



## CalFresh & Medi-Cal: After the Application

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### CalFresh Applications: In Person

Our office may be able to do the interview the same day the customer calls or comes in to the office or the interview *may* be scheduled for a later date.

### CalFresh Applications: Phone, Faxed, BenefitsCal.com, Mailed, etc.

The customer is contacted (by phone, if possible) in 1-3 business days to schedule an interview. The customer will be contacted sooner if it is an expedited services request (see below).

- The customer chooses to interview in person or by phone.
- If the customer can't be reached, a phone appointment is scheduled. If no phone number has been provided it is scheduled as in person.
- The customer is sent an appointment letter.
- The customer can change the appointment time or method by calling 877-410-8809.

### The Interview

The interview lasts *approximately* thirty minutes to an hour.

- The customer will be given information about the program, their rights, and their responsibilities. They will be asked demographic and financial information about their household.
- The CalFresh interview will also address health care coverage needed.
- If all needed verifications are submitted benefits may be able to be authorized the day of the interview. Otherwise, the customer is given a "request for verification" letter giving the customer ten days to submit needed documents.

### After the Interview

CalFresh applications are determined within 30 days. Once eligibility is determined a Notice of Action (NOA) is mailed to the customer showing whether the application is approved or denied. The approval NOA outlines the benefit amount and how to access benefits. The denial NOA outlines why the application was denied and how to appeal the decision.

### Expedite (Emergency)

Customers who meet the criteria for expedited services will be interviewed within 3 working days. If the applicant is unreachable by phone Social Services is *required* to mail an appointment letter which may not arrive until *after* the appointment time. Inform the customer that providing current contact information is very important.

### Missed Appointments

If the customer misses an appointment, they are sent a Notice of Missed Interview (NOMI) which informs them that the application will be denied unless Social Services is contacted by the 30th day after the application. The customer can call Social Services to reschedule.

### EBT Cards

Electronic Benefit Transfer (EBT) cards are often provided before authorization so that customers don't have to visit the office twice. With phone interviews they are mailed after the interview, unless the customer requests pick up. There may be no benefits on the card yet. Some customers may get an EBT card even if the application is denied.

## Health Care Coverage applications: In Person and Eureka Call Center

Every attempt is made to interview the customer the same day comes in to the office; the interview *may* be in the next few business days. The interview will last *approximately* thirty minutes to an hour.

## Health Care Coverage Applications: NOT in Person (faxed, mailed, BenefitsCal.com, CoveredCA.com, etc.)

If enough information is submitted with the initial application, the application can be processed without needing additional forms or a phone interview.

- If there is not enough information, a Health Care Coverage (HCC) Packet is mailed within five (5) business days.
- The HCC Packet will need to be completed and returned in the enclosed postage paid envelope within ten (10) days; the due date will be on the letter. Some verifications, such as paystubs, may also be needed.
- The customer can call the Eureka Call Center and request an immediate phone interview; this is a better option for many people.
- If the packet is not returned and the customer doesn't call in for a phone interview, a second request letter is sent giving an additional ten days.

## After the eligibility review or interview

Once eligibility is determined a Notice of Action (NOA) letter is mailed to the customer showing if the application was approved or denied.

- Medi-Cal (MC) eligibility starts the first of the month of application; for example, if the customer applies May 29 and is found eligible June 2, coverage begins May 1.
- The approval letter explains if the customer is eligible for Medi-Cal or Covered California subsidized insurance. Some household members may be eligible to different programs.
- The denial letter outlines why the application was denied and how to appeal the decision.
- A customer can apply for up to three months retro-active Medi-Cal; a separate NOA is sent on that application.
- Medi-Cal applications are determined within 45 days.
- A customer approved for Covered California subsidized insurance needs to pick a plan **and** pay for the first month before coverage begins. This means coverage can begin no sooner than the month after application, and often two months after.

## Immediate Need

An immediate need is when a customer cannot get services without coverage, for example, has a prescription to pick up, or they can't be referred to a specialist.

If the customer has an immediate medical need, Social Services will work with the customer and those assisting the customer to process the application as quickly as possible. All verifications must be received before Medi-Cal can be authorized.