

Transitional Medi-Cal (TMC)

Who is this program for?

The program provides up to 12 months of no-cost benefits to families that have lost eligibility for CalWORKs or Medi-Cal 1931(b) due to increased employment earnings.

What are the eligibility requirements?

- Families must live in California during the 12 months they receive services.
- Families must have received either CalWORKs or Medi-Cal 1931(b) during at least three of the last six months before losing benefits.
- Families must have at least one eligible child under 18 in the home to receive TMC.
- Families must submit quarterly reports. Families will lose TMC eligibility if the report is not submitted in a timely manner.
- During the first six months, there are no income requirements. After the first six months, monthly family income must be at or below 185% FIG, and families need to be employed and meet program reporting requirements.

At the end of TMC, the families will be evaluated again to determine if they are eligible for any Medi-Cal programs. Families keep their eligibility until a determination is made.

How does immigration status affect eligibility?

In order to receive full-scope benefits, individuals must have satisfactory immigration status or verified U. S. citizenship. Individuals without satisfactory immigration status or verified U. S. citizenship are eligible to receive restricted or emergency services, including pregnancy-related care.

What benefits are covered?

Benefits are either full-scope or restricted depending on immigration or verified U. S. citizenship status.

How are services delivered?

- Full-scope beneficiaries generally receive services through managed care plans. Family members go to providers, hospitals, clinics and pharmacies that participate in their selected health plan. Family members can choose different plans if they wish.
- Individuals who are eligible for restricted Medi-Cal, are not eligible to join a health plan and will receive care under FFS.

What is the cost?

There is no cost.

Do resources count?

Resources do not count for this program.

How to apply:

Since these families have recently been enrolled in Medi-Cal through the CalWORKs program, they may want to check directly with their eligibility workers about continuing coverage under this program. Interested applicants can find district DPSS offices in their areas by looking in their local

white pages under County Government to request mail-in applications, apply by phone or make appointments.

Contact Information:

For more information or to receive an application for Medi-Cal, call 1-888-747-1222 or visit <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Applications.aspx> or <http://dps.lacounty.gov> to download a Medi-Cal application.



Assistor Tips!!!

- If wage earners get jobs or have higher earnings at any time, families need to inform their eligibility workers.

Four-Month Continuing Medi-Cal

Who is this program for?

The program affects families who have lost eligibility for Medi-Cal through CalWORKs or Medi-Cal 1931(b) either because they began to receive child support or spousal support or because of an increase in the amount of child support or spousal support received. It allows them to receive full-scope benefits at no cost, under certain conditions, for four additional months.

What are the eligibility requirements?

Families need to have received CalWORKs or Medi-Cal 1931(b) during at least three of the last six months before losing benefits. Eligibility begins the first month in which families would have been ineligible for CalWORKs or Medi-Cal 1931(b). Family members must be California residents during the four-month period.

NOTE: In most cases, children with no-cost Medi-Cal are not affected and therefore do not enroll in this program because they have continued eligibility for 12 months.

How does immigration status affect eligibility?

In order to receive full-scope benefits, individuals must have satisfactory immigration status or verified U. S. citizenship. Individuals without satisfactory immigration status or verified U. S. citizenship are eligible to receive restricted or emergency services, including pregnancy-related care.

What benefits are covered?

Benefits are either full-scope or restricted depending on immigration or verified U.S. citizenship status.

How are services delivered?

- Full-scope beneficiaries generally receive services through managed care plans. Family members go to providers, hospitals, clinics and pharmacies that participate in their selected health plans. Family members may choose different plans if they wish.
- Individuals who are eligible for restricted Medi-Cal are not eligible to join a health plan and will receive care under FFS.

What is the cost?

There is no cost to families who qualify.

Do resources count?

Resources do not count for this program.

How to apply:

Interested applicants can find district DPSS offices in their areas by looking in their local white pages under County Government to request mail-in applications, apply by phone or make appointments. For a list of local DPSS offices or an application visit: <http://dpss.lacounty.gov>. They may also apply online: <https://www.dpss.lacounty.gov>. Since these families have recently been on Medi-Cal, they may want to check directly with their eligibility workers about continuing coverage under this program.

Contact Information:

For more information or to receive an application for Medi-Cal, call 1-888-747-1222. Call the Medi-Cal Health and Nutrition hotline at 1-877-597-4777, visit <http://dps.lacounty.gov> or visit a local Department of Public Social Services office or visit www.medi-cal.ca.gov for more information on Medi-Cal programs.