

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941

September 15, 1995

ACWDL Information Letter No.: I-95-20

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

REQUEST FOR TUBERCULOSIS (TB) COORDINATOR AND ADVANCE SHIPMENT OF MC 282 TB

This letter has a combined purpose. First, the Medi-Cal Eligibility Branch is requesting current information on the Medi-Cal TB Coordinator in your county. Secondly, counties may request an advance shipment of the new form, the MC 282 TB.

The MC 282 TB (a new and simplified worksheet) has been developed for the Medi-Cal Tuberculosis program. This worksheet will accommodate two separate income eligibility determinations for a married couple and an individual applying for the TB program. Upon its receipt, the MC 282 TB will replace the MC 281 TB. (Please see All County Welfare Directors Letter No. 95-39.)

If counties would like to receive an advance shipment of the MC 282 TB, please complete the information on the enclosed page and forward to the listed address or fax number.

**PLEASE PROVIDE THE NAME OF THE TB COORDINATOR IN YOUR COUNTY
WHETHER OR NOT YOU ARE REQUESTING THE SHIPMENT OF THE MC 282 TB AND
FORWARD TO THE ADDRESS ON THE ENCLOSED PAGE.**

Allow at least three weeks for delivery. Please be aware that the shipping schedule is contingent upon Department of Health Services Warehouse coordination and distribution.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Department of Health Services
Medi-Cal Eligibility Branch
Attention: Ms. Sharon Garcia
714 P Street, Room 1650
P.O. Box 942732
Sacramento, California 94234-7320
FAX Number: (916) 657-3224

_____ YES, I WOULD LIKE TO RECEIVE AN ADVANCE SHIPMENT OF THE
MC 282 TB. QUANTITY: _____

_____ NO, I AM ONLY PROVIDING THE TB COORDINATOR INFORMATION:

COUNTY: _____

TB COORDINATOR: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____