



## Targeted Low Income Program for Children Medi-Cal

### Who is eligible?

- Children 0 to 19.

### What is the income limit?

- Children eligible for Medi-Cal coverage will be enrolled into this program age 0-1 if family income is above 208% of FPL, from age 1-6 if family income is over 142% of FPL, or from age 6-19 if family income is above 133% of FPL. If the family income is below these levels they will be enrolled in a Title XIX MAGI Medi-Cal program.
- Children are eligible if their family income is below 266% of the poverty level (see chart below).

266% FEDERAL POVERTY LEVEL	
Family Size	Monthly Income Limit
1	\$3232
2	\$4374
3	\$5512
4	\$6650
5	\$7792
6	\$8930

\*Add \$1142 for each additional family member

### What does it cost?

As of July, 2022 there is no longer a premium charged for this program.

### What is the resource limit?

- Resources are the things that the family owns, like cars, houses, and bank accounts.
- There are no resource limits for this program.

### Does immigration status matter?

- No. All beneficiaries in this Medi-Cal program qualify for full scope benefits regardless of immigration status.

### What papers are needed to apply?

- Proof of income, identification, and California residency.
- Proof of immigration status and Social Security Number (SSN) are requested, but not required, for full scope Medi-Cal, in this particular program.

### **Where can families apply for Medi-Cal and how long does it take to get approved?**

- Families may apply for coverage through the Covered California web site. Children screened and presumed eligible for no cost, full scope, Medi-Cal receive accelerated enrollment (AE), temporary Fee-For-Service, full scope Medi-Cal (aid code 8E) for Medi-Cal until the local county makes a determination of eligibility. When the child is granted accelerated enrollment he/she will not be subject to any premiums until the county has completed the eligibility process.
- People can apply by mail or through BenefitsCal.com . Families may also apply at County Welfare offices, and, in some counties, at community clinics, county clinics and hospitals where the parent or child is a patient. It can take up to 45 days to get Medi-Cal. Medi-Cal beneficiaries are entitled to services from the first of the month in which they apply, or they can apply for “retroactive” services for up to three months before the date they apply. To have an application mailed to you or to find out where to apply, you may call 1-800-300-1506.

### **How do people get services?**

- After a temporary period of Fee-for-Service (regular) Medi-Cal, services such as office visits, hospitalization, medicines, and vision care will most likely be provided through a health plan or “managed care”. Children go to the doctor, clinic, hospital and pharmacies that are part of their health plan. Family members may join different plans.

### **Does getting Medi-Cal hurt someone’s chances of adjusting their immigration status?**

- No, using Medi-Cal or other health services should not affect the family member’s or the family’s immigration status unless they use Medi-Cal to pay for long-term care (nursing home or other institutionalized care). Health care is not considered a “public charge”. For more information, call a community immigrants’ rights group or other advocacy organization.

### **What can someone do if they have a problem getting services in Medi-Cal?**

All Medi-Cal beneficiaries have a right to a fair hearing if a health service they want or need is denied, reduced, delayed or stopped. They have a right to continue receiving services while waiting for a hearing but they must file for a hearing before the change in services is scheduled to occur. Families may file for a hearing by calling the state at 1-800-952-8349 (toll free). Families may also call the Health Consumer Center of Los Angeles at **1-800-896-3202**.