery
   Colusa County
   Dept. of Social Welfare
   251 E. Webster
   P.O. BX 370
   Colusa, C 95932
   (916) 458-0265

7. Sandy Baldwin
Contra Costa
Social Services Dept.
40 Douglas Drive
Martinez, CA 94553
(510) 313-1621

8. Carmen Chavez
Del Norte County
981 H Street
Crescent City Ca, 95531
(707) 464-3191

9. Mary Peterson
El Dorado County DSS
3057 Briw Rd
Placerville, CA 95667
(530) 642-7321

10. David Cannon/ Kathy Noyes (209)453-3588
Fresno County
Department of Social Services
4445 East Kings Canyon Road
Fresno, CA 93700-0001
(209) 453-6105

11. Glenn County
Human Resources Agency
Becky Hansen
420 E. Laurel Street
P.O. BX 611
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(916) 934-6514

12. Mary McCutcheon
Humboldt County
Dept. of Social Services
929 Koster Street
Eureka, CA 95501
(707) 445-6026

13. Lynn Hernandez
Imperial County
Department of Social Services
P.O. BX 930
El Centro, CA 92244
(619) 337-6880

14. Darlene Landis
Inyo County
Dept. of Social Services
162-A Grove Street
Bishop, CA 93514
(760) 872-1394

15. Joan Shields
Kern County Department of Human Services
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(805) 326-2844

16. Pat Casarez, ES I
Kings County Human Services Agency
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17. Diane Williamson
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18. Mary Polley
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19. Carol Roach
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20. Terri Cummins, Program Manager
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21. John Paul
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22. Debbie Smith, Program Assistant
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Dept. of Social Services
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24. Suzy Cervantez/ (209) 385-3000 X7084
(MCMC OUTSTATION)
Merced County
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25. Pat Wood
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30. Linda Monroe
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31. Diane Helton
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32. Carol Roberts
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33. Ellen Hinkle
Riverside County
Dept. of Social Services
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(909) 358-3042

34. Audrey Dye-Y210
Sacramento County
Dept of Human Assistance
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Works Swing Shift (1:30-10:00)

35. Roberta Johnson
San Benito County
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Hollister, Ca 95023
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36. Candice Karpinen
San Bernardino County
Dept. of Public Social Services
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37. Luis Tang, Program Assistant
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45. Barbara Pizzi
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47. Nadine Della Bitta
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48. Barbara Shaw, (MS 2-100)
Solano County Health & Social Services
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