



GAVIN NEWSOM
GOVERNOR

Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 (COVID-19)

January 14, 2021

The Department of Health Care Services (DHCS) issues the following guidance to remind Medi-Cal providers that, under state and federal law, they are prohibited from illegally discriminating against Medi-Cal members 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. (45 CFR Part 92; Gov. Code § 11135; Welf. & Inst. Code §§ 14029.90-14029.91.)

In the context of the Public Health Emergency (PHE), Medi-Cal providers are prohibited from illegally discriminating against a Medi-Cal member, including on the basis of age or disability, in determining how to allocate scarce resources for the treatment of COVID-19. In determining the allocation of treatment resources for COVID-19, Medi-Cal providers must comply with state and federal non-discrimination law and DHCS's non-discrimination policy. In particular, Medi-Cal providers must comply with disability discrimination law, as described further below in this guidance, and with the Age Discrimination Act of 1975, (42 U.S.C. 6101 et seq.; 45 CFR Parts 90 and 91).

DHCS's Office of Civil Rights (OCR) is available to address any questions regarding this guidance:

Office of Civil Rights
Department of Health Care Services
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370, 711 (California State Relay)

Email: CivilRights@dhcs.ca.gov

DHCS's OCR also has an established complaint process for Medi-Cal consumers to voice complaints of alleged discrimination against any individual or organization that they believe has engaged in a discriminatory practice. For more information regarding DHCS's non-discrimination policy and discrimination grievance procedures, please refer to the following links:

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

www.dhcs.ca.gov/discrimination-grievance-procedures

This DHCS guidance for Medi-Cal providers incorporates and builds upon the March 30, 2020, document titled “Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 (COVID-19)”, issued jointly by DHCS, the California Department of Public Health (CDPH), and the Department of Managed Health Care (DMHC) (hereafter, March 30 Joint Non-Discrimination Guidance),

The March 30 Joint Non-Discrimination Guidance is set forth below.

March 30, 2020 Joint Non-Discrimination Guidance

As the COVID-19 pandemic evolves, DHCS, CDPH, and DMHC continue to closely monitor and assess appropriate next steps as well as release guidance to ensure the safety of Medi-Cal beneficiaries, health plan enrollees, medical providers, and California communities in general.

The State of California understands that people with disabilities are concerned that medical providers might consider an individual’s disability status when determining which patients to treat if hospitals or other health care facilities experience a surge of patients needing life-saving care. This joint bulletin reminds health care providers and payers that rationing care based on a person’s disability status is impermissible and unlawful under both federal and state law.

Recent Federal Guidance

On March 28, 2020, the federal Office for Civil Rights at the U.S. Department of Health and Human Services issued [guidance](#) reminding covered entities of their federal legal obligations and responsibilities under Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which “prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.” That guidance further emphasized that “persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative ‘worth’ based on the presence or absence of disabilities. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.”

California Requires Equal Access to Health Care Services

In addition to these protections under federal law, California law provides that every person is entitled to equal access to services provided in all business establishments and public agencies—including medical clinics and hospitals—without regard for the person’s sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.¹ Furthermore, no person, on the basis of mental, developmental, intellectual, or physical disability or perceived disability, may be unlawfully denied full and equal access to state-funded programs.² Additionally, California law specifically provides that individuals with developmental disabilities have the same legal rights and responsibilities guaranteed all other individuals by the U.S. Constitution and laws and the Constitution and laws of the State of California.”³

Treatment of Medi-Cal Beneficiaries

As it relates to treatment of covered Medi-Cal beneficiaries who are diagnosed with

COVID-19, especially those who will require hospitalization, DHCS recognizes and appreciates that every Medi-Cal beneficiary's medical needs are unique and that Medi-Cal providers, beneficiaries and their authorized representatives, and their care team make individualized, clinically appropriate decisions based on medical necessity. DHCS reminds providers that no person, on the basis of mental, developmental, intellectual, or physical disability or perceived disability, may be unlawfully denied full and equal access to the benefits of Medi-Cal services, including the receipt of COVID-19 treatment, in the event of limited hospital or other health care facility resources and/or capacity.

American Medical Association Code of Medical Ethics

Additionally, the [AMA Code of Medical Ethics](#) offers foundational guidance for health care professionals and institutions responding to the COVID-19 pandemic. The guidance provides direction for appropriate allocation of limited resources.

¹ California Civil Code section 51 et seq.

² California Government Code section 11135.

³ Welfare and Institutions Code section 4502, subdivision (a) and (b).



WILL LIGHTBOURNE
DIRECTOR

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



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NONDISCRIMINATION NOTICE

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

DHCS:

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

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

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

Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370, 711 (California State Relay)
Email: CivilRights@dhcs.ca.gov

If you need help filing a complaint, the Office of Civil Rights can help you. Complaint forms are available at: [Non Discrimination Policy and Language Access page](#).

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>



LANGUAGE ASSISTANCE TAGLINES

Attention: If you speak English, you can call 1-916-440-7370 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

ARABIC

"انتبه: إذا كنت تتحدث العربية، يمكنك الاتصال على
1-916-440-7370 (للصم 1-800-430-7077) للحصول على المساعدة
بلغتك مجاناً. اتصل بمكتب المقاطعة المحلي
للأسئلة أو لمعرفة المسائل المتعلقة بالأهلية. (عربي)"

ARMENIAN

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-916-440-7370 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով:
Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ:

CAMBODIAN

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ លោកអ្នកអាចហៅទូរស័ព្ទលេខ
1-916-440-7370 (TDD 1-800-430-7077) សម្រាប់ជំនួយភាសាខ្មែរ
ជាភាសារបស់អ្នក។ សូមហៅទូរស័ព្ទទៅការិយាល័យខោនធីម្នួលដ្ឋានរបស់អ្នក
សម្រាប់បញ្ហាឬសំណួរអំពីភាពមានសិទ្ធិស្របច្បាប់(ខ្មែរ)"

CHINESE

注意：如果您使用中文，請撥打1-916-440-7370 (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。

FARSI

"توجه فرمایید: اگر به زبان فارسی صحبت می‌کنید، برای دریافت کمک رایگان به زبان خود می‌توانید با شماره 1-916-440-7370 (TDD 1-800-430-7077) تماس بگیرید. جهت کسب اطلاع از معیارهای واجد شرایط بودن یا مطرح کردن سوالات با دفتر کانتی محل اقامت خود تماس بگیرید. (فارسی)"

HINDI

“ध्यान दें: यदि आप हिंदी बोलते हैं, तो आप अपनी भाषा में निशुल्क मदद के लिए 1-916-440-7370 (TDD 1-800-430-7077) पर फोन कर सकते हैं। पात्रता संबंधी मुद्दों या सवालों के लिए अपने स्थानीय काउंटी ऑफिस को फोन करें। (हिंदी)”

HMONG

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj yeem hu rau tus xov tooj 1-916-440-7370 (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.

JAPANESE

注意：ご希望により、1-916-440-7370 (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。

KOREAN

주의: 한국어를 말하면, 1-916-440-7370 (TDD 1-800-430-7077) 번으로 무료로 도움을 받으실 수 있습니다. 적격 문제 또는 질문은 해당 지역 카운티 사무소에 문의하십시오.

LAOTIAN

“ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາ 1-916-440-7370 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດປົກຄອງໃນທ້ອງຖິ່ນຂອງທ່ານກ່ຽວກັບປະດັບການມີສິດໄດ້ຮັບ ຫຼື ຄໍາຖາມ. (ພາສາລາວ)”

MIEN

Waac-mbungh: Se gorngv meih gongv mien waac nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh taux 1-916-440-7370 (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.

INDIAN PUNJABI

“ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਮਦਦ ਲਈ 1-916-440-7370 (TDD 1-800-430-7077) ਤੇ ਫੋਨ ਕਰ ਸਕਦੇ ਹੋ। ਯੋਗਤਾ ਸਬੰਧੀ ਮੁੱਦਿਆਂ ਜਾਂ ਸਵਾਲਾਂ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ ਫੋਨ ਕਰੋ। (ਪੰਜਾਬੀ)”

PAKISTANI PUNJABI

"متوجہ ہوو: جے ٹسی پنجابی بولدے او، تے

اپنی زبان وچ مُفت مدد لئی ٹسی (TDD 1-800-430-7077) 1-916-440-7370 تے کال کر سگدے او۔ اہلیت دے رولیاں یا سوالاں

لئی اپنے مقامی کاؤنٹی آفس کال کرو۔ (پنجابی)"

RUSSIAN

Внимание: Если Вы говорите по-русски, Вы можете позвонить по номеру 1-916-440-7370 (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.

SPANISH

Atención: Si usted habla español puede llamar al 1-916-440-7370 (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.

TAGALOG

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari kang tumawag sa 1-916-440-7370 (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 narapat o mga tanong.

THAI

"โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถโทรที่หมายเลข 1-916-440-7370 (หรือ 1-800-430-7077 สำหรับผู้พิการทางการได้ยิน) เพื่อขอความช่วยเหลือฟรีเป็นภาษาของคุณ โทรไปที่สำนักงานเทศบาลท้องถิ่นของคุณเพื่อสอบถามปัญหาเรื่องคุณสมบัติ (ไทย)"

UKRANIAN

Увага: Якщо ви розмовляєте українською, ви можете зателефонувати за номером 1-916-440-7370 (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)

VIETNAMESE

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi 1-916-440-7370 (TDD 1-800-430-7077) để được trợ giúp miễn phí bằng ngôn ngữ của mình. Hay gọi văn phòng quận địa phương của quý vị nếu có các vấn đề hoặc thắc mắc về tình đủ điều kiện.