

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



April 18, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter Number:90-37

SUBJECT: IMPLEMENTATION OF TRANSITIONAL MEDI-CAL (TMC)

REFERENCE: ACWDL 90-32

MEDS NETWORK CHANGES

The following systems changes for the TMC program were included in ACWDL 90-32. They are being restated in this letter, along with additional systems procedures, for your convenience.

NEW AID CODES

DHS has identified two aid codes to distinguish the different categories of TMC.

Aid code 39 will be used for Initial TMC (effective April 1990 MOE); although it will still be in use for "4" month continuing cases for those beneficiaries who lost AFDC eligibility prior to April. These changes will not affect those ongoing cases. For example, if a person became eligible for 4 month continuing (aid code 39) in March 1990, he/she would continue to be eligible through June 1990.

Aid code 59 will be used for Additional TMC (effective October 1990 MOE), although it will still be used for "9" month continuing cases for those beneficiaries who lost AFDC eligibility prior to April. These changes will not affect those ongoing cases. For example, if a beneficiary became eligible for "9" month continuing (aid code 59) in March 1990, he/she would continue to be eligible through November 1990.

If you have a case that should have been terminated from AFDC Medi-Cal prior to April 1990 MOE but you did not receive the information timely, the case should be placed in 4 or 9 month continuing status and not Initial TMC. The four or nine month period begins the first month after the family becomes ineligible for AFDC benefits.

NOTE: These changes do not affect the current aid code 54 - 4 month continuing program.

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MEDS REPORTING

Cases with beneficiaries eligible for Initial TMC should be reported to MEDS in the following manner. When discontinuing AFDC (Aid codes: 30, 32, 33, 35, 40, or 42) for one of the reasons described in ACWDL 90-32, you must make the beneficiary eligible under Aid Code 39 (Initial TMC). When beneficiaries are discontinued from Initial TMC, and they qualify for Additional TMC, they would be eligible under Aid Code 59. Both aid code 39 and aid code 59 must be reported with the appropriate ELIG-INFO-EFF-DATE and TERM-DATE.

POST CODES

Currently, as an alternative to using aid code 39 to identify beneficiaries receiving four months of continuing eligibility, MEDS allows counties the option of using the AFDC cash grant aid code with a POST Code. MEDS currently supports the POST Codes B-E, which indicate continuing eligibility through 4 months continuing. These codes are used when reporting post eligibility on an existing AFDC aid code. For eligibility established under the TMC program, this will no longer be an option. Counties must report post eligibility with the appropriate aid code, ELIG-INFO-EFF-DATE and TERM-DATE. Since all post eligibility will be reported on the appropriate post aid code (39, 54 or 59), you will no longer be able to use POST Codes B-E when reporting eligibility.

NOTE: Late terminations under the old "4" month program can still use this option through May MOE.

WORKER ALERTS

Worker alerts will be generated for both Initial TMC and Additional TMC, beginning with renewal for August 1990 MOE and for February 1991 MOE, respectively. Alert messages will be sent to the counties in the two months prior to the posted term date indicating "Approaching End of Initial TMC, Determine Additional TMC" and "Approaching End of Additional TMC, Redetermination Necessary", for aid codes 39 and 59 respectively. These worker alerts are informational only and will be optional. There will not be a worker alert advising the county of the termination action.

TRANSFERRING COUNTY OF RESPONSIBILITY

Cases with TMC eligibility can transfer county of responsibility, following the same regulations as other cases with ongoing post eligibility, Title 22, CCR, Section 50137.

When doing an intercounty transfer transaction (EW05), within the same TMC aid code, if the termination date on the transaction does not match the termination date on MEDS, the transaction will be accepted but the termination date on MEDS will not change. This is consistent with current handling of cases in continuing eligibility categories. As is also consistent with current procedures, a message will be sent advising the

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ADDITIONAL SYSTEMS PROCEDURES

Due to the confusion concerning the initial implementation date of the TMC program, many counties were not informed of the correct procedures for determining the disposition of AFDC cases terminated in March. Many of these cases would have been eligible for TMC effective April MOE.

If your county determined that an AFDC case was ineligible for benefits in March and consequently placed them in aid code 39 with a termination date of July 1990 (i.e., 4 months continuing), you will have to correct the termination and notify the recipients of their eligibility for Initial TMC (6 months continuing). We have attached sample notices for your convenience.

The following MEDS transaction information will help you change the MEDS record. To change the MEDS record, use an EW20 with an ESAC of 7 or 8 and a September 1990 termination date. This transaction, an Inter Program Transfer (IPT) Add for a closed period, will change the termination date from 4 to 6 months on the MEDS record. The IPT transaction will be accepted both online and through batch systems. You must use a current or future effective date on your IPT.

NOTE: TMC cases are subject to the language in the Edwards v. Kizer lawsuit.

If you have any questions regarding this letter, please call your State MEDS Liaison. If you have any questions regarding TMC policy and procedures call Kristi Allen at (916) 445-6855.

Attachment

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 18, 1991

TRANSITIONAL
MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS

DRAFT
(County Stamp)

State No.: _____
District: _____
This effects: _____
(Name)

TRANSITIONAL MEDI-CAL IS A PROGRAM THAT PROVIDES CONTINUING
MEDI-CAL BENEFITS, FOR RECIPIENTS DISCONTINUED FROM AFDC AS A
RESULT OF EMPLOYMENT, FOR A MAXIMUM OF 12 MONTHS.

We have reviewed your eligibility for Transitional Medi-Cal.

— You are entitled to receive Transitional Medi-Cal beginning
the first day of _____. You will continue
(Month)

to receive a Medi-Cal card for at least six months as long
as you have a child in the home. In order to have your
Transitional Medi-Cal continue, you must return a Status
Report by the 21st day of _____. Attach
(Month)

verification of your family's monthly gross earnings and the
actual child care costs you paid.

You must report any changes in your income, property, family
composition, and cost for child care within 10 days of the
change.

Always present your Medi-Cal card to your doctor or any
other Medi-Cal provider when you are requesting medical
services.

The regulations that require this action are California
Administrative Code, Title 22, Section(s): 50244 and 50244.5

(Eligibility Worker)

(Phone)

(Date)

TRANSITIONAL
MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS

DRAFT
(County Stamp)

State No.: _____
District: _____
Discontinuance for: _____
(Names)

____ Your benefits under Transitional Medi-Cal will be
discontinued effective the last day of _____.
(Month)

The reason for this discontinuance is:

In order for you to remain eligible and/or be reconsidered for
Medi-Cal benefits, you must contact this office within 10 days of
the date of this notice.

The regulations which require this action are California
Administrative Code, Title 22, Section(s): 50244 and 50244.5

(Eligibility Worker)

(Phone)

(Date)