



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Spousal Impoverishment

Thank you for your interest in one of our 1915(c) Home and Community-Based Services (HCBS) waiver programs. Please read this flyer for information about next steps:

If you are on a wait list for a HCBS waiver or program, special Medi-Cal eligibility rules (called spousal impoverishment) may apply to you.

- Special Medi-Cal eligibility rules may apply to you if you are married or in a registered domestic partnership, meet the medical requirements, and have requested HCBS.
- You must apply and be approved for Medi-Cal to get the waiver services you asked for once a space is open for you.
- You may apply for Medi-Cal at your local county Medi-Cal office. You may apply online, by mail, or by phone. You can also learn more about applying, and see the Medi-Cal office list, on the Department of Health Care Services (DHCS) website at <http://www.dhcs.ca.gov>.

When you apply for Medi-Cal:

- Reference or provide this flyer to your local county Medi-Cal office representative when you apply for Medi-Cal.
- The county will contact you if they need more information for your Medi-Cal application.
- The county may ask you to let them get information from your doctor by signing a Doctor's Verification form. If your doctor gives the information to the county that you meet the medical requirements, they may be able to use special eligibility rules to see if you qualify for no cost Medi-Cal or Medi-Cal with a lower share of cost.

This does not guarantee that you qualify for Medi-Cal, nor does it guarantee that the special eligibility rules apply to your case. You must be Medi-Cal eligible, and have a separate physical evaluation, before you can participate in Medi-Cal's HCBS waivers or programs.

For questions or to learn more about how you may qualify for Medi-Cal, please contact your local county Medi-Cal office.

To be filled out by Waiver Administrator

Name of individual requesting HCBS: _____

Date individual requested HCBS: _____

Waiver Administrator Name: _____

Waiver Administrator Contact (Name and Phone): _____

DHCS complies with applicable Federal and State civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
 - Qualified sign language interpreters
 - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Office of Civil Rights, at 1-916-440-7370, 711 (California State Relay) or email CivilRights@dhcs.ca.gov.

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Office of Civil Rights.

PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370, 711 (California State Relay)
Email: CivilRights@dhcs.ca.gov

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

U.S. Department of Health and
Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TDD 1-800-537-7697

You can get a complaint form at: <http://www.hhs.gov/ocr/office/file/index.html>