HEALTH BENEFITS INFORMING PACKET

PLEASE KEEP THIS PACKET

Read these forms carefully and keep them for information.

If you would like more information or a referral for other services, please call the Customer Service Center at 1-877-652-0731.

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services or activities. The County does not discriminate on the basis of disability in its hiring or employment practices.

NAME OF FORM	DATE	FORM NUMBER
Health Benefits Informing Packet Coversheet	05/20	COVERSHEET (DARK BLUE)
Important Information for Persons Requesting Medi-Cal	11/15	MC 219
Form 1095-B Beneficiary Notice	10/15	FORM 1095-B
Medi-Cal Information for Applicants	02/15	MC 018
Early and Periodic Screening, Diagnostic and Treatment	11/12	MC 003
Breast and Cervical Cancer Treatment	09/09	MC 372 INFO NOTICE
Notice of Language Services	06/17	GEN 1365
Your Rights Pamphlet	08/16	PUB 13
My Medi-Cal: How to Get the Healthcare You Need	02/19	PUB 68
Insert for My Medi-Cal How to Get the Health Care You Need, Version 0718		
Child Health and Disability Prevention Program Pamphlet	09/15	PUB 183
Family Planning Pamphlet	04/07	PUB 275
Women, Infants & Children	02/12	WIC
NVRA Voter Preference Form	01/13	01/13 NVRA
California Voter Registration Card		VRC
		Brown Envelope
		Staple

KEEP THIS FOR YOUR RECORDS

What you need to know when you apply for and enroll in Medi-Cal

When I apply for Medi-Cal, how will my information be used?

County social services offices and/or Covered California will ask for personal information about you to decide if you, or a person you are responsible for, qualify for Medi-Cal benefits. You must give this personal information to get Medi-Cal benefits.

The personal information gathered about you may be used in the following ways:

- By Covered California and the county social services office to find out if you are eligible for Medi-Cal or enrollment into Covered California.
- By the State's administrative vendors to process claims and/or premium payments and to issue Benefits Identification Cards (BICs).
- By the United States Department of Health and Human Services for audits and quality control reviews and to verify Social Security Numbers (SSNs).
- To verify immigration status with the Department of Homeland Security (DHS), if required. Information shared with DHS cannot be used for immigration enforcement unless you are committing fraud.
- By medical services providers and Health Maintenance Organizations (HMOs) to confirm that you qualify for services.
- To identify other health insurance coverage and to recover costs when necessary. In other ways, but only if required by law.

To read about your privacy rights and Medi-Cal, see the Department of Health Care Services Notice of Privacy Practices. You can find it at:

www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx

What are my rights when I apply for Medi-Cal?

1. You have a right to fair and equal treatment regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, political beliefs, veteran's status or disability.

   You have a right to file a complaint if you think that the Medi-Cal program has discriminated against you or has failed to provide the reasonable accommodations required by state and federal law.

   You can make a complaint by calling the Department of Health Care Services (DHCS), Office of Civil Rights at 1-916-440-7370 (TTY: 1-916-440-7399) or by going online at: **www.dhcs.ca.gov/Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx**

2. You have the right to be evaluated to see if you may be eligible for any Medi-Cal program.
3. You have the right to information about the Medi-Cal program and help applying for Medi-Cal.
4. You have a right to an interpreter if you need help applying for Medi-Cal, have questions, or have difficulty speaking, reading or understanding English.
5. You have a right to a face-to-face interview with a county social services worker.
6. If you think you are disabled, you can ask that Medi-Cal review your application to see if you qualify for coverage for disabled persons.
7. If you received health services in the three months before the month of your application, you have a right to be evaluated to see if you are eligible for Medi-Cal to pay for those services. This is called *retroactive eligibility*. Contact your county social services office to find out more or ask for retroactive eligibility.
8. You have a right to be told in writing whether you qualify for Medi-Cal or whether there are any changes to your eligibility status.
9. You have a right to have all the information you give to the county social services office or Covered California kept confidential. You can look at the personal information during your county social service office's regular office hours.
10. You have a right to an "immediate need" Medi-Cal card if you are eligible and have a medical emergency or you are pregnant.
11. You have a right to get Medi-Cal while waiting for your immigration status to be verified, if you meet all other eligibility requirements.
12. You have a right to choose the Medi-Cal health plan you want if there is more than one Medi-Cal plan offered in your county of residence.
13. By giving Medi-Cal past medical bills that you still owe, you can lower your Share Of Cost (SOC), if any. For more information about SOC, please contact your county social services office.
14. If your property counts toward qualifying for Medi-Cal benefits, you have the right to reduce your property to meet the Medi-Cal property limit by the last day of the month that you applied for Medi-Cal. The county social services worker can tell you more information about the property limit and meeting property requirements.
15. If you, or your spouse, enter a long-term-care facility on or after January 1, 1990, you and your spouse have the right to be told by the Medi-Cal program the amount of separate and community property you can keep and still be eligible for Medi-Cal.
16. You have a right to a state hearing if your application for Medi-Cal benefits has not been timely determined. Medi-Cal is required to determine your eligibility within 45 days of the date of your application, or 90 days if the basis of your eligibility is a disability, unless you have been asked to provide additional information and have not yet done so.

- If you want a state hearing on the timeliness of your Medi-Cal eligibility determination, you must ask for it. You may ask for a hearing on the timeliness of your Medi-Cal eligibility determination any time after the 45th or 90th day has passed.
- You can ask for a hearing by 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on a Notice of Action (form NA Back 9) to request a hearing and send the form, or other written request, to your nearest county social services office. The form is available through your county social services office or at **www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.**

17. You have a right to a state hearing if you are not satisfied with decision by the local county social services office, DHCS, or Covered California, except relating to the Health Insurance Premium Payment (HIPP) program. HIPP is not an entitlement program; therefore, there are no appeal rights for HIPP.
    - If you want a state hearing to appeal the decision, you must ask for it within **90 days** of the date the Notice of Action (NOA) was given or mailed to you.
    - If you do not get a NOA, you must ask for a hearing within **90 days** from the date you discovered the action or inaction you are not satisfied with unless the inaction is due to a delay in determining your application for Medi-Cal benefits.
    - You can ask for a hearing by 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on the NOA (form NA Back 9) to request a hearing and send the form, or other written request, to the location or fax number on the form. You may also visit your local county social services office and submit your request for appeal. The form is available through your county social services office or at **www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.**
18. You have a right to review your Medi-Cal file and all Medi-Cal program rules and regulation manuals that were used to decide if you are eligible for Medi-Cal.
19. You have a right to information about these programs and help getting these services:
    - Child Health and Disability Prevention Program
    - Special Supplemental Food Program for Women, Infants, and Children
    - Personal Care Services Program
    - Early and Periodic Screening, Diagnosis and Treatment Program
    - Family Planning Access Care and Treatment Program

20. You can talk to a social worker or county social services worker about other public or private services or resources such as CalFresh and CalWORKs.

What are my responsibilities if I get Medi-Cal?

You must tell your county social services worker about any of the following changes that have occurred within 10 days of the change:

1. You or a family member in your household has a change in income. This applies if the income goes up or down or starts or stops. This includes income from the Social Security Administration (SSA), loans, settlements, employment, unemployment and any other source.
2. You change your home or mailing address.
3. A person moves into or out of your home, whether or not the person is related to you or your family. This includes newborns and foster children.
4. You or a family member in your household gives birth, becomes pregnant, or ends a pregnancy.
5. You, your spouse, or any family member in your household enters or leaves a nursing home or a long-term-care facility.
6. You receive, transfer, give away, or sell real or personal property (including money), or open or close any bank accounts. This requirement only applies if property is counted for the Medi-Cal program you are enrolled in or are being evaluated for. You must also report if someone gives you or a family member in your household things such as a car, house or insurance payments.
7. You have expenses paid for by someone else.
8. Your or a family member in your household gets a job, changes jobs or no longer has a job.
9. You have a change in expenses related to your job or education, such as child care or transportation.
10. You or a family member in your household, including children, becomes physically or mentally disabled.
11. You or a family member in your household applies for or receive disability benefits with the SSA, Veterans Administration or Railroad Retirement.
12. You or a family member in your household who is applying for or getting Medi-Cal has a change in citizenship or immigration status.
13. You or a family member in your household has a change in health insurance coverage.
14. If you are enrolled in the Medi-Cal program for former foster youth, tell your worker if your home or mailing address changes. You do not need to tell your worker about other changes, such as changes to your income, job, or expenses.

You also must:

1. Give proof that you are a resident of California, when you are asked for it.
2. Declare your citizenship or immigration status, when you are applying for Medi-Cal.
3. Give a Social Security Number (SSN) for anyone who is applying for Medi-Cal benefits.
   - If you are a United States (U.S.) Citizen, a U.S. national, or a person with satisfactory immigration status, you must provide an SSN. If you do not have one, you must apply for an SSN and give the number to the county social services office within 60 days of your application.
   - You can get help applying for an SSN from the county social services worker. You must work with the Social Security Administration (SSA) to clear up any questions that arise or your Medi-Cal will be denied or stopped.
   - If anyone on your application who otherwise qualifies for Medi-Cal does not have a satisfactory immigration status, he or she can apply for restricted Medi-Cal benefits without giving an SSN.
4. Apply for other income or benefits you or any family member in your household are entitled to, unless there is good cause for not applying. This includes pensions, government benefits, retirement income, veterans' benefits, annuities, disability benefits, Social Security benefits (Old Age, Survivors and Disability Insurance) and unemployment benefits. This does not include public assistance benefits such as CalWORKs or CalFresh.
5. Apply for Medicare, if you are eligible. Individuals are eligible for Medicare if they are blind, disabled, have End Stage Renal Disease, or are 64 years and 9 months of age or older. You are responsible for telling your providers that you have both Medi-Cal and Medicare coverage.
6. Apply for and enroll in any health insurance that is available to you and your family at no cost.
7. Report to the county social services office and the health care provider any health care coverage or insurance that you have or are entitled to use, including Medicare. If you willfully do not give this information, you may be billed by your provider and be guilty of a crime.

You understand that:

1. You must use your other health care plan (such as Kaiser, TRICARE or a Medicare HMO) for medical care if you have other health insurance that covers that service. Medi-Cal may not pay for any services that are covered by other insurance.
2. If you dispute that you have other health coverage, you can either: 1) contact your local county social services worker; 2) call 1-800-541-5555; or, 3) complete the other health coverage removal form on the DHCS website at **http://dhcs.ca.gov/ohc.**
3. If you, or any family member in your household, obtain money from a legal settlement for injuries, including medical expenses that Medi-Cal paid for, Medi-Cal is entitled to be reimbursed from the medical expense portion of the settlement.
4. If you do not make a choice about how you want to get your benefits, you and family members in your household may be placed in a Medi-Cal health plan near your home.
5. You must sign your Benefits Identification Cards (BICs) and use it only to get necessary health care for yourself or eligible family members.
6. You must take your BIC to your medical provider when you are sick or have an appointment. In emergencies when you do not have your BIC, you must get the BIC to the medical provider as soon as possible.
7. You must tell DHCS at **http://dhcs.ca.gov/pi** when Medi-Cal paid for medical services you received that were the result of an accident or injury caused by another person. This includes a work place injury when a workers' compensation claim may be filed.
8. You must cooperate with the State or county to establish paternity and identify any possible medical coverage that you or your family may be entitled to through an absent parent, unless you are pregnant.
9. You must cooperate with the State if the quality control review team chooses to review your case. If you refuse to cooperate, your Medi-Cal benefits will be stopped.
10. If you don't apply for or keep no-cost health coverage or state-paid coverage, your Medi-Cal benefits and eligibility will be denied or stopped.
11. If you do not give necessary information or if you give information that you know is false, your Medi-Cal benefits may be denied or stopped. Your case may also be investigated for suspected fraud.
12. The information you give when applying for Medi-Cal will be checked by computer with facts given by employers, banks, SSA, Internal Revenue Service, Franchise Tax Board, social services and other agencies. This is to confirm income, citizenship, satisfactory immigration status, tax information and other related information to see if you and your family members in your household qualify for health insurance. You have the right to give proof to your county social services worker and/or Covered California to correct any wrong information.

13. Any changes in your information or the information of any family member in your household may affect the eligibility of other household members.

14. Only persons who are applying for Medi-Cal must give their SSN and information about their immigration or citizenship status. People who are not applying for Medi-Cal are not required to give an SSN or proof of immigration or citizenship status. You may choose to give a non-applicant's SSN to help find if other family members qualify.

15. Persons who do not have satisfactory immigration status and who otherwise qualify for Medi-Cal can apply for restricted Medi-Cal benefits without applying for or giving an SSN.

16. Information about a person's immigration status given on the Medi-Cal application is kept private and secure, as required by law.

17. Based on your income, you may have to pay a monthly premium for some Medi-Cal programs. For other programs you may have to pay some of the cost depending on your monthly income. If you have Medi-Cal with a SOC, you may have to pay or promise to pay for your medical expenses each month, up to the amount of the SOC, before Medi-Cal will pay for services.

18. If you do not report changes to your personal information right away, and then receive Medi-Cal benefits that you do not qualify for, you may have to repay DHCS.

19. You, or any family member receiving Medi-Cal, must **not** be getting public assistance from another state.

20. If you are receiving Medi-Cal based on disability and you apply for disability benefits from SSA, and SSA denies your disability claim, your Medi-Cal may be stopped.

    - If you appeal your SSA denial right away, you will keep getting Medi-Cal until SSA makes a final decision.
    - If SSA approves your appeal, you will keep getting Medi-Cal benefits.
    - If SSA denies your appeal, then your Medi-Cal benefits may stop.

21. As a condition of Medi-Cal eligibility, the State is automatically assigned all rights to medical support and payment for medical services for you and any eligible persons you have legal responsibility for.

22. If medical support is court-ordered from an absent parent for your children, the insurance carrier must allow you to enroll and must provide benefits to your children without the absent parent's consent.

23. Medi-Cal providers cannot collect private insurance co-payment, co-insurance or deductibles from you unless the payment is used to meet your Medi-Cal SOC, co-payment or both.

24. When you apply for Medi-Cal you will be evaluated to find out if you qualify for other medical assistance programs, including the HIPP Program.

25. If you have other health insurance coverage, you may only use Medi-Cal for services not covered by the other health care plan. Your Medi-Cal provider must verify that the service is not covered before billing Medi-Cal.

26. If you are admitted to a nursing facility and you do not intend to return home, the State may put a lien against your property.

27. After your death, the State must seek reimbursement from your estate for all Medi-Cal services you received after age 55 (including premiums paid on your behalf). This does not apply during the lifetime of your surviving spouse or registered domestic partner or if you are survived by a child under age 21, or by a child of any age who is blind or disabled (as defined by the federal Social Security Act), or if the recovery would create a hardship for your heirs. Please inform your heirs of this potential collection activity.

28. If you leave assets at the time of your death, when your surviving spouse or registered domestic partner dies, the State has the right to claim against your surviving spouse's or registered domestic partner's estate or against any recipient of those assets. Recovery is limited to the amount of Medi-Cal benefits paid on your behalf or the value of assets you own at the time of death, whichever is less.

29. The State may seek reimbursement from your estate for services you received (including premiums paid on your behalf) prior to your 55th birthday if you were an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution.
For more information please contact your county social services worker or go to DHCS's website at **http://dhcs.ca.gov/er**.

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State of California—Health and Human Services Agency

Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Notice: Medi-Cal beneficiaries will receive Internal Revenue Service Form 1095-B.

Dear Medi-Cal Recipient:

The Affordable Care Act (ACA) may require most people to have Minimum Essential Coverage (MEC) health insurance to meet the ACA's individual responsibility requirement in order to avoid a tax penalty. This includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage.

Per the Internal Revenue Code, the Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Form 1095-B to all Medi-Cal beneficiaries by January 31st of each year beginning in January 2016. Form 1095-B will list the months of Medi-Cal coverage you had that were considered MEC during the previous calendar year. You will use Form 1095-B as proof to report health coverage while filing your taxes with the IRS. DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal each year. This means you will receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, to ensure Form 1095-B contains the correct information, please contact your county human services agency to report changes to your address, income, tax filing status, or family size. For a complete list of county human services agencies, please visit http://dhcs.ca.gov/COL.

Important: SSI recipients: If you receive Medi-Cal through SSI, please contact the Social Security Administration at https://secure.ssa.gov/ICON/main.jsp to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, please visit the DHCS website at http://dhcs.ca.gov/1095 or call 1-844-253-0883 / (TTY) 1-844-357-5709.

Medi-Cal Eligibility Division
1501 Capitol Avenue, MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417
(916) 552-9430 phone, (916) 552-9477 fax
Internet Address: http://www.DHCS.ca.gov

Medi-Cal Information for Applicants

Welcome to Medi-Cal!

You are receiving the enclosed information because the application you submitted for affordable health coverage has been sent to the Medi-Cal program. Your Medi-Cal eligibility determination is either pending with Medi-Cal, or your application has already been processed. You will get a separate notice about your Medi-Cal eligibility.

Medi-Cal is required to provide these materials to persons who apply for health coverage. You are not required to return any of these materials to be eligible for Medi-Cal. The materials in this packet will provide you with information about Medi-Cal and your rights as a Medi-Cal beneficiary. Please make sure to carefully review all documents enclosed in this packet. If you have any questions, contact your local county social services office, which can be found at: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (English)

¡Bienvenido a Medi-Cal!

Está recibiendo la información adjunta porque la solicitud que presentó para la cobertura de salud asequible ha sido enviada al programa de Medi-Cal. Su determinación de elegibilidad para Medi-Cal está pendiente en Medi-Cal, o su solicitud ya ha sido procesada. Recibirá un aviso separado sobre su elegibilidad para Medi-Cal.

Medi-Cal está obligado a proporcionar estos materiales a las personas que solicitan la cobertura de salud. No es necesario que devuelva ninguno de estos materiales para tener derecho a recibir Medi-Cal. Los materiales en este paquete le proporcionan información sobre Medi-Cal y sus derechos como beneficiario de Medi-Cal. Asegúrese de revisar detenidamente todos los documentos incluidos en este paquete. Si tiene alguna pregunta, comuníquese con la oficina local de servicios sociales de su condado, la cual puede encontrar en: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Spanish)

مرحباً بك في Medi-Cal!

تتلقى المعلومات المرفقة لأن الطلب الذي تقدمت به للحصول على تغطية صحية ميسورة التكلفة تم إرساله إلى برنامج Medi-Cal. إن تحديد استحقاقك لبرنامج Medi-Cal يخضع للدراسة حالياً من قبل Medi-Cal أو أنه تم النظر بالفعل في طلبك. سوف تتلقى إخطاراً منفصلاً بشأن استحقاقك لبرنامج Medi-Cal.

على Medi-Cal تقديم هذه المواد إلى الأشخاص الذين يتقدمون للحصول على تغطية صحية. لست مطالباً بإعادة أي من هذه المواد حتى تكون مؤهلاً لبرنامج Medi-Cal. سوف تزودك المواد المدرجة في هذه الحزمة بمعلومات حول Medi-Cal وحقوقك كمستفيد من Medi-Cal. يرجى التأكد من مراجعة جميع المستندات المرفقة بهذه الحزمة بعناية. إذا كانت لديك أية أسئلة، فيرجى الاتصال بمكتب الخدمات المحلي في المقاطعة، والذي يمكنك العثور عليه على: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Arabic)

Բարի գալուստ «Medi-Cal»:

Դուք ստանում եք կից տեղեկությունները, քանի որ առողջության մատչելի ապահովագրության համար Ձեր ներկայացրած դիմումն ուղարկվել է «Medi-Cal» ծրագրին: «Medi-Cal»-ը կա՛մ ուսումնասիրում է «Medi-Cal»-ի Ձեր իրավասությունը, կա՛մ արդեն ավարտել է Ձեր դիմումի նայումը: Դուք առանձին նամակ կստանաք «Medi-Cal»-ի Ձեր իրավասություն վերաբերյալ:

«Medi-Cal»-ը պարտավոր է այս նյութերն ուղարկել այն անձանց, որոնք դիմում են առողջության ապահովագրության համար: «Medi-Cal»-ի իրավասության համար Ձեզանից չի պահանջվում վերադարձնել այս նյութերից որևէ մեկը: Այս փաթեթում պարունակվող նյութերը տեղեկություններ են պարունակում «Medi-Cal»-ի և որպես «Medi-Cal»-ի նպաստառու՝ Ձեր իրավունքների մասին: Խնդրում ենք ուշադրությամբ ծանոթանալ այս փաթեթում պարունակվող բոլոր փաստաթղթերին: Հարցերի դեպքում դիմեք Ձեր շրջանի սոցիալական ծառայությունների գրասենյակ, որը կարելի է գտնել հետևյալ հասցեում. **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Armenian)

ស្វាគមន៍មកកាន់ Medi-Cal!

លោកអ្នកកំពុងទទួលព័ត៌មានដែលមានភ្ជាប់ជាមួយ ដោយសារតែពាក្យសុំដែលលោកអ្នកបានដាក់ជូនសម្រាប់ការធានារ៉ាប់រងសុខភាពល្មមនឹងបង់ថ្លៃបាន ត្រូវបានបញ្ជូនទៅកាន់កម្មវិធី Medi-Cal។ ការកំណត់សិទ្ធិចូលរួម Medi-Cal របស់លោកអ្នក គឺមិនទាន់សម្រេចជាមួយ Medi-Cal ឬក៏ពាក្យសុំរបស់លោកអ្នកត្រូវបានដំណើរការរួចរាល់ហើយ។ លោកអ្នកនឹងទទួលបានសេចក្តីជូនដំណឹងមួយផ្សេងទៀត អំពីសិទ្ធិចូលរួម Medi-Cal របស់លោកអ្នក។

Medi-Cal តម្រូវឲ្យផ្តល់ឯកសារទាំងនេះ ដល់បុគ្គលទាំងឡាយណាដែលដាក់ពាក្យសុំការធានារ៉ាប់រងសុខភាព។ លោកអ្នកមិនត្រូវបានតម្រូវឲ្យផ្ញើត្រឡប់មកវិញនូវឯកសារទាំងនេះទេ ដើម្បីមានសិទ្ធិចូលរួម Medi-Cal។ ឯកសារនៅក្នុងស្រោមសំបុត្រនេះ នឹងផ្តល់ឲ្យលោកអ្នកនូវព័ត៌មានអំពី Medi-Cal និងសិទ្ធិរបស់លោកអ្នក ក្នុងនាមជាអ្នកទទួលអត្ថប្រយោជន៍ Medi-Cal។ សូមប្រាកដថា លោកអ្នកពិនិត្យដោយប្រុងប្រយ័ត្ននូវឯកសារទាំងអស់ ដែលមានភ្ជាប់ជាមួយនៅក្នុងស្រោមសំបុត្រនេះ។ បើលោកអ្នកមានសំណួរ សូមទាក់ទងការិយាល័យសេវាកម្មសង្គមកិច្ចខេត្ត តាមតំបន់របស់លោកអ្នក ដែលអាចរកឃើញនៅ៖ **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Cambodian)

歡迎加入到Medi-Cal！

您現在收到隨附的資訊是因為您遞交的平價保健福利的申請已被交給Medi-Cal計畫。Medi-Cal正在審核您的Medi-Cal資格，抑或已經受理了您的申請。您將另外收到一份有關您Medi-Cal資格性的通知。

Medi-Cal 必須向申請保健福利的人提供這些資料。您不需要為了能享受Medi-Cal而將這些資料中的任何部分寄還給我們。本資料包內的資料將為您提供有關Medi-Cal的資訊以及您作為Medi-Cal受益人而享有的權利。請務必仔細查閱本資料包內隨附的所有文檔。如果您有任何疑問，請跟您的資格管理人員聯繫。或者跟您當地的縣社會服務辦公室聯繫，縣社會服務辦公室聯繫資訊可在 **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx**找到。 (Chinese)

به Medi-Cal خوش آمدید!

این اطلاعات به شما ارسال می شود زیرا فرم تقاضایی که برای پوشش ارزانقیمت بهداشتی ارسال کرده بودید به برنامه Medi-Cal ارسال شده است. تعیین صلاحیت برخورداری از Medi-Cal شما یا در وضعیت بررسی از سوی Medi-Cal قرار دارد یا به فرم تقاضای شما رسیدگی شده است. اطلاعیه جداگانه ای در مورد صلاحیت برخورداری از Medi-Cal به شما ارسال خواهد شد.

Medi-Cal ملزم است این اطلاعات را برای افرادی که برای پوشش بهداشتی تقاضا ارسال می کنند فراهم نماید. برای داشتن صلاحیت برخورداری از Medi-Cal ملزم به ارسال هیچیک از این مطالب نیستید. مطالب این بسته در مورد Medi-Cal و حقوق شما به عنوان ذینفع Medi-Cal به شما اطلاعات ارائه می دهند. لطفاً اطمینان کسب کنید که تمامی مطالب ضمیمه شده در این بسته را به دقت مطالعه کرده اید. اگر سؤالی دارید، با دفتر محلی خدمات اجتماعی خود تماس بگیرید، که می توان در وبسایت ذیل یافت:
(Farsi) **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx**

Zoo siab txais tos koj rau ntawm Medi-Cal!

Koj tau txais cov ntaub ntawv uas nrog nov vim tias daim ntawv thov ntawv kho mob pheej yig uas koj tau xa tuaj ntawd tau muab xa mus rau tom Medi-Cal qhov kev pab cuam lawm. Kev txiav txim seb koj puas tsim nyog rau Medi-Cal mas tej zaum tseem tab tom xyuas tom Medi-Cal, los sis twb tau lis koj daim ntawv thov kev pab lawm. Koj yuav tau txais ib tsab ntawv qhia txog seb koj puas tsim nyog rau Medi-Cal.

Medi-Cal yuav tsum tau muab cov ntaub ntawv no rau cov neeg uas thov ntawv kho mob. Koj tsis tas yuav xa cov ntaub ntawv no rov qab kom thiaj li tsim nyog rau Medi-Cal. Cov ntaub ntawv hauv pob ntawv no yuav qhia rau koj txog Medi-Cal thiab koj cov cai ua ib tug neeg tau kev pab los ntawm Medi-Cal. Thov ua tib zoo saib tag nrho cov ntaub ntawv nyob hauv pob ntawv no. Yog tias koj muaj lus nug, nug tau koj lub nras lub chav fai muab kev pab neeg, uas yuav nrhiav tau nyob rau ntawm: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Hmong)

Medi-Cal에 오신 것을 환영합니다!

귀하는, 어포더블 건강보험을 위해 귀하가 제출하신 신청서가 Medi-Cal 프로그램에 발송되었기 때문에 동봉해 드린 정보를 받고 계십니다. 귀하의 Medi-Cal 자격 결정이 Medi-Cal에서 대기 중이거나 귀하의 신청에 대한 처리가 이미 진행되고 있습니다. 귀하는 귀하의 Medi-Cal 자격 여부에 대해서 별도의 통지를 받으시게 됩니다.

Medi-Cal은 건강보험을 신청하는 분에게 이 자료를 보내드리도록 되어 있습니다. 어느 것이든, Medi-Cal 자격을 위해 이 자료를 제출하실 필요는 없습니다. 이 패킷의 자료에서 Medi-Cal에 대한 정보와 Medi-Cal 수혜자로서의 귀하의 권리에 대한 정보를 알려드립니다. 이 패킷에 동봉된 모든 자료를 잘 읽어주십시오. 질문이 있으시면 귀하 지역의 카운티 사회복지사무소에 연락하십시오. 사회복지사무소는 다음 링크에서 찾아볼 수 있습니다: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Korean)

Добро пожаловать в Medi-Cal!

Вы получили прилагаемые документы, поскольку Ваше заявление на получение доступного медицинского страхового покрытия было отправлено в программу Medi-Cal. Заявка на участие в программе Medi-Cal или уже рассмотрена, или ожидает решения на предмет Вашего соответствия требованиям программы Medi-Cal. Уведомление о том, имеете ли Вы право на страховку Medi-Cal, Вы получите отдельно.

Каждому, кто подает заявление на получение медицинского страхового покрытия, программа Medi-Cal обязана предоставить данные материалы. Вам не нужно их возвращать, чтобы получить право на участие в программе Medi-Cal. В данном комплекте Вы найдете информацию о программе Medi-Cal и о своих правах в качестве участника программы Medi-Cal. Просим внимательно ознакомиться со всеми прилагаемыми документами. Если у Вас возникнут вопросы, обратитесь в местный окружной отдел социального обеспечения. Его можно найти через веб-сайт: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Russian)

Malugod na pagdating sa Medi-Cal!

Natatanggap mo ang nakalakip na impormasyon dahil ang isinumite mong aplikasyon para sa abot-kayang coverage sa kalusugan ay naipadala sa programang Medi-Cal. Ang pagpapasya sa pagiging nararapat mo sa Medi-Cal ay maaaring nakabinbin sa Medi-Cal, o ang aplikasyon mo ay naproseso na. Makakatanggap ka ng hiwalay na abiso tungkol sa pagiging nararapat mo sa Medi-Cal.

Inaatasan ang Medi-Cal na ilaan ang mga materyales na ito sa mga taong nag-a-apply para sa coverage sa kalusugan. Hindi mo kailangang isauli ang anumang materyales na ito para maging eligible sa Medi-Cal. Ang materyales sa paketeng ito ay magbibigay sa iyo ng impormasyon tungkol sa Medi-Cal at sa mga karapatan mo bilang benepisyaryo ng Medi-Cal. Pakitiyak na maingat na i-review ang lahat ng mga dokumentong nakalakip sa paketeng ito. Kung mayroon kang anumang mga tanong, makipag-ugnayan sa lokal mong opisina ng social services ng county na mahahanap sa: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Tagalog)

Chào mừng quý vị đến với Medi-Cal!

Quý vị nhận được thông tin kèm theo vì đơn xin bảo hiểm sức khỏe hợp túi tiền của quý vị đã được gửi tới cho chương trình Medi-Cal. Tình trạng hội đủ điều kiện nhận Medi-Cal của quý vị hiện đang chờ Medi-Cal quyết định, hoặc đơn xin của quý vị hiện đã được giải quyết. Quý vị sẽ nhận được thông báo riêng về tình trạng hội đủ điều kiện nhận Medi-Cal của quý vị.

Medi-Cal bắt buộc phải cung cấp các tài liệu này cho những người nộp đơn xin bảo hiểm sức khỏe. Quý vị không bắt buộc phải gửi lại bất kỳ tài liệu nào trong số này mới hội đủ điều kiện nhận Medi-Cal. Các tài liệu trong tập hồ sơ này sẽ cung cấp cho quý vị thông tin về Medi-Cal và các quyền của quý vị với tư cách là người hưởng phúc lợi Medi-Cal. Vui lòng xem kỹ tất cả các tài liệu kèm theo trong tập hồ sơ này. Nếu quý vị có thắc mắc, liên lạc với văn phòng ty xã hội quận tại địa phương quý vị, địa chỉ có trên: **www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx** (Vietnamese)

Medi-Cal Services for Children and Young Adults:

Early & Periodic Screening, Diagnosis & Treatment

Mental Health Services

This notice is for children and young adults (under age 21) who qualify for Medi-Cal EPSDT services and their caregivers or guardians

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What are EPSDT Services?

- EPSDT mental health services are Medi-Cal services that correct or improve mental health problems that your doctor or other health care provider finds, even if the health problem will not go away entirely. EPSDT mental health services are provided by county mental health departments.
- These problems may include sadness, nervousness, or anger that makes your life difficult.
- **You must be under age 21 and have full scope Medi-Cal to get these services.**

How to get EPSDT Services for yourself (under age 21) or your child

Ask your doctor or clinic about EPSDT services. You or your child may receive these services if you and your doctor, or other health care provider, clinic (such as the Child Health and Disability Prevention Program), or county mental health department agree that you or your child need them. You may also call your local county mental health department directly. The call is free.

Types of EPSDT Services

Some of the services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Medication for your mental health

Counseling and therapy services may be provided in your home, in the community, or in another location.

Your county mental health department, and your doctor or provider will decide if the services you ask for are medically necessary.

County mental health departments *must* approve your EPSDT services.

Every county mental health department has a toll-free phone number that you can call for more information and to ask for EPSDT mental health services.

What are EPSDT Therapeutic Behavioral Services?

Therapeutic Behavioral Services (TBS) are an EPSDT specialty mental health service. TBS helps children and young adults who:

- Have severe emotional problems;
- Live in a mental health placement or are at risk of placement; or
- Have been hospitalized recently for mental health problems or are at risk for psychiatric hospitalization.

If you get other mental health services and still feel very sad, nervous, or angry, you may be able to have a trained mental health coach help you. This person could help you when you have problems that might cause you to get mad, upset, or sad. This person would come to your home, group home or go with you on trips and activities in the community.

Your county mental health department can tell you how to ask for an assessment to see if you need mental health services including TBS.

Who can I talk to about EPSDT mental health services?

Your doctor, psychologist, counselor, social worker, or other health or social services provider can assist you with finding EPSDT mental health services. For children and young adults in a group home or residential facility, talk to the staff about getting additional EPSDT services.

For children in foster care, consult the child's court-appointed attorney. You can also call your county mental health department directly. (Look in your phone book for the toll-free telephone number, or call the Department of Health Care Services Mental Health Ombudsman's Office).

What if I don't get the services I want from my county mental health department?

You can file an appeal with your county mental health department if they deny the EPSDT services requested by your doctor or provider. You may also file an appeal if you think you need mental health services and your provider or county mental health department does not agree.

Call the county mental health department's toll-free number to talk to a Problem Resolution (grievance/appeal) coordinator for information and help. You may also call the county patients' rights advocate, or the Department of Health Care Services, Mental Health Ombudsman Office.

You can ask for a state hearing within 90 days after exhausting the county mental health department's appeal process by doing one of the following:

- **Call:** 1-800-952-5253, or for TTY 1-800-952-8349;
- **Fax**: 916-651-5210; or 916-651-2789
- **Write**: California Department of Social Services, State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430.

Where can I get more information?

For more information please contact the following offices at the telephone numbers below.

County Mental Health Department toll–free access number

Look in your local phone book

Department of Health Care Services Mental Health Ombudsman's Office

1-800-896-4042

Department of Health Care Services website

www.dhcs.ca.gov

For additional information about mental health and EPSDT, please go to the following webpages:

www.dhcs.ca.gov/services/mh
www.dhcs.ca.gov/services/mh/pages/EPSDT.aspx

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

The BCCTP may provide Medi-Cal to low-income people that live in California and have breast and/or cervical cancer.

If you have been denied Medi-Cal or you are no longer eligible for Medi-Cal through your county and you have breast and/or cervical cancer, tell your county Eligibility Worker (EW). Your EW can make a referral for you to the BCCTP.

An Eligibility Specialist (ES) from the BCCTP will call or write to you for more information. The requested information will help us to see if you are eligible for the program. You may be Medi-Cal eligible through the BCCTP if you are a woman and you meet the following requirements:

- Have been screened and found in need of treatment for breast and/or cervical cancer, follow-up care for cancer, or precancerous cervical lesions/conditions by an Every Woman Counts (EWC) or Family Planning, Access, Care and Treatment (FamPACT) provider; and
- Are a California resident; and
- Are under age 65; and
- Are a United States citizen or have satisfactory immigration status; and
- Have no other health insurance including full-scope no share-of-cost Medi-Cal, or Medicare; and
- Have a monthly gross family income, at the time of screening and diagnosis, that is at or below 200 percent of the federal poverty level.

If you have been screened for breast and/or cervical cancer by a provider that is not with EWC or FamPACT, you can still be referred to the BCCTP. Your BCCTP worker will help you find an EWC or FamPACT provider that can confirm your diagnosis.

Even if you do not meet all the above requirements, you may still receive BCCTP through the State-funded BCCTP. The State-funded BCCTP can help you for up to18 months for breast cancer or up to 24 months for cervical cancer. The State-funded BCCTP is available to men and women, regardless of immigration status.

For additional information or questions on the BCCTP, call 1-800-824-0088

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.
(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.
(Spanish)

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.
(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել պետական նպաստներ ստանալու ձեր իրավունքի վրա։ Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:
(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុងលិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយជាភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។
(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有關此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并無費获取该类帮助。
(Chinese)

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.
(Farsi)

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।
(Hindi)

Koj txoj kev pab los ntawm pej xeem cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnub hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauj lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.
(Hmong)

あなたの公的給付金の受領資格は、本文書に含まれる情報にによって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。
(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있으십니다. 도움 비용은 무료입니다.
(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.
(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.
(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਿਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖ਼ਾਸ ਤਾਰੀਖ਼ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫ਼ਤ ਹੈ।
(Punjabi)

Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем род ном языке. Эта помощь оказывается бесплатно.
(Russian)

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือครั้งนี้
(Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.
(Tagalog)

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.
(Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.
(Vietnamese)

Discrimination Complaints

If you think you have been discriminated against, you may submit a complaint application separately to the County or the State, and the Federal Government. The Federal agency that you must complain to depends on which program your complaint is about.

You can file a discrimination complaint with:

1. FOR ALL PROGRAMS ADMINISTERED BY YOUR COUNTY WELFARE DEPARTMENT: The County's Civil Rights Coordinator. Ask your county office for the name, address and phone number of their Civil Rights Coordinator. He/she will independently investigate your complaint.
2. Civil Rights Bureau
   California Department of Social Services
   744 P Street, MS 8-16-70
   Sacramento, CA 95814
   (916) 654-2107
   (866) 741-6241 (Toll-Free)
3. FOR THE CALFRESH PROGRAM:
   United States Department of Agriculture
   Director, Office of Civil Rights,
   Room 326-W, Whitten Bldg.
   1400 Independence Avenue, S.W.,
   Washington, D.C. 20250-9410
   (202) 720-6382 (voice and TTY)
4. FOR ALL OTHER PROGRAMS:
   Health and Human Services
   Office of Civil Rights
   90 7th Street, Suite 4-100
   San Francisco, CA 94103
   (415) 437-8310 (voice)
   (415) 437-8311 (TDD)

Time Limits to Take Action

If you suffer discrimination, you must submit your complaint within 180 days of the actual discrimination. If the discrimination also affected the level of your benefits and services, you must also ask for a state hearing within 90 days. A discrimination investigation cannot change your benefit levels or services...only a state hearing can do that.

Limits on Certain Rights

Although you have the right to privacy and confidentiality, there are certain laws that allow limited exceptions. You can ask the county for the laws.

Questions

If you have any questions on how to request a state hearing, call the Public Inquiry and Response Unit: toll free (800) 952-5253. The TDD toll-free telephone number is (800) 952-8349.

Programs Covered by This Pamphlet

- Adoption Assistance Program (AAP)
- Adult Protective Services
- Alcohol and Drug Program
- California Food Assistance Program (CFAP)
- Medi-Cal
- CalWORKs
- CalWORKs Child Care
- CalWORKs Welfare-to-Work Program/Services
- Cash Assistance Program for Immigrants (CAPI)
- Child Welfare Services
- Denti-Cal
- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)
- CalFresh (Food Stamps)
- Foster Care
- In-Home Support Services
- Kinship Guardian Assistance (Kin-GAP)
- Mental Health
- Multipurpose Senior Services Program (MSSP)
- Personal Care Services Program (PCSP)
- Refugee Cash Assistance
- Social Services

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

This pamphlet is available from your Local County Welfare Office and at www.cdss.ca.gov in the following languages:

• Arabic	• Japanese	• Russian
• Armenian	• Korean	• Spanish
• Cambodian	• Lao	• Spanish Large Print
• Chinese	• Mien	• Tagalog
• Farsi	• Portuguese	• Ukrainian
• Hmong	• Punjabi	• Vietnamese

Also Available in large print, Braille, and Audio CD

PUB 13 (8/16)

Your Rights

Under California Welfare Programs

... for people applying for or receiving public aid in California

Tell us if you need help because of a disability

Ask for a free interpreter

Your Rights

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

- You have the right to an interpreter free of charge.
- لديك الحق في مترجم شفوي مجانًا.
- Դուք անվճար թարգմանիչ ստանալու իրավունք ունեք:
- អ្នកមានសិទ្ធិទទួលបានអ្នកបកប្រែភាសាម្នាក់ដោយគ្មានគិតថ្លៃ ។
- 你有免費翻譯員的權利.
- شما از حق دریافت خدمات بدون هزینه مترجم شفاهی برخوردارید.
- Koj muaj cai tau txais ib tug kws txhais lus pub dawb.
- あなたには、無料で通訳をつける権利があります。
- 통역 서비스를 무료로 제공받으실 수 있습니다.
- ທ່ານມີສິດທີ່ຈະຂໍໃຫ້ມີນາຍພາສາໂດຍບໍ່ເສັຽຄ່າ.
- Meih maaih bun-paaiv buonc liouh tengx baeqc porv waac maiv zuqc cuotv nyaanh.
- Você tem direito a um intérprete sem custos.
- ਤੁਹਾਨੂੰ ਮੁਫਤ ਦੁਭਾਸ਼ਿਏ ਦਾ ਹੱਕ ਹੈ।
- Вы имеете право на бесплатные услуги переводчика.
- Usted tiene derecho a servicios gratuitos de un intérprete.
- Ikaw ay may karapatan sa isang interpreter o pasalitang tagapagsalin nang walang bayad.
- Ви маєте право на безкоштовні послуги усного перекладача.
- Quý vị có quyền yêu cầu một thông dịch viên miễn phí.

You Have a Right to…

1. Understand what is happening with your application and aid.
2. Get written and oral explanations about your application and aid.
3. Get a receipt for any documents you turn in.
4. See your case record.
5. See state and county laws and regulations.
6. Ask a judge to review any county decision about your eligibility, benefits, or services.
7. Not face discrimination in receiving program benefits or services.
8. File a complaint about discrimination.
9. Get extra help from county staff to make sure you get your benefits if you have a disability or impairment that makes it hard to understand the program rules.
10. Have your information kept confidential.
11. Be treated with courtesy and respect.

If You are Having Problems with Your Aid or Services:

1. Keep records of all your information, documents, and contacts with the county.
2. Get a receipt when you turn anything in.
3. You can bring someone with you to a meeting with your worker.
4. Complain. There are 4 ways to do this:

- *Informal:* You can ask to speak to a supervisor to talk about problems with a worker or to go over the rules and the proposed action on your aid or services.
- *State Hearing:* Ask for a state hearing if there is a problem with your aid or services. **You must ask for a hearing within 90 days of the county's action.** You may be able to file after 90 days if you have a good reason, like illness or a disability.
- *Discrimination complaint:* If you feel that the county has discriminated against you, you can make a discrimination complaint to the County's Civil Rights Coordinator or to the State Civil Rights Bureau, and to the Federal Government. You must do this within 180 days of the discrimination. For more on this, see the section beginning "Prohibited Discrimination." If the discrimination also affects your benefits or services, **you must also ask for a state hearing** if you wish to challenge the county's decision on your benefits or services.
- *Grievance:* You can file a complaint with the county if they have a grievance procedure. **This does not protect your benefits** in the way that asking for a state hearing does.

State Hearings

- You can ask for a state hearing any time you disagree with a county's action on your benefits or services.
- You can also ask for a state hearing if the county is not giving you benefits or services which you think you should get.
- A state hearing is heard by a state Administrative Law Judge. The county will have someone at the hearing to explain why they took their action.
- A state hearing is not a court hearing. You do have the right to have a representative with you. There are free legal services in every county. They are listed on the back of your county notices. You can bring witnesses. You have the right to a free interpreter. Ask the county how to get one.
  - If your problem is with General Assistance or general relief, you must ask for a county hearing.
  - If your problem is with Social Security benefits, you must contact the Social Security Administration.

Continuing Your Aid or Services Pending a State Hearing

The county must give you a notice at least 10 days before any action to change your aid or services takes place. If you ask for a hearing before the action takes place, you can get "aid paid pending" your hearing. This means your aid stays the same until you get a hearing decision.

You MUST ask for a hearing on any new notice you get, if you disagree.

How to Request a State Hearing

1. Phone: Ask for a State Hearing by contacting the CA Department of Social Services at (800) 743-8525 or (800) 952-5253
2. Fill out the back of your Notice of Action (NOA) or send a written request to:
   CDSS, State Hearing Division
   744 P Street M.S. 09-17-37
   Sacramento, CA 95814

Prohibited Discrimination

Under State law, welfare agencies may not provide you aid, benefits or services that is different from aid provided to others on the basis of

Race, Color, National Origin (including language), Ethnic Group Identification, Age, Disability, Religion, Sex, Sexual Orientation, Political Affiliation, Marital Status, or Domestic Partnership

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits :

1. Delaying or denying the placement of a child for adoption or into foster care on the basis of race, color or national origin of the adoptive or foster parents, or the child;
2. Denying to any individual the opportunity to become a foster or adoptive parent on the basis of race, color or national origin of the individual or child involved.

Examples of Discrimination

- The County does not give you a free interpreter.
- A worker tells a certain ethnic group about more programs and services than people of other ethnicities.
- The County won't help you get audio tapes of a program orientation to help you with a disability that makes it hard for you to read.
- A worker learns of your religion or politics and then treats you differently.
- You can't get to appointments because the county building does not have an elevator.
- You cannot get your wheelchair into examination, interview rooms or restrooms.
- Men get referred to job training for better paying jobs than women.
- The county does not want you to have training because they say you are "too old."
- You are not allowed to adopt a baby because you are of a different race.

myMedi-Cal

How to Get the Health Care You Need

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Health Coverage in California

"My Medi-Cal: How to Get the Health Care You Need" tells Californians how to apply for Medi-Cal for no-cost or low-cost health insurance. You will learn what you must do to qualify. This guide also tells you how to use your Medi-Cal benefits. It tells you when to report changes. You should keep this guide and use it when you have questions about Medi-Cal.

California offers two ways to get health coverage. They are "Medi-Cal" and "Covered California." Both programs use the same application.

What Is Medi-Cal?

Medi-Cal is California's version of the Federal Medicaid program. Medi-Cal offers no-cost and low-cost health coverage to eligible people who live in California.

The Department of Health Care Services (DHCS) oversees the Medi-Cal program.

Your local county office manages most Medi-Cal cases for DHCS. You can reach your local county office online at ***www.benefitscal.com***. You can also call your local county office.

To get the phone number for your local county office, go to:
http://dhcs.ca.gov/mymedi-cal

or call 1-800-541-5555
(TTY 1-800-430-7077)

The local county offices use many facts to determine what type of help you can get from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children on your application
- Whether you are pregnant, blind or disabled
- Whether you receive Medicare

Did you know?

It is possible for members of the same family to qualify for both Medi-Cal and Covered California. This is because the Medi-Cal eligibility rules are different for children and adults.

For example, coverage for a household of two parents and a child could look like this:

Parents—eligible for a Covered California health plan and receive tax credits and cost sharing to reduce their costs

Child—eligible for no-cost or low-cost Medi-Cal

Most people who apply for Medi-Cal can find out if they qualify based on their income. For some types of Medi-Cal, people may also need to give information about their assets and property. To learn more, see the Medi-Cal Program Comparison on page 5.

What Is Covered California?

Covered California is the State's health insurance marketplace. You can compare health plans from brand-name insurance companies or shop for a plan. If your income is too high for Medi-Cal, you may qualify to purchase health insurance through Covered California.

Covered California offers "premium assistance." It helps lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet income rules. To qualify for premium assistance, your income must be under the Covered California program income limits.

Did you know?

If you qualify for Supplemental Security Income (SSI), you automatically qualify for SSI-linked Medi-Cal.

Your local county office can help with some SSI Medi-Cal related problems. They will tell you if you need to contact a Social Security office to solve the problem.

Covered California has four levels of coverage to choose from: Bronze, Silver, Gold, and Platinum. The benefits within each level are the same no matter which insurance company you choose. Your income and other facts will decide what program you qualify for.

To learn more about Covered California, go to ***www.coveredca.com*** or call **1-800-300-1506 (TTY 1-888-889-4500)**.

What Are the Requirements to Get Medi-Cal?

To qualify for Medi-Cal, you must live in the state of California and meet certain rules. You must give income and tax filing status information for everyone who is in your family and is on your tax return. You also may need to give information about your property.

You do not have to file taxes to qualify for Medi-Cal. For questions about tax filing, talk to the Internal Revenue Service (IRS) or a tax professional.

All individuals who apply for Medi-Cal must give their Social Security Number (SSN) if they have one. Every person who asks for Medi-Cal must give information about his or her immigration status. Immigration status given as part of the Medi-Cal application is confidential. The United States Citizenship and Immigration Services cannot use it for immigration enforcement unless you are committing fraud.

Adults age 19 or older may qualify for limited Medi-Cal benefits even if they do not have a Social Security Number (SSN) or cannot prove their immigration status. These benefits cover emergency, pregnancy-related and long-term care services.

You can apply for Medi-Cal for your child even if you do not qualify for full coverage.

In California, immigration status does not affect Medi-Cal benefits for children under age 19. Children may qualify for full Medi-Cal benefits, regardless of immigration status.

To learn more about Medi-Cal program rules, read the Medi-Cal Program Comparison on the next page.

Medi-Cal Program Comparison

MAGI vs. Non-MAGI

The Modified Adjusted Gross Income (MAGI) Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and your countable income.

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.

Who is eligible:

- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

- Adult aged 65 years or older
- Child under 21
- Pregnant individual
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability

Property rules:

No property limits.

- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

For both MAGI and Non-MAGI:

- The local county office will check your application information. You may need to give more proof.
- You must live in California.
- U.S. citizens or lawfully-present applicants must provide their SSN.
- You must apply for any income that you might qualify for such as unemployment benefits and State Disability Insurance.
- You must comply with medical support enforcement* which will:
  - Establish paternity for a child or children born outside of marriage.
  - Get medical support for a child or children with an absent parent.

  If you think you have a good reason not to follow this rule, call your local county office.

How Do I Apply?

You can apply for Medi-Cal at any time of the year by mail, phone, fax, or email. You can also apply online or in person.

You can only apply for Covered California coverage on certain dates. To learn when you can apply, go to ***www.coveredca.com*** or call **1-800-300-1506 (TTY 1-888-889-4500)**.

Apply by mail:

You can apply for Medi-Cal and Covered California with the Single Streamlined Application. You can get the application in English and other languages at: ***http://dhcs.ca.gov/mymedi-cal***. Send completed applications to your local county office.

Find your local county office address at:
http://dhcs.ca.gov/mymedi-cal

You can also send applications to:
Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

Apply by phone, fax, or email:

Call your local county office. You can find the phone number on the web at ***http://dhcs.ca.gov/mymedi-cal*** or call Covered California at **1-800-300-1506**.

Apply online at:

www.benefitscal.com

OR

www.coveredca.com

In person:

Find your local county office at ***http://dhcs.ca.gov/mymedi-cal***.
You can get help applying.

You can also find a Covered California Certified Enrollment Counselor or Insurance Agent at ***www.CoveredCA.com/get-help/local/***.

How Long Will it Take for My Application to Be Processed?

It may take up to 45 days to process your Medi-Cal application. If you apply for Medi-Cal based on disability, it may take up to 90 days. Your local county office or Covered California will send you an eligibility decision letter. The letter is called a "Notice of Action." If you do not get a letter within the 45 or 90 days, you may ask for a "State Fair Hearing." You may also ask for a hearing if you disagree with the decision. To learn more, read "Appeal and hearing rights" on page 19.

How Do I Use My Medi-Cal Benefits?

Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services. Read more in "Covered Benefits" on page 12.

Once you are approved, you can use your Medi-Cal benefits right away. New beneficiaries approved for Medi-Cal get a Medi-Cal Benefits Identification Card (BIC). Your health care and dental providers need your BIC to provide services and to bill Medi-Cal. New beneficiaries and those asking for replacement cards get the new BIC design showing the California poppy. Both BIC designs shown here are valid:

Please contact your local county office if:

- You did not get your BIC
- Your BIC is lost
- Your BIC has wrong information
- Your BIC is stolen

Once you are sent a new BIC, you cannot use your old BIC.

You can get the phone number for your local county office at:

http://dhcs.ca.gov/mymedi-cal

or call:

1-800-541-5555 (TTY 1-800-430-7077)

How Do I See a Doctor?

Most people who are in Medi-Cal see a doctor through a Medi-Cal managed care plan. The plans are like the health plans people have with private insurance. Read more about managed care plans starting on the next page.

It may take a few weeks to assign your Medi-Cal managed care plan. When you first sign up for Medi-Cal, or if you have special situations, you may need to see the doctor through "Fee-for-Service Medi-Cal."

What Is Fee-for-Service Medi-Cal?

Fee-for-Service is a way Medi-Cal pays doctors and other care providers. When you first sign up for Medi-Cal, you will get your benefits through Fee-for-Service Medi-Cal until you are enrolled in a managed care health plan.

Before you get medical or dental services, ask if the provider accepts Medi-Cal Fee-for-Service payments. The provider has a right to refuse to take Medi-Cal patients. If you do not tell the provider you have Medi-Cal, you may have to pay for the medical or dental service yourself.

How Are Medical or Dental Expenses Paid on Fee-for-Service Coverage?

Your provider uses your BIC to make sure you have Medi-Cal. Your provider will know if Medi-Cal will pay for a medical or dental treatment. Sometimes you may have to pay a "co-payment" for a treatment. You may have to pay $1 each time you get a medical or dental service or prescribed medicine. You may have to pay $5 if you go to a hospital emergency room when you do not need an emergency service. Those beneficiaries enrolled in a managed care plan do not have to pay co-payments.

There are some services Medi-Cal must approve before you may get them. See page 9 for more information.

How Do I Get Medical or Dental Services When I Have to Pay a Share of Cost (SOC)?

Some Non-MAGI Medi-Cal programs require you to pay a SOC. The Notice of Action you get after your Medi-Cal approval will tell you if you have a SOC. It will also tell the amount of the SOC. Your SOC is the amount you must pay or promise to pay to the provider for health or dental care before Medi-Cal starts to pay.

The SOC amount resets each month. You only need to pay your SOC in months when you get health and/or dental care services. The SOC amount is owed to the health or dental care provider. It is not owed to Medi-Cal or the State. Providers may allow you to pay for the services later instead of all at once. In some counties, if you have a SOC you cannot enroll in a managed care plan.

If you pay for health care services from someone who does not accept Medi-Cal, you may count those payments toward your SOC. You must take the receipts from those health care expenses to your local county office. They will credit that amount to your SOC.

You may be able to lower a future month's SOC if you have unpaid medical bills. Ask your local county office to see if your bills qualify.

What Is Medi-Cal Managed Care?

Medi-Cal Managed Care is an organized system to help you get high-quality care and stay healthy.

> **"Medi-Cal Managed Care health plans help you find doctors, pharmacies and health education programs."**

Most people must enroll in a managed care plan, unless you meet certain criteria or qualify for an exemption. Your health plan options depend on the county you live in. If your county has multiple health plans, you will need to choose the one that fits your and your family's needs.

Every Medi-Cal managed care plan within each county has the same services. You can get the directory of managed care plans at ***http://dhcs.ca.gov/mymedi-cal***. You can choose a doctor who works with your plan to be your primary care physician. Or your plan can pick a primary care doctor on your behalf. You may choose any Medi-Cal

family planning provider of your choice, including one outside of your plan. Contact your managed care plan to learn more.

Managed care health plans also offer:

- Care coordination
- Referrals to specialists
- 24-hour nurse advice telephone services
- Customer service centers

Medi-Cal must approve some services before you may get them. The provider will know when you need prior approval. Most doctors' services and most clinic visits are not limited. They do not need approval. Talk with your doctor about your treatment plan and appointments.

How Do I Enroll in a Medi-Cal Managed Care Plan?

If you are in a county with more than one plan option, you must choose a health plan within 30 days of Medi-Cal approval. You will get an information packet in the mail. It will tell you the health plan(s) available in your county. The packet will also tell you how to enroll in the managed care plan you choose. If you do not choose a plan within 30 days of getting your Medi-Cal approval, the State will choose a plan for you.

Please wait for your health plan information packet in the mail.

> **"If your county only has one health plan, the county chooses the plan for you."**

If you live in **San Benito County**, there is only one health plan. You may enroll in this health plan. Or you may choose to stay in Fee-for-Service Medi-Cal.

If your county has more than one health plan, you will need to choose the one that fits your and your family's needs.

To see what plans are in your county, go to *https://www.healthcareoptions.dhcs.ca.gov/*

How Do I Disenroll, Ask for an Exemption from Mandatory Enrollment, or Change My Medi-Cal Managed Care Plan?

Most Medi-Cal beneficiaries must enroll in a Medi-Cal managed care plan. If you enrolled in a health care plan **by choice**, you may disenroll at any time. To disenroll, call Health Care Options at **1-800-430-4263.**

When your county has more than one plan, you can call Health Care Options if you want to change your managed care health plan.

If you are getting treatment now from a Fee-for-Service Medi-Cal provider, you may qualify for a temporary exemption from mandatory enrollment in a Medi-Cal managed care plan. The Fee-for-Service provider cannot be part of a Medi-Cal managed care plan in your county. The provider must be treating you for a complex condition that could get worse if you have to change providers.

Ask your provider if he or she is part of a Medi-Cal managed care plan in your county. If your provider is not part of a Medi-Cal managed care plan in your county, have your provider fill out a form with you to ask for an exemption from enrolling in a Medi-Cal managed care plan.

Your provider will need to sign the form, attach required proof, and mail or fax the form to Health Care Options. They will review it and decide whether you qualify for a temporary exemption from enrollment in a Medi-Cal managed care plan. You can find the form and instructions at ***http://dhcs.ca.gov/mymedi-cal***.

If you have questions, call **1-800-430-4263.**

What if I Have Other Health Insurance?

Even if you have other health coverage such as health insurance from your work, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid by your primary insurance. Under federal

law, Medi-Cal beneficiaries' private health insurance must be billed first before billing Medi-Cal.

Medi-Cal beneficiaries are required by federal and state law to report private health insurance. To report or change private health insurance, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-541-5555 (TTY 1-800-430-7077)**. Outside of California, call **1-916-636-1980.**

You also must report it to your local county office and your health care provider. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor crime.

Can I Get Medi-Cal Services When I Am Not in California?

When you travel outside California, take your BIC or proof that you are enrolled in a Medi-Cal health care plan. Medi-Cal can help in some cases, such as an emergency due to accident, injury or severe illness. Except for emergencies, your managed care plan must approve any out-of-state medical services before you get the service. If the provider will not accept Medicaid, you will have to pay medical costs for services you get outside of California. Remember: there may be many providers involved in emergency care. For example, the doctor you see may accept Medicaid but the x-ray department may not. Work with your managed care plan to limit what you have to pay. The provider should first make sure you qualify by calling **1-916-636-1960.**

If you live near the California state line and get medical service in the other state, some of these rules do not apply. To learn more, contact your Medi-Cal managed care plan.

> **"You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state you move to."**

If you are moving to a new county in California, you also need to tell the county you live in or the county you are moving to. This is to make sure you keep getting Medi-Cal benefits. You should tell your local county office within 10 days of moving to a new county.

What Should I Do if I Can't Get an Appointment or Other Care I Need?

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint. They make sure you get all necessary required covered services.

The Office of the Ombudsman:

- Helps solve problems between Medi-Cal managed care members and managed care plans without taking sides
- Helps solve problems between Medi-Cal beneficiaries and county mental health plans without taking sides
- Investigates member complaints about managed care plans and county mental health plans
- Helps members with urgent enrollment and disenrollment problems
- Helps Medi-Cal beneficiaries access Medi-Cal specialty mental health services
- Offers information and referrals
- Identifies ways to make the Medi-Cal managed care program more effective
- Educates members on how to navigate the Medi-Cal managed care and specialty mental health system

To learn more about the Office of the Ombudsman, you can call:

1-888-452-8609

or go to:

http://dhcs.ca.gov/mymedi-cal

How Does Medi-Cal Work if I also Have Medicare?

Many people who are 65 or older or who have disabilities qualify for both Medi-Cal and Medicare. If you qualify for both programs, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal provides long-term services and supports such as nursing home care and home and community-based services.

> **"Medi-Cal covers some benefits that Medicare does not cover."**

Medi-Cal may also pay your Medicare premiums.

What Is the Medicare Premium Payment Buy-In Program?

The Medicare Premium Payment Program, also called Medicare Buy-In, allows Medi-Cal to pay Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) premiums for Medi-Cal members and others who qualify for certain Medi-Cal programs.

What Is the Medicare Savings Program (MSP)?

Medicare Savings Programs may pay Medicare Part A and Medicare Part B deductibles, co-insurance and co-payments if you meet certain conditions. When you apply for Medi-Cal, your county will evaluate you for this program. Some people who do not qualify for full-scope Medi-Cal benefits may still qualify for MSP.

If I Use a Medicare Provider, Will I Have to Pay Medicare Co-Insurance?

No. If eligible to MSP you will not have to pay any co-insurance or deductibles. If you get a bill from your Medicare provider, contact your Medi-Cal managed care plan or call **1-800-MEDICARE.**

If I Have Medicare, Do I Have to Use Doctors and Other Providers Who Take Medi-Cal?

No. You can use any Medicare provider, even if that provider doesn't take Medi-Cal or isn't part of your Medi-Cal managed care plan. Some Medicare providers may not accept you as a patient.

Did you know?

Medi-Cal provides breastfeeding education as part of Maternity and Newborn Care.

You are eligible for routine eye exams once every 24 months.

To learn more about what's offered, visit: *http://dhcs.ca.gov/mymedi-cal*

Medi-Cal Covered Benefits

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered, ask your doctor or health plan. Essential Health Benefits include:

- Outpatient services, such as a checkup at a doctor's office
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health services
- Substance use disorder services, such as treatment for drug or alcohol addiction
- Prescription drugs
- Laboratory services, such as blood tests
- Programs such as physical therapy (called rehabilitative and habilitative services) and medical supplies and devices such as wheelchairs and oxygen tanks
- Preventive and wellness services
- Chronic disease management
- Children's (pediatric) services, including oral and vision care
- In-home care and other long-term services and supports

Substance Use Disorder Program

Medi-Cal offers inpatient and outpatient settings for drug or alcohol abuse treatment. This is also called substance use disorder treatment. The setting depends on the types of treatment you need. Services include:

- Outpatient Drug Free Treatment (group and/or individual counseling)
- Intensive Outpatient Treatment (group counseling services provided at least three hours per day, three days per week)
- Residential Treatment (rehabilitation services provided while living on the premises)
- Narcotic Replacement Therapy (such as methadone)

Some counties offer more treatment and recovery services. Tell your doctors about your condition so they can refer you to the right treatment. You may also refer yourself to your nearest local treatment agency. Or call the Substance Use Disorder non-emergency treatment referral line at **1-800-879-2772.**

Medi-Cal Dental Program

Dental health is an important part of overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get dental benefits as soon as you are approved for Medi-Cal.

You can see the dental benefits and other resources at ***http://dhcs.ca.gov/mymedi-cal***. Or, you can call **1-800-322-6384 (TTY 1-800-735-2922)** Monday through Friday between 8:00 a.m. and 5:00 p.m.

How Do I Get Medi-Cal Dental Services?

The Medi-Cal Dental Program gives service in two ways. One is Fee-for-Service Dental and you can get it throughout California. Fee-for-Service Dental is the same as Fee-for-Service Medi-Cal. Before you get dental services, you must show your BIC to the dental provider and make sure the provider takes Fee-for-Service Dental.

The other way Medi-Cal gives dental services is through Dental Managed Care (DMC). DMC is only offered in Los Angeles County and Sacramento County. DMC plans cover the same dental services as Fee-for-Service Dental. DHCS uses three managed care plans in Sacramento County. DHCS also contracts with three prepaid health plans in Los Angeles County. These plans provide dental services to Medi-Cal beneficiaries.

If you live in Sacramento County, you must enroll in DMC. In some cases, you may qualify for an exemption from enrolling in DMC.

To learn more, go to Health Care Options at ***http://dhcs.ca.gov/mymedi-cal***.

In Los Angeles County, you can stay in Fee-for-Service Dental or you can choose the DMC program. To choose or change your dental plan, call Health Care Options.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

If you or your child are under 21 years old, Medi-Cal covers preventive services, such as regular health check-ups and screenings. Regular checkups and screenings look for any problems with your medical, dental, vision, hearing, and mental health, and any substance use disorders. You can also get vaccinations to keep you healthy. Medi-Cal covers screening services any time there is a need for them, even if it is not during your regular check-up. All of these services are at no cost to you.

Checkups and screenings are important to help your health care provider identify problems early. When a problem is found during a check-up or screening, Medi-Cal covers the services needed to fix or improve any physical or mental health condition or illness. You can get the diagnostic and treatment services your doctor, other health care provider, dentist, county Child Health and Disability Prevention program (CHDP), or county mental or behavioral health provider says you need to get better. EPSDT covers these services at no cost to you.

Your provider will also tell you when to come back for the next health check-up, screening, or medical appointment. If you have questions about scheduling a medical visit or how to get help with transportation to the medical visit, Medi-Cal can help. Call your Medi-Cal Managed Care Health Plan (MCP). If you are not in a MCP, you can call your doctor or other provider or visit ***http://dhcs.ca.gov/mymedi-cal*** for transportation assistance.

For more information about EPSDT you may call **1-800-541-5555**, go to ***http://dhcs.ca.gov/mymedi-cal***, contact your county CHDP Program, or your MCP. To learn more about EPSDT Specialty Mental Health or Substance Use Disorder services, contact your county mental or behavioral health department.

Transportation Services

Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT can be arranged.

If you are enrolled in a health plan, call your Member Services for information on how to get NMT services.

If you have Fee-for-Service, you can do the following:

- Call your county Medi-Cal office to see if they can help you get an NMT ride.
- To set up a ride, you should first call your Fee-for-Service medical provider and ask about a transportation provider in your area. Or, you can call one of the approved NMT providers in your area listed at ***http://dhcs.ca.gov/mymedi-cal***.

If you need a special, medical vehicle to get to your appointment, let your health care provider know. If you are in a health plan, you can also contact your plan to set up your transportation. If you are in Fee-for-Service, call your health care provider. The plan or provider can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your health care provider or health plan can request transportation to cover future appointments.

Go to ***http://dhcs.ca.gov/mymedi-cal*** for more information about rides arranged by approved NMT providers.

Specialty Mental Health Services

If you have mental illness or emotional needs that your regular doctor cannot treat, specialty mental health services are available. A Mental Health Plan (MHP) provides specialty mental health services. Each county has an MHP.

Specialty mental health services may include, but are not limited to, individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth.

To find out more about specialty mental health services, or to get these services, call your county MHP. Your MHP will determine if you qualify for specialty mental health services. You can get the MHP's telephone number from the Office of the Ombudsman at **1-888-452-8609** or go to ***http://dhcs.ca.gov/mymedi-cal***.

Other Health Programs & Services

California offers other programs for your medical needs. You can apply for some through the same local county office that handles Medi-Cal.

From Your Local County Office

You can ask for the programs below from the same local county office where you apply for Medi-Cal. You can get the phone number for your county at ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-541-5555 (TTY 1-800-430-7077)**.

Former Foster Youth

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal. Coverage may last until your 26th birthday. Income does not matter. You do not need to fill out a full Medi-Cal application or give income or tax information when you apply. For coverage right away, contact your local county office.

Confidential Medical Services

You can apply for confidential services if you are under age 21. To qualify, you must be:

- Unmarried and living with your parents, or
- Your parent must be financially responsible for you, such as college students

You do not need parental consent to apply for or get coverage. Services include family planning and pregnancy care, and treatment for drug or alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.

250% Working Disabled Program

The Working Disabled Program gives Medi-Cal to adults with disabilities who have higher income than most Medi-Cal recipients. If you have earned disability income through Social Security or your former job, you may qualify. The program requires a low monthly premium, ranging from $20 to $250 depending on your income. To qualify, you must:

- Meet the Social Security definition of disability, have gotten disability income, and now be earning some money through work
- Meet program income rules for earned and unearned income
- Meet other program rules

Medi-Cal Access Program (MCAP)

MCAP gives low-cost comprehensive health insurance coverage to pregnant individuals. MCAP has no copayments or deductibles for its covered services. The total cost for MCAP is 1.5% of your Modified Adjusted Gross Income. For example, if your income is $50,000 per year, your cost would be $750 for coverage. You can pay all at once or in monthly installments over 12 months. If you are pregnant and in Covered California coverage, you may be able to switch to MCAP. Babies born to individuals enrolled in MCAP qualify for the Medi-Cal Access Infant Program or for Medi-Cal. To qualify for MCAP, you must be:

- A California resident
- Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B at time of application

- Not covered by any other health insurance plan
- Within the program income guidelines

To learn more about MCAP, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-800-433-2611**.

In-Home Supportive Services (IHSS) Program

IHSS helps pay for services so you can remain safely in your own home. If you qualify for Medi-Cal, you may also qualify for IHSS. If you do not qualify for Medi-Cal, you may still qualify for IHSS if you meet other eligibility criteria. If you have Medi-Cal with no SOC, it will pay for all your IHSS services. If you have Medi-Cal with a SOC, you must meet your Medi-Cal SOC before any IHSS services are paid. To qualify, you must be at least **one** of the following:

- Age 65 and older
- Blind
- Disabled (including disabled children)
- Have a chronic, disabling condition that causes functional impairment expected to last at least 12 consecutive months or expected to result in death within 12 months

IHSS can authorize services such as:

- Domestic services such as washing kitchen counters or cleaning the bathroom
- Preparation of meals
- Laundry
- Shopping for food
- Personal care services
- Accompaniment to medical appointments
- Protective supervision for people who are mentally ill or mentally impaired and cannot remain safely in their home without supervision
- Paramedical services

To learn more, go to ***http://www.cdss.ca.gov/In-Home-Supportive-Services***.

Other State Health Services

The programs below have a different application process from Medi-Cal's. You can apply or learn more about the program using the contact information listed.

Breast and Cervical Cancer Treatment Program

The Breast and Cervical Cancer Treatment Program gives cancer treatment and related services to low-income California residents who qualify. They must be screened and/or enrolled by the Cancer Detection Program, Every Woman Counts, or by the Family Planning, Access, Care and Treatment programs. To qualify, you must have income under the limit and need treatment for breast or cervical cancer. To learn more, call **1-800-824-0088** or email ***BCCTP@dhcs.ca.gov***.

Home and Community-Based Services

Medi-Cal allows certain eligible seniors and persons with disabilities to get treatment at home or in a community setting instead of in a nursing home or other institution. Home and Community-Based Services include but are not limited to case management (supports and service coordination), adult day health services, habilitation (day and residential), homemaker, home health aide, nutritional services, nursing services, personal care, and respite care. You must qualify for full-scope Medi-Cal and meet all program rules. To learn more, call DHCS, Integrated Systems of Care Division at **1-916-552-9105**.

California Children's Services (CCS) Program

The CCS program gives diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who have CCS-eligible medical conditions. CCS-eligible medical conditions are those that are physically disabling or require medical, surgical or

rehabilitative services. Services authorized by the CCS program to treat a Medi-Cal enrolled child's CCS-eligible medical condition are not services that most health plan's cover. The Medi-Cal health plan still provides primary care and preventive health services not related to the CCS-eligible medical condition.

To apply for CCS, contact your local county CCS office. To learn more, go to ***http://dhcs.ca.gov/mymedi-cal*** or call **1-916-552-9105**.

Genetically Handicapped Person's Program (GHPP)

GHPP gives medical and administrative case management and pays for medically-necessary services for persons who live in California, are over age 21, and have GHPP-eligible medical conditions. GHPP-eligible conditions are inherited conditions like hemophilia, cystic fibrosis, Phenylketonuria, and sickle cell disease that have major health effects. GHPP uses a system of Special Care Centers (SCCs). SCCs give comprehensive, coordinated health care to clients with specific eligible conditions. If the service is not in the health plan's covered benefits, GHPP authorizes yearly SCC evaluations for Medi-Cal enrolled adults with a GHPP-eligible medical condition.

To apply for GHPP, complete an application. Fax it to **1-800-440-5318**. To learn more, call **1-916-552-9105** or go to ***http://dhcs.ca.gov/mymedi-cal***.

Retroactive Medi-Cal

If you have unpaid medical or dental bills when you apply for Medi-Cal, you can ask for retroactive Medi-Cal. Retroactive Medi-Cal may help pay medical or dental bills in any of the three months before the application date.

For example, if you applied for Medi-Cal in April, you may be able to get help with bills for medical or dental services you got in January, February and March.

To get retroactive Medi-Cal you must:

- **Qualify for Medi-Cal in the month you got the medical services**
- **Have received medical or dental services that Medi-Cal covers**
- **Ask for it within one year of the month in which you received the covered services**
- **You must contact your local county office to request retroactive Medi-Cal**

For example, if you were treated for a broken arm in January 2017 and applied for Medi-Cal in April 2017, you would have to request retroactive Medi-Cal by no later than January 2018 to pay the medical bills.

If you already paid for medical or dental service you got during the three months of the retroactive period, Medi-Cal may also help you get paid back. You must submit your claim within one year of the date of service, or within 90 days after approval of your Medi-Cal eligibility, whichever is longer.

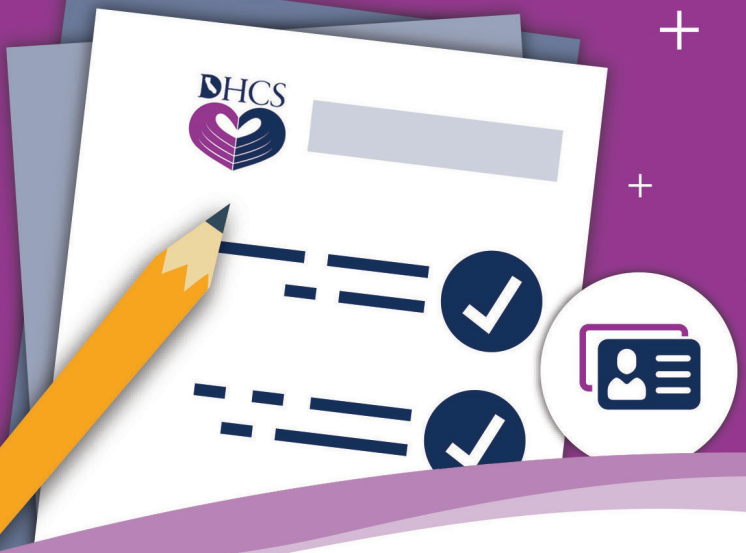
To file a claim, you must call or write to:

Department of Health Care Services
Beneficiary Services
P.O. Box 138008
Sacramento, CA 95813-8008
1-916-403-2007 (TTY 1-916-635-6491)

For Medical, Mental Health, Substance Use Disorder, and In-Home Support Services Claims

Medi-Cal Dental Beneficiary Services
P.O. Box 526026
Sacramento, CA 95852-6026
1-916-403-2007 (TTY 1-916-635-6491)

For Dental Claims.



Updating & Renewing My Medi-Cal

You must report any household changes within 10 days to your local county office. You can report changes in person, online, by phone, email or fax. Changes can affect your Medi-Cal eligibility.

You must report if you:

- Get married or divorced
- Have a child, adopt or place a child for adoption
- Have a change in income or property (if applicable)
- Get any other health coverage including through a job or a program such as Medicare
- Move, or have a change in who is living in your home
- Have a change in disability status
- Have a change in tax filing status, including change in tax dependents
- Have a change in citizenship or immigration status
- Are incarcerated (jail, prison, etc.) or released from incarceration
- Have a change in American Indian or Alaska Native status or change your tribal status
- Change your name, date of birth or SSN
- Have any other changes that may affect your income or household size

What if I Move to Another County in California?

If you move to another California county, you can have your Medi-Cal case moved to the new county. This is called an Inter-County Transfer (ICT). You must report your change of address to either county within 10 days from the change. You can report your change of address online, in person, by phone, email, or fax. Your managed care plan coverage in your old county will end on the last day of the month. You will need to enroll in a managed care plan in your new county.

When you leave the county temporarily, your Medi-Cal will not transfer. This includes a child going to college or when you take care of a sick relative. Contact your local county office to report the household member's temporary address change to a new county. The local county office will update the address so the household member can enroll in a health plan in the new county.

How Do I Renew My Medi-Cal Coverage?

To keep your Medi-Cal benefits, you must renew at least once a year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, they will send you a renewal form. You will need to give information that is new or has changed. You will also need to give your most current information. You can return your information online, in person, or by phone or other electronic means if available in your county. If you mail or return your renewal form in person, it must be signed.

If you do not give the needed information by the due date, your Medi-Cal benefits will end. Your local county office will send you a Notice of Action in the mail. You have 90 days to give your local county office all the missing information without having to re-apply. If you give the missing information within 90 days and still qualify for Medi-Cal, your local county office will reinstate your Medi-Cal with no gaps in coverage.

Rights & Responsibilities

When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address or income, or if someone is pregnant or gave birth. You can call your local county office or find the most up-to-date list of your rights and responsibilities online at:

http://dhcs.ca.gov/mymedi-cal

Appeal and Hearing Rights

Health Care Services and Benefits

You have the right to ask for an appeal if you disagree with the denial of a health care service or benefit.

If you are in a Medi-Cal managed care plan and you get a Notice of Action letter telling you that a health care service or benefit is denied, you have the right to ask for an appeal.

You must file an appeal with your plan within 60 days of the date on the Notice of Action. After you file your appeal, the plan will send you a decision within 30 days. If you do not get a decision within 30 days or are not happy with the plan's decision, you can then ask for a State Fair Hearing. A judge will review your case. **You must first file an appeal with your plan before you can ask for a State Fair Hearing.** You must ask for a State Fair Hearing within 120 days of the date of the plan's written appeal decision.

If you are in Fee-for-Service Medi-Cal and you get a Notice of Action letter telling you that a health service or benefit has been denied, you have the right to ask for a State Fair Hearing right away. You must ask for a State Fair Hearing within 90 days of the date on the Notice of Action.

You also have the right to ask for a State Fair Hearing if you disagree with what is happening with your Medi-Cal application or eligibility. This can be when:

- You do not agree with a county or State action on your Medi-Cal application
- The county does not give you a decision about your Medi-Cal application within 45 or 90 days
- Your Medi-Cal eligibility or Share of Cost changes

Eligibility Decisions

If you get a Notice of Action letter telling you about an eligibility decision that you disagree with, you can talk to your county eligibility worker and/or ask for a State Fair Hearing. If you cannot solve your disagreement through the county, you must request a State Fair Hearing within 90 days of the date on the Notice of Action. You can ask for a State Fair Hearing by contacting your local county office. You can also call or write to:

California Department of Social Services
Public Inquiry and Response
PO Box 944243, M.S. 9-17-37
Sacramento, CA 94244-2430
1-800-743-8525, (TTY 1-800-952-8349)

You can also file a hearing request online at:

http://www.cdss.ca.gov/

If you believe you have been unlawfully discriminated against 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 make a complaint to the DHCS Office of Civil Rights.

You can learn how to make a discrimination complaint in "Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements" on page 21.

About State Fair Hearings

The State will tell you it got your hearing request. You will get a notice of the time, date and place of your hearing. A hearing representative will review your case and try to resolve your issue. If the county/State offers you an agreement to solve your issue, you will get it in writing.

You can give permission in writing for a friend, family member or advocate to help you at the hearing. If you cannot fully solve your issue with the county or State, you or your representative must attend the State Fair Hearing. Your hearing can be in person or by phone. A judge who does not work for the county or Medi-Cal program will hear your case.

You have the right to free language help. List your language on your hearing request. Or tell the hearing representative you would like a free interpreter. You cannot use family or friends to interpret for you at the hearing.

If you have a disability and need reasonable accommodations to fully take part in the Fair Hearing process, you may call 1-800-743-8525 (TTY 1-800-952-8349). You can also send an email to *SHDCSU@DSS.ca.gov*.

To get help with your hearing, you can ask for a legal aid referral. You may get free legal help at your local legal aid or welfare rights office.

Third Party Liability

If you suffer an injury, you may use your Medi-Cal to get medical services. If you file an insurance claim or sue someone for damages because of your injury, you must notify the Medi-Cal Personal Injury (PI) program within 30 days of filing your claim or action. You must tell both your local county office and the PI program.

To notify the Medi-Cal PI program, please complete the "Personal Injury Notification (New Case)" form. You can find it on the website below. If you do not have internet access, please ask your attorney or insurance company representative to notify the Medi-Cal PI program on your behalf. You can find notification and update forms at: ***http://dhcs.ca.gov/mymedi-cal***.

If you hire a lawyer to represent you for your claim or lawsuit, your lawyer is responsible for notifying the Medi-Cal PI program and giving a letter of authorization. This authorization allows Medi-Cal staff to contact your lawyer and discuss your personal injury case. Medi-Cal does not provide representation or attorney referrals. Staff can offer information that can help the lawyer through the process.

Estate Recovery

The Medi-Cal program must seek repayment from the estates of certain Medi-Cal members who have died. Repayment is limited to payments made, including managed care premiums, for nursing facility services, home and community based services, and related hospital and prescription drug services when the beneficiary:

- Was an inpatient in a nursing facility, or
- Received home and community based services on or after his or her 55th birthday

If a deceased member does not leave an estate subject to probate or owns nothing when they die, nothing will be owed.

To learn more, go to *http://dhcs.ca.gov/er* or call 1-916-650-0590

Medi-Cal Fraud

Beneficiary responsibilities

A beneficiary must always present proof of Medi-Cal coverage to providers before getting services. If you are getting treatment from more than one doctor or dentist, you should tell each doctor or dentist about the other doctor or dentist providing your care.

It is your responsibility not to abuse or improperly use your Medi-Cal benefits. It is a **crime** to:

- Let other people use your Medi-Cal benefits
- Get drugs through false statements to a provider
- Sell or lend your BIC to any person or give your BIC to anyone other than your service providers as required under Medi-Cal guidelines

Misuse of BIC/Medi-Cal benefits is a crime. It could result in negative actions to your case or criminal prosecution. If you suspect Medi-Cal fraud, waste or abuse, make a confidential report by calling **1-800-822-6222**.

Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

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, (Ext. 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 at:

Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370, (Ext. 711, CA 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

Important Resources

ONLINE

Main Medi-Cal Site:
http://dhcs.ca.gov/mymedi-cal

Get the myMedi-Cal smartphone app to help you learn more about coverage, find local help, and more!

PHONE NUMBERS

Medi-Cal Members & Providers:
1-800-541-5555

Medi-Cal Managed Care:
1-800-430-4263
(TTY 1-800-430-7077)

Office of the Ombudsman:
1-888-452-8609

State Fair Hearing:
1-800-743-8525
(TTY 1-800-952-8349)

Covered California:
1-800-300-1506

Medi-Cal Dental Program:
1-800-322-6384

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, TTY 1-800-537-7697

You can get a complaint form at:

http://www.hhs.gov/ocr/office/file/index.html

This document meets Section 508 accessibility standards. This publication can also be made available in Braille, large print, and other electronic formats in response to a reasonable accommodation request made by a qualified individual with a disability. To ask for a copy of this publication in another format, call the Medi-Cal Eligibility Division at **1-916-552-9200 (TTY 1-800-735-2929)** or email ***MCED@dhcs.ca.gov***.

Language Assistance

Attention: If you speak English, you can call 1-800-541-5555 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

تنبيه: إذا كنت تتحدث العربية، فيمكنك الاتصال برقم 1-800-541-5555 (TDD 1-800-430-7077) للمساعدة المجانية بلغتك. اتصل بمكتب المقاطعة المحلي للمشكلات أو الأسئلة المتعلقة بالتأهل. (Arabic)

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-800-541-5555 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով: Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ: (Armenian)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចទូរសព្ទទៅលេខ 1-800-541-5555 (TDD 1-800-430-7077) សម្រាប់ជំនួយដោយឥតគិតថ្លៃ ជាភាសារបស់អ្នក។ ទូរសព្ទទៅកាន់ការិយាល័យខោនធីក្នុងមូលដ្ឋានរបស់អ្នកសម្រាប់បញ្ហាទាក់ទងនឹងសិទ្ធិទទួលបានសេវា ឬក្នុងករណីមានសំណួរណាមួយ។ (Cambodian)

注意： 如果您使用中文，請撥打1-800-541-5555 (TDD 1-800-430-7077) 免費獲得以您所用語言提供的協助。關於資格的爭議或問題請致電您所在縣的辦事處。 (Chinese)

توجه: اگر به زبان فارسی صحبت می کنید، می توانید برای دریافت کمک رایگان به زبان خود با شماره 1-800-541-5555 (TDD 1-800-430-7077) تماس بگیرید. برای مسائل مربوط به صلاحیت یا سؤالات، با دفتر محلی شهرستان خود تماس بگیرید. (Farsi)

ध्यान दें: यदि आप हिंदी भाषी हैं, तो आप अपनी भाषा में निःशुल्क सहायता के लिए 1-800-541-5555 (TDD 1-800-430-7077) पर कॉल कर सकते हैं। योग्यता संबंधी समस्याओं या प्रश्नों के लिए अपने स्थानीय काउंटी कार्यालय को कॉल करें। (Hindi)

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj yeem hu rau tus xov tooj 1-800-541-5555 (TDD 1-800-430-7077) kom tau kev pab koj dawb ua koj hom lus. Hu rau lub chaw lis dej num hauv koj lub nroog txog cov teeb meem kev tsim nyog tau txais kev pab los yog cov lus nug. (Hmong)

注意：ご希望により、1-800-541-5555 (TDD 1-800-430-7077) へお電話いただければ日本語で対応いたします。有資格問題または質問などは、地域の代理店までお電話ください。 (Japanese)

주의: 한국어를 말하면, 1-800-541-5555 (TDD 1-800-430-7077) 번으로 무료로 도움을 받으실 수 있습니다. 적격 문제 또는 질문은 해당 지역 카운티 사무소에 문의하십시오. (Korean)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາເບີ 1-800-541-5555 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອຟຣີໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດໃນທ້ອງຖິ່ນຂອງທ່ານເພື່ອສອບຖາມກ່ຽວກັບເງື່ອນໄຂໃນການມີສິດໄດ້ຮັບ ຫຼື ມີຄຳຖາມອື່ນໆ. (Laotian)

Waac-mbungh: Se gorngv meih gongv mien waac nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh taux 1-800-541-5555 (TDD 1-800-430-7077) yiem wuov maaih mienh tengx faan waac bun meih hiuv duv. Gunv korh waac taux meih nyei kaau dih nyei mienh, Se gorngv meih oix hiuv taux, meih maaih fai maaiv maaih ndaam-dorng leiz puix duqv ziqv nyei buanc. (Mien)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਸਹਾਇਤਾ ਪਾਉਣ ਲਈ 1-800-541-5555 (TDD 1-800-430-7077) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਪਾਤਰਤਾ ਸੰਬੰਧੀ ਵਿਵਾਦਾਂ ਜਾਂ ਸਵਾਲਾਂ ਦੇ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Внимание: Если Вы говорите по-русски, Вы можете позвонить по номеру 1-800-541-5555 (TDD 1-800-430-7077), чтобы получить бесплатную помощь на Вашем языке. Позвоните в Ваш местный окружной офис по вопросам или проблемам, связанным с соответствием требованиям. (Russian)

Atención: Si usted habla español puede llamar al 1-800-541-5555 (TDD 1-800-430-7077) para obtener ayuda gratuita en su idioma. Llame a la oficina local de su condado si tiene algún problema o alguna pregunta sobre elegibilidad. (Spanish)

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari kang tumawag sa 1-800-541-5555 (TDD 1-800-430-7077) para sa libreng tulong sa wika mo. Tawagan ang lokal mong tanggapan sa county para sa mga isyu sa pagiging nararapat o mga tanong. (Tagalog)

โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถโทรศัพท์ไปที่เบอร์ 1-800-541-5555 (TDD 1-800-430-7077) เพื่อรับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย กรุณาโทรศัพท์หาสำนักงานประจำท้องถิ่นของท่านเพื่อสอบถามเกี่ยวกับสิทธิ์ของท่าน (Thai)

Увага: Якщо ви розмовляєте українською, ви можете зателефонувати за номером 1-800-541-5555 (TDD 1-800-430-7077), щоб отримати безкоштовну допомогу Вашою мовою. З питань стосовно права на пільги та іншої інформації, телефонуйте до вашого місцевого окружного офісу. (Ukrainian)

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi 1-800-541-5555 (TDD 1-800-430-7077) để được trợ giúp miễn phí bằng ngôn ngữ của mình. Hãy gọi văn phòng quận địa phương của quý vị nếu có các vấn đề hoặc thắc mắc về tính đủ điều kiện. (Vietnamese)

California Department of
Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

PUB 68 | Produced by DHCS
Office of Communications

PUB 68 (0219) | myMedi-Cal
Department of Health Care Services
dhcs.ca.gov

What Does CHDP Offer?

The CHDP program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Needed shots
- Oral health screening and routine referral to a dentist starting by age 1
- Nutrition screening
- Behavioral screening
- Vision screening
- Hearing screening
- Health information
- Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

Other Services

If further health services are needed, we will help you find them, including:

- Dentists that accept Denti-Cal for the care of your child's teeth
- Medical specialists, as needed
- Mental and behavioral health services, as needed

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

Information

For more information about CHDP, transportation options, or for help setting up an appointment, contact your local CHDP office.

You can find your local CHDP office by visiting the California Department of Health Care Services website at: **www.dhcs.ca.gov/services/chdp**

Regular health check-ups keep your child healthy.

Health check-ups can also find and treat problems before they become serious.

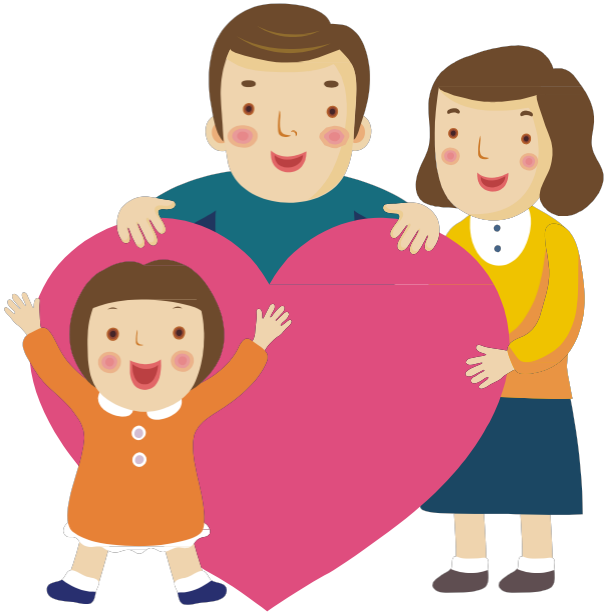
Edmund G. Brown, Jr.
Governor, State of California

PUB 183 (English, 9/15)

English

Child Health and Disability Prevention (CHDP) Program

Medical and Dental Health Check-Ups



FREE

For Babies, Children, and Youth Under age 21 with Full Scope Medi-Cal or Under Age 19 with Low Family Income.

No Documentation Required

Why Get Health Check-Ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental, mental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

Health check-ups can also be used for foster care, sports, camp, or school entry, as needed.

Who is Eligible?

Children and youth up to age 21 who are eligible for Medi-Cal. Children and youth under age 19 with family incomes less than or equal to 200% Federal Income Guidelines are also eligible. Proof of residence and income is not required.

Babies and Toddlers
Birth Through 3 Years

Regular check-ups can keep your baby happy and healthy. You can find out about your baby's growth, weight, and health, and needed shots are given. At 1 year and 2 years, your baby should be tested for lead. A test for anemia is also given. Your child should see a dentist at least once a year starting by age 1.

School Children
4 Through 12 Years

It is important to make sure your child is healthy and ready for school. State laws require children to be up to date on their shots and get a health check-up.

School children will also get vision and hearing screenings. If your child has not had a lead test before, he/she should have one by age 6 or before. Your child should see a dentist at least once a year.

Teens and Young Adults
13 Through 20 Years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well. It is also a time for you or your teen to ask the doctor any questions. Extra health check-ups can be given for sports and camp physicals. Your child should see a dentist at least once a year.

Dental

Please contact your local CHDP office for assistance to find a Dentist who accepts Denti-Cal. CHDP may also assist with appointment scheduling and transportation if necessary.

Vision & Hearing

The local CHDP office can provide assistance to obtain vision and hearing services if medically necessary.

Mental Health, Autism and Behavioral Services

Contact the local CHDP office for assistance to access these services.

Build a Better Future for your Family

Get the benefits of family planning services, which can help you:

- Improve your ability to become self-sufficient by preventing an unplanned pregnancy.
- Plan the number and spacing of your children so you are able to meet the economic and emotional needs of your family.
- Communicate with your partner about reproductive health issues.
- Talk to your kids about safe sex and pregnancy prevention.

Do it for yourself.
Do it for the ones you love.

County Stamp Box

California Family Planning Information and Referral Service

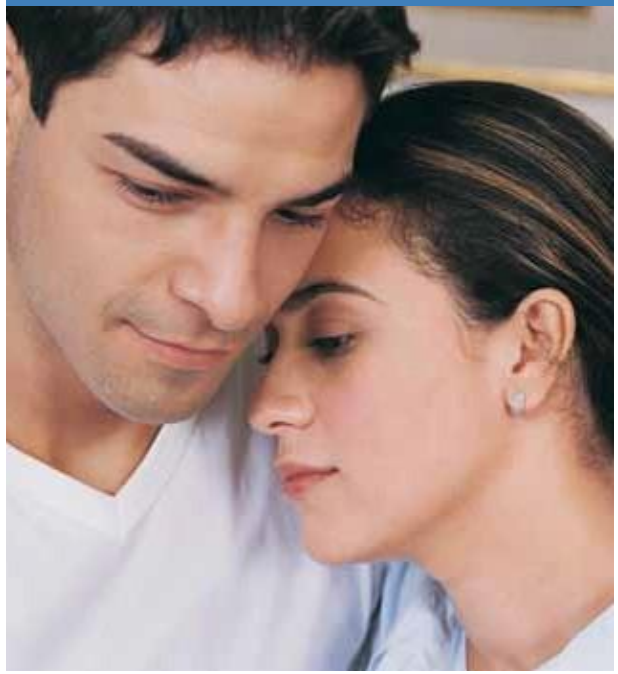
1-800-942-1054

All persons in the photographs are models and used for illustrative purposes only.

State of California
Health and Human Services Agency
Department of Social Services

PUB 275 (04/07)

Family Planning...
Making the Commitment for a Healthy Future



Family Planning — For Your Family's Future

Your local family planning provider can help you:

- Find the birth control method that fits your lifestyle. There is a wide range of choices — from the pill to the ring to the shot and more.
- Get birth control supplies to help prevent an unplanned pregnancy.
- Learn about emergency contraception and whether it will be the right choice for you if you ever need it.
- Get tested and treated for sexually transmitted diseases.
- Learn how to prevent getting and spreading sexually transmitted diseases, including HIV/AIDS.
- Get screened for reproductive cancers.
- Learn how to do self-exams to check for breast cancer.
- Answer questions about all your reproductive health concerns.

These services are:

- Confidential, which means it is private between you and your doctor.
- Available for men and women, including teens.
- Inexpensive — CalWORKs clients can receive them for no- and low-cost.

Get family planning services in your community:

- From your doctor, county department of health or your health care plan.
- Look in the telephone yellow pages under "Family Planning Information."
- Call the California Family Planning Information and Referral Service for the name, address and phone number of a family planning services provider in your area at:

1-800-942-1054

Make the commitment today.

What Are People Saying About WIC?

"WIC offers so much more now with fresh fruits and vegetables and whole grains!"

— Raquel, Redding

"WIC keeps us eating healthy"

— Robert, Fresno

"Money was tight for a while… and this program helped me so much."

— Sara, Los Angeles

"Thank you… for the breastfeeding support and useful information we got while in the program."

— Susan, Oakland

How can WIC work for you?

WIC has offices all over California. Call your local WIC office for an appointment and for locations near you. Many local WIC offices are open in the evenings and on Saturdays for working families!

Your Local WIC Agency is:

To find the nearest WIC office, you can also call toll free **1-888-WIC-WORKS (1-888-942-9675)** or **www.wicworks.ca.gov.**

California WIC Program, California Department of Public Health
This institution is an equal opportunity provider.

#910169 Rev 2/12

California Families Grow Healthy with WIC

You work hard to raise a healthy family. The WIC Program can help.

What is WIC?

WIC, the Women, Infants, and Children program, is a nutrition program that helps pregnant women, mothers with infants, infants and young children eat well, be active, and stay healthy.

The average cash value of WIC checks per participant is about $62 a month!

WIC offers families:

» **Nutrition and health education.** Information covered includes: prenatal nutrition, breastfeeding, feeding your child, parenting tips plus much, much more...

» **Education and support for breastfeeding babies.** This support may include group classes, one-on-one support from a peer counselor or lactation specialist and loan of a breast pump.

» **Checks to buy healthy foods such as:**

- ✔ Milk
- ✔ Fruits and Vegetables
- ✔ Juice
- ✔ Eggs
- ✔ Cheese
- ✔ Cereal
- ✔ Dry beans or peas
- ✔ Peanut butter
- ✔ Canned tuna or salmon
- ✔ Whole grain breads, tortillas, or brown rice
- ✔ Baby foods
- ✔ Infant Formula
- ✔ Tofu and soy milk

» **Help in finding health care and other community services.**

Working Families May Qualify!

You can participate in California WIC if you:

» **Are pregnant.**

» **Breastfeeding a baby under 1 year of age.**

» **Just had a baby in the past 6 months.**

» **Have children under 5 years of age including those cared for by a single father, grandparent, foster parent, step-parent or guardian.**

» **Have a family income within WIC Guidelines.**

Check out our Website:

www.wicworks.ca.gov

for the latest income guidelines and to find your local WIC office.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

☐ Already registered. I am registered to vote at my current residence address.

☐ Yes. I would like to register to vote. (Please fill out the attached voter registration form.)

☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

_____

Applicant Name Date

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.

2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.