Letter No.: 98-02

DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941

January 5, 1998



TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All Tuberculosis Coordinators

MEDI-CAL TUBERCULOSIS (TB) PROGRAM AND CORRECTED 1998 TB INCOME AND RESOURCE STANDARDS

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

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 is no longer in existence. This is incorrect. In addition, some counties are not administrating the TB program correctly.

Therefore, the purpose of this letter is to reiterate the Medi-Cal TB program policy and county responsibilities associated with the TB program. This letter supersedes All County Welfare Directors Letter (ACWDL) 97-52.

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, 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. (Counties not submitting responses to the request for updates to the TB Coordinator's listing have remained the same). Upon receipt of the

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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 MEDS person reports their 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.

PLEASE NOTE: The 1998 TB Income and Resource Standards were recently published in ACWDL 97-52. The standard and resource limits were mistakenly identified under headings listing 1997. The headings should have stated 1998. The amounts listed are correct for 1998; we are reprinting the 1998 amounts with the correct headings:

1998 Tuberculosis Income Standard

Individual \$1,073

1998 Resource Limit

Individual \$2,000

NOTE: The only exception to the \$2,000 limit is when determining a child's property eligibility and there are two parents present. Allow the parents a resource limit of \$3,000.

1998 Supplemental Security Income Standard Allocation

(Maximum amount allowed to an ineligible child from an ineligible parent(s)). \$247

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1998 Federal Benefit Rate (Used to determine the Parental Deduction)

Individual \$494 Couple \$741

Questions regarding this letter may be directed to Ms. Sharon Garcia at (916) 657-5327 or Ms. Mary Maestas Sandoval at (916) 657-1248.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL TUBERCULOSIS PROGRAM COORDINATORS

- 1. Glenda Garland Alameda County 401 Broadway 3rd Floor Oakland, CA 94607 (510) 208-1081
- 2. Jackie Casey
 Alpine County
 Dept. of Social Services
 P.O. BX 277
 Markleeville, CA 96120
 (916) 694-2235
- 3. Emily Daniel
 Eligibility Supervisor
 Amador Department of Social Services
 108 Court Street
 Jackson, CA 95642 (209) 223-6550
- 4. Cathi Grams
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 Dept. of Social Welfare
 P.O. Box 1649
 Oroville, CA 95926
 (916) 538-2070
- 5. Connie McLain
 Calveras County Welfare Dept.
 891 Mtn. Ranch Rd.
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- 6. Nancy Montgomery
 Colusa County
 Dept. of Social Welfare
 251 E. Webster
 P.O. BX 370
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 (916) 458-0265

- 7. Sandy Baldwin
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- 8. Carmen Chavez
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 Crescent City Ca, 95531
 (707) 464-3191
- 9. Mary Peterson El Dorado County DSS 3057 Briw Rd Placerville, CA 95667 (530) 642-7321
- 10. David Cannon/ Kathy Noyes (209)453-3588
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- 12. Mary McCutcheon
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- 13. Lynn Hernandez
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- 14. Darlene Landis
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- 15. Joan Shields
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- 17. Diane Williamson
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- 18. Mary Polley
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- 19. Carol Roach
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21. John Paul Marin County Dept. of Health & Human Services 3501 Civic Center Dr. P.O. Bx 4160 San Rafael, CA 94913 (415) 499-7056

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- 24. Suzy Cervantez/ (209) 385-3000 X7084 (MCMC OUTSTATION)
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- 26. Frances Thompson
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 Dept. of Social Services
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- 35. Roberta Johnson
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- 37. Luis Tang, Program Assistant San Diego County Department of Social Services 1255 Imperial Ave. Room 728 San Diego, CA 92101 Phone (619) 338-2335 Fax (619)338-2734
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- 40. Rose Cochran, Eligibility Technician I San Luis Obispo County Department of Social Services P.O. BX 8119 San Luis Obispo, Ca 93403-8119 (805) 781-1616
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- 47. Nadine Della Bitta Siskiyou County 311 4th Street, Room 4 Yreka, CA 96097 (916) 841-2750
- 48. Barbara Shaw, (MS 2-100)
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