

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

D. 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.

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Page 2

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 many 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

