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

October 14, 1998

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

Letter No.: 98-44

MEDI-CAL TUBERCULOSIS (TB) PROGRAM

The purpose of this letter is to reiterate the Medi-Cal TB program policy and county responsibilities associated with the TB program. 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 no longer exists. **This is incorrect**. In addition, some counties are not administrating the TB program correctly.

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

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 MANUAL, 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. 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 Medi-Cal Eligibility Data System (MEDS) person reports his/her 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.

If you have any questions, please contact Mary Maestas-Sandoval of my staff at (916) 657-1248.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL TUBERCULOSIS PROGRAM COORDINATORS
(Revised July 1, 1998)

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