

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



February 3, 2000

ALL COUNTY INFORMATION NOTICE NO. I-05-00

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
 Change
 Court Order
 Clarification Requested by
 One or More Counties
 Initiated by CDSS

SUBJECT: TRANSITIONAL MEDI-CAL NOTICE TO CalWORKs RECIPIENTS

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO. 99-05
 AND ALL COUNTY LETTER (ACL) NO. 99-18

The purpose of this All County Information Notice is to provide counties with the revised Transitional Medi-Cal (TMC) Request form (CW 103), as well as the revised language for the Notice of Action (NOA) messages for termination of cash aid, and the revised NA forms. Transitional Medi-Cal services are essential to support working families exiting off of public assistance. As an increasing number of CalWORKs recipients are becoming self-sufficient, counties should make every effort to ensure these services are offered to their clients and are reminded to enclose a TMC Request form with all termination of cash aid NOA messages.

The TMC Request form and NOA messages have been revised to omit the TMC language for recipients who were terminated due to marriage or reunification. The federal waiver that allowed the Department of Health Services to extend TMC benefits to individuals who were terminated from CalWORKs cash aid and Section 1931(b) because of marriage or because separated spouses reunite (Wedfare), ended on June 30, 1999. Individuals who are currently in TMC due to this provision may continue for the remainder of their one-year TMC program, if they continue to be otherwise eligible.

The Medi-Cal language on the NA forms, which instructs recipients to retain their Benefits Identification Cards, has also been revised in order to correspond appropriately to the TMC message. The NA 214 (Transfer of Property) discontinuance form is not included with this notice. It is being revised to reflect the new computation rules for transfer of property discontinuances and will be sent out under separate cover.

Transitional Medi-Cal Request Form – CW 103

Attachment 1 provides you with the revised Transitional Medi-Cal Request form. This is a two-sided form that briefly describes the TMC program and other forms of extended Medi-Cal programs. It is designed for recipients to request TMC benefits.

CalWORKs Notice of Action (NOA) Language

Attachment 2 provides you with a listing of the revised Notice of Action forms and Notice of Action messages for termination of cash aid including the applicable TMC informing language.

Forms Designation and Modification of Forms

County Welfare Departments (CWDs) are advised that the forms designation for the CW 103 and NA forms is "Required Form-Substitute Permitted." CWDs must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification or substitution of this form.

Translations and Camera-Ready Copies

For camera-ready copies of English and Spanish forms, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Your Forms Coordinator receives all translations as soon as they become available. For all translated messages and Russian and Asian (Cambodian, Chinese, and Vietnamese) versions of forms, call Language Translation Services (LTS) at (916) 654-1282 or CALNET 464-1282. If you need several forms and/or messages, fax your request to (916) 657-3429 or e-mail your request to lsu@dss.ca.gov.

Counties shall provide bilingual/interpretive services and written translations to non-English speaking populations as required by Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Contacts

If you have any questions regarding this notice or need additional information, please contact the following persons:

- This ACIN, NOAs and NA forms – Paulette Stokes at (916) 654-3386/CALNET 464-3386.
- The TMC form CW 103 – Charissa S. Miguelino at (916) 657-3665/CALNET 437-3665.
- Questions regarding the TMC program requirements – Marge Buzdas, Department of Health Services, at (916) 657-0726/CALNET 437-0726.

Sincerely,

***Original document signed by
Charr Lee Metsker on 2/3/00***

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC

ATTACHMENT 1 – CW 103 (7/99), Transitional Medi-Cal Request form
ATTACHMENT 2 – NA forms and NOA messages as listed below

NA FORMS

NA 210 (11/99) DISCONTINUE, SUSPEND - FINANCIAL ELIGIBILITY

NA 216 (11/99) SPONSORED NON-CITIZENS (PROPERTY)

NA 219 (11/99) PROPERTY

NA 290 (11/99) MULTIPURPOSE (SHELL, NO BUDGET)

NA 960X (11/99) STOP AID; REPORT NOT RECEIVED

NA 960Y (11/99) STOP AID; REPORT INCOMPLETE

NOA MESSAGES

M40-118D (11/99) DISCONTINUE - APPLICATION PROCESSING, MANDATORY FILING UNIT MEMBERS ON STATEMENT OF FACTS

M40-157A4 (11/99) DISCONTINUE - REQUIRED DOCUMENTATION, INCOMPLETE CITIZENSHIP/ALIENAGE DOCUMENTATION

M40-181A (11/99) DISCONTINUE – APPLICATION PROCESSING, CA 2 REVERIFICATION/OTHER ESSENTIAL INFORMATION

M40-205 (11/99) DISCONTINUE - REQUIRED DOCUMENTATION, FAILURE TO COOPERATE WITH QC REVIEW

M42-101C (11/99) DISCONTINUE - AGE REQUIREMENT, AGE AND SCHOOL REQUIREMENTS

M42-213F (11/99) DISCONTINUE - PROPERTY, PROPERTY NOT SOLD

M42-221J (11/99) DISCONTINUE - PROPERTY, TRANSFER W/OUT FAIR CONSIDERATION

M42-431A4 (11/99) DISCONTINUE - REQUIRED DOCUMENTATION, NO ELIGIBLE ALIEN STATUS/PROOF OF ELIGIBLE ALIEN STATUS

M43-119C (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, NEEDS MET

M43-119H (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, MISSING CA 72

- M43-119O (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY AND FAMILY PROPERTY
- M43-119P (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY
- M44-207K (11/99) DISCONTINUE - INCOME, FINANCIAL ELIGIBILITY
- M44-211M (11/99) DISCONTINUE - ELIGIBILITY, PREGNANT WOMAN ONLY
- M82-820B (11/99) DISCONTINUE - APPLICATION PROCESSING, APPLICATION FOR MANDATORY AU MEMBERS
- M82-820C (11/99) DISCONTINUE - AU COMPOSITION, ELIGIBLE CHILD LEFT HOME
- M82-820D (11/99) DISCONTINUE - AU COMPOSITION, NO LONGER PREGNANT
- M89-130 (11/99) DISCONTINUE - NON-QUALIFIED WITHDRAWAL, RESTRICTED ACCOUNT
- M89-201A (11/99) DISCONTINUE - MINOR PARENT, NO APPROPRIATE LIVING ARRANGEMENT OR ALLOWABLE EXEMPTION

REVISIONS TO NOA MESSAGES

- Modified NA 960X and NA 960Y forms to also include: "You must return the CW7/SAWS7 if you want to continue to get CalWORKs cash aid. You and your family may still continue to get Medi-Cal if your cash aid stops and: you have earnings from a job, a business you started or pay raise; you have started to receive or had an increase in child/spousal support payments. Please complete and send in the enclosed Transitional Medi-Cal (TMC) form."
- Modified NA forms 210, 216, 219, 290 to revise the message: "**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change to your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**"
- Modified TMC message on NOA messages to: "You and your family may still continue to get Medi-Cal if your cash stops and you have: earnings from a job, a business you started or a pay raise; started to receive or had an increase in child/spousal support payments. Please complete and send in the enclosed Transitional Medi-Cal program (TMC) form."