

IMPORTANT INFORMATION FOR MEDI-CAL APPLICANTS

Medi-Cal Rights, Responsibilities, and Declarations

I have the right to:

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- Ask for an interpreter.
- Ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a “Notice of Action.”
To find out about Medi-Cal fair hearings, call toll free, 1-800-952-5253.
- A face-to-face interview.
- Review Medi-Cal program rules and manuals.

I have the responsibility to:

- Report any changes within ten days in the information I give on the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants.
- Let local welfare office know if a family member: applies for disability benefits, is in a public institution, or gets medical care for any accident or injury caused by another person.
- Cooperate if my case is reviewed.
- Apply for available income.
- Cooperate with paternity determinations and medical support enforcement efforts.
- Assign rights to medical support to the State of California.
- Assign rights to third party medical support to the State of California.

I understand that:

- As a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.
- Persons I am applying for are not in jail, prison, or any other correctional facility.
- After my death, the State has the right to seek repayment from my estate for all Medi-Cal benefits I receive after age 55 unless I have a surviving spouse, minor child(ren), blind or permanently and totally disabled child(ren).
- If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.

Medi-Cal Confidentiality Notice

The information given in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants is private and confidential under the Welfare and Institutions Code, Sections 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

Medi-Cal Privacy Notice

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Care Services to provide the following information: Welfare and Institutions Code, Section 14011, and regulations in Title 22, CCR require applicants for the Medi-Cal program to provide the eligibility information requested in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants. This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) The information will be used to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application. Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social security numbers are required by Section 1137(a)(1) of the Social Security Act and by Welfare and Institutions Code, Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Care Services. Contact your local welfare office to request your records.

KEEP FOR YOUR RECORDS