STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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December 29, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-85

TRANSITIONAL MEDI-CAL FOR PERSONS DISCONTINUED FROM AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) DUE TO MARRIAGE OR THE REUNITING OF SPOUSES (WEDFARE)

This letter is to inform counties that effective October 1, 1995, Transitional Medi-Cal (TMC) is expanded to include families who are discontinued from AFDC due to marriage or the reuniting of spouses, and either their assets and/or income increased above the AFDC limits or they no longer meet the deprivation requirements.

BACKGROUND

The Department of Social Services (DSS) and the Department of Health Services (DHS) received federal waiver and legislative approval (Assemly Bill 836 and 1371) to allow families who are discontinued from AFDC due to marriage or the reuniting of separated spouses to receive Transitional Child Care (TCC) and TMC. DSS' regulations were effective October 1, 1995. In accordance with the waiver of federal law, the impact of this will be evaluated and will not apply to control cases who are designated as members of the California Work Pays Demonstration Project in Alameda, Los Angeles, San Joaquin, and San Bernardino Counties.

PROCEDURES

Counties should follow current procedures for regular TMC (All County Welfare Directors Letter Nos. 90-32, 90-37, 90-47, and 90-66). Families who meet the above requirements will be eligible for the first six months of TMC (aid code 39). Those families will also be eligible for the second six months of TMC (aid code 59) if they meet the reporting requirements and other conditions of that provision. Note: This program does not apply to unmarried parents who reunite.

RETROACTIVE ELIGIBILITY

If counties should become aware of a family who would have been eligible for the Welfare program, counties should grant zero share-of-cost (SOC) TMC retroactive to October 1, 1995 and correct any overstated SOC following the normal procedures.

NOTICES OF ACTION

The first paragraph of the MC 239 TMC - 1 and the Spanish version will be revised as follows:

"TMC is a program that provides continuing Medi-Cal benefits for a maximum of 12 months for persons discontinued from AFDC as a result of employment, marriage, or returning to live with their husband or wife."

If you have any further questions, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL
NOTICE OF ACTION
TRANSITIONAL MEDI-CAL (TMC)
APPROVAL FOR BENEFITS

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

_____
(Names)

SAMPLE

TMC IS A PROGRAM THAT PROVIDES CONTINUING MEDI-CAL BENEFITS FOR A MAXIMUM OF 12 MONTHS FOR PERSONS DISCONTINUED FROM AFDC AS A RESULT OF EMPLOYMENT, MARRIAGE, OR RETURNING TO LIVE WITH THEIR HUSBAND OR WIFE.

☐ You are eligible for initial TMC for the period_____ through_____.

You will continue to receive TMC during this period if you have an eligible child in the home.

You may be eligible for an additional 6 months of TMC at no cost if you:

Return the status report which the county will send you by the 21st day of _____ and be within income limits.

Attach to the status report proof of your family's monthly gross earnings and actual child care costs paid by you. Save all your earnings statements and child care receipts.

Continue to be employed.

Have an eligible child in the home.

☐ You are eligible for an additional 6 months for the period _____ through _____.

To remain eligible for the additional 6 months of TMC, you will be required to complete and return two status reports sent to you by the county during this period. The first report will be due by the 21st day of the first month and the second report will be due by the 21st day of the fourth month of this additional 6 month period.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

_____ Eligibility Worker

_____ Phone

_____ Date