

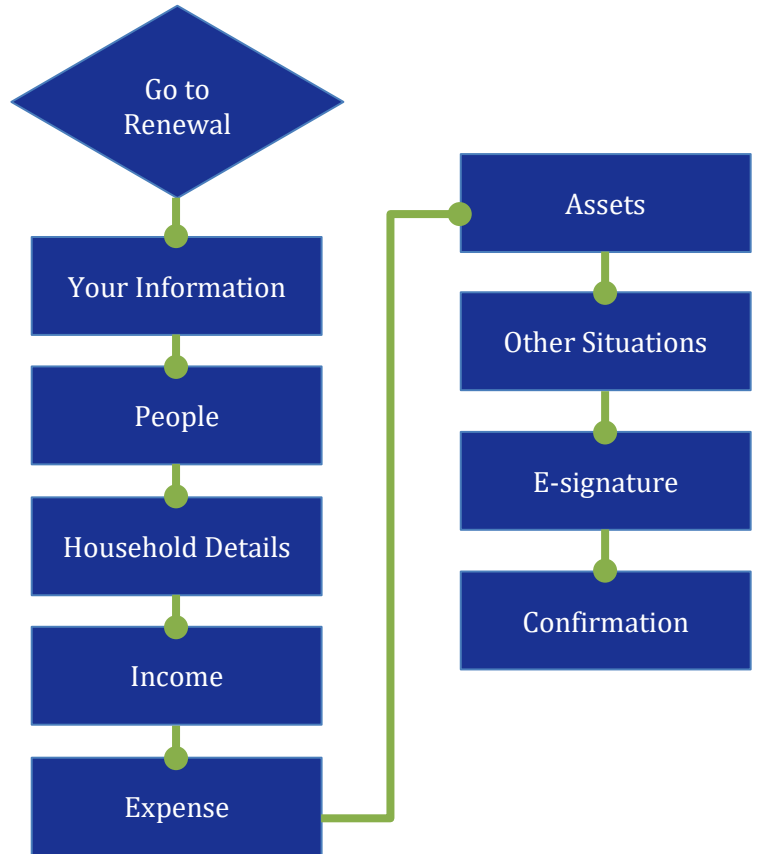
BenefitsCal | Quick Guide: Renewal

Purpose

The purpose of the BenefitsCal Quick Guide is to provide instructions to assist customers with their renewal of benefits.

Medi-Cal renewal can be completed online. CalFresh requires a phone interview or in person interview and CalWORKs redeterminations require face-to-face interview.

High-Level Process Flows



FAQs

Q: How will a customer know that they need to renew their Medi-Cal benefits?

A: A renewal reminder will display on the Customer Dashboard within the To-Do section, and any County-sent notices or correspondence will display within the Message Center.

Q: Can customers apply for additional programs prior to renewal?

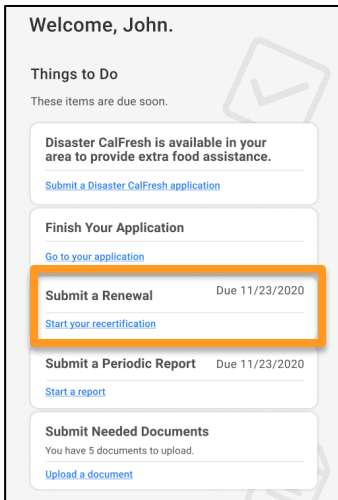
A: Customers may apply for additional programs at any time, before, during, or after the renewal period for Medi-Cal.

Q: Can customers start their renewal early?

A: BenefitsCal will not allow the customers to start the renewal early.

Renewal Process:

1



Welcome, John.

Things to Do
These items are due soon.

Disaster CalFresh is available in your area to provide extra food assistance.
[Submit a Disaster CalFresh application](#)

Finish Your Application
[Go to your application](#)

Submit a Renewal Due 11/23/2020
[Start your recertification](#)

Submit a Periodic Report Due 11/23/2020
[Start a report](#)

Submit Needed Documents
You have 5 documents to upload.
[Upload a document](#)

Dashboard

From the Customer Dashboard, select the Renewal tile.

2

The screenshot shows a mobile interface for a renewal process. At the top, a header reads "Let's keep those benefits going!". Below this is a box with a deadline: "Complete this by 11/12/2020". Underneath the deadline, it says "Share all of your changes since you last reported for the following programs:" and lists "Medi-Cal" with a heart icon. The next section, titled "Here's how it works.", contains a three-step process: 1. "Fill in and submit your renewal" (with a pencil icon), 2. "Upload documents" (with a document and upload icon), and 3. "We'll review your renewal and let you know if we need more information." (with a magnifying glass icon). Below the steps is a section titled "Need help in your language?" with a dropdown arrow. The text below this section states: "You can get this form in another language or accessible format of your choice. To ask for help in your language, call: 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX)". At the bottom of the screen is a large grey button labeled "BEGIN". Orange boxes highlight the deadline box, the "Here's how it works." section, the "Need help in your language?" section, and the "BEGIN" button.

Dashboard > Renewal

The system will display a summary of the renewal, including the date the renewal is due.

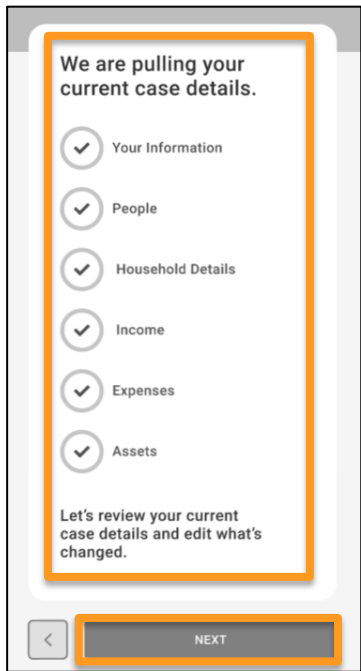
A summary of the process lets the customer know what to expect.

Clicking the caret under Upload documents will display the types of documents that may be necessary to complete the renewal.

Click the **BEGIN** button.



3

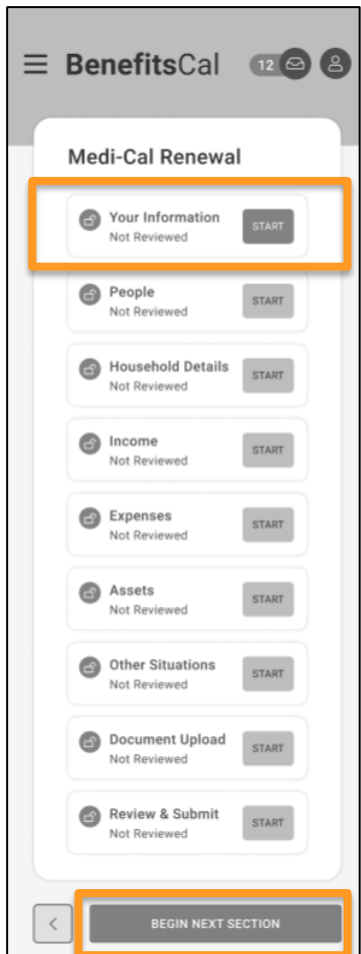


Renewal

Case details are being pulled to allow the customer to see current case details. Customers will be able to edit changes that have occurred.

Click the **NEXT** button.

4



Renewal

The summary displays all the sections and the status for each section.

Click the **START** or **BEGIN NEXT SECTION** button.

5

Let's review your address and contact information.

If the information we have on file is no longer correct, please edit.

Name [Edit](#)
Jane Doe

Home Address [Edit](#)
None added
(Experiencing Homelessness)

Mailing Address [Edit](#)
P.O. Box 908
Sepulveda, CA
94568

Contact Information [Edit](#)
Mobile Phone (818) 607-0987
Alternate (818) 876-4567
Email johndoe@mail.com

Languages [Edit](#)
Prefer to read English
Prefer to speak English

[←](#) **THIS LOOKS CORRECT**

Address and Contact Information

Review the address and contact information. Click the **Edit** hyperlink to update the home address.

If the information is current, click **THIS LOOKS CORRECT** button.

6

Where do you currently live?

Address Line 1 (required)

Address Line 2

City (required)

County (required)
- Select One -

State
California

Zip Code (required)

[←](#) **NEXT**

Address Information

Add the new home address:

- ✓ Address
- ✓ City
- ✓ County
- ✓ Zip Code

Click the **NEXT** button

7

Where do you receive your mail?

Address Line 1 (required)

Address Line 2

City (required)

State (required)

- Select One -

Zip Code (required)

NEXT

Address Information

Add the new mailing address:

- ✓ Address
- ✓ City
- ✓ County
- ✓ Zip Code

Click the **NEXT** button

8

Medi-Cal Renewal

✓ Your Information
Reviewed UPDATE

People
Not Reviewed START

Household Details
Not Reviewed START

Income
Not Reviewed START

Expenses
Not Reviewed START

Assets
Not Reviewed START

Other Situations
Not Reviewed START

Document Upload
Not Reviewed START

Review & Submit
Not Reviewed START

BEGIN NEXT SECTION

Medical Renewal Menu

The Summary displays all the sections to complete, and the status for each section.

Click the **START** button or **BEGIN NEXT SECTION** at the bottom of the screen.

9

Let's review your household members.

If anyone moved out of your household or passed away, please edit.

Jane Doe (34) [Edit](#)
Spouse
1234 Castle Drive
Happy Town, CA 94567

Rob Doe (18) [Edit](#)
Son
1234 Castle Drive
Happy Town, CA 94567

Caitlyn Doe (15) [Edit](#)
Daughter
1234 Castle Drive
Happy Town, CA 94567

Tessa Doe (8) [Edit](#)
Daughter
1234 Castle Drive
Happy Town, CA 94567

Did someone move in or have a baby?

[+ ADD ANOTHER MEMBER](#)

[THIS LOOKS CORRECT](#)

Household Members

Review members in household, their age and address. Click the **Edit** hyperlink to update information for an individual.

To add another new member to the household click **ADD ANOTHER MEMBER** button and complete screens.

Click the **THIS LOOKS CORRECT** button if everything is correct.

10

Medi-Cal Renewal

Your Information Reviewed [UPDATE](#)

People Reviewed [UPDATE](#)

Household Details Not Reviewed [START](#)

Income Not Reviewed [START](#)

Expenses Not Reviewed [START](#)

Assets Not Reviewed [START](#)

Other Situations Not Reviewed [START](#)

Document Upload Not Reviewed [START](#)

Review & Submit Not Reviewed [START](#)

[BEGIN NEXT SECTION](#)

Medi-Cal Renewal Summary

Now that People displays a status of Update, the next section Household Details is ready to start.

Click the **START** button or **BEGIN NEXT SECTION** at the bottom of the screen.

11

Step 3 - Household Details

Let's review some household information.

If the information we have on file is no longer correct, please edit.

Long-Term Care (Like assisted living or hospice) [Edit](#)

<Name (Age)>
<Facility Name>
<Address line 1
Address line 2>

[+ Add Another](#)

Deceased [Edit](#)

<Name (Age)>

[+ Add Another](#)

[<](#) **THIS LOOKS CORRECT**

Household Details

Review household information, if someone in long-term care changed facilities click the **Edit** hyperlink and complete the new screen(s).

If a household member has entered long term care click **ADD ANOTHER** button and complete screens.

Click the **THIS LOOKS CORRECT** button if everything is correct.

12

Let's review your tax details.

If the details we have on file are no longer correct, please edit.

John Doe (36) [Edit](#)

Tax Filing Status	Head of Household
Primary Tax Filer	Yes
Plans to file a tax return	Yes
Expects to be required to file a tax return	Yes

Jane Doe (34) [Edit](#)

Tax Filing Status	Married Filing Jointly
Primary Tax Filer	Yes
Plans to file a tax return	Yes
Expects to be required to file a tax return	Yes

Rob Doe (18) [Edit](#)

Tax Filing Status	Dependent
Primary Tax Filer	No
Plans to file a tax return	No
Expects to be required to file a tax return	No

[<](#) **THIS LOOKS CORRECT**

Household Details

Review tax filing status for the household. Click the **Edit** hyperlink to update tax filing information for an individual.

Click the **THIS LOOKS CORRECT** button if everything is correct.

13

Let's review any changes to your household.

Select if someone in your household...

- Is Currently Pregnant
- Was in Foster Care on Their 18th Birthday
- Is a Person With a Disability
Physical, mental, emotional, or developmental disability.
- Had a Change in Their Immigration or Citizenship Status in the Last 12 Months
Only include household members who receive Medi-Cal.
- Is Currently a Full-Time Student
- None of These Apply

< NEXT

Household Details

Click the checkbox next to any changes to the household.

Click the **NEXT** button.

14

Who is pregnant?
(required)

- Jane Doe (34)
- Tessa Doe (8)
- Caitlyn Doe (8)

< NEXT

Household Details

Click the radio button next to the pregnant person.

Click the **NEXT** button.

Here is a summary of your household details.

Pregnancy [Edit](#)

Jane Doe (34)
John Doe (34)

[+ Add Another](#)

Foster Care

No one added

[+ Add Another](#)

Person With a Disability [Edit](#)

Rob Doe (18)

[+ Add Another](#)

Immigration Status Change [Edit](#)

Rob Doe (18)

[+ Add Another](#)

Full-Time Student [Edit](#)

Rob Doe (18)

[+ Add Another](#)

[<](#) [THIS LOOKS CORRECT](#)

Household Details

Review the household details and click **Edit** if any information that has changed and **Add Another** if needed.

Click the **THIS LOOKS CORRECT** button if everything is correct.

Step 9 - Review & Submit

Before we submit, let's review your rights and responsibilities.

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, and clothing
- I understand my **Rights and Responsibilities** and agree to comply with my responsibilities
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost
- I certify I was given a copy of **The Rights, Responsibilities, and Other Important Information (SANS 7A S&P)**.

I also certify that I got a copy of the following: **Welfare to Work Informing Notice (WTW 5)** (required)

Signature of applicant, caretaker relative or authorized representative

First Name (required)

Last Name (required)

Date (required)

Signature of spouse, domestic partner or other parent living in the home

First Name (required)

Last Name (required)

Date (required)

By checking this box, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Review and Submit

Customers are responsible for reading the 'Rights and Responsibilities and Other Important Information'.

If the customer is receiving CalWORKs, they should select the **Welfare to Work Informational Notice** checkbox to confirm.

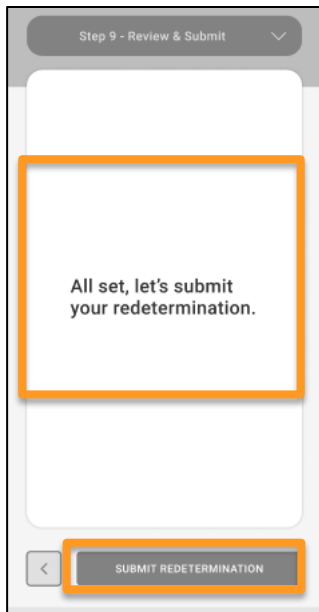
Head of Household enters **First Name, Last Name**, and today's **Date** (MM/DD/YYYY).

Enter the signature of the spouse, domestic partner, or other parent by entering the **First Name, Last Name**, and today's **Date** (MM/DD/YYYY).

Click the box to electronically sign the renewal.

Click the **SUBMIT SIGNATURE** button to continue.

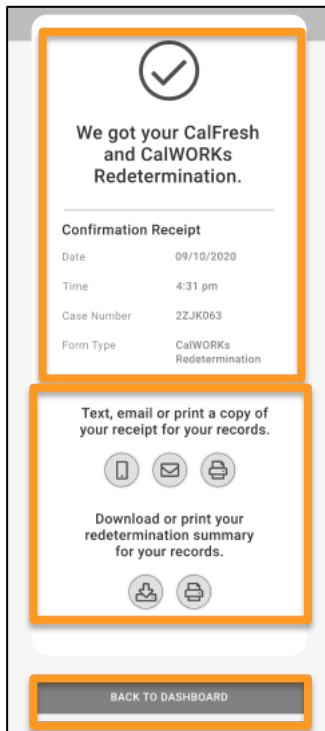
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Review and Submit

Click the **SUBMIT REDETERMINATION** button to submit the renewal/recertification/redetermination.

18



Confirmation

A Confirmation receipt is available and including the following:

- ✓ Date
- ✓ Time
- ✓ Case Number
- ✓ Form Type

Click a save receipt method text, email, or print a copy.

Click the **BACK TO HOME** button to return to the Customer Dashboard.