

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

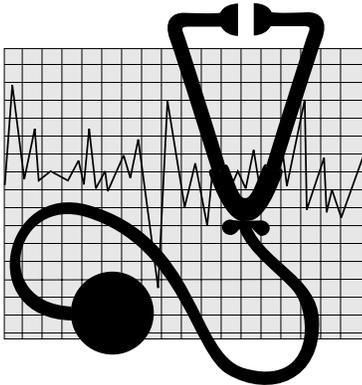
- M43-119O (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY AND FAMILY PROPERTY
- M43-119P (11/99) DISCONTINUE - SPONSORED ELIGIBLE NON-CITIZENS, DEEMED SPONSOR'S PROPERTY
- M44-207K (11/99) DISCONTINUE - INCOME, FINANCIAL ELIGIBILITY
- M44-211M (11/99) DISCONTINUE - ELIGIBILITY, 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."

TRANSITIONAL MEDI-CAL

MEDI-CAL FOR WORKING PEOPLE



YOUR FAMILY MAY GET FREE HEALTH CARE!

Transitional Medi-Cal (TMC) is for California families who are no longer eligible for CALWORKs cash aid or Medi-Cal for low income families because of earnings from work. All members of the family may still get no-cost Medi-Cal for up to 12 months. Adults may get it up to 24 months.

IMPORTANT FACTS ABOUT TMC AND OTHER KINDS OF HEALTH CARE COVERAGE

If you just got a job or just started to get more money from your job, but your cash aid or Medi-Cal was stopped for some other reason, be sure to tell us about it. To tell your worker about the job or pay raise or self-employment and request TMC, fill out and return the form on the back of this flyer to your county welfare department.

To get the first 6 months of TMC you must:

- have been on CalWORKs cash aid or Medi-Cal for low income families, and
- have a child in the home.

To get the rest of the months of TMC you must also:

- continue to work, and
- earn under a certain amount, and
- report earnings quarterly.

After the first year of TMC, working parents may get 12 more months, for a total of 24 months, and their children may get other Medi-Cal or Healthy Families program coverage.

EXTENDED MEDI-CAL FOR FAMILIES GETTING CHILD SUPPORT

Four months of extended Medi-Cal may be available for families losing CalWORKs cash aid or Medi-Cal for low income families due to increased child/spousal support. **If you want this kind of Medi-Cal, we need to know about these changes. Please complete the back of this form.**

If you cannot read this form, ask your worker for a translation:

Spanish:

Cambodian:

Chinese:

Russian:

Vietnamese:

REQUEST FOR EXTENDED OR TRANSITIONAL MEDI-CAL

Did your Medi-Cal or CalWORKs cash aid stop and:

- You have earnings from a job, a business you started, or a pay raise? YES NO
- You have started to receive or had an increase in child/spousal support payments? YES NO

If you answered “**YES**” to any of these questions, you and other family members may still be eligible for Medi-Cal. Complete this form and attach pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

Return this request form to:

If the information you give us is complete and we can tell from your case file that you qualify, we will put you and eligible family members on an extended Medi-Cal program, such as the Transitional Medi-Cal program. If we need more information from you, we will contact you.

I declare under penalty of perjury that all information provided is true and correct.

NAME	SOCIAL SECURITY NUMBER	
SIGNATURE	TELEPHONE NUMBER ()	DATE
ADDRESS	CITY	ZIP CODE
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON ASSISTING	TELEPHONE NUMBER ()	DATE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

DISCONTINUE, SUSPEND- FINANCIAL ELIGIBILITY

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
: _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Net Countable Income

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	\$ _____
\$225 Disregard	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard	= _____
Total Earned Income	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal	= _____
Earned Income Disregard 50%	- _____
Subtotal	= _____
Nonexempt Unearned Disability-Based Income (from above)	+ _____
Other Nonexempt Income of (Assistance Unit + Non- Assistance Unit Members)	+ _____
_____	+ _____
Child Support collected by the County, Except for Maximum Family Grant child (for financial eligibility only)	+ _____
(A) Net Countable Income	= _____
Maximum Aid Payment	
Maximum Aid for _____ Persons (Assistance Unit + Non-Assistance Unit Members)	\$ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members)	+ _____
(B) Maximum Aid Payment	= _____

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office:

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

A. Items:	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
B. Total	\$ _____
C. Less	- 1500
D. Subtotal	= _____
E. Number of Sponsored Non-Citizens on CalWORKs	÷ _____
F. Divide D by E	= _____

The amount in F is to be included in the sponsored non-citizen's property limits for CalWORKs.

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Property	Countable Value
_____	\$ _____
_____	_____
_____	_____
_____	_____
Total Countable Value	\$ _____

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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Rules: These rules apply; you may review them at your welfare office: MPP

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

As of the 11th of this month, the county has not received your monthly report (CW 7 or SAWS 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid.

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

YOU MUST RETURN THE CW7/SAWS 7 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 a 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.

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 44-315.8; Food Stamps: 63-504.27, 63-504.3

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Worker Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- Cash Aid
- Food Stamps

Here's why:

The monthly report (CW 7 or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- Complete the circled items on the enclosed report, and send or bring it to your worker.
- Send or bring to your worker the following:

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE ENCLOSED CW 7/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 a 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.

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-315.8: Food Stamps: 63-504.27, 63-504.3

Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

State of California
Department of Social Services

Noa Msg Doc No.: M40-118D Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: Mandatory Filing Unit Members on
Statement of Facts

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-118, 40-128,
82-820

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your
cash aid.

Here's why:

You did not include the following person(s)
on the Statement of Facts:

_____, _____.

The deadline to submit the Statement of Facts
has past. If the form has been completed,
call your worker right away.

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.
- started to receive or had an increase in
child/spousal support payments.

Please complete and send in the enclosed
Transitional Medi-Cal(TMC) form.

INSTRUCTIONS: Use to discontinue a case when the filing unit fails or refuses to
include mandatory filing unit members on the applicable Statement of Facts.

In the action line, enter the date of the discontinance. On the appropriate line,
fill in the person's name.

This message replaces M40-118D dated 1-1-99.
file : pstokes/MSERIES/40118D

State of California
Department of Social Services

Noa Msg Doc No.: M40-157A4 Page 1 of 1
Action : Discontinue
Issue: Required Documentation
Title: Incomplete Citizenship/Alienage
Documentation

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105, 40-157.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed a certification that you and your family are citizens or aliens. You did not complete or sign:

SAWS 2 (Statement of Facts).

Other:

If the form has been completed, call your worker right away.

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.
- started to receive or had an increase in child/spousal support payments.

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid for a family when they become ineligible for failure to sign or complete a declaration of citizenship/alien status(SAWS 2).

Check the appropriate box.

This message replaces M40-157A4 dated 1-1-99.

file :pstokes/MSERIES/40157A4

State of California
Department of Social Services

Noa Msg Doc No.: M40-181A Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: CA 2 Reverification/Other
Essential Information
Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 11-01-99

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-105.1, 40-181.2; .311

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We needed certain facts to check your eligibility. We asked you to: _____

_____.
You did not do this.

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.
- started to receive or had an increase in child/spousal support payments.

Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid when necessary evidence/information required during redetermination, or that is essential at another time is not provided. Specify what the recipient was required to do and the additional regulation cites.

Example: "We asked you to fill out a CA 25A, Payee Consent Agreement and return it by November 7." 89-201.42

This message replaces M40-181A dated 1-1-99.

file :pstokes/MSERIES/40181a

State of California
Department of Social Services

Noa Msg Doc No.: M40-205 Page 1 of 1
Action : Discontinue
Issue: Required Documentation
Title: Failure to Cooperate with QC
Review

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-205, 40-207.1

Use Form No. : NA 290
Original Date : 09-01-88
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

Without a good reason, you failed to:

- [] Meet with a Quality Control reviewer to check your eligibility.
- [] Sign a form to let us check on some items in your case.
- [] Other:

If you do not cooperate, you cannot get aid until _____ and must reapply for 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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue a case when the County makes a determination based on adequate case documentation that a recipient failed or refused to cooperate without good cause in a quality control review.

In the action line, enter the date of discontinuance. Check the appropriate box(es).

This message replaces M40-205 dated 1-1-99.

file :pstokes/MSERIES/40205

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-101

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You have no eligible children living with you.

The child who was getting cash aid no longer meets all parts of the age rule.

Age Rule: An 18-year-old child can get cash aid only if:

- 1) He/She is a full-time student in high school, or in a vocational or technical training program, and
- 2) He/She is expected to finish school before reaching age 19.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue when the only child turns 18 and/or does not meet the age requirement(s).

This message replaces M42-101C dated 1-1-99.

file :pstokes/MSERIES/42101C

State of California
Department of Social Services

Noa Msg Doc No.: M42-213F Page 1 of 1
Action : Discontinue
Issue: Property
Title: Property Not Sold

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-213.12

Use Form No. : NA 219
Original Date : 06-20-86
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping
your cash aid.

Here's why:

You own property that is worth more
than the \$_____ limit. We must use
the value of all the countable real
property you own other than your
home. The value of this property now
counts against you.

Your countable property is figured on
this page.

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 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(TMC)**
form.

INSTRUCTIONS: Use to discontinue cash aid when the real property is
now accessible to the recipient and must be counted in the property
limits.

This message replaces M42-213F dated 1-1-99.

file: pstokes/MSERIES/42213f

State of California
Department of Social Services

Noa Msg Doc No.: M42-221J Page 1 of 1
Action : Discontinue
Issue: Property
Title: Transfer w/out Fair Consideration

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-221.1, .2, .3

Use Form No. : NA 214
Original Date : 11-06-86
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You had property that you sold, traded or gave away without getting fair market value for it.

Because you got less than the fair market value, you are not eligible for a number of months.

The number of months are figured on this page.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred property for less than fair consideration for the market value.

This message replaces M42-221J dated 1-1-99.

file: pstokes/MSERIES/42221j

State of California
Department of Social Services

Noa Msg Doc No.: M42-431A4 Page 1 of 1
Action : Discontinue
Issue: Required Documentation
Title: No Eligible Alien Status/Proof of
Eligible Alien Status

Auto ID No.:
Source :
Issued by :
Reg Cite : 42-431, 42-433.3

Use Form No. : NA 290
Original Date : 03-01-89
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your
cash aid.

Here's why:

You must be a citizen or eligible alien
to get aid.

[] You are not an eligible alien because
_____.

[] You did not give us proof of alien status
for _____, _____.

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 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(TMC) form.

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit when AU members
either lack eligible alien status or lack proof of eligible alien status.

In the action line, enter the date of discontinuance. Complete the appropriate box.

This message replaces M42-431A4 dated 1-1-99.

file :pstokes/MSERIES/42431A4

State of California
Department of Social Services

Noa Msg Doc No.: M43-119C Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Non-Citizens
Title: Needs Met

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119

Use Form No. : NA 290
Original Date : 05-01-87
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You are a sponsored non-citizen and your sponsor says he/she can pay for your needs.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor can meet the needs for the sponsored non-citizen.

This message replaces M43-119C dated 1-1-99.

file: pstokes/MSERIES/43119c

State of California
Department of Social Services

Noa Msg Doc No.: M43-119H Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Non-Citizens
Title: Missing CA 72

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 40-181.241(h), 40-181.25

Use Form No. : NA 290
Original Date : 05-10-82
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

As of the 11th of this month, the county has not received your Sponsor's Monthly Income and Resources Report (CA 72). You cannot get cash aid if you do not turn in this report.

The County must get your complete report no later than the first working day of next month.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid for a sponsored non-citizen's case when the county has not received the CA 72.

This message replaces M43-119H dated 1-1-99.

file: pstokes/MSERIES/43119h

State of California
Department of Social Services

Noa Msg Doc No.: M43-1190 Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Non-Citizens
Title: Deemed Sponsor's Property and
Family Property

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) and your countable property is worth more than \$_____.

The property is figured on this page.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor's property along with the sponsored non-citizen's property has made the sponsored non-citizen ineligible.

This message replaces M43-1190 dated 1-1-99.

file: pstokes/MSERIES/43119o

State of California
Department of Social Services

Noa Msg Doc No.: M43-119P Page 1 of 1
Action : Discontinue
Issue: Sponsored Eligible Non-Citizens
Title: Deemed Sponsor's Property

Auto ID No.:
Source :
Issued by :
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216
Original Date : 05-10-82
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) is worth more than \$_____.

The property is figured on this page.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue a sponsored non-citizen's case when the sponsor's property has made the sponsored non-citizen ineligible.

This message replaces M43-119P dated 1-1-99.

file: pstokes/MSERIES/43119p

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K Page 1 of 1
Action : Discontinue
Issue: Income
Title: Financial Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You cannot get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

Your family's needs and income are figured on this page.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than MAP.

This message replaces M44-207K dated 1-1-99.

file: pstokes/MSERIES/44207k

State of California
Department of Social Services

Noa Msg Doc No.: M44-211M Page 1 of 1
Action : Discontinue
Issue: Eligibility
Title: Pregnant Woman Only

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-211.6

Use Form No. : NA 290
Original Date : 09-01-96, New
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

Cash aid for pregnant women, with no other eligible children, is paid only to assistance units with:

- o a pregnant teen under age 19 who does not have a high school diploma (or its equivalent); OR
- o a woman who is in her last four months of pregnancy.

_____ got her high school diploma (or its equivalent).

_____ turned age 19.

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 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(TMC) form.**

INSTRUCTIONS: Use this message to discontinue PWO teen cases that graduate or turn age 19 prior to their third trimester.

This message replaces M44-211M dated 1-1-99.

file: pstokesU/MSERIES/44211m

State of California
Department of Social Services

Noa Msg Doc No.: M82-820B Page 1 of 1
Action : Discontinue
Issue: Application Processing
Title: Application for Mandatory
AU Members

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-118, 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You must apply for:

- [] All of the brothers, sisters, half-brothers and half-sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.
- [] Both the caretaker relative and the second parent, if living with an SSI/SSP child and the caretaker relative asks to be aided.
- [] The caretaker relative and the second parent, if living with a child who is sanctioned by the CalWORKs Welfare-to-Work Program.

You did not apply for:

_____, _____.
(Name) (Name)

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 a pay raise.
 - you started to receive or had an increase in child/spousal support payments.
- Please complete and send in the enclosed **Transitional Medi-Cal(TMC) form**.

INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g., parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person's name.

This message replaces M82-820B dated 1-1-99.
file: pstokes/MSERIES/82820b

State of California
Department of Social Services

Noa Msg Doc No.: M82-820C Page 1 of 1
Action : Discontinue
Issue: AU Composition
Title: Eligible Child Left Home

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820.2

Use Form No. : NA 290
Original Date : 08-1-91
Revision Date : 01-01-00

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You no longer have a child living with you.

To get aid, you must have a child living with you who is:

Eligible for cash aid, or

Getting Supplemental Security Income (SSI), or

Getting foster care, or

Getting Kin-GAP, or

Being sanctioned by the CalWORKs Welfare-to-Work Program.

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 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(TMC) form.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible or otherwise eligible child in the home. In the action line, enter the date of the discontinuance.

This message replaces M82-820C dated 01-01-99.

File :pstokes/MSERIES/82820c

State of California
Department of Social Services

Noa Msg Doc No.: M82-820D Page 1 of 1
Action : Discontinue
Issue: AU Composition
Title: No Longer Pregnant

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-820, 40-118, 44-205.6

Use Form No. : NA 290
Original Date : 08-01-91
Revision Date : 11-01-99

MESSAGE:

As of _____, the county is stopping your cash aid.

Here's why:

You are no longer pregnant.

You have not applied for cash aid for your newborn or any eligible child.

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 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(TMC) form.**

INSTRUCTIONS: Use to discontinue a one-person AU at the end of the pregnancy when there is no newborn; the newborn is not eligible; and/or there is no other eligible child. In the action line, enter the date of discontinuance.

This message replaces M82-820D dated 1-1-99.

file: pstokes/MSERIES/82820d

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-130 (g), (h), (i)

Use Form No. : NA 290
Original Date : 01-01-94
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your cash aid until _____.

Here's why:

- You got money from your restricted account. Then, within 30 days of the time you got the money, you didn't:
 - Spend the money.
 - Put back into the account the part of the money that wasn't needed for your allowable expense.
 - Give the County proof of the amount you took out of the account.
 - Give the County proof of the balance in the account before you took out the money.
 - Give the County proof of what you did with the money.
- You got money from your restricted account and spent some or all of it on expenses that are not allowed.
- Interest was paid out on your restricted account.

If any boxes above are checked, it is because you were late and missed a deadline. To stop this county action (and restart your cash aid before the end of the time period), you must prove to the County that you had a good reason for being late. Let your worker know right away.

1. Restricted Account(s) Total.....	\$_____
2. Spending Allowed.....	-_____
3. Subtotal.....	=_____
4. Basic Need, ___Persons.....	\$_____
5. Special Needs.....	+_____
6. Basic Need Subtotal.....	=_____
7. Period of Months.....	=_____

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 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(TMC) form**.

INSTRUCTIONS: Use to discontinue cash aid and apply penalty period when there has been misuse of a restricted account. Fill in the effective date of the discontinuance. Fill in the date of the end of the period of ineligibility. Check the applicable box(es). Print the computation on the right hand side of the NA 290 and fill in the computation section.

This message replaces M89-130 dated 1-1-99.

file: pstokes/MSERIES/89130

State of California
Department of Social Services

Noa Msg Doc No.: M89-201A Page 1 of 2
Action : Discontinue
Issue: Minor Parent
Title: No Appropriate Living Arrangement
or Allowable Exemption

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-201.1; .2

Use Form No. : NA 290
Original Date : 11-01-96, new
Revision Date : 11-01-99

MESSAGE:

As of _____, the County is stopping your
cash aid.

Here's why:

To be eligible for cash aid when you are
pregnant or a parent, and under age 18, the
rules say you must either live with one of
these persons:

- o your parent(s)
- o your legal guardian
- o an adult caretaker relative
- o a state-licensed group home
- o a state-licensed maternity home.

-OR-

you must meet one or more of the exemptions:

- o your parent(s) or legal guardian are/is
dead
- o you do not know where your parent(s) or
legal guardian are/is living
- o you are not allowed to live with your
parent(s) or legal guardian
- o it is not safe for you or your child to
live with your parent(s), legal guardian
or adult caretaker relative
- o you have lived apart from your parent(s) or
legal guardian for at least 12 months
- o you are legally emancipated

Right now you do not meet either of these
rules.

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 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(TMC) form**.

INSTRUCTIONS: Use to discontinue cash aid when the minor parent is either no longer living in an appropriate setting or he/she no longer meets one of the exemption criteria. Fill in the date the county is stopping cash aid.

This message replaces M89-201A dated 1-1-99.

file: pstokes/MSERIES/89201a