

CALWORKs INFORMING PACKET

***PLEASE KEEP THIS PACKET
FOR YOUR RECORDS***

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services or activities. The County does not discriminate on the basis of disability in its hiring or employment practices.

NAME OF FORM	DATE	FORM NUMBER
CalWORKs Informing Coversheet	08/23	Coversheet (Dark Green)
Notice of Language Services	06/17	GEN 1365
CalWORKs 60-Month Time Limit	04/21	CW 2184
Important Information for CalWORKs Families – State Law Increases The CalWORKs Time Limit To 60 Months	08/21	TEMP 3022
CalWORKs Immunization Rules	07/17	CW 101
Changes to the CalWORKs Assistance Unit and Child Support Rules	10/20	CW 52
CalWORKs Home Visiting Program (HVP)	05/20	CW 2224
You May Be Eligible for Diversion Services	04/21	CW 88 Coversheet
Domestic Violence Brochure	07/23	DSS 8903
Welfare-to-Work Program Notice	05/23	WTW 5
Your Rights Under California Public Benefits Programs – For People Applying For Or Receiving Public Aid In California	05/22	PUB 13
My Medi-Cal: How to Get the Health Care You Need	02/19	PUB 68
Child Health and Disability Prevention Program Pamphlet	08/19	PUB 183
Family Planning Pamphlet	04/07	PUB 275
California Electronic Benefit Transfer (EBT) Card	03/21	PUB 388
EBT Surcharge Free – Direct Deposit Handout	10/22	EBT 2216
Online Voter Registration		

NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

(Spanish)

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել սեռական նպաստներ ստանալու Ձեր իրավասություն վրա: Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչապետի ախտակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុងលិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយជាភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។

(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有关此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并無費获取该类帮助。

(Chinese)

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

(Farsi)

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

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।

(Hindi)

Koj txoj kev pab los ntawm pej xeem cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauj lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

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(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있습니다. 도움 비용은 무료입니다.

(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gornv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖ਼ਾਸ ਤਾਰੀਖ਼ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫ਼ਤ ਹੈ।

(Punjabi)

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

Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем родном языке. Эта помощь оказывается бесплатно.

(Russian)

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลไม่จดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องถิ่น คุณมีสิทธิที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือครั้งนี้

(Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

(Tagalog)

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.

(Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.

(Vietnamese)

CALWORKS 60-MONTH TIME LIMIT



CalWORKs 60-MONTH TIME LIMIT ON AID

Beginning May 1, 2022, an aided adult (parent, stepparent, and/or caretaker relative) can only get 60 months (5 years) of cash aid from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes cash aid you got from California and other states' Federal Temporary Assistance for Needy Families (TANF) Programs.

The 60-month time limit does NOT apply to:

- Children
- Child Care
- Medi-Cal Benefits
- CalFresh Benefits
- Aid that you got from California or another state under the Aid to Families with Dependent Children (AFDC) Program before January 1, 1998.

FACTS YOU SHOULD KNOW ABOUT THE CalWORKs 60-MONTH TIME LIMIT

Time Limit Exemptions - "Clock Stoppers"

A month on cash aid does not count toward your CalWORKs 60-month time limit if at any time during that month **you are**:

- Disabled (*You must have medical proof of a disability that is expected to last at least 30 days.*)
- 60 years or older.
- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- Caring for a dependent child of the court or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- A victim of domestic abuse and the county waives the 60-month time limit.
- Living in Indian Country, as defined by federal law, or an Alaskan native village, in which at least 50 percent of the adults are unemployed.
- Granted an exemption from participation and the cash aid time limit based on caring for a child who is 0-23 months of age. (*This exemption is only available once.*)

More "Clock Stoppers" to the CalWORKs 60-Month Time Limit

A month does **not** count if:

- You did not get CalWORKs cash aid for yourself because your grant was less than \$10, you were sanctioned, or you were not eligible for any other reason.
- Your cash grant is fully repaid by child support collection.
- You are off cash aid, employed and only getting supportive services such as child care, transportation, or case management.

For more information regarding time limits, see back page.

Time Limit Exceptions -“Time Extenders”

You may be able to get more cash aid after 60 months if **all** aided parents, stepparents, and/or caretaker relatives in the home are in one of the following situations:

- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- 60 years or older.
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- Evaluated by the county and are found to be unable to maintain work or take part in welfare-to-work activities. This exception only applies when the adult has a history of cooperating with welfare-to-work rules.
- Not in the assistance unit (AU) for any reason other than reaching the 60-month time limit.
- Disabled and receiving certain types of disability benefits and the disability impairs you from working or participating in welfare-to-work activities. The benefits that qualify for this are: State Disability Insurance, Worker’s Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program benefits.
- If only one adult in the home meets an extender, you won’t be eligible for extended cash aid. All adults must meet one of these extenders, but each one can meet a different one.

CalWORKs 60-Month Time Limit Waiver for Extending Aid

If you are a victim of domestic abuse and the county determines that your condition or situation impairs your ability to work or to participate in welfare-to-work activities, the county may waive the 60-month time limit, and you can get more than 60 months of aid. All adults in the home do not need to meet an extender for an individual to receive a domestic violence waiver.

Request for Exemption or Extender

If you think you meet the rules for an exemption or extender, contact your worker. You may also contact your worker to find out how many months of aid you used.

Choosing to Leave Cash Aid

If your family is getting only a small amount of monthly cash aid, you may choose to go off aid so that the months will not count against your CalWORKs 60-month time limit. This **will** save you some months for cash aid in the future. You should contact your worker to find out if going off aid will be helpful to you.

Diversions

There are special time limit rules for diversion. Diversion is a lump sum payment you can get instead of getting monthly cash aid. The month that you get the diversion payment counts as one month toward the CalWORKs 60-month time limit, unless you reapply and get cash aid during the diversion period. In that case, you may choose to have all the months in the diversion period counted toward the 60-month time limit, or to repay the diversion payment by reducing your monthly cash grant.

RULES FOR OTHER STATES

Other states have different time limit rules. If you got TANF aid in another state -or if you plan to move to another state -you must contact that state to find out about its time limit requirements.

IMPORTANT INFORMATION FOR CALWORKS FAMILIES

State Law Increases the CalWORKs Time Limit to 60 Months

Starting May 1, 2022, the time limit for CalWORKs adults will change from 48 months to 60 months. If you are an adult who already used 48 months of CalWORKs, you may be able to get **12 more months**. For example, if you got 36 months of CalWORKs, you can get 24 more months. If you got 50 months of CalWORKs, you can get 10 more months.

Here's What You Need to Know:

- **If you are an adult who is currently getting CalWORKs for yourself:** You do not have to do anything. Keep reporting the way the county told you to report. If you want to know how many months of CalWORKs you have used, check the last time on aid notice you got or ask the county.
- **If you are a timed-out parent who got less than 60 months of CalWORKs and someone in your Assistance Unit (AU) gets CalWORKs:** If you live in the home and are the parent of a child who gets CalWORKs or Supplemental Security Income (SSI), you will be automatically added back to the AU on May 1, 2022, if you are eligible. You do not need to contact the county to be added back to the AU.
- **If you are a timed-out adult who got 60 or more months of CalWORKs:** You will not be added back to the AU on May 1, 2022. Your child(ren) can still get CalWORKs but you will remain timed-out. You may get CalWORKs past 60 months if you qualify for an extender. You can submit the [CW 2190A CalWORKs Time Limit Extender Request](#) form or contact the county to ask if you qualify.
- **If you are a timed-out optional adult and not getting CalWORKs for yourself:** Optional adults include grandparents, aunts, uncles and other caretaker relatives who get CalWORKs for a relative child. Optional adults who have timed-out may not be automatically added to the AU on May 1, 2022. Optional adults who want to be added must contact the county to ask if they are eligible. To be added you must meet eligibility rules and complete the [CW 8 Statement of Facts for an Additional Person](#) form.

IMPORTANT: If you are added back to the case, you will need to meet all eligibility rules. This includes following child support rules and Welfare to Work participation rules. Most AUs will see an increase in their monthly CalWORKs grant when a person is added. However, there may be times when there is no change or a decrease to the monthly CalWORKs grant. If you get CalFresh benefits the amount may be lowered when there is an increase of the CalWORKs grant. You will get a notice whenever there is a change to either your CalWORKs grant or CalFresh benefit.

A parent or caretaker relative cannot get CalWORKs if they already got CalWORKs for 60 months. Any aid you got from CalWORKs, another state's Temporary Assistance for Needy Families (TANF) program, or a Tribal TANF program after January 1, 1998 counts toward the 60-month time limit. There are exceptions to the CalWORKs time limit that will give you more months if you qualify. You can review the [CW 2184 CalWORKs 60-Month Time Limit](#) notice or ask the county for more information. There is no CalWORKs time limit for children.

CALWORKS IMMUNIZATION RULES

IMMUNIZATION RULES

If you are getting cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, you must give the county proof that the child(ren) in your family under the age of 6 has received age-appropriate immunizations (shots). See Column 2 for a list of medically recommended immunizations and see the attached page for the recommended immunization schedules.

PROOF

If you are an applicant for CalWORKs, you must provide proof of immunization within 30 days of approval of Medi-Cal or within 45 days from date of application for CalWORKs if you are already getting Medi-Cal.

If you are a current recipient of CalWORKs, you must submit proof within 45 days after the county notifies you that proof of immunization is required. For each child under the age of 6 added to the assistance unit, you must submit proof of immunization within 30 days of the child's approval for Medi-Cal.

If you have a problem getting immunizations for your child(ren), contact your worker immediately.

EXEMPTIONS

A child(ren) is exempt from these immunization regulations if the parent or caretaker relative has good cause listed below:

Permanent

- The caretaker does not believe in immunizing the children;
- The caretaker has a medical statement saying that the child should not be immunized;

Temporary

- The caretaker could not get the child to a doctor because of transportation problems;
- The caretaker could not get a timely doctor's appointment;
- The immunization the child needed was not available;
- The parent or child was sick and could not go to the doctor;
- Language barriers; and
- The records do not correctly show all the immunizations the children received and the caretaker relative is trying to correct the records.

FAILURE TO COOPERATE

If you do not submit proof of immunization for all children under the age of 6 in the assistance unit, your cash aid will be lowered by an amount equal to the share of the cash aid for the parent(s) or caretaker relative(s). Once proof is submitted, the share of cash aid will be restored for the parent(s)/ caretaker relative(s) the first of the following month.

MEDICALLY RECOMMENDED IMMUNIZATIONS

The Advisory Committee on Immunization Practices, American Academy of Pediatrics, and American Academy of Family Physicians currently recommend the following immunizations for children under age 6:

- Polio
- Diphtheria, tetanus, and pertussis (DTaP or DTP)
- Measles, mumps, and rubella (MMR)
- Varicella Virus Vaccine* (for Chicken Pox)
- Hepatitis B
- Hemophilus influenza type b (for meningitis)

WHERE TO GET IMMUNIZATIONS

- A provider that accepts Medi-Cal
- Your assigned physician in your Medi-Cal managed care plan
- A county public health clinic
- Any other source within your county offering free or low cost immunizations
- A "Child Health and Disability Prevention (CHDP)" provider

HOW TO GET MORE FACTS ABOUT IMMUNIZATIONS

You can call:

- The National Immunization Information Hotline sponsored by the Center for Disease Control (CDC) and the American Social Health Association. Call Monday through Friday between 5 AM and 8 PM:
 - English 1-800-232-2522
 - Spanish 1-800-232-0233
- Your local health department's Immunization Service Program or the CHDP Program (depending on the county) is:

* The vaccination for chicken pox may not be available from all physicians.

If you have any questions, call your worker.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) CHILD SUPPORT INSTEAD OF CASH GRANT OPTION

You may choose to keep all of the child support collected for a stepsibling or half-sibling of a CalWORKs-eligible child, if it is more than the cash aid you would get for the stepsibling or half-sibling. If you want to keep the child support and not get cash aid for the stepsibling or half-sibling, you must tell your CalWORKs Eligibility Worker in writing. If you keep the child support, you will not get cash aid for that child and your cash aid may be lowered. The child support you get will not count against your CalWORKs grant. You will get a Notice of Action showing your new cash aid amount. You must have at least one child in your CalWORKs case to stay eligible.

Contact your CalWORKs Eligibility Worker if you want to keep the child support or have questions about the changes to the Child Support rules. Contact your Child Support Worker if you have questions about your child support.

CalFresh Changes:

Changes to your cash aid may change your CalFresh benefits. **You will get a separate notice if your CalFresh benefits change.**

You may be asked to provide a copy of your child support court order(s) and a copy of your child support Monthly Statements of Collections and Distributions to your CalWORKs Eligibility Worker if you want to keep the child support for your eligible child. If you do not have these papers, contact your local child support agency at 1-866-901-3212. You can use other proof if these papers are not available. Ask the County about other proof you can use to show the amount of child support you get for the stepsibling or half-sibling.

CW 52 - CHILD SUPPORT PAYMENT OPTION FORM

I, _____, certify I am the parent or caretaker relative of the child(ren) listed on this form and choose to keep the monthly child support I get for them instead of CalWORKs cash aid. I understand I can keep the monthly child support if I meet the conditions under numbers 1-3 below. I understand that the child(ren) will not be eligible to get CalWORKs cash aid unless I withdraw this request. These rules have been explained to me by my worker. I also certify and understand that:

1. The child(ren) listed is a stepsibling or half-sibling of an eligible CalWORKs child living in the same home;
2. The amount of monthly child support I get for the child(ren) is more than the monthly amount of cash aid I would get for them;
3. I have at least one CalWORKs eligible child remaining in the assistance unit;
4. I can withdraw this option when my semi-annual report (SAR 7) is due (if I am a SAR assistance unit), at annual redetermination or if the child support for the child lowers or stops. I cannot opt in again until my SAR 7 report is due or at my annual redetermination appointment;
5. I can only opt in at application, when my SAR 7 report is due (if I am a SAR assistance unit) or at my annual redetermination appointment. My request to opt in at application will be effective the date my cash aid is approved. My request to opt in or out at my annual redetermination or when my SAR 7 is due will be effective the first month following my request after the county gives me a 10-day notice. If I opt out because the child support I get for my child lowers or stops, my grant may increase within 10 days from the day I show proof: and,
6. I have had my rights explained to me and have been given the written informing notice explaining the rules.

I choose not to get CalWORKs cash assistance for my child(ren) listed below, and instead, I wish to keep all of the child support I get for this child(ren):

_____ Print Name of Child _____ Print Name of Child _____ Print Name of Child

- I understand my rights as explained to me.
- I understand the rules for choosing to keep my child support payment.

Case Name	Case Number
Signature of Parent or Caretaker Relative	Date
Signature of Eligibility Worker	Date

CALWORKs HOME VISITING PROGRAM (HVP)

You may be eligible to participate in Home Visiting

ABOUT THE CALWORKS HOME VISITING PROGRAM

- CalWORKs Home Visiting Program is a voluntary program that pairs you with a trained professional who makes regular visits to your home to provide guidance, coaching, access to prenatal and postnatal care, early learning resources, and other health and social services for you and your child. **All of this is available at no cost to you.**
- Your family may be eligible to receive these home visiting services for up to twenty-four months or until your child's birthday, whichever is later.

BENEFITS OF HOME VISITING

- Your family may receive many positive benefits from participating in home visiting including improving your ability to:
 - Keep you and your baby healthy;
 - Be the best parent you can be;
 - Cope with stress in healthy ways;
 - Support your child's development;
 - Obtain employment and training opportunities;
 - Obtain referrals to benefits and resources available for you and your children; and
 - Enroll in high-quality child care services at no cost to you
- A home visitor will provide you with support, guidance, coaching, and connections to important resources that help improve your families' health education, social, economic, and financial future.

PROGRAM ELIGIBILITY

- To be eligible for CalWORKs Home Visiting Program (HVP) service you must be:
 - A member of a CalWORKs assistance unit who is a first-time pregnant mom, less than 28-weeks pregnant, with no other children at the time of enrollment.
- If you do not meet the criteria listed about, you still may be eligible to participate in other home visiting programs. Please discuss your options with your CalWORKs eligibility worker.

CALWORKs HOME VISITING PROGRAM OPT-IN FORM

To volunteer to participate in the program, sign and return this form to your worker.

HOME VISITING PROGRAM PARTICIPATION REQUEST

I would like to volunteer to participate in the CalWORKs Home Visiting Program and understand that I may voluntarily terminate home visiting services at any time.

I am pregnant. My approximate due date is _____.

I do not want to volunteer to participate in the Home Visiting Program at this time but understand that I may volunteer to participate in Home Visiting in the future by informing my worker, who will determine if I am still eligible to participate.

Reason(s) for declining home visiting services:

Currently receiving home visiting services.

Do not feel program will provide any benefits.

Not interested in receiving home visiting services.

Other: _____

By signing this form, I understand the following:

- The information I provided will be shared with the home visiting agency program so they can contact me and schedule a time for the visits to begin,
- I certify that I am pregnant,
- This program is 100% voluntary, and I can cancel home visiting services at any time by notifying the County Welfare Department or home visiting agency in writing,
- This authorization expires two years from the date of signature unless revoked earlier,
- A copy of this form was offered or provided to me, and
- Participation in this program shall not affect my eligibility for any other CalWORKs benefits, supports, or services, including Welfare-to-Work exemptions.

Case Name	Case Number
Name of Parent or Caretaker Relative	Phone
Signature of Parent or Caretaker Relative	Date
Name of County Contact	Phone
Signature of County Contact	Date

YOU MAY BE ELIGIBLE FOR DIVERSION SERVICES

Diversion services can give you cash or non-cash services to meet a specific current need or emergency such as unpaid rent or car repair. Read this Coversheet carefully. It gives you facts to help you decide if diversion services are right for you. You must fill out and sign the Diversion Services Agreement before you can get diversion services.

Facts About Diversion Services

- The county determines if you are eligible for diversion services. They are only for persons who:
 - May benefit from diversion services and could avoid the need for getting cash aid every month **and**
 - Are apparently eligible for cash aid, **and**
 - Need some cash or non-cash assistance to help solve a current need or emergency situation.
- You can **only** get diversion services at the time of application. If you choose to get cash aid, you will no longer be eligible for diversion services.
- You should **only choose** to get diversion services if you do not need or want to get cash aid each month.
- You may be eligible for CalFresh and Medi-Cal, and you may be able to get child care assistance.
- You and the county must agree to the method of payment for diversion services.

Choosing Diversion Services Instead Of Monthly Cash Aid

If you choose to get diversion services:

- You will not get monthly cash aid.
- You must sign the attached Diversion Services Agreement.
- You will get a notice that:
 - Denies your current application for cash aid, **and**
 - Gives you the method of payment for your diversion services and the number of months in your diversion period.
- You will get a separate approval or denial notice for any other benefits you applied for, such as CalFresh and Medi-Cal.
- You must tell your worker if you need child care assistance during your diversion period.

After Getting Diversion Services

If you apply for cash aid after getting diversion services and it is:

- **Before the diversion period ends**, you must choose to allow the county to either:
 - Lower your monthly cash aid payment by the amount determined by the county to repay the diversion payment/services; **or**
 - Count the total diversion period against your 60-month time limit.
- **After the diversion period ends**, the county will only count one month of the diversion period against your 60-month time limit.

Figuring The Diversion Period

When the county figures the diversion period, the county:

- Determines the purchase price or current value for any non-cash services you get.
- Takes the amount of diversion payment/services and divides it by your Maximum Aid Payment for your assistance unit at the time you got diversion services.

Example For Figuring A Diversion Period

- An applicant with two children receives \$1,780 to take care of emergency repairs on their car so they can continue working.
- With a Maximum Aid Payment of \$834 for an assistance unit of 3 at the time they got diversion services, their diversion period is 2 months ($\$1,780 \div \$834 = 2.1$ months, which is then rounded down to a 2-month diversion period).

IF YOU DO NOT CHOOSE TO GET DIVERSION SERVICES, TELL THE COUNTY YOU WANT TO GET MONTHLY CASH AID, IF YOU ARE OTHERWISE ELIGIBLE.

DISCRIMINATION COMPLAINT

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on what type of complaint you have.

For all programs your county agency

administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county agency, not the state agency, will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764
CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the county's Civil Rights Coordinator, the state Department of Health Care Services or the federal Health and Human Services.

Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhcs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
PO Box 944243, MS 9-7-41
Sacramento, CA 94244-2430
(866) 741-6241 (toll free)
(916) 651-0602 (fax)
crb@dss.ca.gov

To file a CalFresh complaint with the federal agency:

United States Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9410
(866) 632-9992 (toll free) or (202) 260-1026
(800) 877-8339 (hearing impaired)
program.intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operations
United States Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)
(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing. Judges cannot make decisions about discrimination complaints at a hearing.

A discrimination investigation cannot change your benefit or service levels. Only a state hearing can do that. Agencies are not allowed to retaliate against you if you request a hearing or file a discrimination complaint.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California

Health & Human Services Agency
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukranian
- Vietnamese

Also available for free in large print, Braille, and audio formats.

This publication explains your rights to equal benefits and services, how to ask for language assistance or a reasonable accommodation for a disability, and how to file a discrimination complaint.

PUB 13 (5/22)

YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with federal and state law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- بحق لك الحصول على مترجم فوري مجانًا
- Դուք անվճար թարգմանչի իրավունք ունեք:
- អ្នកមានសិទ្ធិទទួលអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) رایگان را دارید.
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີສິດໂດຍບໍາເອົາພາສາໂດຍບໍ່ຈ່າຍຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਆਰੀਏ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маєте право на перекладача безкоштовно
- Quý vị có quyền có được một thông dịch viên miễn phí.

Ask the agency responsible for your benefits or services for language assistance.

YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/ services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for hand-delivered documents.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a "reasonable accommodation" if you have a disability. This is specific help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to meetings.

Complain. There are 4 ways to do this:

1. **Informal**: Ask to speak to a supervisor to talk about problems with a worker or to review the rules and the proposed action on your benefits or services.
2. **State Hearing**: Ask for a state hearing if you disagree with an agency's action or inaction on your benefits or services. You must ask for a hearing within 90 days of the date of agency's notice about your benefits or services. If you ask for a hearing after 90 days, a judge will decide if you have a good reason for asking late, like illness or a disability.
3. **Discrimination complaint**: See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
4. **Grievance**: You can file a complaint with the agency if it has a grievance procedure. **This does not protect your benefits in the way that asking for a state hearing does.**

STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See [PUB 412](#) for State Hearing information.

Note: If your problem is with General Assistance or General Relief, you must ask the county for a county hearing.

If your problem is with Social Security benefits, you must contact the Social Security Administration for a hearing.

ASKING FOR A STATE HEARING

You can ask for a state hearing online, by phone, by fax, by email, or by mail.

Online: [ACMS.dss.ca.gov](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525
Email: SHDCSU@dss.ca.gov
Fax number: 833-281-0905
Mail: State Hearings Division
PO Box 944243, MS 21-37
Sacramento, CA 94244-2430

EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an "expedited" hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee's life or physical or mental health. State Hearings will decide and let you know if your case can be expedited.

PROHIBITED DISCRIMINATION

State law prohibits agencies from denying benefits or services or providing you aid that is different from aid provided to others based on:

Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race, color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency will not provide you large print or Braille versions of written information that you need because of a disability.

A worker treats you differently after learning of your religion or sexual orientation.

You cannot get to appointments because the building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination and interview rooms or restrooms.

A worker refuses to use your correct name and pronouns.

REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

Persons with physical or mental disabilities have the right to request reasonable accommodations from government agencies to help them access and participate in programs and services. If you have a disability and need extra help, you should inform the agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying your request, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.

WELFARE -TO-WORK PROGRAM NOTICE

Tell the county if you need help reading or understanding this notice.

WHAT WELFARE-TO-WORK MEANS TO YOU

- The Welfare-to-Work program can teach, train and counsel you to help you find a job.
- Some of the things Welfare-to-Work can do for you are:
 - Help you look for a job and/or higher education opportunities.
 - Help you with educational or vocational/on-the-job training and teach you basic reading, math and English.
 - Help you get work experience.
 - Counseling for you or your family if needed.
- There is a 60-month time limit.
- You have many choices of activities you can participate in during time on aid.
- Welfare-to-Work will help you arrange and pay for necessary supportive services you need to participate in your activities. This includes child care, transportation, and other costs such as special tools or clothing you need to get a job. You can get advance payments if you ask for them, so you won't have to use your cash aid to pay for necessary supportive services.
- Welfare-to-Work will tell you about the available kinds of child care and where to find child care.

WHEN YOU MUST BE IN WELFARE-TO-WORK

- You must be in Welfare-to-Work if you get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program and you are not excused (exempt) from participating.
- You don't have to be in Welfare-to-Work if you are exempt. You are exempt if you are:
 - Under 16 years old or 60 years old or older.
 - 16, 17 or 18 years old and in high school or adult school full time unless you go to school as part of your Welfare-to-Work plan.
 - The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
 - Physically or mentally unable to work or participate in a Welfare-to-Work activity on a regular basis for at least 30 calendar days.
 - A parent or caretaker of one child from birth to 23 months, inclusive. **This exemption is available only once.**
 - A parent or caretaker relative of a child 6 months old or under (depending on the county this may go up to 12 months). **This exemption is available only once.**
 - A parent or caretaker relative of a child 12 weeks old or under (depending on the county this may go up to 6 months). Ask your worker how young your child has to be for you to be exempt.
 - Pregnant.

- Staying home to take care of someone in the household who cannot take care of him/herself. (The person is ill, disabled, etc.) and this keeps you from working or participating in Welfare-to-Work.
- If you are a pregnant or parenting teen in the Cal-Learn program, or if you got a high school diploma or its equivalent while in the Cal-Learn program, some exemptions above may not apply to you. Contact your eligibility worker or Cal-Learn case manager.
- If two parents are aided, and one parent does all required hours, the second parent is excused from participating.
- If you believe that you should be exempt from participating, you should ask your worker to give you a form (CW 2186A) to use to make your request to be exempt from Welfare-to-Work. You will be told by the county whether you can be exempt from Welfare-to-Work or are required to participate. Even if you don't have to be in Welfare-to-Work, you can ask to participate and you will be told if you can.
- If you are not exempt from Welfare-to-Work, you may be required to participate in Welfare-to-Work activities. If you are required to go, you will get a notice that tells you when your first appointment will be.

IF YOU DO NOT DO WHAT WELFARE-TO-WORK REQUIRES

- If you are required to be in Welfare-to-Work:
 - You will have a chance to say why you did not do what you were required to do.
 - If you do not have a good reason, and you will not do what Welfare-to-Work requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in Welfare-to-Work, but you volunteer to do Welfare-to-Work activities:
 - You will have a chance to say why you did not do what was asked.
 - If you volunteer to do Welfare-to-Work activities but do not participate, without good cause, and you are not willing to do what Welfare-to-Work requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back as a volunteer in Welfare-to-Work right away.

When you get a job and go off aid, the county may be able to continue to pay for necessary supportive services for up to the first 12 months after you have started a job if you need the services to keep your job and you cannot get the necessary supportive services costs from somewhere else. You may also be able to get up to 24 months of child care services after leaving aid. You may also be able to get transitional Medi-Cal for 12 months.

You have the right to ask at any time for services like child care, transportation, or other services provided by Welfare-to-Work. You may ask your worker by phone or in person, or you may ask in writing.

You have the right to ask for a state hearing if you disagree with any of the decisions made by the county about participating in Welfare-to-Work.

To speak with staff who can help with CalFresh, CalWORKs, Medi-Cal, General Assistance, County Medical Services Program and Medi-Cal Access Program applications, call

1 (877) 652-0731

Interpretive Services Available

Or visit the closest Health and Human Services office to speak to staff.

Anderson Office

2889 East Center St.
Anderson, CA 96007

Burney Office

36911 Main St. (Hwy. 299)
Burney, CA 96013

Downtown Redding Office

1220 Sacramento St.
Redding, CA 96001

Enterprise Office

2757 Churn Creek Rd.
(Behind 2727 Church Creek)
Redding, CA 96002

Shasta Lake Office

4216 Shasta Dam Blvd.
Shasta Lake, CA 96019

South Redding Office

2460 Breslauer Way
Redding, CA 96001

CalWORKs Employment Services

2460 Breslauer Way
Redding, CA 96001

Scan the QR code,
for a list of more
HHSA locations



If you are a victim of domestic violence, help is available.

One SAFE Place

2250 Benton Dr.
Redding, CA 96003
(530) 244-0117

24/7 Crisis Hotline & Client Services
(530) 244-SAFE (7233)

The National Domestic Violence Hotline

1 (800) 799-SAFE (7233)

TTY for Hearing / Speech Impaired
711



Domestic Abuse



**24/7 Crisis Hotline
(530) 244-SAFE (7233)**



Shasta County
**Health & Human
Services Agency**

Domestic Violence

Everyone has the right to live without fear, violence and abuse from a partner or household member.

This brochure will help you understand domestic violence, give you a list of resources and explain CalWORKs requirements that may be waived.



You may be a victim of domestic violence if your partner or a member of the household:

- Hits, kicks, slaps or shoves you
- Is extremely jealous
- Has an explosive temper
- Throws things at you or breaks things in anger
- Criticizes, threatens or often blames you
- Tries to control your behavior
- Forces you to have sex
- Deprives you of money, basic needs or medical care
- Threatens to hurt your children, family or pets

Safety Tips

If you are in an abusive relationship and need help:

- Talk to someone you trust and ask for help.
- Call One SAFE Place (a local domestic violence shelter) and ask for help, (530) 244-7233.
- Teach your children how to call 911 in an emergency.
- If you are in immediate danger, call 911.
- Get to a safe place and take your children.
- If you are hurt, go to the closest hospital.
- Write down what happened.
- Document your injuries (pictures, doctor's report, etc.).

If you are planning to leave an abusive situation, call One SAFE Place immediately to make a safety plan and get connected to resources that can help you leave safely.

Pack a bag that won't be missed. Hide it or leave it with someone you trust.

Put these items in the bag:

- Cash
- Clothes and personal items for you and your children
- Medications
- Copies of important papers (driver's license, picture ID, birth certificates, passports, health insurance papers, marriage license and immunization records)
- Special toys or books for your children

Plan exactly where you will go and how you will get there. Remember, you might need to leave in the middle of the night.

If you are a victim of domestic violence and you are applying for, or receiving, CalWORKs:

All information about domestic violence is confidential. It will not be given to any outside party, other government agency or county employee who is not directly involved with your case.

A Welfare-to-Work plan will be made that meets your needs and not put you at further risk.

The county may excuse you from some requirements. This is called a waiver. Some requirements that may be waived are:

- Time limits for getting CalWORKs
- Work or school requirements
- Establishing paternity and/or child support requirements

If you are a victim of domestic violence and an undocumented immigrant or a non-US citizen:

You may be able to receive CalWORKs, even if you have a sponsor or are not here legally.

You may be able to apply for residency under the Violence Against Women Act.



myMedi-Cal

How to Get the Health Care You Need





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Health Coverage in California



“My Medi-Cal: How to Get the Health Care You Need” tells Californians how to apply for Medi-Cal for no-cost or low-cost health insurance. You will learn what you must do to qualify. This guide also tells you how to use your Medi-Cal benefits. It tells you when to report changes. You should keep this guide and use it when you have questions about Medi-Cal.

California offers two ways to get health coverage. They are “Medi-Cal” and “Covered California.” Both programs use the same application.

What Is Medi-Cal?

Medi-Cal is California’s version of the Federal Medicaid program. Medi-Cal offers no-cost and low-cost health coverage to eligible people who live in California.

The Department of Health Care Services (DHCS) oversees the Medi-Cal program.

Your local county office manages most Medi-Cal cases for DHCS. You can reach your local county office online at www.benefitscal.com. You can also call your local county office.

To get the phone number for your local county office, go to:

<http://dhcs.ca.gov/mymedi-cal>

or call 1-800-541-5555
(TTY 1-800-430-7077)

The local county offices use many facts to determine what type of help you can get from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children on your application
- Whether you are pregnant, blind or disabled
- Whether you receive Medicare

Did you know?

It is possible for members of the same family to qualify for both Medi-Cal and Covered California. This is because the Medi-Cal eligibility rules are different for children and adults.

For example, coverage for a household of two parents and a child could look like this:



Parents—eligible for a Covered California health plan and receive tax credits and cost sharing to reduce their costs



Child—eligible for no-cost or low-cost Medi-Cal

Most people who apply for Medi-Cal can find out if they qualify based on their income. For some types of Medi-Cal, people may also need to give information about their assets and property. To learn more, see the Medi-Cal Program Comparison on page 5.

What Is Covered California?

Covered California is the State's health insurance marketplace. You can compare health plans from brand-name insurance companies or shop for a plan. If your income is too high for Medi-Cal, you may qualify to purchase health insurance through Covered California.

Covered California offers "premium assistance." It helps lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet income rules. To qualify for premium assistance, your income must be under the Covered California program income limits.

Covered California has four levels of coverage to choose from: Bronze, Silver, Gold, and Platinum. The benefits within each level are the same no matter which insurance company you choose. Your income and other facts will decide what program you qualify for.

To learn more about Covered California, go to www.coveredca.com or call **1-800-300-1506 (TTY 1-888-889-4500)**.

What Are the Requirements to Get Medi-Cal?

To qualify for Medi-Cal, you must live in the state of California and meet certain rules. You must give income and tax filing status information for everyone who is in your family and is on your tax return. You also may need to give information about your property.

You do not have to file taxes to qualify for Medi-Cal. For questions about tax filing, talk to the Internal Revenue Service (IRS) or a tax professional.

All individuals who apply for Medi-Cal must give their Social Security Number (SSN) if they have one. Every person who asks for Medi-Cal must give information about his or her immigration status. Immigration status given as part of the Medi-Cal application is confidential. The United States Citizenship and Immigration Services cannot use it for immigration enforcement unless you are committing fraud.

Adults age 19 or older may qualify for limited Medi-Cal benefits even if they do not have a Social Security Number (SSN) or cannot prove their immigration status. These benefits cover emergency, pregnancy-related and long-term care services.

You can apply for Medi-Cal for your child even if you do not qualify for full coverage.

In California, immigration status does not affect Medi-Cal benefits for children under age 19. Children may qualify for full Medi-Cal benefits, regardless of immigration status.

To learn more about Medi-Cal program rules, read the Medi-Cal Program Comparison on the next page.

Did you know?



If you qualify for Supplemental Security Income (SSI), you automatically qualify for SSI-linked Medi-Cal.



Your local county office can help with some SSI Medi-Cal related problems. They will tell you if you need to contact a Social Security office to solve the problem.

Medi-Cal Program Comparison

MAGI

vs.

Non-MAGI

The Modified Adjusted Gross Income (MAGI) Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and your countable income.

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.



- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

Who is eligible:



- Adult aged 65 years or older
- Child under 21
- Pregnant individual
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability



No property limits.

Property rules:



- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

For both MAGI and Non-MAGI:

- The local county office will check your application information. You may need to give more proof.
- You must live in California.
- U.S. citizens or lawfully-present applicants must provide their SSN.
- You must apply for any income that you might qualify for such as unemployment benefits and State Disability Insurance.
- You must comply with medical support enforcement* which will:
 - Establish paternity for a child or children born outside of marriage.
 - Get medical support for a child or children with an absent parent.

**If you think you have a good reason not to follow this rule, call your local county office.*



How Do I Apply?

You can apply for Medi-Cal at any time of the year by mail, phone, fax, or email. You can also apply online or in person.

You can only apply for Covered California coverage on certain dates. To learn when you can apply, go to www.coveredca.com or call 1-800-300-1506 (TTY 1-888-889-4500).

Apply by mail:

You can apply for Medi-Cal and Covered California with the Single Streamlined Application. You can get the application in English and other languages at: <http://dhcs.ca.gov/mymedi-cal>. Send completed applications to your local county office.

Find your local county office address at:

<http://dhcs.ca.gov/mymedi-cal>

You can also send applications to:
Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

Apply by phone, fax, or email:

Call your local county office. You can find the phone number on the web at <http://dhcs.ca.gov/mymedi-cal> or call Covered California at 1-800-300-1506.

Apply online at:

www.benefitscal.com

OR

www.coveredca.com

In person:

Find your local county office at <http://dhcs.ca.gov/mymedi-cal>. You can get help applying.

You can also find a Covered California Certified Enrollment Counselor or Insurance Agent at www.CoveredCA.com/get-help/local/.

How Long Will it Take for My Application to Be Processed?

It may take up to 45 days to process your Medi-Cal application. If you apply for Medi-Cal based on disability, it may take up to 90 days. Your local county office or Covered California will send you an eligibility decision letter. The letter is called a "Notice of Action." If you do not get a letter within the 45 or 90 days, you may ask for a "State Fair Hearing." You may also ask for a hearing if you disagree with the decision. To learn more, read "Appeal and hearing rights" on page 19.

How Do I Use My Medi-Cal Benefits?



Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services. Read more in “Covered Benefits” on page 12.

Once you are approved, you can use your Medi-Cal benefits right away. New beneficiaries approved for Medi-Cal get a Medi-Cal Benefits Identification Card (BIC). Your health care and dental providers need your BIC to provide services and to bill Medi-Cal. New beneficiaries and those asking for replacement cards get the new BIC design showing the California poppy. Both BIC designs shown here are valid:

Please contact your local county office if:

- You did not get your BIC
- Your BIC is lost
- Your BIC has wrong information
- Your BIC is stolen

Once you are sent a new BIC, you cannot use your old BIC.

You can get the phone number for your local county office at:

<http://dhcs.ca.gov/mymedi-cal>

or call:

1-800-541-5555 (TTY 1-800-430-7077)

How Do I See a Doctor?

Most people who are in Medi-Cal see a doctor through a Medi-Cal managed care plan. The plans are like the health plans people have with private insurance. Read more about managed care plans starting on the next page.

It may take a few weeks to assign your Medi-Cal managed care plan. When you first sign up for Medi-Cal, or if you have special situations, you may need to see the doctor through “Fee-for-Service Medi-Cal.”



What Is Fee-for-Service Medi-Cal?

Fee-for-Service is a way Medi-Cal pays doctors and other care providers. When you first sign up for Medi-Cal, you will get your benefits through Fee-for-Service Medi-Cal until you are enrolled in a managed care health plan.

Before you get medical or dental services, ask if the provider accepts Medi-Cal Fee-for-Service payments. The provider has a right to refuse to take Medi-Cal patients. If you do not tell the provider you have Medi-Cal, you may have to pay for the medical or dental service yourself.

How Are Medical or Dental Expenses Paid on Fee-for-Service Coverage?

Your provider uses your BIC to make sure you have Medi-Cal. Your provider will know if Medi-Cal will pay for a medical or dental treatment. Sometimes you may have to pay a “co-payment” for a treatment. You may have to pay \$1 each time you get a medical or dental service or prescribed medicine. You may have to pay \$5 if you go to a hospital emergency room when you do not need an emergency service. Those beneficiaries enrolled in a managed care plan do not have to pay co-payments.

There are some services Medi-Cal must approve before you may get them. See page 9 for more information.

How Do I Get Medical or Dental Services When I Have to Pay a Share of Cost (SOC)?

Some Non-MAGI Medi-Cal programs require you to pay a SOC. The Notice of Action you get after your Medi-Cal approval will tell you if you have a SOC. It will also tell the amount of the SOC. Your SOC is the amount you must pay or promise to pay to the

provider for health or dental care before Medi-Cal starts to pay.

The SOC amount resets each month. You only need to pay your SOC in months when you get health and/or dental care services. The SOC amount is owed to the health or dental care provider. It is not owed to Medi-Cal or the State. Providers may allow you to pay for the services later instead of all at once. In some counties, if you have a SOC you cannot enroll in a managed care plan.

If you pay for health care services from someone who does not accept Medi-Cal, you may count those payments toward your SOC. You must take the receipts from those health care expenses to your local county office. They will credit that amount to your SOC.

You may be able to lower a future month’s SOC if you have unpaid medical bills. Ask your local county office to see if your bills qualify.

What Is Medi-Cal Managed Care?

Medi-Cal Managed Care is an organized system to help you get high-quality care and stay healthy.

“ Medi-Cal Managed Care health plans help you find doctors, pharmacies and health education programs. ”

Most people must enroll in a managed care plan, unless you meet certain criteria or qualify for an exemption. Your health plan options depend on the county you live in. If your county has multiple health plans, you will need to choose the one that fits your and your family’s needs.

Every Medi-Cal managed care plan within each county has the same services. You can get the directory of managed care plans at <http://dhcs.ca.gov/mymedi-cal>. You can choose a doctor who works with your plan to be your primary care physician. Or your plan can pick a primary care doctor on your behalf. You may choose any Medi-Cal

family planning provider of your choice, including one outside of your plan. Contact your managed care plan to learn more.

Managed care health plans also offer:

- Care coordination
- Referrals to specialists
- 24-hour nurse advice telephone services
- Customer service centers

Medi-Cal must approve some services before you may get them. The provider will know when you need prior approval. Most doctors' services and most clinic visits are not limited. They do not need approval. Talk with your doctor about your treatment plan and appointments.

How Do I Enroll in a Medi-Cal Managed Care Plan?

If you are in a county with more than one plan option, you must choose a health plan within 30 days of Medi-Cal approval. You will get an information packet in the mail. It will tell you the health plan(s) available in your county. The packet will also tell you how to enroll in the managed care plan you choose. If you do not choose a plan within 30 days of getting your Medi-Cal approval, the State will choose a plan for you.

Please wait for your health plan information packet in the mail.

“ If your county only has one health plan, the county chooses the plan for you. ”

If you live in **San Benito County**, there is only one health plan. You may enroll in this health plan. Or you may choose to stay in Fee-for-Service Medi-Cal.

If your county has more than one health plan, you will need to choose the one that fits your and your family's needs.

To see what plans are in your county, go to <https://www.healthcareoptions.dhcs.ca.gov/>

How Do I Disenroll, Ask for an Exemption from Mandatory Enrollment, or Change My Medi-Cal Managed Care Plan?

Most Medi-Cal beneficiaries must enroll in a Medi-Cal managed care plan. If you enrolled in a health care plan **by choice**, you may disenroll at any time. To disenroll, call Health Care Options at **1-800-430-4263**.

When your county has more than one plan, you can call Health Care Options if you want to change your managed care health plan.

If you are getting treatment now from a Fee-for-Service Medi-Cal provider, you may qualify for a temporary exemption from mandatory enrollment in a Medi-Cal managed care plan. The Fee-for-Service provider cannot be part of a Medi-Cal managed care plan in your county. The provider must be treating you for a complex condition that could get worse if you have to change providers.

Ask your provider if he or she is part of a Medi-Cal managed care plan in your county. If your provider is not part of a Medi-Cal managed care plan in your county, have your provider fill out a form with you to ask for an exemption from enrolling in a Medi-Cal managed care plan.

Your provider will need to sign the form, attach required proof, and mail or fax the form to Health Care Options. They will review it and decide whether you qualify for a temporary exemption from enrollment in a Medi-Cal managed care plan. You can find the form and instructions at <http://dhcs.ca.gov/mymedi-cal>.

If you have questions, call **1-800-430-4263**.

What if I Have Other Health Insurance?

Even if you have other health coverage such as health insurance from your work, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid by your primary insurance. Under federal

law, Medi-Cal beneficiaries' private health insurance must be billed first before billing Medi-Cal.

Medi-Cal beneficiaries are required by federal and state law to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**. Outside of California, call **1-916-636-1980**.

You also must report it to your local county office and your health care provider. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor crime.

Can I Get Medi-Cal Services When I Am Not in California?

When you travel outside California, take your BIC or proof that you are enrolled in a Medi-Cal health care plan. Medi-Cal can help in some cases, such as an emergency due to accident, injury or severe illness. Except for emergencies, your managed care plan must approve any out-of-state medical services before you get the service. If the provider will not accept Medicaid, you will have to pay medical costs for services you get outside of California. Remember: there may be many providers involved in emergency care. For example, the doctor you see may accept Medicaid but the x-ray department may not. Work with your managed care plan to limit what you have to pay. The provider should first make sure you qualify by calling **1-916-636-1960**.

If you live near the California state line and get medical service in the other state, some of these rules do not apply. To learn more, contact your Medi-Cal managed care plan.

“ You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state you move to. ”

If you are moving to a new county in California, you also need to tell the county you live in or the county you are moving to. This is to make sure you keep

getting Medi-Cal benefits. You should tell your local county office within 10 days of moving to a new county.

What Should I Do if I Can't Get an Appointment or Other Care I Need?

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint. They make sure you get all necessary required covered services.

The Office of the Ombudsman:

- Helps solve problems between Medi-Cal managed care members and managed care plans without taking sides
- Helps solve problems between Medi-Cal beneficiaries and county mental health plans without taking sides
- Investigates member complaints about managed care plans and county mental health plans
- Helps members with urgent enrollment and disenrollment problems
- Helps Medi-Cal beneficiaries access Medi-Cal specialty mental health services
- Offers information and referrals
- Identifies ways to make the Medi-Cal managed care program more effective
- Educates members on how to navigate the Medi-Cal managed care and specialty mental health system

To learn more about the Office of the Ombudsman, you can call:

1-888-452-8609

or go to:

<http://dhcs.ca.gov/mymedi-cal>

How Does Medi-Cal Work if I also Have Medicare?

Many people who are 65 or older or who have disabilities qualify for both Medi-Cal and Medicare. If you qualify for both programs, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal provides long-term services and supports such as nursing home care and home and community-based services.

“ **Medi-Cal covers some benefits that Medicare does not cover.** ”

Medi-Cal may also pay your Medicare premiums.

What Is the Medicare Premium Payment Buy-In Program?

The Medicare Premium Payment Program, also called Medicare Buy-In, allows Medi-Cal to pay Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) premiums for Medi-Cal members and others who qualify for certain Medi-Cal programs.

What Is the Medicare Savings Program (MSP)?

Medicare Savings Programs may pay Medicare Part A and Medicare Part B deductibles, co-insurance and co-payments if you meet certain conditions. When you apply for Medi-Cal, your county will evaluate you for this program. Some people who do not qualify for full-scope Medi-Cal benefits may still qualify for MSP.

If I Use a Medicare Provider, Will I Have to Pay Medicare Co-Insurance?

No. If eligible to MSP you will not have to pay any co-insurance or deductibles. If you get a bill from your Medicare provider, contact your Medi-Cal managed care plan or call **1-800-MEDICARE**.

If I Have Medicare, Do I Have to Use Doctors and Other Providers Who Take Medi-Cal?

No. You can use any Medicare provider, even if that provider doesn't take Medi-Cal or isn't part of your Medi-Cal managed care plan. Some Medicare providers may not accept you as a patient.

Did you know?



Medi-Cal provides breastfeeding education as part of Maternity and Newborn Care.



You are eligible for routine eye exams once every 24 months.



To learn more about what's offered, visit:
<http://dhcs.ca.gov/mymedi-cal>



Medi-Cal Covered Benefits

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered, ask your doctor or health plan. Essential Health Benefits include:

- Outpatient services, such as a checkup at a doctor's office
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health services
- Substance use disorder services, such as treatment for drug or alcohol addiction
- Prescription drugs
- Laboratory services, such as blood tests
- Programs such as physical therapy (called rehabilitative and habilitative services) and medical supplies and devices such as wheelchairs and oxygen tanks
- Preventive and wellness services
- Chronic disease management
- Children's (pediatric) services, including oral and vision care
- In-home care and other long-term services and supports

Substance Use Disorder Program

Medi-Cal offers inpatient and outpatient settings for drug or alcohol abuse treatment. This is also called substance use disorder treatment. The setting depends on the types of treatment you need. Services include:

- Outpatient Drug Free Treatment (group and/or individual counseling)
- Intensive Outpatient Treatment (group counseling services provided at least three hours per day, three days per week)
- Residential Treatment (rehabilitation services provided while living on the premises)
- Narcotic Replacement Therapy (such as methadone)

Some counties offer more treatment and recovery services. Tell your doctors about your condition so they can refer you to the right treatment. You may also refer yourself to your nearest local treatment agency. Or call the Substance Use Disorder non-emergency treatment referral line at **1-800-879-2772**.

Medi-Cal Dental Program

Dental health is an important part of overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get dental benefits as soon as you are approved for Medi-Cal.

You can see the dental benefits and other resources at <http://dhcs.ca.gov/mymedi-cal>. Or, you can call **1-800-322-6384 (TTY 1-800-735-2922)** Monday through Friday between 8:00 a.m. and 5:00 p.m.

How Do I Get Medi-Cal Dental Services?

The Medi-Cal Dental Program gives service in two ways. One is Fee-for-Service Dental and you can get it throughout California. Fee-for-Service Dental is the same as Fee-for-Service Medi-Cal. Before you get dental services, you must show your BIC to the dental provider and make sure the provider takes Fee-for-Service Dental.

The other way Medi-Cal gives dental services is through Dental Managed Care (DMC). DMC is only offered in Los Angeles County and Sacramento County. DMC plans cover the same dental services as Fee-for-Service Dental. DHCS uses three managed care plans in Sacramento County. DHCS also contracts with three prepaid health plans in Los Angeles County. These plans provide dental services to Medi-Cal beneficiaries.

If you live in Sacramento County, you must enroll in DMC. In some cases, you may qualify for an exemption from enrolling in DMC.

To learn more, go to Health Care Options at <http://dhcs.ca.gov/mymedi-cal>.

In Los Angeles County, you can stay in Fee-for-Service Dental or you can choose the DMC program. To choose or change your dental plan, call Health Care Options.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

If you or your child are under 21 years old, Medi-Cal covers preventive services, such as regular health check-ups and screenings. Regular checkups and screenings look for any problems with your medical, dental, vision, hearing, and mental health, and any substance use disorders. You can also get vaccinations to keep you healthy. Medi-Cal covers screening services any time there is a need for them, even if it is not during your regular check-up. All of these services are at no cost to you.

Checkups and screenings are important to help your health care provider identify problems early. When a problem is found during a check-up or screening, Medi-Cal covers the services needed to fix or improve any physical or mental health condition or illness. You can get the diagnostic and treatment services your doctor, other health care provider, dentist, county Child Health and Disability Prevention program (CHDP), or county mental or behavioral health provider says you need to get better. EPSDT covers these services at no cost to you.

Your provider will also tell you when to come back for the next health check-up, screening, or medical appointment. If you have questions about scheduling a medical visit or how to get help with transportation to the medical visit, Medi-Cal can help. Call your Medi-Cal Managed Care Health Plan (MCP). If you are not in a MCP, you can call your doctor or other provider or visit <http://dhcs.ca.gov/mymedi-cal> for transportation assistance.

For more information about EPSDT you may call **1-800-541-5555**, go to <http://dhcs.ca.gov/mymedi-cal>, contact your county CHDP Program, or your MCP. To learn more about EPSDT Specialty Mental Health or Substance Use Disorder services, contact your county mental or behavioral health department.

Transportation Services

Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT can be arranged.

If you are enrolled in a health plan, call your Member Services for information on how to get NMT services.

If you have Fee-for-Service, you can do the following:

- Call your county Medi-Cal office to see if they can help you get an NMT ride.
- To set up a ride, you should first call your Fee-for-Service medical provider and ask about a transportation provider in your area. Or, you can call one of the approved NMT providers in your area listed at <http://dhcs.ca.gov/mymedi-cal>.

If you need a special, medical vehicle to get to your appointment, let your health care provider know. If you are in a health plan, you can also contact your plan to set up your transportation. If you are in Fee-for-Service, call your health care provider. The plan or provider can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your health care provider or health plan can request transportation to cover future appointments.

Go to <http://dhcs.ca.gov/mymedi-cal> for more information about rides arranged by approved NMT providers.

Specialty Mental Health Services

If you have mental illness or emotional needs that your regular doctor cannot treat, specialty mental health services are available. A Mental Health Plan (MHP) provides specialty mental health services. Each county has an MHP.

Specialty mental health services may include, but are not limited to, individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth.

To find out more about specialty mental health services, or to get these services, call your county MHP. Your MHP will determine if you qualify for specialty mental health services. You can get the MHP's telephone number from the Office of the Ombudsman at **1-888-452-8609** or go to <http://dhcs.ca.gov/mymedi-cal>.

Other Health Programs & Services



California offers other programs for your medical needs. You can apply for some through the same local county office that handles Medi-Cal.

From Your Local County Office

You can ask for the programs below from the same local county office where you apply for Medi-Cal. You can get the phone number for your county at <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**.

Former Foster Youth

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal. Coverage may last until your 26th birthday. Income does not matter. You do not need to fill out a full Medi-Cal application or give income or tax information when you apply. For coverage right away, contact your local county office.

Confidential Medical Services

You can apply for confidential services if you are under age 21. To qualify, you must be:

- Unmarried and living with your parents, or
- Your parent must be financially responsible for you, such as college students

You do not need parental consent to apply for or get coverage. Services include family planning and pregnancy care, and treatment for drug or alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.

250% Working Disabled Program

The Working Disabled Program gives Medi-Cal to adults with disabilities who have higher income than most Medi-Cal recipients. If you have earned disability income through Social Security or your former job, you may qualify. The program requires a low monthly premium, ranging from \$20 to \$250 depending on your income. To qualify, you must:

- Meet the Social Security definition of disability, have gotten disability income, and now be earning some money through work
- Meet program income rules for earned and unearned income
- Meet other program rules

Medi-Cal Access Program (MCAP)

MCAP gives low-cost comprehensive health insurance coverage to pregnant individuals. MCAP has no copayments or deductibles for its covered services. The total cost for MCAP is 1.5% of your Modified Adjusted Gross Income. For example, if your income is \$50,000 per year, your cost would be \$750 for coverage. You can pay all at once or in monthly installments over 12 months. If you are pregnant and in Covered California coverage, you may be able to switch to MCAP. Babies born to individuals enrolled in MCAP qualify for the Medi-Cal Access Infant Program or for Medi-Cal. To qualify for MCAP, you must be:

- A California resident
- Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B at time of application

- Not covered by any other health insurance plan
- Within the program income guidelines

To learn more about MCAP, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-433-2611**.

In-Home Supportive Services (IHSS) Program

IHSS helps pay for services so you can remain safely in your own home. If you qualify for Medi-Cal, you may also qualify for IHSS. If you do not qualify for Medi-Cal, you may still qualify for IHSS if you meet other eligibility criteria. If you have Medi-Cal with no SOC, it will pay for all your IHSS services. If you have Medi-Cal with a SOC, you must meet your Medi-Cal SOC before any IHSS services are paid. To qualify, you must be at least **one** of the following:

- Age 65 and older
- Blind
- Disabled (including disabled children)
- Have a chronic, disabling condition that causes functional impairment expected to last at least 12 consecutive months or expected to result in death within 12 months

IHSS can authorize services such as:

- Domestic services such as washing kitchen counters or cleaning the bathroom
- Preparation of meals
- Laundry
- Shopping for food
- Personal care services
- Accompaniment to medical appointments
- Protective supervision for people who are mentally ill or mentally impaired and cannot remain safely in their home without supervision
- Paramedical services

To learn more, go to <http://www.cdss.ca.gov/In-Home-Supportive-Services>.

Other State Health Services

The programs below have a different application process from Medi-Cal's. You can apply or learn more about the program using the contact information listed.

Breast and Cervical Cancer Treatment Program

The Breast and Cervical Cancer Treatment Program gives cancer treatment and related services to low-income California residents who qualify. They must be screened and/or enrolled by the Cancer Detection Program, Every Woman Counts, or by the Family Planning, Access, Care and Treatment programs. To qualify, you must have income under the limit and need treatment for breast or cervical cancer. To learn more, call **1-800-824-0088** or email BCCTP@dhcs.ca.gov.

Home and Community-Based Services

Medi-Cal allows certain eligible seniors and persons with disabilities to get treatment at home or in a community setting instead of in a nursing home or other institution. Home and Community-Based Services include but are not limited to case management (supports and service coordination), adult day health services, habilitation (day and residential), homemaker, home health aide, nutritional services, nursing services, personal care, and respite care. You must qualify for full-scope Medi-Cal and meet all program rules. To learn more, call DHCS, Integrated Systems of Care Division at **1-916-552-9105**.

California Children's Services (CCS) Program

The CCS program gives diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who have CCS-eligible medical conditions. CCS-eligible medical conditions are those that are physically disabling or require medical, surgical or

rehabilitative services. Services authorized by the CCS program to treat a Medi-Cal enrolled child's CCS-eligible medical condition are not services that most health plan's cover. The Medi-Cal health plan still provides primary care and preventive health services not related to the CCS-eligible medical condition.

To apply for CCS, contact your local county CCS office. To learn more, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-916-552-9105**.

Genetically Handicapped Person's Program (GHPP)

GHPP gives medical and administrative case management and pays for medically-necessary services for persons who live in California, are over age 21, and have GHPP-eligible medical conditions. GHPP-eligible conditions are inherited conditions like hemophilia, cystic fibrosis, Phenylketonuria, and sickle cell disease that have major health effects. GHPP uses a system of Special Care Centers (SCCs). SCCs give comprehensive, coordinated health care to clients with specific eligible conditions. If the service is not in the health plan's covered benefits, GHPP authorizes yearly SCC evaluations for Medi-Cal enrolled adults with a GHPP-eligible medical condition.

To apply for GHPP, complete an application. Fax it to **1-800-440-5318**. To learn more, call **1-916-552-9105** or go to <http://dhcs.ca.gov/mymedi-cal>.

Retroactive Medi-Cal

If you have unpaid medical or dental bills when you apply for Medi-Cal, you can ask for retroactive Medi-Cal. Retroactive Medi-Cal may help pay medical or dental bills in any of the three months before the application date.

For example, if you applied for Medi-Cal in April, you may be able to get help with bills for medical or dental services you got in January, February and March.

To get retroactive Medi-Cal you must:

- Qualify for Medi-Cal in the month you got the medical services
- Have received medical or dental services that Medi-Cal covers
- Ask for it within one year of the month in which you received the covered services
- You must contact your local county office to request retroactive Medi-Cal

For example, if you were treated for a broken arm in January 2017 and applied for Medi-Cal in April 2017, you would have to request retroactive Medi-Cal by no later than January 2018 to pay the medical bills.

If you already paid for medical or dental service you got during the three months of the retroactive period, Medi-Cal may also help you get paid back. You must submit your claim within one year of the date of service, or within 90 days after approval of your Medi-Cal eligibility, whichever is longer.

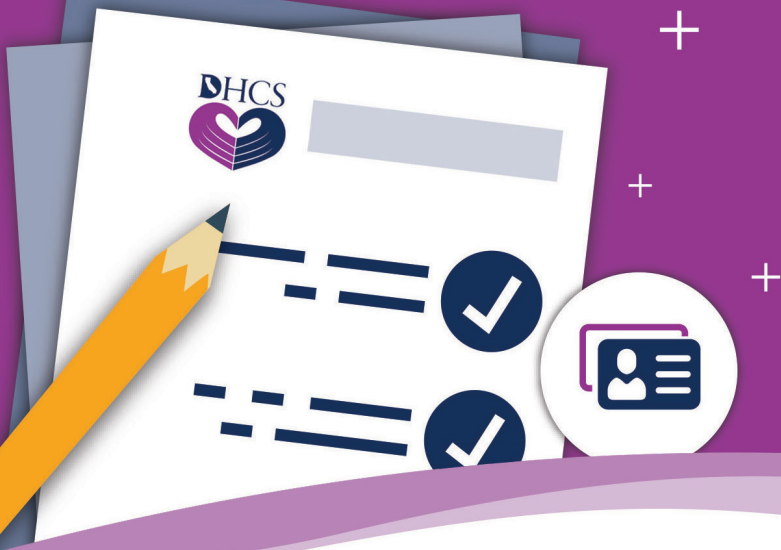
To file a claim, you must call or write to:

Department of Health Care Services
Beneficiary Services
P.O. Box 138008
Sacramento, CA 95813-8008
1-916-403-2007 (TTY 1-916-635-6491)

For Medical, Mental Health, Substance Use Disorder, and In-Home Support Services Claims

Medi-Cal Dental Beneficiary Services
P.O. Box 526026
Sacramento, CA 95852-6026
1-916-403-2007 (TTY 1-916-635-6491)

For Dental Claims.



Updating & Renewing My Medi-Cal

You must report any household changes within 10 days to your local county office. You can report changes in person, online, by phone, email or fax. Changes can affect your Medi-Cal eligibility.

You must report if you:

- Get married or divorced
- Have a child, adopt or place a child for adoption
- Have a change in income or property (if applicable)
- Get any other health coverage including through a job or a program such as Medicare
- Move, or have a change in who is living in your home
- Have a change in disability status
- Have a change in tax filing status, including change in tax dependents
- Have a change in citizenship or immigration status
- Are incarcerated (jail, prison, etc.) or released from incarceration
- Have a change in American Indian or Alaska Native status or change your tribal status
- Change your name, date of birth or SSN
- Have any other changes that may affect your income or household size

What if I Move to Another County in California?

If you move to another California county, you can have your Medi-Cal case moved to the new county. This is called an Inter-County Transfer (ICT). You must report your change of address to either county within

10 days from the change. You can report your change of address online, in person, by phone, email, or fax. Your managed care plan coverage in your old county will end on the last day of the month. You will need to enroll in a managed care plan in your new county.

When you leave the county temporarily, your Medi-Cal will not transfer. This includes a child going to college or when you take care of a sick relative. Contact your local county office to report the household member's temporary address change to a new county. The local county office will update the address so the household member can enroll in a health plan in the new county.

How Do I Renew My Medi-Cal Coverage?

To keep your Medi-Cal benefits, you must renew at least once a year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, they will send you a renewal form. You will need to give information that is new or has changed. You will also need to give your most current information. You can return your information online, in person, or by phone or other electronic means if available in your county. If you mail or return your renewal form in person, it must be signed.

If you do not give the needed information by the due date, your Medi-Cal benefits will end. Your local county office will send you a Notice of Action in the mail. You have 90 days to give your local county office all the missing information without having to re-apply. If you give the missing information within 90 days and still qualify for Medi-Cal, your local county office will reinstate your Medi-Cal with no gaps in coverage.

Rights & Responsibilities



When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address or income, or if someone is pregnant or gave birth. You can call your local county office or find the most up-to-date list of your rights and responsibilities online at:

<http://dhcs.ca.gov/mymedi-cal>

Appeal and Hearing Rights

Health Care Services and Benefits

You have the right to ask for an appeal if you disagree with the denial of a health care service or benefit.

If you are in a Medi-Cal managed care plan and you get a Notice of Action letter telling you that a health care service or benefit is denied, you have the right to ask for an appeal.

You must file an appeal with your plan within 60 days of the date on the Notice of Action. After you file your appeal, the plan will send you a decision within 30 days. If you do not get a decision within 30 days or are not happy with the plan's decision, you can then ask for a State Fair Hearing. A judge will review your case.

You must first file an appeal with your plan before you can ask for a State Fair Hearing. You must ask for a State Fair Hearing within 120 days of the date of the plan's written appeal decision.

If you are in Fee-for-Service Medi-Cal and you get a Notice of Action letter telling you that a health service

or benefit has been denied, you have the right to ask for a State Fair Hearing right away. You must ask for a State Fair Hearing within 90 days of the date on the Notice of Action.

You also have the right to ask for a State Fair Hearing if you disagree with what is happening with your Medi-Cal application or eligibility. This can be when:

- You do not agree with a county or State action on your Medi-Cal application
- The county does not give you a decision about your Medi-Cal application within 45 or 90 days
- Your Medi-Cal eligibility or Share of Cost changes

Eligibility Decisions

If you get a Notice of Action letter telling you about an eligibility decision that you disagree with, you can talk to your county eligibility worker and/or ask for a State Fair Hearing. If you cannot solve your disagreement through the county, you must request a State Fair Hearing within 90 days of the date on the Notice of Action. You can ask for a State Fair Hearing by contacting your local county office. You can also call or write to:

California Department of Social Services
Public Inquiry and Response
PO Box 944243, M.S. 9-17-37
Sacramento, CA 94244-2430
1-800-743-8525, (TTY 1-800-952-8349)

You can also file a hearing request online at:

<http://www.cdss.ca.gov/>

If you believe you have been unlawfully discriminated against on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can make a complaint to the DHCS Office of Civil Rights.

You can learn how to make a discrimination complaint in “Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements” on page 21.

About State Fair Hearings

The State will tell you it got your hearing request. You will get a notice of the time, date and place of your hearing. A hearing representative will review your case and try to resolve your issue. If the county/State offers you an agreement to solve your issue, you will get it in writing.

You can give permission in writing for a friend, family member or advocate to help you at the hearing. If you cannot fully solve your issue with the county or State, you or your representative must attend the State Fair Hearing. Your hearing can be in person or by phone. A judge who does not work for the county or Medi-Cal program will hear your case.

You have the right to free language help. List your language on your hearing request. Or tell the hearing representative you would like a free interpreter. You cannot use family or friends to interpret for you at the hearing.

If you have a disability and need reasonable accommodations to fully take part in the Fair Hearing process, you may call 1-800-743-8525 (TTY 1-800-952-8349). You can also send an email to SHDCSU@DSS.ca.gov.

To get help with your hearing, you can ask for a legal aid referral. You may get free legal help at your local legal aid or welfare rights office.

Third Party Liability

If you suffer an injury, you may use your Medi-Cal to get medical services. If you file an insurance claim or sue someone for damages because of your injury, you must notify the Medi-Cal Personal Injury (PI) program within 30 days of filing your claim or action. You must tell both your local county office and the PI program.

To notify the Medi-Cal PI program, please complete the “Personal Injury Notification (New Case)” form. You can find it on the website below. If you do not have internet access, please ask your attorney or insurance company representative to notify the Medi-Cal PI program on your behalf. You can find notification and update forms at: <http://dhcs.ca.gov/mymedi-cal>.

If you hire a lawyer to represent you for your claim or lawsuit, your lawyer is responsible for notifying the Medi-Cal PI program and giving a letter of authorization. This authorization allows Medi-Cal staff to contact your lawyer and discuss your personal injury case. Medi-Cal does not provide representation or attorney referrals. Staff can offer information that can help the lawyer through the process.

Estate Recovery

The Medi-Cal program must seek repayment from the estates of certain Medi-Cal members who have died. Repayment is limited to payments made, including managed care premiums, for nursing facility services, home and community based services, and related hospital and prescription drug services when the beneficiary:

- Was an inpatient in a nursing facility, or
- Received home and community based services on or after his or her 55th birthday

If a deceased member does not leave an estate subject to probate or owns nothing when they die, nothing will be owed.

To learn more, go to <http://dhcs.ca.gov/er> or call 1-916-650-0590

Medi-Cal Fraud

Beneficiary responsibilities

A beneficiary must always present proof of Medi-Cal coverage to providers before getting services. If you are getting treatment from more than one doctor or dentist, you should tell each doctor or dentist about the other doctor or dentist providing your care.

It is your responsibility not to abuse or improperly use your Medi-Cal benefits. It is a **crime** to:

- Let other people use your Medi-Cal benefits
- Get drugs through false statements to a provider
- Sell or lend your BIC to any person or give your BIC to anyone other than your service providers as required under Medi-Cal guidelines

Misuse of BIC/Medi-Cal benefits is a crime. It could result in negative actions to your case or criminal prosecution. If you suspect Medi-Cal fraud, waste or abuse, make a confidential report by calling 1-800-822-6222.

Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

DHCS complies with applicable federal and state civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic

information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
 - Qualified sign language interpreters
 - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Office of Civil Rights, at **1-916-440-7370, (Ext. 711, California State Relay)** or email CivilRights@dhcs.ca.gov.

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance at:

Office of Civil Rights

PO Box 997413, MS 0009

Sacramento, CA 95899-7413

1-916-440-7370, (Ext. 711, CA State Relay)

Email: CivilRights@dhcs.ca.gov

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx

Important Resources



ONLINE

Main Medi-Cal Site:
<http://dhcs.ca.gov/mymedi-cal>

Get the myMedi-Cal smartphone app to help you learn more about coverage, find local help, and more!



PHONE NUMBERS

Medi-Cal Members & Providers:
1-800-541-5555

Medi-Cal Managed Care:
1-800-430-4263
(TTY 1-800-430-7077)

Office of the Ombudsman:
1-888-452-8609

State Fair Hearing:
1-800-743-8525
(TTY 1-800-952-8349)

Covered California:
1-800-300-1506

Medi-Cal Dental Program:
1-800-322-6384

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

**U.S. Department of Health
and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TTY 1-800-537-7697

You can get a complaint form at:

<http://www.hhs.gov/ocr/office/file/index.html>

This document meets Section 508 accessibility standards. This publication can also be made available in Braille, large print, and other electronic formats in response to a reasonable accommodation request made by a qualified individual with a disability. To ask for a copy of this publication in another format, call the Medi-Cal Eligibility Division at **1-916-552-9200** (TTY **1-800-735-2929**) or email MCED@dhcs.ca.gov.

Language Assistance

Attention: If you speak English, you can call 1-800-541-5555 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

تنبيه: إذا كنت تتحدث العربية، فيمكنك الاتصال برقم 1-800-541-5555 (TDD 1-800-430-7077) للمساعدة المجانية بلغتك. اتصل بمكتب المقاطعة المحلي للمشكلات أو الأسئلة المتعلقة بالتأهل. (Arabic)

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-800-541-5555 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով: Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ: (Armenian)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
អ្នកអាចទូរសព្ទទៅលេខ 1-800-541-5555
(TDD 1-800-430-7077) សម្រាប់ជំនួយដោយឥតគិតថ្លៃ
ជាភាសារបស់អ្នក។ ទូរសព្ទទៅកាន់ការិយាល័យខោនធីក្នុងមូ
លដ្ឋានរបស់អ្នកសម្រាប់បញ្ជាក់ទាំងនឹងសិទ្ធិទទួលបានសេវា
ប្រក្រតី ឯករណ៍មានសំណួរណាមួយ។ (Cambodian)

注意：如果您使用中文，請撥打1-800-541-5555
(TDD 1-800-430-7077) 免費獲得以您所用語言提
供的協助。關於資格的爭議或問題請致電您所在縣
的辦事處。(Chinese)

توجه: اگر به زبان فارسی صحبت می کنید، می توانید برای
دریافت کمک رایگان به زبان خود با شماره
1-800-541-5555 (TDD 1-800-430-7077) تماس
بگیرید. برای مسائل مربوط به صلاحیت یا سوالات، با دفتر محلی
شهرستان خود تماس بگیرید. (Farsi)

ध्यान दें: यदि आप हिंदी भाषी हैं, तो आप अपनी
भाषा में निःशुल्क सहायता के लिए
1-800-541-5555 (TDD 1-800-430-7077) पर कॉल
कर सकते हैं। योग्यता संबंधी समस्याओं या प्रश्नों
के लिए अपने स्थानीय काउंटी कार्यालय को कॉल
करें। (Hindi)

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj
yeem hu rau tus xov tooj 1-800-541-5555 (TDD
1-800-430-7077) kom tau kev pab koj dawb ua koj
hom lus. Hu rau lub chaw lis dej num hauv koj lub
nroog txog cov teeb meem kev tsim nyog tau txais kev
pab los yog cov lus nug. (Hmong)

注意：ご希望により、1-800-541-5555
(TDD 1-800-430-7077) へお電話いただければ日
本語で対応いたします。有資格問題または質問など
は、地域の代理店までお電話ください。(Japanese)

주의: 한국어를 말하면, 1-800-541-5555
(TDD 1-800-430-7077) 번으로 무료로 도움을
받을 수 있습니다. 적격 문제 또는 질문은 해당
지역 카운티 사무소에 문의하십시오. (Korean)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາເບີ
1-800-541-5555 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາ
ມຊ່ວຍເຫຼືອຟຣີໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດໃນທ້ອງຖິ່
ນຂອງທ່ານເພື່ອສອບຖາມກ່ຽວກັບເງື່ອນໄຂໃນການມີສິດໄດ້ຮັບ ຫຼື
ມີຄໍາຖາມອື່ນໆ. (Laotian)

Waac-mbung: Se gorngv meih gongv mien waac
nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh
taux 1-800-541-5555 (TDD 1-800-430-7077) yiem

wuov maaih mienh tengx faan waac bun meih hiuv duv.
Gunv korh waac taux meih nyei kaau dih nyei mienh, Se
gorngv meih oix hiuv taux, meih maaih fai maaiv maaiv
ndaam-dorng leiz puix duqv ziqv nyei buanc. (Mien)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ
ਵਿੱਚ ਮੁਫਤ ਸਹਾਇਤਾ ਪਾਉਣ ਲਈ 1-800-541-5555 (TDD
1-800-430-7077) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਪਾਤਰਤਾ ਸੰਬੰਧੀ
ਵਿਵਾਦਾਂ ਜਾਂ ਸਵਾਲਾਂ ਦੇ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ
ਕਾਲ ਕਰੋ। (Punjabi)

Внимание: Если Вы говорите по-русски, Вы можете
позвонить по номеру 1-800-541-5555
(TDD 1-800-430-7077), чтобы получить бесплатную
помощь на Вашем языке. Позвоните в Ваш местный
окружной офис по вопросам или проблемам,
связанным с соответствием требованиям.
(Russian)

Atención: Si usted habla español puede llamar al
1-800-541-5555 (TDD 1-800-430-7077) para
obtener ayuda gratuita en su idioma. Llame a la oficina
local de su condado si tiene algún problema o alguna
pregunta sobre elegibilidad. (Spanish)

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari
kang tumawag sa 1-800-541-5555
(TDD 1-800-430-7077) para sa libreng tulong sa
wika mo. Tawagan ang lokal mong tanggapan sa
county para sa mga isyu sa pagiging narapat o mga
tanong. (Tagalog)

โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถโทรศัพท์
ไปที่เบอร์ 1-800-541-5555 (TDD 1-800-430-7077)
เพื่อรับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย
กรุณาโทรศัพท์หาสำนักงานประจำท้องถิ่นของท่านเพื่อ
สอบถามเกี่ยวกับสิทธิ์ของท่าน (Thai)

Увага: Якщо ви розмовляєте українською, ви
можете зателефонувати за номером 1-800-541-5555
(TDD 1-800-430-7077), щоб отримати безкоштовну
допомогу Вашою мовою. З питань стосовно права
на пільги та іншої інформації, телефонуйте до
вашого місцевого окружного офісу. (Ukrainian)

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi
1-800-541-5555 (TDD 1-800-430-7077) để được trợ
giúp miễn phí bằng ngôn ngữ của mình. Hãy gọi văn
phòng quận địa phương của quý vị nếu có các vấn đề
hoặc thắc mắc về tính đủ điều kiện. (Vietnamese)

California Department of
Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

PUB 68 | Produced by DHCS
Office of Communications



PUB 68 (0219) | myMedi-Cal
Department of Health Care Services
dhcs.ca.gov

What Does CHDP Offer?

The CHDP Program helps prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Vaccines
- Oral health assessment and referral to a dentist by age 1
- Nutrition screening
- Developmental and behavioral screenings
- Vision screening
- Hearing screening
- Health education
- Lab tests: anemia, lead and tuberculosis
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

Other Services

The CHDP program can help you find:

- Dentists that accept Medi-Cal Dental for the care of your child's teeth
- Medical specialists
- Behavioral health services

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

Information

Contact your local CHDP office for more information about CHDP or if you need:

- Access to medical and dental doctors
- Help setting up an appointment
- Transportation resources
- Behavioral health services

You can find your local CHDP office by visiting the California Department of Health Care Services website at: www.dhcs.ca.gov/services/chdp



Governor, Gavin Newsom
State of California

English

Child Health and Disability Prevention (CHDP) Program

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Medical and Dental Health Check-ups



FREE

For Babies, Children, and Youth under age 21 with Full Scope Medi-Cal or under age 19 with Low Family Income. No proof of legal status is required to receive CHDP services.

Why Get Health Check-ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental and behavioral health problems
- Get vaccines
- Ask your doctor questions

Health check-ups can be used for foster care, sports, camp or school entry.



Who Qualifies?

- Children and youth under age 21 who are eligible and/ or enrolled in Medi-Cal.
- Children and youth under age 19 with family income less than or equal to the current Federal Income Guidelines.
- No proof of income or legal status is required for CHDP services.

Babies and Toddlers Birth through 3 years

Regular health check-ups keep your baby happy and healthy. You will find out about your baby's growth, weight, health, and vaccinations. At your baby's health check-up your baby needs to:

- Be tested for lead and anemia
- Be screened for behavioral and developmental health
- Have a vision acuity screening beginning at age 3
- See a dentist for exams and fluoride varnish application every 6 months starting by age 1 or as soon as their first tooth comes in

In addition, your baby is eligible to:

- Receive 3 applications of fluoride varnish every year from your CHDP doctor to prevent cavities



Keep your child healthy by going to health check-ups.

During health check-ups the doctor can find and treat problems before they become serious.

School Children 4 through 12 years

Your child needs to be healthy and ready to learn. State laws require children to be up-to-date on their vaccines. Your child needs to receive the following services:

- Lead test before age 6
- Behavioral and developmental health screenings
- Hearing and vision screenings
- Dental exam every 6 months
- Fluoride application 2 times per year by your dentist and 3 times per year from your CHDP doctor until age 6

Teens and Young Adults 13 through 20 years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well physically and emotionally. It is a time for you or your teen to ask the doctor questions. Your teen also needs to see a dentist every 6 months.



Build a Better Future for your Family

Get the benefits of family planning services, which can help you:

- Improve your ability to become self-sufficient by preventing an unplanned pregnancy.
- Plan the number and spacing of your children so you are able to meet the economic and emotional needs of your family.
- Communicate with your partner about reproductive health issues.
- Talk to your kids about safe sex and pregnancy prevention.



**Do it for yourself.
Do it for the ones you love.**



County Stamp Box

California Family Planning Information
and Referral Service

1-800-942-1054

All persons in the photographs are models and
used for illustrative purposes only.

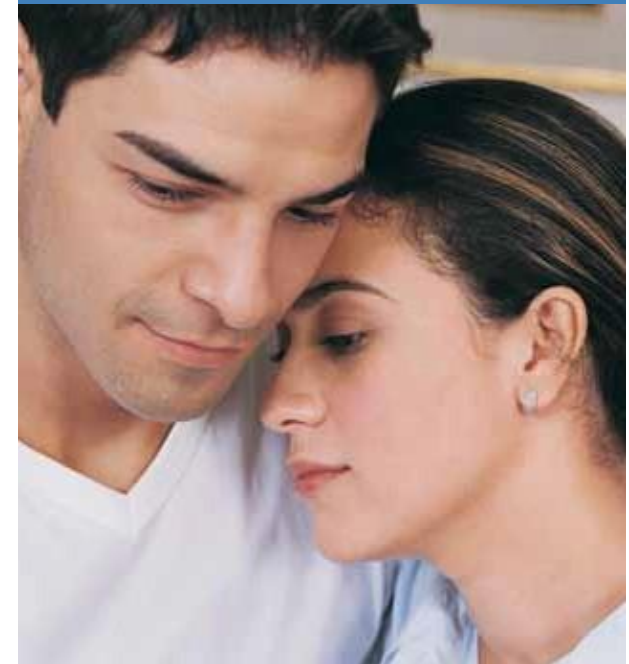


State of California
Health and Human Services Agency
Department of Social Services

PUB 275 (04/07)



Family Planning...
Making the Commitment
for a Healthy Future



Family Planning — For Your Family's Future

Your local family planning provider can help you:

- Find the birth control method that fits your lifestyle. There is a wide range of choices — from the pill to the ring to the shot and more.
- Get birth control supplies to help prevent an unplanned pregnancy.
- Learn about emergency contraception and whether it will be the right choice for you if you ever need it.
- Get tested and treated for sexually transmitted diseases.
- Learn how to prevent getting and spreading sexually transmitted diseases, including HIV/AIDS.
- Get screened for reproductive cancers.
- Learn how to do self-exams to check for breast cancer.
- Answer questions about all your reproductive health concerns.



These services are:

- Confidential, which means it is private between you and your doctor.
- Available for men and women, including teens.
- Inexpensive — CalWORKs clients can receive them for no- and low-cost.

Get family planning services in your community:

- From your doctor, county department of health or your health care plan.
- Look in the telephone yellow pages under “Family Planning Information.”
- Call the California Family Planning Information and Referral Service for the name, address and phone number of a family planning services provider in your area at:

1-800-942-1054



Make the commitment today.

CALIFORNIA ELECTRONIC BENEFIT TRANSFER (EBT) CARD



**EBT is the easy, safe and
convenient way to use
your food and cash benefits.**

Keep this pamphlet in a safe place.


**Questions? Call Customer Service
FREE 24 hours a day, 7 days a week**

1-877-328-9677 or

www.ebt.ca.gov

TTY:1-800-735-2929)

Where to Use Your EBT Card

Anyplace where you see the  mark throughout California and across the country. The Quest® mark is the sign you will see on store doors, check-out lanes, and ATM machines that tells you that your EBT Card can be used at that store or machine. There are special pictures on the Quest® mark that tell you what benefits you can use. Look for the Quest® mark at the store before you shop.

You can use your EBT Card wherever you see the Quest mark throughout California and across the country.

You Can Use Your EBT Card at:



POS devices to:

- Use your EBT food benefits to buy food
- Use your cash benefits to buy food or non-food items like diapers and clothing
- Get cash from your cash account after you buy something (depending on store rules)
- Get cash from your cash account without buying anything (depending on store rules)

You will find Point-of-Sale (POS) devices and/or ATMs at:



- Grocery stores
- Department stores
- Convenience stores
- Banks
- Gas stations

ATMs to get your cash benefits

An ATM is a cash machine found at banks, stores and many other places that allows you to get your cash benefits.

Restaurant Meals Program(RMP)

Benefit recipients who are elderly, disabled or homeless may use their EBT card to purchase meals at authorized restaurants. If you qualify for RMP you can use it statewide wherever it is accepted. Currently, only Alameda, Los Angeles, Orange, Riverside, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Clara and Santa Cruz counties authorize restaurants to accept EBT. Not all restaurants in a county are authorized to accept EBT. Please call the respective county office to get a list of authorized restaurants.

About Your PIN

- Your four secret numbers are called a Personal Identification Number or PIN for short.
- Every time you use your card, you will need to use your PIN or your card will NOT work and you will NOT be able to use your benefits
- Keep your PIN to yourself. Avoid telling other people your PIN.

How to Keep Your PIN Safe

- NEVER write your PIN on your card, the card sleeve or on anything you keep with your card.
- Keep your PIN secret. NEVER give your PIN to your caseworker, family members, store cashiers or anyone else unless you want them to be able to get ALL your benefits.
- NEVER use your PIN if you think someone is watching you.
- When you use your EBT Card, you have up to four tries to enter your PIN. If your fourth try is incorrect, you will not be able to use your card again until after midnight. If you cannot remember your PIN, call Customer Service (the phone number is listed on the back of your card). Customer Service does NOT know your PIN but will help you change your PIN.
- If someone learns your PIN without your OK, call the Customer Service number right away or visit your public welfare office to change your PIN.

- If someone takes your card and knows your PIN, they can use your benefits! Call Customer Service immediately to cancel your card. If benefits are taken by someone else before you call Customer Service, **YOUR BENEFITS WILL NOT BE REPLACED.**

Know Your Balance

STORE NAME		
100 ANY STREET ADDRESS CITY, STATE ZIP		
TERM ID 123456		
MECH TERM ID 987654321 SEQ# 280		
CLERK 107		
06/02/17 10:23		
CASE# C1234567890		
	TRAN AMT	END BAL
CASH	\$0.00	\$125.00
FS	\$45.20	\$229.80
FS PURCH \$45.20APPROVED		
DO NOT DISPENSE CASH		

Figure 1: Sample Store Receipt

The best way to keep track of how much you have left to spend in your EBT food benefit and/or cash benefit accounts is to know your balance. The best way to know your balance is to **KEEP YOUR LAST RECEIPT.**

If you lose your last receipt, and need to know your balance:

- Call the Customer Service number on the back of your card, or
- Check your EBT food benefit account balance at a POS device, or
- Check your EBT food benefit and cash benefit account balances at EBT Client Website www.ebt.ca.gov.

- Check your cash account balance at an ATM or a POS device.
- You Should Always Know Your Balance Before Using Your Card!

How to Use Your EBT Card to Purchase Food

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

- Step 1** Swipe your EBT card at POS device.
- Step 2** Enter your four-digit Personal Identification Number (PIN).
- Step 3** Approve the purchase amount.
- Step 4** You will receive a copy of the printed receipt with your new EBT food and cash balance.

You cannot be charged a fee to use your EBT food benefits and you cannot get cash or change back from your EBT food benefit account.

How to Use Your EBT Card to Make a Cash Purchase (if you get cash benefits)

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before

shopping or log on to www.ebt.ca.gov.

Step 1 Swipe your EBT card at POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 Approve the purchase amount.

Step 4 You will receive a copy of the printed receipt.

You may be charged a fee to use your EBT cash benefits.

How to Use Your EBT Card to Get Cash

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Insert or swipe your EBT card at an ATM or POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 For ATMs, select “Checking” following the on-screen or audio directions.

For POS devices, select “Cash”.

Note: Some ATMs or POS devices may charge fees.

Step 4 For ATM’s enter the cash amount. For POS devices, tell the clerk the amount of cash you want to receive.

Step 5 Approve the cash amount.

Step 6 You will receive a copy of the printed receipt.

Remember, you cannot get cash from your EBT food benefits.

What Will Happen if the POS Device is Not Working

OFFLINE FOOD STAMP BENEFIT VOUCHER		No. 3079351
Important! Vouchers must be entered or cleared on the POS device (or mailed within 10 days if non-electronic) within 15 days of the sale or funds will not be reimbursed.		Trans. Date/Time _____ Approval Number _____
Card Number: _____	Store FNS Number _____	Purchase Amount _____ <input type="checkbox"/> Purchase <input type="checkbox"/> Refund
_____	Merchant ID _____	_____
Print Cardholder Name _____	Print Store Name _____	_____
Cardholder Signature _____ Date _____	Store Address _____	_____
In signing this voucher, I believe that food stamp benefit funds are available for the full amount of this transaction.	Store City/State/Zip Code _____	_____
	Store Supervisor/Clerk Signature _____	_____
	FNS regulations prohibit representation of this voucher by merchant if voice authorization was denied.	
	Date Entered ____ / ____ / ____	Operator's Initials _____
This voucher will be rejected if information in this section has been altered.		
White – Client/Customer Copy; Yellow – Merchant Copy; Pink – Non-Electronic Retailer Mail-In Copy to Retail Support Operations		
NOTE: Electronic Retailers to Retain the Pink copy		

If you want to purchase eligible food items and the POS device is not working or there is not one at the store, the cashier will fill out a paper voucher. Some merchants like mobile vendors do not have POS devices. The cashier will write in your EBT Card number and the amount you are spending. **DO NOT** give the cashier your PIN. The cashier will call to see if you have enough benefits in your account to buy the food. If there is enough in your account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount in your account.

You cannot use a voucher to get money from your cash benefits account.

DO NOT...

- Keep your card and PIN together.
- Write your PIN on your card.
- Damage or bend your card.
- Write on or scratch the black stripe on the back.
- Leave your card laying around.
- Put your card near magnets, TVs, DVD players, CD players, stereos.
- Leave your card in the sun, like on the dashboard of a car because it will melt up and not work.
- Throw your card away, even if you move. You will use the same card every month as long as you receive benefits.

ATM Safety Tips

- Always put your card in a safe place after using it.
- Have your EBT card ready.
- Choose a well-lit ATM in a place where you feel safe (like inside a store).
- Stand so that no one can see the PIN you use.
- Count your money if you feel it is safe.
- Put your cash, card, and receipt away quickly.

If your card is lost or stolen, call Customer Service right away. They will put a lock on your card and tell you how to get a new card. It's important that you call Customer Service as soon as

possible! It may take up to seven business days to get a new card.

Surcharges

A surcharge is a service fee that some stores and banks may charge you each time you get cash benefits with your EBT Card. Before you use your card, look for a notice telling you about this surcharge on the ATM screen, or on a sign near the POS device in stores. If you do not want to pay a surcharge, you can choose another location by looking on www.ebt.ca.gov, texting as directed on this pamphlet or checking with your local welfare department to find out where you can get your cash without paying a surcharge.

Direct Deposit

All counties have direct deposit. You can choose to have your cash benefits sent directly into your personal bank or credit union account instead of using EBT. Direct deposit is free. Tell your county welfare department that you would like direct deposit.

EBT Client Website

Go to the EBT Client Website from your computer or mobile device at www.ebt.ca.gov to:

- Find stores and farmers' markets that accept EBT.
- Find surcharge-free ATMs.
- Find restaurants that accept EBT.
- View transaction history or account balance.

How to Send Questions by Text Message

Use your mobile phone to check your balance and to find ATMs, surcharge-free ATMs, restaurants, farmers' markets, and stores that accept EBT.

Go to www.ebt.ca.gov to sign up and register your phone number. Standard data and text messaging fees may apply. Check with your cell phone provider.

Here is an example of what to enter in the text message: ATM 90123

- Text BAL to 42265 for your EBT food and/or cash balance.
- Text ATM and your ZIP code to 42265 for nearby ATMs.
- Text SFATM and your ZIP code to 42265 for nearby surcharge-free ATMs.
- Text REST and your ZIP code to 42265 for restaurants that accept your EBT card.
- Text FM and your ZIP code to 42265 to find farmers' markets in your area.
- Text STORE and your ZIP code to 42265 to locate stores that accept your EBT card.

When to Call the Toll-Free Customer Service Number 1-877-328-9677

This is a free call.

Customer Service is open 24 hours a day, 7 days a week to answer any

questions you may have about your EBT Card. You will reach an Automated Response Unit and most of your questions can be answered without the need to talk to a Customer Service Representative.

Answers can be provided in Arabic, Armenian (Eastern), Cambodian, Cantonese, English, Farsi, Hmong, Japanese, Korean, Lao, Mandarin, Mien, Punjabi, Portuguese, Russian, Spanish, Tagalog, Ukrainian, and Vietnamese.

Call if:

- Your card is lost or stolen.
- Your card does not work.
- You want to change your PIN because you forgot it or if someone else knows your PIN.

Call Customer Service right away if:

- You want to find out how much you have left in your accounts.
- You have been charged for a purchase but didn't get the goods or you were charged too much for what you bought.
- You have other questions or problems.

**24 hours a day/7 days a week
1-877-328-9677 or the Client
Website www.ebt.ca.gov**

**TTY:1-800-735-2929
(Telecommunications Relay Service
for Hearing/Speech Impaired)**

When You will Get Your Benefits

The day of the month you get your EBT food benefits and/or cash benefits is based on the last number of your case number.

EBT Food Benefits

Food benefits are made available the first ten days of the month. So, whatever number your case number ends with is the day your benefits will be available. For example; if your case ends in 7, then you will receive your benefits on the 7th of every month.

Cash Benefits

Cash benefits are deposited over the first three days of the month. The last number of your EBT case corresponds to the day your cash benefits will be available.

If your case ends with 1,2 or 3 you will receive your benefits on the 1st day of the month. If your case number ends in 4,5,6 or 7 you will receive your benefits on the 2nd day of the month and if your case number ends in 8,9,0 you will receive your benefits on the 3rd day of the month.

- Benefits are available on weekends and holidays.
- Your balance at the end of the month is added to the next month's balance.

Enter the day your EBT **food** benefits will go into your account:

(1st through 10th day of the month)

Enter the day your **cash** benefits will go into your account:

(1st, 2nd or 3rd day of the month)

This institution is an **equal opportunity** provider. This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.



State of California
Health and Human
Services Agency
Department of Social
Services

EBT SURCHARGE FREE - DIRECT DEPOSIT HANDOUT

EBT Customer Service phone number: 1-877-328-9677 (this is the **only** customer service phone number for EBT in California. Any other phone number you are asked to call for EBT is likely a scam to steal your benefits. The EBT Customer Service phone number is on the back of your EBT card.

EBT client web site: www.ebt.ca.gov.

TTY (Telecommunications Relay Services for Hearing/Speech Impaired 1-800-735-2929.

You can get your cash aid by EBT or direct deposit; it's your choice! Tell your county worker which way you want to receive your cash aid.

You can switch from EBT to direct deposit or from direct deposit to EBT whenever you want. Tell your county worker and they will give you instructions. If you cannot use the EBT card or any part of the EBT system because of a disability, language limitation, lack of access, or other barrier, tell your county worker and they will determine whether you qualify for different ways to get your cash aid.

If you get your cash aid on the second or third day of the month, you may be able to get your cash aid on the first of the month, if you have a hardship. Tell your county worker why you need to receive your cash aid on the first of the month. If you get your cash aid by direct deposit, you will always receive your cash benefits on the first of the month.

If you have your EBT cash benefits taken out of your account due to electronic theft and you had your EBT card in your possession at the time of the theft, call (877) 328-9677 to cancel your EBT card immediately and contact your county worker. The benefits might be replaced if certain requirements are met.

Remember: CalFresh benefits are always issued on your EBT card and you should never be charged a fee when making a CalFresh purchase.

BEWARE OF EBT scams. A scam is the act of deceiving or misleading a recipient to give someone their account information that is then used to clone the recipient's card and steal the recipient's benefits. Scams happen by phone call, text message or website.

No one from the county, state, or federal government will ever ask you for your Personal Identification Number (PIN). Cashiers and grocery clerks will never ask you for your PIN. Keep your EBT card number and PIN secret.

Do not send photos of your EBT card or other forms of identification to anyone.

More information about EBT and direct deposit is available to help you choose which way you want to receive your cash aid.

IF YOU CHOOSE EBT

You can get cash by withdrawing at ATMs and by asking for cash back when you pay for purchases.

ATMs that are not surcharge free can charge you up to \$4 or more for each withdrawal. These fees add up quickly.

There is a map of surcharge free ATMs at <https://www.ebt.ca.gov/locator/index.html#/locator.page>. There is also a list of surcharge-free banks at www.ebtproject.ca.gov/Library/Cash_Access.pdf.

If you lose your EBT card or someone steals it, call customer service at (877) 328-9677 right away. A customer service representative will cancel your EBT card and help you get a new one. If benefits are taken by someone else before you can call customer service, your benefits will not be replaced.

The EBT system records where you use your card to withdraw cash and pay for purchases, but it does not record what you buy. You can review your transactions by calling (877) 328-9677 or to view your EBT account, go online to the EBT Client Website. Create a user name and password at <https://www.ebt.ca.gov/cardholder/#>.

IF YOU CHOOSE DIRECT DEPOSIT

You can get cash by withdrawing at your bank's ATMs and by asking for cash back when you pay for purchases.

You may withdraw cash **FREE** at your bank's ATMs; check with your bank. Getting cash back when you pay for purchases may be **FREE**; check with the store.

ATMs that are not your bank's can charge you \$4 or more for each withdrawal plus any fees that your bank might also charge. These fees add up quickly.

You can find your bank's ATMs by calling your bank's customer service number, visiting their website or by downloading their application onto your smart phone.

If you lose your ATM card or someone steals it, call your bank right away. Your bank will cancel your card and send you a new card. If someone steals and uses your card, you might lose some or all of the money spent. Contact your bank to find out more.

Your bank records where you use your ATM card to withdraw cash and pay for purchases. You can review your transactions on your monthly statement, by visiting your bank's website or by calling your bank's customer service line.

If you choose to direct deposit your CalWORKs benefits with a "non-traditional bank", it may charge you for overdraft fee that will be automatically repaid from your cash benefits.

Please remember to keep your ATM card and your EBT card safe and never give your Personal Identification Number (PIN) to anyone.

**No paper?
No printer?
No stamp?
No mailbox?
No problem!**

Say YES to registering.

REGISTER TO VOTE ONLINE!

www.RegisterToVote.ca.gov

Check your status:

<https://voterstatus.sos.ca.gov>

