

Instructions for 250% Working Disabled Program Application

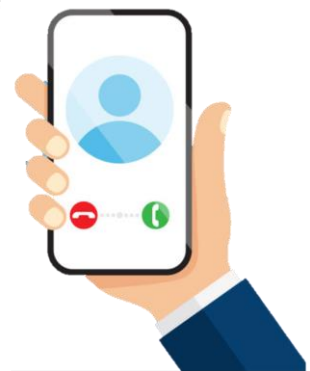


STEP 1 – If not already approved for Medi-Cal with a Share of Cost, immediately apply for Medi-Cal by calling the County Medi-Cal Center at 800-709-8348. Say you want to start the Medi-Cal application over the phone. Your effective date will be backdated to that date. Medi-Cal will send you application forms to fill out which appear to be for Covered California insurance. But it is for all Medi-Cal programs, so complete the information including your Medicare information. You can also find the application online if you use this Medi-Cal link: <https://benefitscal.com>. Follow the instructions even though it appears to be an application for CalFresh.

STEP 2 - Prepare (or HICAP can help you prepare) two letters based on the samples on the last page. One is your signed request for the program, and the other is for your "employer" to sign. Or make a copy of your recent pay statement. Mail this information in one envelope to the Medi-Cal Document center at P.O. Box 4114 in Concord, CA 94524 or FAX them directly to that location at: (925) 608-4608. You may also upload them via <https://ehsd.org/help/upload-documents/>



STEP 3 -Call Medi-Cal at 866-663-3225 about one week after mailing the letters. Ask if the letters have been received, scanned, and assigned to a case worker for consideration. If not, request that be done and call back three days later and ask the same. If still no positive response, call HICAP at (925) 655-1398 and ask a volunteer counselor to call Medi-Cal on your behalf to get the process going.



What happens next? About Prescription Drug coverage:

A 'Notice of Action' letter should come in the mail about one week after Medi-Cal's approval of your 250% Working Disabled application. One of the situations listed below will be your Drug Plan status and advises what you need to do:

- If you already have drug Extra Help pricing and a Part D drug plan, that will continue for as long as you are in the program. If you wish, you can change your

plan once a quarter in the first 9 months of the year. You may need to do that to get the lowest cost pricing for your medications.

If you have lost your Part D drug plan Extra Help pricing, you can use the Notice of Action letter as evidence to get back Extra Help pricing. Just call your Part D drug plan customer service number, state you have 'Best Available Evidence,' and arrange to get them a copy.



If you do not have a Medicare Part D Drug plan, with your Notice of Action letter you can use a special program called LI-NET to get immediate access to your medications until you are enrolled in a Part D Drug Plan. HICAP can help you use this program and enroll in a plan that meets your needs. Eventually you will be deemed as eligible for Extra Help and will be assigned to a Medicare Part D Drug plan if you have not chosen one.

What happens next? Payments and a refund of your Medicare Part B premium deductions SSA already made:

Your Medicare Part B premium will be paid by the State of California starting the effective date of your 250% Working Disabled approval. It can take 1 to 3 months for this to take place, but you will eventually be paid back any amounts deducted from your Social Security benefit after your approval date.



Is there anything else I need to do?



Continue to regularly receive funds from your employer. When you fill out the Medi-Cal Annual Redetermination Form, be sure to include your work 'wages income'. If you do an Income Tax Return, report the amount you receive as income as required by law. If your income changes, be sure to notify Medi-Cal. This program does allow for a 26-week period of unemployment each year.

Contra Costa County Health Insurance Counseling and Advocacy Program HICAP

Contact Us: 925-655-1393, 1-(800) 510-2020 or 1-(800) 434-0222

Email: ehsdhicap@ehsd.cccounty.us Visit: www.cchicap.org



Navigating Medicare



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Instructions for 250% Working Disabled Program

Sample Letter for you to send to Medi-Cal

Client Name

Mailing Address

DATE

Employment & Human Services Department
Centralized Mail-in Medi-Cal Unit
P.O. Box 4114
Concord, CA 94524
OR FAX to (925) 608-4608

Subject: Application for Aid Code 6-G
Client Name
SS# XXX-XX-XXXX

Dear Medi-Cal:

I currently have or recently applied for Medi-Cal. I wish to be considered for the 250% Working Disabled Program, Aid Code 6-G. My disability was recognized by the Social Security Administration prior to my turning age 65.

I have enclosed a letter or pay statement or tax return verifying my employment.

Please let me know if you have any questions. You may reach me on (555) 555-5555. Thank you.

(signature of applicant)

Sample Letter for your 'employer' to sign

Sample employment verification letter on a new page

DATE

Employment & Human Services Department
Centralized Mail-in Medi-Cal Unit
P.O. Box 4114
Concord, CA 94524

Subject: Client Name
Client's SS# XXX-XX-XXXX
Application for 250% Working Disabled Program - Aid code 6-G

This is to verify that effective DATE I pay client name to regularly provide (Examples: Animal Care; Shopping Assistance; Household Chores; Child Care; Transportation Assistance; Collecting Mail; Gardening Services; etc.) on my behalf. The amount is \$XX per month. This is a permanent position for the foreseeable future.

Yours truly,

(signature of 'employer')

Name of 'Employer'

Mailing Address