

# Working Disabled Program

The 250% Working Disabled Program (250% WDP) allows certain working disabled individuals to become eligible for Medi-Cal by paying low monthly premiums based on net countable income. Program enrollment is done at the local county welfare department.

## To Qualify, Individuals Must Meet the Following Criteria:

1. Continuously meet the federal definition of disability, without regard to ability to perform substantial gainful activity.
2. Work Requirement: To be eligible for the program, you must be working and must report any work activity or service you are paid for to your local county welfare department. There are no minimum hours or amount you must earn in order to be eligible. For example, your work activity could be regularly picking up recyclable items to earn income. You are required to show proof of employment or self-employment, with a pay stub, written verification from an employer, or other credible evidence of self-employment.

**Reminder** – To be considered for this program, the application must include information about your work activities. If you already applied, then you can forward your employment verification to your local county welfare department or ask for information on how to submit your documentation.

3. Have net family income of less than 250 percent of the federal poverty level; and
4. Eligible to receive Supplemental Security Income/State Supplementary program benefits if it were not for your earned income.

## Waiver of Premiums During COVID Emergency

Due to the state of emergency, participants in the 250% WDP may request a waiver of monthly premiums for the months of March 2020 through the end of the public health emergency for individuals or couples who have been impacted.

If you cannot pay your 250% WDP premiums because of school closures, unemployment, or other reasons as a result of the COVID-19 public health crisis, please submit your request for your premium to be waived by calling 916-445-9891 and letting our support staff know that you are having a hardship as a result of the COVID-19 emergency, or by using the 250% WDP Online Inquiry form below. If you have already paid your premiums, you may request a credit towards future months.

- **250% WDP Online Inquiry Form**

(<https://apps.dhcs.ca.gov/AutoForm2/default.aspx?af=5692>)

This form may also be used for requesting information on the 250% WDP, including confirming receipt of a premium payment, inquiring about premium payment history, inquiring about the status of a premium payment refund, and Electronic Funds Transfer (EFT) payment assistance. We will respond to your inquiry by secure email within 24 hours.

For questions about WDP payments, you may also call the Phone Support Unit at (916) 445-9891 Monday through Friday, between the hours of 8:00 AM – 12:00 PM or 1:00 PM – 5:00 PM.

## DHCS - Electronic Funds Transfer (EFT) Payments

- To make an EFT 250% WDP payment, go to the **Sign In** (<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>) page of the EFT Website.
- Refer to the **EFT Information Guide** (</services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf>) for detailed instructions on making EFT payments.

### To Enroll:

EFT offers 250% WDP beneficiaries the option to make a payment online, which ensures funds are securely delivered on the selected business date(s). Establishing an Enrolled User EFT account allows you to access payment history, schedule payments up to three months in advance, and cancel scheduled payments.

### Requirements Before Enrolling:

- A valid email address
- Personal Bank Account (Verify with your bank for the correct account and routing numbers)

You must complete one of the following enrollment forms below in order to establish an Enrolled User EFT account.

- **Online EFT Enrollment AutoForm**  
**(<https://apps.dhcs.ca.gov/AutoForm2/default.aspx?af=5577>)** – This online feature is only available for 250% WDP beneficiaries utilizing their own bank information.
- **EFT Enrollment Form Mail-in (PDF)**  
**([/services/Documents/EFT Enrollment Form 6252 0619.pdf](/services/Documents/EFT%20Enrollment%20Form%206252%200619.pdf))** – The 250% WDP beneficiary, or an authorized representative of the beneficiary, must complete and mail this form to the Department of Health Care Services (DHCS).

Allow up to five business days for processing. DHCS will email you a security code and mail you a letter confirming your DHCS EFT Account after your enrollment has been processed.

### Already Enrolled:

If you have completed the Enrollment Form and received the confirmation letter and email, please go to the **Sign In (<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>)** page of the EFT website and under "First Time User," click the Register button to establish/activate your account, and start making your monthly payments (Refer to the **EFT Information Guide** (</services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf>), page 6, for detailed instructions).

### Returning User:

Go to the **Sign In (<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>)** page of the EFT website and under "Returning User," enter the Username and Password you created during the Registration process. Refer below to the Frequently Asked Questions (#3) for more information.

## One-Time Payment Option:

Go to the **Sign In (<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>)** page of the EFT website and click "TPLRD One-Time Pay option" located at the top of the page.

- This option does not provide payment history.

## Mail-in Payment

When mailing your 250% WDP payment, send to:

**Department of Health Care Services  
Third Party Liability and Recovery Division  
Working Disabled Program - Dept. 155 - MS 4718  
P.O. Box 997421  
Sacramento, CA 95899-7421**

Include your Client Index Number (CIN) with your payment. See explanation for CIN in the answer to question #1 below.

## 250% WDP Frequently Asked Questions

### 1. What is my Client Index Number (CIN)?

Your CIN is the set of eight consecutive number (beginning with a "9") followed by one letter, (example: 90000000A), located on your Medi-Cal Benefits Identification Card (BIC). This is also your DHCS Account Number.



Old Design



New Design

2. **How do I use the DHCS - Electronic Funds Transfer (EFT) payment option?**

The [EFT Information Guide \(/services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf\)](/services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf) provides step-by-step instructions on how to make an EFT payment. You will need your DHCS Account Number (same as CIN), your bank account number, and your routing number to make an EFT payment.

3. **I forgot my User ID and/or Password?**

Go to the [Sign In \(https://www.govone.com/PAYCAL/DHCSTP/Account/Logon\)](https://www.govone.com/PAYCAL/DHCSTP/Account/Logon) page of the EFT website and under "Returning User" click the Forgot Username? or Forgot Password? link or call a customer representative at [\(800\) 554-7500 \(option 0\)](tel:8005547500). Refer to the [EFT Information Guide \(/services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf\)](/services/Documents/DHCS-6252-EFT-Attorney-and-Member-Info-Guide.pdf), page 11, for detailed instructions.

4. **Can I set up a recurring payment plan with the EFT payment option?**

No. The EFT system does not have a recurring payment feature but you can schedule single payments in advance up to 90 days. After scheduling a payment, there is a "New Payment" button that gives you the option to schedule another payment.

5. **If I enroll in the EFT Enrolled User option and send you a copy of a voided check, will my payment be deducted automatically from my bank account each month?**

No. By enrolling in the EFT Enrolled User option, payments are not automatically deducted from your bank account. Enrolled Users are responsible for logging in and scheduling payments to DHCS.

6. **How do I set up an automatic monthly payment through my bank account?**

Your bank must be willing to send a check on your behalf each month through their bill payment services. It is your responsibility to pay any fees that your bank may charge for this service. You will need to provide the bank with the 250% WDP payment mailing address and your DHCS Account Number (example shown in question #1). The bank will also need to know the payment amount and the pay date you want the check sent to DHCS each month.

7. **Did you receive my check or Electronic Funds Transfer (EFT) payment?**

Please refer to your bank statement or contact your financial institution to confirm whether your payment was made to the Department of Health Care Services, 250% Working Disabled Program.

**8. Can I request payment envelopes?**

We no longer provide postage paid business reply envelopes. The Department of Health Care Services is encouraging the use of Electronic Funds Transfer, otherwise known as EFT, as it is faster, cheaper, and greener. To use EFT to make your 250% WDP payment, go to the **Sign In** (<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>) page of the EFT website.

**9. Can I request an invoice?**

The Department of Health Care Services does not provide invoices for the 250% WDP. Your monthly premium is listed on your Notice of Action from your County Eligibility Worker. It is your responsibility to make your monthly payment as soon as you become eligible for this program.

**10. What if I missed a payment(s) or my payment is late?**

Please continue making your payments based on the Notice of Action you received from your local county welfare department, which lists the monthly premium amount. You are currently not at risk of losing benefits.

**11. Am I eligible for the 250% WDP?**

Please contact your local county welfare department for 250% WDP enrollment, to request an evaluation, and/or questions about your eligibility. The phone number can be found in the government pages of your local white pages or on the county website (<http://dhcs.ca.gov/COL>). If you have additional questions regarding eligibility, you may contact the DHCS Medi-Cal Eligibility Division at (916) 552-9200.

**12. How do I request a refund?**

When requesting a refund, you will need to provide satisfactory evidence of payment; e.g., copy of canceled check(s), copy of bank statement, and/or EFT reference number. If you have additional questions, contact the 250% WDP at (916) 445-9891. Hours of operation: Monday through Friday - 8:00 a.m. to 5:00 p.m., closed from 12:00 p.m. to 1:00 p.m.. Closed on weekends and State Holidays.

**13. Do you have any changes?**

Please contact your local county welfare department to report any personal information changes such as any of the following examples:

- New Address
- New Phone Number
- Change in Income/Salary

- No Longer Working

Information entered in the Electronic Funds Transfer (EFT) Payment Website will not affect your records on the Medi-Cal Eligibility Data System. Please refer to your [local county welfare department \(/services/medi-cal/Pages/CountyOffices.aspx\)](/services/medi-cal/Pages/CountyOffices.aspx) and their contact information.

Back to the [TPLRD Home Page \(/services/Pages/ThirdPartyLiability.aspx\)](/services/Pages/ThirdPartyLiability.aspx)

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## **Non-Discrimination Policy and Language Access (/Pages/Language\_Access.aspx)**

Access Health Care Language Assistance Services (SB 223)  
(/Pages/Health\_Care\_Language\_Assistance\_Services.aspx)

العربية (/Pages/Language\_Access.aspx#arabic) | Հայերեն  
(/Pages/Language\_Access.aspx#armenian) | ལྷོ་སྐད་  
(/Pages/Language\_Access.aspx#cambodian) | 繁體中文  
(/Pages/Language\_Access.aspx#chinese) | فارسی (/Pages/Language\_Access.aspx#farsi) |  
हिंदी (/Pages/Language\_Access.aspx#hindi) | Hmoob  
(/Pages/Language\_Access.aspx#hmong) | 日本語  
(/Pages/Language\_Access.aspx#japanese) | 한국어  
(/Pages/Language\_Access.aspx#korean) | ລາວ (/Pages/Language\_Access.aspx#laotian) |  
ਪੰਜਾਬੀ (/Pages/Language\_Access.aspx#punjabi) | Русский  
(/Pages/Language\_Access.aspx#russian) | Español  
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062819.pdf)

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