YOUR CARE CHECKLIST

Members moving to Medi-Cal Fee-for-Service (FFS) may need help making sure their care will continue. Use these steps with the Member or caregiver before January 1, 2027. **Call or confirm each provider, prescriber, or service will continue serving the Member through Medi-Cal FFS. Do not assume—confirm directly.**

1. **Complete the Care Checklist.** Help the Member list their current providers, medications, medical equipment, supplies, and transportation. A caregiver or other support person may help. The checklist is optional.
2. **Call each provider.** Ask the provider's office if the provider accepts Medi-Cal FFS and is taking new Medi-Cal FFS patients. Check all physical health, mental health, and substance use care providers. For mental health care, note whether it is specialty or non-specialty. If you cannot confirm, add the provider to "What Is Changing?"
3. **If the provider(s) does not accept Medi-Cal FFS, find a replacement.** The Find Doctors & Services online tool can help search for a Medi-Cal FFS provider with the same specialty, ideally near the Member's location.
    a. The Find Doctors & Services online tool will be updated early to mid-December with more user-friendly features to make it easier for members to find providers. **Not all providers listed in the Find Doctors & Services online tool will be accepting Medi-Cal FFS, so always ask/call the new provider(s) to confirm.**
    b. Call the Medi-Cal Help Line (1-800-541-5555) for help finding providers.
4. **Check medications.** List each medication, who prescribes it, the next refill date, and how many refills are left. Ask if the prescribing provider accepts Medi-Cal FFS. If the prescriber must change, make sure the new provider knows what medications the Member takes and when refills are needed.
5. **Check medical equipment and supplies.** List each item and note whether it is rented, owned, or provided as needed. Ask the DME supplier if it accepts Medi-Cal FFS. Find out if a new approval or supplier is needed.
6. **Check transportation.** Ask if the Member has scheduled rides. Explain that Managed Care transportation providers do not automatically transfer to FFS. List the service, phone number, type of ride, and next scheduled ride.
7. **List what is changing.** Add anything that will not continue or has not been confirmed to "What Is Changing?" Write down the next step, who will do it, and the target date. If a provider changes, help schedule the new appointment and transfer the Member's records before January 1, 2027.

Care Checklist

Purpose: Use this checklist to write down the people, medicines, equipment, supplies, and services that help with the Member's care. For each item, check if it will stay the same or if something needs to change before January 1, 2027. Write down any steps the Member needs to take.

Who should fill out this checklist: The Member can fill out this checklist on their own or ask someone they trust to help, like a family member, friend, caregiver, or another person who helps with the Member's health care. This checklist is optional, but it is a good way to make sure nothing is missed and the Member's care continues without gaps.

Member Name		**Last Updated**	
Alternate Contact		**Phone Number**	

Providers

List the doctors, specialists, therapists, or other providers the Member sees now. Include their specialty, phone number, and whether they take Medi-Cal Fee-for-Service and new Medi-Cal Fee-for-Service patients. Include physical health, mental health, and substance use care providers. If the Member sees someone for mental health care, note if it is specialty or non-specialty care. Specialty mental health care means help for serious mental health or substance use problems, like seeing a psychiatrist, psychologist, or getting treatment for addiction. This care is usually provided by the Member's county's Behavioral Health Plan. Non-specialty mental health care means help for common mental health needs, like therapy, counseling, or getting medicine for anxiety or depression.

Current Provider	Specialty	Accepts Medi-Cal FFS and new patients?	Phone Number	Notes

Medications

List the medicines the Member takes now. Write down who prescribes each one, the Member's next refill date, how many refills the Member has left, and whether that provider accepts Medi-Cal Fee-for-Service.

Medication	Prescribing provider	Next refill date	Refills left	Does the provider accept Medi-Cal Fee-for-Service?

Medical Equipment and Supplies

List any medical equipment or supplies the Member uses. Say whether each item is rented, owned, or given to the Member as needed. Write the supplier's name and phone number. Check if the supplier accepts Medi-Cal Fee-for-Service.

Equipment or supply	Rented, owned, or as needed?	Supplier and phone number	Does the supplier accept Medi-Cal Fee-for-Service?

Transportation

List the transportation service the Member uses for rides to health care appointments. Include the phone number, type of transportation, whether it will be available through Medi-Cal Fee-for-Service, and the date of the next scheduled ride.

- Non-Medical Transportation (NMT): A regular car ride for people who can walk on their own but need help getting to appointments.

- Non-Emergency Medical Transportation (NEMT): A medical ride, like a wheelchair van, for people who cannot safely ride in a regular car.

For help, call the Medi-Cal Help Line at 1-800-541-5555 or learn more online.

Transportation service	Phone number	Type of transportation (NMT/NEMT)	Available through Medi-Cal Fee-for-Service?	Next scheduled ride date

What Is Changing?

Use this section to write down anything in the Member's care that will change. Write down what needs to happen, who will do it, and the date it should be done.

Type	What is changing?	What needs to happen or be replaced?	Who will do it?	Target date / Done