DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA  94234-7320

(916) 657-2941

December 2, 1994

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

Letter No.:  94-94

SCHEDULE FOR THE MEDI-CAL TUBERCULOSIS (TB) PROGRAM TRAINING FOR MEDI-CAL
TB PROVIDERS

The Medi-Cal TB program was effective October 1, 1994. This Medi-Cal program provides outpatient
TB-related services to TB-infected individuals who meet the Medi-Cal requirements for TB program
eligibility.

Under this program, Medi-Cal clinics and Medi-Cal providers who service TB-infected persons are
encouraged to assist such persons in applying for Medi-Cal. These providers may help applicants
complete all initial Medi-Cal forms used in the application process and may gather applicant verification.
The main focus of this training is the discussion of completing these forms and gathering applicant
verification.

We have designated an additional training session for the TB program in December for Medi-Cal
TB providers. Training will be conducted by Department of Health Services’ staff.

Training Schedule

Southern TB Clinics and Counties:

Training will be held December 9, 1994 from 10:00 a.m. through 1:00 p.m. at:

San Diego Health Services Complex
3851 Rosecrans Street
San Diego Room
San Diego, CA

Please see the enclosed MAP for directions to training location.
There is limited capacity at this session, so please call either Sharon Garcia at (916) 657-5327 or Mary Maestas-Sandoval at (916) 657-1248 and advise how may will be attending or complete the enclosed form and fax it to Sharon Garcia at (916) 657-3224. Counties are welcome to attend this training; however, this training is directed to the Medi-Cal providers.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures
Medi-Cal Tuberculosis Provider Training
Response Sheet

FAX TO: State of California
Medi-Cal Eligibility Branch
714 P Street, Room 1650
P.O. Box 942732
Sacramento, CA 95814

ATTENTION: SHARON GARCIA/MARY MAESTAS-SANDOVAL
FAX: (916) 657-3224

Clinic or Provider Name:

Address:

City/Zip Code:

Phone:

Number of Persons Attending: ______

Session: December 9, 1994 10:00 a.m. - 1:00 p.m.
San Diego Health Services Complex
3851 Rosecrans Street
San Diego Room
San Diego, CA
From Hwy. 8 west-take Rosecrans' exit, turn left onto moore St., turn right onto Rosecrans & left into Health Services Complex.
From Hwy. 5 south-lake Rosecrans' exit, turn left on Kurtz St., turn left on Rosecrans, turn right into Health Services Complex.

Free Parking in Complex.