

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 5, 1999

ALL COUNTY LETTER NO. 99-18

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: ASSEMBLY BILL (AB) 2780, CHAPTER 310, STATUTES OF 1998

The purpose of this All County Letter is to inform counties of new legislation which requires that CalWORKs recipients be informed of the Transitional Medi-Cal (TMC) program upon termination from cash aid. AB 2780 requires counties to provide language regarding the Transitional Medi-Cal program in the notice of action (NOA) messages for termination of cash aid, except in cases where the termination is due to fraud. The bill also requires termination NOAs to be sent with a form summarizing TMC requirements that may be completed and returned to request TMC benefits.

Transitional Medi-Cal Request Form - CW 103

Attachments 1A and 1B provide you with the Transitional Medi-Cal Request form in English and Spanish. This form briefly describes the TMC program and other forms of extended Medi-Cal programs and 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 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 and Notice of Form Change (GEN 127) from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

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, fax your request to (916) 657-3429 or e-mail your request to lsu@dss.ca.gov. Your forms coordinator now receives all translations as soon as they become available, if your county is on the LTS mailing list. Once you have an established e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

If you have any questions regarding this letter or need additional information, please contact Charissa Miguelino at (916) 657-3665. Questions regarding the TMC program requirements should be directed to Marge Buzdas of the Department of Health Services, Medi-Cal Policy Unit at (916) 657-0726.

Sincerely,
Original signed by
Bruce Wagstaff on April 5, 1999
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC