What is Covered?

- Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
- Supplies, including ear molds and hearing aid batteries
- Medically necessary hearing aid accessories
- Hearing aid-related audiology and post-evaluation services

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

HACCP Call Center
(833) 956-2878
(Multilingual, TTY/TTD, Video Relay)
Hours: M-F, 8 a.m. – 7 p.m.
Sat. 8 a.m. – 12 p.m.

03/2024

Hearing Aid Coverage for Children Program

- Who is Eligible?
- What is Covered?
- How Can Families Apply?

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Hours: M-F, 8 a.m. – 7 p.m.
Sat. 8 a.m. – 12 p.m.

Chat
Online at www.dhcs.ca.gov/haccp
("Chat with us..." in the bottom corner of your screen)

Hearing Aid Coverage for Children Program

Who is Eligible?

- Children and youth 0–20 years of age
- Must reside in California
- Not eligible for Medi-Cal
- Does not have California Children's Services (CCS) coverage for hearing aids (can apply at the same time for both CCS and HACCP)
- Provider referral/hearing aid prescription
- Does not have other health coverage for hearing aids or has health insurance that only covers up to $1,500 for hearing aids.
- Household income under 600% of the federal poverty level (FPL)

2024 Annual FPL Values

(Rounded up to next higher dollar)

Household/ Family Size (including parent(s))	600% FPL (household combined gross income)
1	$90,360 per year ($7,530 per month)
2	$122,640 per year ($10,224 per month)
3	$154,920 per year ($12,912 per month)
4	$187,200 per year ($15,600 per month)
Each Additional	Add $32,280 per year ($2,694 per month)

How Can Families Apply?

1. **Apply online at: https://haccp.dhcs.ca.gov/ (or complete and print the application form available at www.dhcs.ca.gov/haccp)**

2. **Include all required documentation:**
   - **Household income**
   - **Existing health coverage (if any)**
   - **Hearing aid prescription or provider referral**

3. **Mail or fax your application to HACCP:**
   - **Mail:**
     Hearing Aid Coverage for Children Program
     PO Box 138000
     Sacramento, CA 95813
   - **Fax: (833) 774-2227**

Learn more about the program:

www.dhcs.ca.gov/haccp

Apply for Coverage Today:

https:/haccp.dhcs.ca.gov/