DEPARTMENT OF HEALTH SERVICES

714/744 P STREET P.O. BOX 942732 CRAMENTO, CA 94234-7320 (916) 657-2941



August 16, 1994

TO:

All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

LETTER NO: 94-67

IMPLEMENTATION OF A NEW AID CODE 7H FOR THE MEDI-CAL TUBERCULOSIS (TB) PROGRAM

This All County Welfare Directors Letter is to inform counties of the implementation of the Medi-Cal TB Program scheduled for October 1, 1994 retroactive to July 1, 1994. Section 13603 of the Omnibus Budget Reconciliation Act of 1993 establishes an optional new 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) specifies that this program be adopted.

Please begin immediately to prepare for the implementation of this program. Aid Code 7H will be used to identify the Modi-Cai TB program. Please prepare for the accommodation of this sid code via dentity section. Aid Code 7H will be a limited services program and only available for outpatient TB-related services. Undocumented aliens will not be eligible for this program.

Potential applicants for the TB program likely will be those already receiving outpatient TB treatment at Medi-Cal providers such as county health department clinics. To encourage these TB infected individuals to apply for the TB program, the Department of Health Services will allow such Medi-Cal providers to help the applicant complete forms such as the TB application (MC 274 TB—currently under development), MC 210, MC 210A, MC 13, and MC 219. These providers will also receive information to support eligibility. Providers will then forward this information to the county welfare department by mail for a Medi-Cal eligibility determination.

Please designate a Medi-Cai TB Program Coordinator and submit this information to Sharon Garcia at the numbers below (fax or telephone) by August 15, 1994.

TB regulations and procedures are under development. We will transmit draft procedures to you upon completion.

Questions may be directed to Sharon Garcia of my staff at (916) 657-5327. Faxes may be sent to (916) 657-3224.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief Medi-Cal Eligibility Branch