

CRAIG vs. BONTA INFORMING PACKET

Interested in receiving e-mail alerts about your case?

- *To receive e-mail notifications about your case, fill out the enclosed Electronic Notification Agreement (NA 1273).*

**PLEASE KEEP THE REMAINING FORMS
IN THIS PACKET
FOR YOUR INFORMATION**

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
CRAIG VS. BONTA Packet Coversheet	01/19	COVERSHEET (Salmon)
Important Information for Persons Requesting Medi-Cal	11/15	MC 219
Medi-Cal General Property Limitations	11/18	MC 007 INFO NOTICE
Notice Regarding Standards for Medi-Cal Eligibility	12/18	DHCS 7077
Notice Regarding Transfer of Home for Both Married & Unmarried Applicant/Beneficiary	05/07	DHCS 7077 A
Form 1095-B Beneficiary Notice	10/15	FORM 1095-B
Electronic Notification Agreement	01/15	NA 1273
Member Flyer CMSP PCB	08/16	Member Flyer CMSP PCB
Breast and Cervical Cancer Treatment Program (BCCTP)	09/09	MC 372 INFO NOTICE
Notice of Language Services	06/17	GEN 1365
Your Rights Pamphlet	08/16	PUB 13
NVRA Voter Preference Form	01/13	01/13 NVRA
Voter Registration Card		VRC
		Brown Envelope
		Staple

KEEP THIS FOR YOUR RECORDS

What you need to know when you apply for and enroll in Medi-Cal

When I apply for Medi-Cal, how will my information be used?

County social services offices and/or Covered California will ask for personal information about you to decide if you, or a person you are responsible for, qualify for Medi-Cal benefits. You must give this personal information to get Medi-Cal benefits.

The personal information gathered about you may be used in the following ways:

- By Covered California and the county social services office to find out if you are eligible for Medi-Cal or enrollment into Covered California.
- By the State’s administrative vendors to process claims and/or premium payments and to issue Benefits Identification Cards (BICs).
- By the United States Department of Health and Human Services for audits and quality control reviews and to verify Social Security Numbers (SSNs).
- To verify immigration status with the Department of Homeland Security (DHS), if required. Information shared with DHS cannot be used for immigration enforcement unless you are committing fraud.
- By medical services providers and Health Maintenance Organizations (HMOs) to confirm that you qualify for services.
- To identify other health insurance coverage and to recover costs when necessary. In other ways, but only if required by law.



To read about your privacy rights and Medi-Cal, see the Department of Health Care Services Notice of Privacy Practices. You can find it at:
www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx

What are my rights when I apply for Medi-Cal?

1. You have a right to fair and equal treatment regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, political beliefs, veteran’s status or disability.

You have a right to file a complaint if you think that the Medi-Cal program has discriminated against you or has failed to provide the reasonable accommodations required by state and federal law.

You can make a complaint by calling the Department of Health Care Services (DHCS), Office of Civil Rights at 1-916-440-7370 (TTY: 1-916-440-7399) or by going online at: www.dhcs.ca.gov/Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx

2. You have the right to be evaluated to see if you may be eligible for any Medi-Cal program.
3. You have the right to information about the Medi-Cal program and help applying for Medi-Cal.
4. You have a right to an interpreter if you need help applying for Medi-Cal, have questions, or have difficulty speaking, reading or understanding English.
5. You have a right to a face-to-face interview with a county social services worker.
6. If you think you are disabled, you can ask that Medi-Cal review your application to see if you qualify for coverage for disabled persons.
7. If you received health services in the three months before the month of your application, you have a right to be evaluated to see if you are eligible for Medi-Cal to pay for those services. This is called *retroactive eligibility*. Contact your county social services office to find out more or ask for retroactive eligibility.
8. You have a right to be told in writing whether you qualify for Medi-Cal or whether there are any changes to your eligibility status.
9. You have a right to have all the information you give to the county social services office or Covered California kept confidential. You can look at the personal information during your county social service office's regular office hours.
10. You have a right to an "immediate need" Medi-Cal card if you are eligible and have a medical emergency or you are pregnant.
11. You have a right to get Medi-Cal while waiting for your immigration status to be verified, if you meet all other eligibility requirements.
12. You have a right to choose the Medi-Cal health plan you want if there is more than one Medi-Cal plan offered in your county of residence.
13. By giving Medi-Cal past medical bills that you still owe, you can lower your Share Of Cost (SOC), if any. For more information about SOC, please contact your county social services office.
14. If your property counts toward qualifying for Medi-Cal benefits, you have the right to reduce your property to meet the Medi-Cal property limit by the last day of the month that you applied for Medi-Cal. The county social services worker can tell you more information about the property limit and meeting property requirements.
15. If you, or your spouse, enter a long-term-care facility on or after January 1, 1990, you and your spouse have the right to be told by the Medi-Cal program the amount of separate and community property you can keep and still be eligible for Medi-Cal.
16. You have a right to a state hearing if your application for Medi-Cal benefits has not been timely determined. Medi-Cal is required to determine your eligibility within 45 days of the date of your application, or 90 days if the basis of your eligibility is a disability, unless you have been asked to provide additional information and have not yet done so.

- If you want a state hearing on the timeliness of your Medi-Cal eligibility determination, you must ask for it. You may ask for a hearing on the timeliness of your Medi-Cal eligibility determination any time after the 45th or 90th day has passed.
 - You can ask for a hearing by
 - 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on a Notice of Action (form NA Back 9) to request a hearing and send the form, or other written request, to your nearest county social services office. The form is available through your county social services office or at www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.
17. You have a right to a state hearing if you are not satisfied with decision by the local county social services office, DHCS, or Covered California, except relating to the Health Insurance Premium Payment (HIPP) program. HIPP is not an entitlement program; therefore, there are no appeal rights for HIPP.
- If you want a state hearing to appeal the decision, you must ask for it within **90 days** of the date the Notice of Action (NOA) was given or mailed to you.
 - If you do not get a NOA, you must ask for a hearing within **90 days** from the date you discovered the action or inaction you are not satisfied with unless the inaction is due to a delay in determining your application for Medi-Cal benefits.
- You can ask for a hearing by
 - 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on the NOA (form NA Back 9) to request a hearing and send the form, or other written request, to the location or fax number on the form. You may also visit your local county social services office and submit your request for appeal. The form is available through your county social services office or at www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.
18. You have a right to review your Medi-Cal file and all Medi-Cal program rules and regulation manuals that were used to decide if you are eligible for Medi-Cal.
19. You have a right to information about these programs and help getting these services:
- Child Health and Disability Prevention Program
 - Special Supplemental Food Program for Women, Infants, and Children
 - Personal Care Services Program
 - Early and Periodic Screening, Diagnosis and Treatment Program
 - Family Planning Access Care and Treatment Program

20. You can talk to a social worker or county social services worker about other public or private services or resources such as CalFresh and CalWORKs.

What are my responsibilities if I get Medi-Cal?

You must tell your county social services worker about any of the following changes that have occurred within 10 days of the change:

1. You or a family member in your household has a change in income. This applies if the income goes up or down or starts or stops. This includes income from the Social Security Administration (SSA), loans, settlements, employment, unemployment and any other source.
2. You change your home or mailing address.
3. A person moves into or out of your home, whether or not the person is related to you or your family. This includes newborns and foster children.
4. You or a family member in your household gives birth, becomes pregnant, or ends a pregnancy.
5. You, your spouse, or any family member in your household enters or leaves a nursing home or a long-term-care facility.
6. You receive, transfer, give away, or sell real or personal property (including money), or open or close any bank accounts. This requirement only applies if property is counted for the Medi-Cal program you are enrolled in or are being evaluated for. You must also report if someone gives you or a family member in your household things such as a car, house or insurance payments.
7. You have expenses paid for by someone else.
8. Your or a family member in your household gets a job, changes jobs or no longer has a job.
9. You have a change in expenses related to your job or education, such as child care or transportation.
10. You or a family member in your household, including children, becomes physically or mentally disabled.
11. You or a family member in your household applies for or receive disability benefits with the SSA, Veterans Administration or Railroad Retirement.
12. You or a family member in your household who is applying for or getting Medi-Cal has a change in citizenship or immigration status.
13. You or a family member in your household has a change in health insurance coverage.
14. If you are enrolled in the Medi-Cal program for former foster youth, tell your worker if your home or mailing address changes. You do not need to tell your worker about other changes, such as changes to your income, job, or expenses.

You also must:

1. Give proof that you are a resident of California, when you are asked for it.
2. Declare your citizenship or immigration status, when you are applying for Medi-Cal.
3. Give a Social Security Number (SSN) for anyone who is applying for Medi-Cal benefits.
 - If you are a United States (U.S.) Citizen, a U.S. national, or a person with satisfactory immigration status, you must provide an SSN. If you do not have one, you must apply for an SSN and give the number to the county social services office within 60 days of your application.
 - You can get help applying for an SSN from the county social services worker. You must work with the Social Security Administration (SSA) to clear up any questions that arise or your Medi-Cal will be denied or stopped.
 - If anyone on your application who otherwise qualifies for Medi-Cal does not have a satisfactory immigration status, he or she can apply for restricted Medi-Cal benefits without giving an SSN.
4. Apply for other income or benefits you or any family member in your household are entitled to, unless there is good cause for not applying. This includes pensions, government benefits, retirement income, veterans' benefits, annuities, disability benefits, Social Security benefits (Old Age, Survivors and Disability Insurance) and unemployment benefits. This does not include public assistance benefits such as CalWORKs or CalFresh.
5. Apply for Medicare, if you are eligible. Individuals are eligible for Medicare if they are blind, disabled, have End Stage Renal Disease, or are 64 years and 9 months of age or older. You are responsible for telling your providers that you have both Medi-Cal and Medicare coverage.
6. Apply for and enroll in any health insurance that is available to you and your family at no cost.
7. Report to the county social services office and the health care provider any health care coverage or insurance that you have or are entitled to use, including Medicare. If you willfully do not give this information, you may be billed by your provider and be guilty of a crime.

You understand that:

1. You must use your other health care plan (such as Kaiser, TRICARE or a Medicare HMO) for medical care if you have other health insurance that covers that service. Medi-Cal may not pay for any services that are covered by other insurance.
2. If you dispute that you have other health coverage, you can either: 1) contact your local county social services worker; 2) call 1-800-541-5555; or, 3) complete the other health coverage removal form on the DHCS website at <http://dhcs.ca.gov/ohc>.
3. If you, or any family member in your household, obtain money from a legal settlement for injuries, including medical expenses that Medi-Cal paid for, Medi-Cal is entitled to be reimbursed from the medical expense portion of the settlement.
4. If you do not make a choice about how you want to get your benefits, you and family members in your household may be placed in a Medi-Cal health plan near your home.
5. You must sign your Benefits Identification Cards (BICs) and use it only to get necessary health care for yourself or eligible family members.
6. You must take your BIC to your medical provider when you are sick or have an appointment. In emergencies when you do not have your BIC, you must get the BIC to the medical provider as soon as possible.
7. You must tell DHCS at <http://dhcs.ca.gov/pi> when Medi-Cal paid for medical services you received that were the result of an accident or injury caused by another person. This includes a work place injury when a workers' compensation claim may be filed.
8. You must cooperate with the State or county to establish paternity and identify any possible medical coverage that you or your family may be entitled to through an absent parent, unless you are pregnant.
9. You must cooperate with the State if the quality control review team chooses to review your case. If you refuse to cooperate, your Medi-Cal benefits will be stopped.
10. If you don't apply for or keep no-cost health coverage or state-paid coverage, your Medi-Cal benefits and eligibility will be denied or stopped.
11. If you do not give necessary information or if you give information that you know is false, your Medi-Cal benefits may be denied or stopped. Your case may also be investigated for suspected fraud.
12. The information you give when applying for Medi-Cal will be checked by computer with facts given by employers, banks, SSA, Internal Revenue Service, Franchise Tax Board, social services and other agencies. This is to confirm income, citizenship, satisfactory immigration status, tax information and other related information to see if you and your family members in your household qualify for health insurance. You have the right to give proof to your county social services worker and/or Covered California to correct any wrong information.

13. Any changes in your information or the information of any family member in your household may affect the eligibility of other household members.
14. Only persons who are applying for Medi-Cal must give their SSN and information about their immigration or citizenship status. People who are not applying for Medi-Cal are not required to give an SSN or proof of immigration or citizenship status. You may choose to give a non-applicant's SSN to help find if other family members qualify.
15. Persons who do not have satisfactory immigration status and who otherwise qualify for Medi-Cal can apply for restricted Medi-Cal benefits without applying for or giving an SSN.
16. Information about a person's immigration status given on the Medi-Cal application is kept private and secure, as required by law.
17. Based on your income, you may have to pay a monthly premium for some Medi-Cal programs. For other programs you may have to pay some of the cost depending on your monthly income. If you have Medi-Cal with a SOC, you may have to pay or promise to pay for your medical expenses each month, up to the amount of the SOC, before Medi-Cal will pay for services.
18. If you do not report changes to your personal information right away, and then receive Medi-Cal benefits that you do not qualify for, you may have to repay DHCS.
19. You, or any family member receiving Medi-Cal, must **not** be getting public assistance from another state.
20. If you are receiving Medi-Cal based on disability and you apply for disability benefits from SSA, and SSA denies your disability claim, your Medi-Cal may be stopped.
 - If you appeal your SSA denial right away, you will keep getting Medi-Cal until SSA makes a final decision.
 - If SSA approves your appeal, you will keep getting Medi-Cal benefits.
 - If SSA denies your appeal, then your Medi-Cal benefits may stop.
21. As a condition of Medi-Cal eligibility, the State is automatically assigned all rights to medical support and payment for medical services for you and any eligible persons you have legal responsibility for.
22. If medical support is court-ordered from an absent parent for your children, the insurance carrier must allow you to enroll and must provide benefits to your children without the absent parent's consent.
23. Medi-Cal providers cannot collect private insurance co-payment, co-insurance or deductibles from you unless the payment is used to meet your Medi-Cal SOC, co-payment or both.
24. When you apply for Medi-Cal you will be evaluated to find out if you qualify for other medical assistance programs, including the HIPP Program.

25. If you have other health insurance coverage, you may only use Medi-Cal for services not covered by the other health care plan. Your Medi-Cal provider must verify that the service is not covered before billing Medi-Cal.
26. If you are admitted to a nursing facility and you do not intend to return home, the State may put a lien against your property.
27. After your death, the State must seek reimbursement from your estate for all Medi-Cal services you received after age 55 (including premiums paid on your behalf). This does not apply during the lifetime of your surviving spouse or registered domestic partner or if you are survived by a child under age 21, or by a child of any age who is blind or disabled (as defined by the federal Social Security Act), or if the recovery would create a hardship for your heirs. Please inform your heirs of this potential collection activity.
28. If you leave assets at the time of your death, when your surviving spouse or registered domestic partner dies, the State has the right to claim against your surviving spouse's or registered domestic partner's estate or against any recipient of those assets. Recovery is limited to the amount of Medi-Cal benefits paid on your behalf or the value of assets you own at the time of death, whichever is less.
29. The State may seek reimbursement from your estate for services you received (including premiums paid on your behalf) prior to your 55th birthday if you were an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution. For more information please contact your county social services worker or go to DHCS's website at <http://dhcs.ca.gov/er>.

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MEDI-CAL GENERAL PROPERTY LIMITATIONS

FOR INDIVIDUALS WHO ARE NOT ELIGIBLE USING THEIR MODIFIED ADJUSTED GROSS INCOME

Note: Medi-Cal disregards property for individuals whose eligibility is determined utilizing your Modified Adjusted Gross Income (MAGI). If you do not know if you are eligible using MAGI rules, you may ask your eligibility worker. If you have not yet applied, you may do so through your county department of health and human services or you may apply on-line at www.CoveredCA.com or by phone at 1-800-300-1506.

This information notice provides a general overview of Medi-Cal property requirements for all Medi-Cal applicants and beneficiaries who are not eligible using their Modified Adjusted Gross Income. Property is defined as “real property” and “personal property”. “Real Property” is land, buildings, mobile home which are taxed as real property, life estates in real property, mortgages, promissory notes, and deeds of trust. “Personal property” is any kind of liquid or non-liquid asset, i.e., cars, jewelry, stocks, bonds, financial institution accounts, boats, trucks, trailers, etc. Property that is not counted in determining your eligibility is called “exempt” or “unavailable” property. Countable property (property which is not exempt or unavailable) is included in the “property reserve.” Your countable property must not exceed the property reserve limit. Any amount over the property reserve limit will make you and/or your family ineligible for Medi-Cal. To be eligible for Medi-Cal you may reduce your property to the property reserve limit before the end of the month in which you are requesting Medi-Cal. If you are unable to reduce your property limit for a month beginning with the month of application, see the “Exception: Principle v. Belshé” section on page 5. To be eligible for Medi-Cal, your countable property may not exceed the following property reserve limits:

Number of Persons Whose Property is Considered	Property Limit
1	\$2,000
2	\$3,000
3	\$3,150
4	\$3,300
5	\$3,450
6	\$3,600
7	\$3,750
8	\$3,900
9	\$4,050
10 or more	\$4,200

NOTE: When there is an Institutionalized spouse with a community spouse, an additional amount of countable property is allowed and jewelry is exempt regardless of its value. See page 3 for additional information.

PROPERTY EXEMPTIONS

Real Property	Personal Property
<ul style="list-style-type: none"> • Principal residence. Property used as a home is exempt (not counted in determining eligibility for Medi-Cal). When an applicant or beneficiary is absent from the house for any reason, including Institutionalization, the home will remain exempt if the applicant or beneficiary intends to return home someday. The home also continues to be exempt if the applicant's or beneficiary's spouse or dependent relative continues to live in it. Money received from the sale of the home can be exempt for six months if the money is going to be used for the purchase of another home. • Other real property. Up to \$6,000 of the equity value in non- business real estate (excluding the home), mortgages, deeds of trust, or other promissory notes may be exempt. In order to receive this exemption, the property must produce an annual income of 6 percent of the net market value or current face value. • Real property used in a business or trade. Real estate used in a trade or business is exempt regardless of its equity and whether it produces income. 	<ul style="list-style-type: none"> • One motor vehicle. • Personal property used in a trade or business. • Personal affects. This includes clothing, heirlooms, weddings and engagement rings, and other jewelry with a net value of under \$100. • Household items. • IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi- Cal. If held in the name of a person who wants Medi-Cal and payments of principal and interest are being received, the balance is considered unavailable and it is not counted. • Irrevocable burial trusts or irrevocable prepaid burial contracts. • One revocable burial fund or revocable prepaid burial contract with a value of up to \$1,500 plus accrued interest per person. • Burial space items. • Musical instruments. • Recreation items including TVs, VCRs, computers, guns, collection, e t c. • Livestock, poultry, or crops. • Countable property equal to the amount of benefits paid under a state-certified, long-term care insurance policy. • Life insurance policies. Each person may have life insurance policies with a combined face value of \$1,500 or less accrued interest and dividends.

**PROPERTY LIMITS FOR INDIVIDUALS ENTERING OR RESIDING IN
LONG-TERM CARE WHO ARE NOT ELIGIBLE USING THEIR
MODIFIED ADJUSTED GROSS INCOMES**

If you are SINGLE and residing in a long-term care facility, you must have \$2,000 or less in your property reserve.

If you are MARRIED and BOTH of you live in a long-term care facility or residential care and neither of you has previously applied for Medi-Cal, your separate property plus one-half of the community property must be valued at \$2,000 or less. Your spouse not applying for Medi-Cal may keep all of his/her separate property plus one-half of the community property. In this situation, the spouses may be able to hasten Medi-Cal eligibility by entering into an agreement that divides their community property. The advice of a knowledgeable attorney should be obtained prior to the signing of this type of agreement.

If you are MARRIED and are admitted to a long-term care and you are expected to remain for at least 30 consecutive days, and you have a spouse who is living in the community, then your community spouse may keep a certain amount of the combined community and separate property. This amount is called the Community Spouse Resource Allowance (CSRA) and is calculated based on the day you apply for Medi-Cal. Increases are effective on January 1 of each year. The CSRA for the year 2019 is \$126,420. The institutionalized spouse (spouse in the long-term care facility) may keep up to an additional \$2,000 of countable property.

The CSRA limit may be increased if:

- The community spouse obtains a court order for his/her support, or
- It is determined through a fair hearing that both of the following conditions exist:
 - a. A greater amount of property is necessary to generate income sufficient to raise the community spouse's income to the minimum monthly maintenance needs allowance (MMMNA). The MMMNA for the year 2019 is \$3,161 per month.
 - b. Additional income is necessary due to the exceptional circumstances resulting in financial duress.

NOTE: Because these rules affect how much money a community spouse may retain for purposes of the institutionalized spouse's Medi-Cal eligibility, you may want to consult a legal services program for seniors in your area or a private attorney familiar with the Medi-Cal program for more information on how the law affects you.

ASSESSMENT

An institutionalized individual or his/her spouse may request an assessment of their property even if the institutionalized individual is not applying for Medi-Cal. If you would like to have an assessment completed, you must make an appointment at a county welfare department of health and human services. In order to complete the assessment,

you will need to bring verification of the values of all your real and personal property. This verification may include such things as county tax assessments, checking account statements, savings account passbooks, court orders, brokerage account statements, life insurance policies, annuity policies, trust account documents, contracts, lease agreements, life estate documents, and/or documents from qualified persons of financial institutions about the values of any real or personal property belonging to you and your spouse.

REDUCTION OF PROPERTY TO WITHIN PROPERTY LIMITS

THE PROPERTY RESERVE MUST BE REDUCED TO AN AMOUNT AT OR BELOW THE PROPERTY LIMIT BY THE END OF THE MONTH BEFORE MEDI-CAL MAY BE APPROVED FOR THAT MONTH.

Medi-Cal eligibility cannot be approved for a month unless countable property is below the property limit at some time during that calendar month. If you are unable to reduce your property to the property limit for a month, beginning with the month of application, see the "Exception: Principe v. Belshé" section on page 5.

For example: A Medi-Cal applicant whose total non-exempt property consists of a savings account with a balance of \$3,300 in a month must reduce the savings account to \$2,000 in that month. In this same situation, where there is a couple, the savings must be reduced to \$3,000. If an institutionalized spouse and a community spouse have combined property totaling more than the CSRA plus \$2,000 in a month, the couple will need to reduce the total non-exempt property to at or below the CSRA plus \$2,000 to meet the property requirements. The institutionalized spouse will then have at least 90 days (longer if a court order is necessary) to complete transfer(s) of the property contained in the CSRA to the community spouse, bringing the institutionalized spouse to within \$2,000, the property limit for one. The current CSRA for the year 2019 is \$126,420.

A Medi-Cal applicant may reduce his or her non-exempt property to within the specified limits in any way he or she chooses within the calendar month for which Medi-Cal is being requested. An applicant who is not institutionalized will not be ineligible due to a transfer of non-exempt property for less than fair market value unless the individual is institutionalized within 30 months of the date of the transfer. A transfer of non-exempt property for less than fair market value is a change in the ownership of the property by giving away, selling, or otherwise exchanging it for less than the property is worth.

IMPORTANT NOTE: If you are applying as an institutionalized individual or if you may be institutionalized within 30 months of the date of a transfer, non-exempt property transferred for less than fair market value may result in a period of ineligibility for nursing facility level of care under Medi-Cal.

The following are ways to reduce non-exempt property without incurring a period of ineligibility for nursing facility level of care:

<ul style="list-style-type: none"> • Pay medical bills • Buy furnishings for the home • Pay on the home mortgage • Buy clothes • Make repairs to the home • Pay off your auto loan • Pay off other debts 	<ul style="list-style-type: none"> • Begin process to liquidate non-liquid assets such as obtaining the cash surrender value on non-exempt life insurance policies, list property for sale with qualified broker etc. • Borrow against excess property to cover the cost of medical care or request the medical provider to place a lien against the property to cover the cost of the care.
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Exception: Principe v. Belshé provides that individuals who were unable to reduce their excess property during the month of application or some later month during the application process may spend down their property retroactively on qualified medical expenses. Qualified medical expenses are medical expenses that were incurred in any month and that were unpaid in the same month where there was excess property for the entire month. Eligibility will be granted, as otherwise eligible, after payment of those qualified medical expenses, with the excess property, occurs and verification of the payment is provided to the county.

TRANSFERS OF EXEMPT PROPERTY

The transfer of exempt property at any time (property which is not counted) will not result in a period of ineligibility as long as the property would have been considered exempt at the time of the transfer. This includes a transfer of property used as a home or former home. However, the money received from the sale of a home will be counted as property unless the money is to be used for the purchase of another home within six months. In addition, any money received from the sale of other exempt assets will be counted as property.

TRANSFERS OF NON-EXEMPT PROPERTY

An institutionalized applicant or someone who is already receiving Medi-Cal who is institutionalized within 30 months of the date of the transfer may be ineligible due to a transfer of non-exempt property for less than fair market value. Non-exempt property may be transferred without incurring a period of ineligibility if the property is transferred to:

- The spouse (or to another for the sole benefit of the spouse) or to
- A child of the institutionalized individual who is blind or permanently and totally disabled.

Or, if

- The property was intended to be transferred at fair market value for something of equal value, or
- The property was not transferred to establish Medi-Cal eligibility, or

- A period of ineligibility for nursing facility level of care would work an undue hardship.

A transfer of the non-exempt former home to someone listed below or the transfer of exempt property to anyone will not result in a period of ineligibility for nursing facility level of care if the property was given away, sold, or otherwise exchanged at less than fair market value. If the non-exempt former home is transferred for less than fair market value to other individuals or non-exempt property is transferred for less than fair market value, then the transfer may result in a period of ineligibility for nursing facility level of care. The period of ineligibility could last from 1 to 30 months. This period of ineligibility is based on the uncompensated value of the property (dollar amount of compensation not received) divided by the statewide average rate for privately paid nursing facility care. The statewide average private pay rate for the year 2018 is \$8,841 per month.

For example: Assume an institutionalized individual reduces property by transferring \$24,000 in excess property to a son or daughter as a gift. He/she would be ineligible for nursing facility level of care because the individual received nothing in fair market value in return for the gift. Suppose that the statewide average rate for privately paid nursing care is \$3,000. This institutionalized individual would be ineligible for nursing facility level of care for eight months starting with the month of the transfer (\$24,000 divided by \$3,000 average private pay rate). The institutionalized individual will still be eligible for all other Medi-Cal services.

TRANSFER OF THE NON-EXEMPT FORMER HOME BY AN INSTITUTIONALIZED INDIVIDUAL WHICH DOES NOT RESULT IN A PERIOD OF INELIGIBILITY

The transfer of the exempt home shall not result in a period of ineligibility. A transfer of the non-exempt former home also shall not result in a period of ineligibility if title of the home is transferred to:

- The spouse, or
- A child under 21, or
- A child, regardless of age, who is blind or totally and permanently disabled, or
- A son or daughter not listed above, who resided in the home for two years immediately preceding the institutionalized individual's date of admission and who provided care which allowed that individual to reside at home rather than in the institution or facility, or
- A sibling who has equity interest in the home and who resided in the home for one year immediately preceding the date the institutionalized individual was admitted to the facility or institution.

Prior to applying a period of ineligibility for nursing facility level of care, the county must determine if undue hardship exists. Anytime a transfer results in a period of ineligibility, the ineligible individual has the right to request an appeal through fair hearing. The form for filling a request is on the reverse side of the Notice of Action form discontinuing, denying, or restricting Medi-Cal eligibility.

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY

If you or your spouse is in or is entering a nursing facility, read this important message!

You or your spouse do not have to use all your resources, such as savings, before Medi-Cal might help pay for all or some of the costs of a nursing facility.

You should be aware of the following to take advantage of these provisions of the law:

Unmarried Resident

An unmarried resident is financially eligible for Medi-Cal benefits if he or she has less than \$2,000 in available resources. A home is an exempt resource and is not considered against the resource limit, as long as the resident states on the Medi-Cal application that he or she intends to return home. Clothes, household furnishings, irrevocable burial plans, burial plots, and an automobile are examples of other exempt resources.

If an unmarried resident is financially eligible for Medi-Cal reimbursement, he or she is allowed to keep from his or her monthly income a personal allowance of \$35 plus the amount of health insurance premiums paid monthly. The remainder of the monthly income is paid to the nursing facility as a monthly deductible called the “Medi-Cal share-of-cost.”

Married Resident

If one spouse lives in a nursing facility, and the other spouse does not live in a nursing facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$126,420 in available assets. The couple's the spouse in the nursing facility is allowed to keep a personal allowance of \$35 plus the amount of health insurance premiums paid monthly. The remaining money, if any, generally must be paid to the nursing facility as the “Medi-Cal share-of-cost.” The Medi-Cal program will pay remaining nursing facility costs.

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge that will allow the at-home spouse to retain additional resources or income. Such an order can allow the couple to retain more than \$126,420 in available resources if the income that could be generated by the retained resources would not cause the total monthly income available to the at-home spouse to exceed \$3,161. Such an order also can allow the at-home spouse to retain more than \$3,161 in monthly income, if the extra income is necessary “due to exceptional circumstances resulting in significant financial duress.”

An at-home spouse also may obtain a court order to increase the amount of income and resources that he or she is allowed to retain, or to transfer property from the spouse in the nursing facility to the at-home spouse. You should contact a knowledgeable attorney for further information regarding court orders.

The paragraphs above do not apply if both spouses live in a nursing facility and neither previously has been granted Medi-Cal eligibility. In this situation, the spouses may be able to hasten Medi-Cal eligibility by entering into an agreement that divides their community property. The advice of a knowledgeable attorney should be obtained prior to the signing of this type of agreement.

Note: For married couples, the resource limit (\$126,420 in 2019) and income limit (\$3,161 in 2019) generally increase a slight amount on January 1 of every year.

Transfer of Home for Both a Married and an Unmarried Resident

A transfer of a property interest in a resident's home will not cause ineligibility for Medi-Cal reimbursement if either of the following conditions is met:

- a. At the time of transfer, the recipient of the property interest states in writing that the resident would have been allowed to return to the home at the time of the transfer, if the resident's medical condition allowed him or her to leave the nursing facility. This provision shall only apply if the home has been considered an exempt resource because of the resident's intent to return home.
- b. The home is transferred to one of the following individuals:
 1. The resident's spouse.
 2. The resident's minor or disabled child.
 3. A sibling of the resident who has an equity interest in the home, and who resided in the resident's home for at least one year immediately before the resident began living in institutions.
 4. A son or daughter of the resident who resided in the resident's home at least two years before the resident began living in institutions, and who provided care to the resident that permitted the resident to remain at home longer.

This is only a brief description of the Medi-Cal eligibility rules; for more detailed information, you should call your county welfare department. You probably will want to consult with the local branch of the state long-term care ombudsman, an attorney, or a legal services program for seniors in your area.

I have read the above notice and have received a copy.

Signature of person being admitted

Date

Signature of spouse

Date

Signature of legal representative

Date

NOTICE REGARDING TRANSFER OF A HOME FOR BOTH A MARRIED AND AN UNMARRIED APPLICANT/BENEFICIARY

NOTIFICACIÓN EN RESPECTO A LA TRANSFERENCIA DE UNA CASA, PARA LOS SOLICITANTES/BENEFICIARIOS, CASADOS Y SOLTEROS

A transfer of property interest for less than fair market value in a Medi-Cal beneficiary's home will not cause ineligibility for Medi-Cal benefits if at the time of the transfer, the home would have been considered an exempt resource.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. You will probably want to consult with an attorney, your local legal services program for seniors, or the local branch of the long-term care ombudsman program.

I have read the above notice and have received a copy.

Signature	Date

This form may be signed by the applicant, the applicant's spouse, legal representative, or agent, if any. Failure to sign this form shall not result in ineligibility for medical assistance.

Una transferencia de interés sobre propiedad, por menos del valor equitativo de venta de la casa de un(a) beneficiario(a) de Medi-Cal, no causará que pierda el derecho para recibir los beneficios de Medi-Cal, si en el momento de la transferencia, la casa hubiera sido considerada un recurso exento.

Esta es solamente una breve descripción de las reglas de Medi-Cal para tener derecho a beneficios. Para recibir información más detallada, llame al departamento de bienestar público de su condado. Usted probablemente deseará consultar con un abogado, con su programa local de servicios legales para las personas de edad avanzada o con la oficina local del programa de mediadores para la atención a largo plazo.

He leído la notificación precedente y recibido una copia.

Firma	Fecha

Este formulario puede ser firmado por el/la solicitante, el/la esposo(a) del solicitante, un(a) representante legal o un(a) agente, de existir alguno(a). La falta de firmar este documento no resultará en la pérdida de derecho para recibir atención médica.



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Notice: Medi-Cal beneficiaries will receive Internal Revenue Service Form 1095-B.

Dear Medi-Cal Recipient:

The Affordable Care Act (ACA) may require most people to have Minimum Essential Coverage (MEC) health insurance to meet the ACA's individual responsibility requirement in order to avoid a tax penalty. This includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage.

Per the Internal Revenue Code, the Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Form 1095-B to all Medi-Cal beneficiaries by January 31st of each year beginning in January 2016. Form 1095-B will list the months of Medi-Cal coverage you had that were considered MEC during the previous calendar year. You will use Form 1095-B as proof to report health coverage while filing your taxes with the IRS. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal each year. This means you will receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, to ensure Form 1095-B contains the correct information, please contact your county human services agency to report changes to your address, income, tax filing status, or family size. For a complete list of county human services agencies, please visit <http://dhcs.ca.gov/COL>.

Important: SSI recipients: If you receive Medi-Cal through SSI, please contact the Social Security Administration at <https://secure.ssa.gov/ICON/main.jsp> to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, please visit the DHCS website at <http://dhcs.ca.gov/1095> or call 1-844-253-0883 / (TTY) 1-844-357-5709.



Enroll
today!

C4Yourself **E-Notifications**

- Access benefit and case information 24/7
- Save time and paper by *opting out* of paper notices
- Receive an e-mail when new correspondence is available in C4Yourself

Call 1-877-652-0731 or ask at the front desk!

www.shastahsa.net

County of Shasta - Administrative Services

Phone: (877) 652-0731 Fax: (530) 225-5288

Worker Name: _____

Worker ID: _____

Worker Phone Number: _____

Date: _____

Case Name: _____

Case Number: _____

ELECTRONIC NOTIFICATION AGREEMENT

Q: What are electronic notifications? **A:** Electronic notifications, or e-notifications, are email alerts that let you know there is correspondence to be viewed in your secure C4Yourself account.

- I agree to get correspondence from the County Welfare Department (CWD) by e-notification, except notices regarding state hearings, which will be sent by US mail.
- I agree to read all e-notifications sent to my email account and to view the documents through my secure C4Yourself account.
- I agree to check my email and C4Yourself accounts on a regular basis (we recommend at least every three days) to make sure that I view time sensitive correspondence in a timely manner.
- I agree to keep the CWD informed if my email address changes by filling out a new Electronic Notification Agreement within ten days of the change.
- I understand that notices sent to my secure C4Yourself account are considered received by me regardless of when the e-notification is received by my email, even if I do not read them.
- I understand that the CWD must give me a paper copy of any document posted in my secure C4Yourself account, if I ask for one.
- I understand that the CWD will go back to sending me traditional paper correspondence if the e-notifications sent to my email could not be received by the email address I have provided.
- I understand that I can stop getting e-notifications at any time and go back to getting notices and forms by US mail. To do so I only need to contact my CWD at _____ and inform them of my decision to change back to paper correspondence.
- I understand that email messages are not confidential. Communication service providers used by me or the CWD as well as anyone with access to my email and/or phone may be able to see these notifications.

THE EMAIL ADDRESS I WISH TO USE FOR ELECTRONIC NOTIFICATIONS

ADDITIONAL EMAIL ADDRESS I WISH TO USE FOR ELECTRONIC NOTIFICATIONS

SIGNATURE (OR MARK) OF ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE SIGNED
SIGNATURE (OR MARK) OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED

New CMSP Eligibility Rules and Benefits

CMSP Primary Care Benefit (with no share of cost)



Legal Residents & Undocumented Persons In Participating CMSP Counties

For uninsured adults with incomes up to 300% FPL:

- Monthly income up to \$2,873
- Annual income up to \$34,470

New CMSP Eligibility Rules

- Adults between 21 and 64 years old
- Legal residents & undocumented persons
- Applicants can qualify with:
 - Incomes up to 300% FPL
 - Keeping more personal assets (up to \$20,000 for a single person)
 - Reduced monthly cost-sharing
- Persons cannot be eligible for Medi-Cal, Covered California, or Medicare
- Coverage in 35 participating counties

New CMSP Primary Care Benefit

- New, added no-cost health care benefits:
 - Up to three (3) office visits for primary care, specialty care or physical therapy
 - Preventative health screenings & lab tests
 - Prescription drugs with a \$5 co-pay (up to \$1500 in benefits per enrollment term)
- Services provided by contracting community health centers, clinics & other providers
- Up to six months of benefit coverage
- Eligibility can be renewed

Contact your County Social Services Department to apply
For more information:

Medical Services administered by:



CMSP
COUNTY MEDICAL
SERVICES PROGRAM

Prescription Drug Services administered by:



BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

The BCCTP may provide Medi-Cal to low-income people that live in California and have breast and/or cervical cancer.

If you have been denied Medi-Cal or you are no longer eligible for Medi-Cal through your county and you have breast and/or cervical cancer, tell your county Eligibility Worker (EW). Your EW can make a referral for you to the BCCTP.

An Eligibility Specialist (ES) from the BCCTP will call or write to you for more information. The requested information will help us to see if you are eligible for the program. You may be Medi-Cal eligible through the BCCTP if you are a woman and you meet the following requirements:

- Have been screened and found in need of treatment for breast and/or cervical cancer, follow-up care for cancer, or precancerous cervical lesions/conditions by an Every Woman Counts (EWC) or Family Planning, Access, Care and Treatment (FamPACT) provider; and
- Are a California resident; and
- Are under age 65; and
- Are a United States citizen or have satisfactory immigration status; and
- Have no other health insurance including full-scope no share-of-cost Medi-Cal, or Medicare; and
- Have a monthly gross family income, at the time of screening and diagnosis, that is at or below 200 percent of the federal poverty level.

If you have been screened for breast and/or cervical cancer by a provider that is not with EWC or FamPACT, you can still be referred to the BCCTP. Your BCCTP worker will help you find an EWC or FamPACT provider that can confirm your diagnosis.

Even if you do not meet all the above requirements, you may still receive BCCTP through the State-funded BCCTP. The State-funded BCCTP can help you for up to 18 months for breast cancer or up to 24 months for cervical cancer. The State-funded BCCTP is available to men and women, regardless of immigration status.

For additional information or questions on the BCCTP, call 1-800-824-0088

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 նամակով 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។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ 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)

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)

あなたの公的給付金の受領資格は、本文書に含まれる情報によって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。

(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 คุณสามารถติดต่อกับพนักงานในท้องที่ 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)

DISCRIMINATION COMPLAINTS

If you think you have been discriminated against, you may submit a complaint application separately to the County or the State, and the Federal Government. The Federal agency that you must complain to depends on which program your complaint is about.

You can file a discrimination complaint with:

1. FOR ALL PROGRAMS ADMINISTERED BY YOUR COUNTY WELFARE

DEPARTMENT: The County's Civil Rights Coordinator. Ask your county office for the name, address and phone number of their Civil Rights Coordinator. He/she will independently investigate your complaint.

2. Civil Rights Bureau

California Department of Social Services
744 P Street, MS 8-16-70
Sacramento, CA 95814
(916) 654-2107
(866) 741-6241 (Toll-Free)

3. FOR THE CALFRESH PROGRAM:

United States Department of Agriculture
Director, Office of Civil Rights,
Room 326-W, Whitten Bldg.
1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410
(202) 720-6382 (voice and TTY)

4. FOR ALL OTHER PROGRAMS:

Health and Human Services
Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310 (voice)
(415) 437-8311 (TDD)

TIME LIMITS TO TAKE ACTION

If you suffer discrimination, you must submit your complaint within 180 days of the actual discrimination. If the discrimination also affected the level of your benefits and services, you must also ask for a state hearing within 90 days. A discrimination investigation cannot change your benefit levels or services...only a state hearing can do that.

LIMITS ON CERTAIN RIGHTS

Although you have the right to privacy and confidentiality, there are certain laws that allow limited exceptions. You can ask the county for the laws.

QUESTIONS

If you have any questions on how to request a state hearing, call the Public Inquiry and Response Unit: toll free (800) 952-5253. The TDD toll-free telephone number is (800) 952-8349.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Adult Protective Services
- Alcohol and Drug Program
- California Food Assistance Program (CFAP)
- Medi-Cal
- CalWORKs
- CalWORKs Child Care
- CalWORKs Welfare-to-Work Program/Services
- Cash Assistance Program for Immigrants (CAPI)
- Child Welfare Services
- Denti-Cal
- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)
- CalFresh (Food Stamps)
- Foster Care
- In-Home Support Services
- Kinship Guardian Assistance (Kin-GAP)
- Mental Health
- Multipurpose Senior Services Program (MSSP)
- Personal Care Services Program (PCSP)
- Refugee Cash Assistance
- Social Services



STATE OF CALIFORNIA

HEALTH AND HUMAN
SERVICES AGENCY

DEPARTMENT OF
SOCIAL SERVICES

This pamphlet is available from your Local County Welfare Office and at www.cdss.ca.gov in the following languages:

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

Also Available in large print, Braille, and Audio CD

PUB 13 (8/16)

YOUR RIGHTS

UNDER CALIFORNIA WELFARE 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

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name _____

Date _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.