

Notice of Additional Information

Your rights and long-term care benefits: Skilled Nursing Home

The California Advancing and Innovating Medi-Cal (CalAIM) program “carves in” (moves) your LTC coverage to Medi-Cal health plans statewide. This means you will get your institutional LTC through your Medi-Cal health plan instead of through Fee-For-Service (FFS) Medi-Cal. Your Medi-Cal health plan will coordinate the care you need in facilities and home and community-based settings.

This includes LTC services provided in:

- Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)
- ICF/DD-Habilitative
- ICF/DD-Nursing
- Skilled Nursing Facilities
- Subacute Care Facilities
- Pediatric Subacute Facilities

On January 1, 2024, Medi-Cal health plans in **all** counties will cover the LTC benefit in the facilities listed above.

General Information

1. How will my Medi-Cal services change?

Because you live in a Skilled Nursing Home, you will soon have to enroll in a Medi-Cal health plan.

Your new Medi-Cal health plan in your county will manage and pay for your Medi-Cal services. To learn more about Medi-Cal health plan benefits, go to www.healthcareoptions.dhcs.ca.gov.

When you enroll in a Medi-Cal health plan, your Regional Center services and other health coverage, such as Medicare or private insurance, will **not** change.

2. Will I still have Medi-Cal?

Yes. Your Medi-Cal eligibility and covered services will **not** change.

3. What if I have a Share of Cost (SOC) and live in a Skilled Nursing Home?

Your Medi-Cal Share of Cost (SOC) will **not** change. With an SOC, you pay for some

of your own health care and get support from Medi-Cal. If you have an SOC and live in a Skilled Nursing Home, you **must** enroll in a Medi-Cal health plan.

4. If I have secondary insurance, also called other health coverage (OHC), such as a private insurance, will they still be able to bill Medi-Cal?

Yes. In most cases, Medi-Cal will cover some costs your other insurance does not pay. These include “wrap payments” and “co-payments.” Medi-Cal is the payer of last resort. This means it pays after, or second to, your other insurance.

Medi-Cal Fee-For-Service (FFS) providers or Medicare providers do **not** need to be in your Medi-Cal health plan network to bill the plan.

5. Will I have to move from my Skilled Nursing Home?

No. If you live in a Skilled Nursing Home, you can stay there for at least 12 months from the date you joined your new Medi-Cal health plan under “continuity of care”. As long as the services you get are medically necessary, you do **not** have to ask for “continuity of care” to stay in your Skilled Nursing Home. After 12 months, you can ask your new Medi-Cal health plan to stay in your Skilled Nursing Home for another 12 months.

You can continue receiving the medical services you need after you have been enrolled in a Medi-Cal health plan and may be able to keep your Medi-Cal provider for up to **12 months** after you enroll in a new Medi-Cal health plan.

Your Medi-Cal health plan will contact you. They will work with you, your Skilled Nursing Home, your Regional Center, and your caregivers. They will discuss your care needs and how you will keep getting the care you need.

6. What is the difference between Fee-For-Service (FFS) (Regular) Medi-Cal and a Medi-Cal health plan?

If you have Fee-For-Service (FFS) Medi-Cal, also called “Regular” Medi-Cal, you can go to any Medi-Cal provider who takes FFS. But your Medi-Cal benefits and your providers aren’t usually coordinated. With Medi-Cal Managed Care, your health plan **coordinates** your Medi-Cal benefits and has a network of Medi-Cal providers to use.

Your Medi-Cal health plan works with doctors, hospitals, and other health care providers in your service area to set up health care services for you. It gives you the medically necessary Medi-Cal services you need. It also works with you and your provider to coordinate and manage your care.

When you are in a Medi-Cal health plan, you may still get some health care services through FFS Medi-Cal instead of through your Medi-Cal health plan. These include long-term care services and supports, most pharmacy services, substance use disorder (SUD) treatment services, specialty mental health services, and dental services in most counties. If you get In-Home Supportive Services (IHSS), you will keep getting those services through FFS Medi-Cal the way you do now.

Information for Members with Medicare

7. I have Medicare. If I enroll in a Medi-Cal health plan, will I still have Medicare?

Yes. If you have Medicare, you will keep your same Medicare benefits and providers. Your Medicare benefits and providers will **not** change when you join a Medi-Cal health plan.

Your Medicare providers:

- Do not have to be in your Medi-Cal health plan network to keep giving you care
- Cannot charge co-pays, co-insurance, and deductibles if you are in Medi-Cal
- Should bill your Medi-Cal health plan for co-pays, co-insurance, and deductibles even if they are not in the Medi-Cal network

If you have questions about your Medicare Advantage benefits, call the number on your Medicare Advantage plan member card.

8. What is a Medicare Advantage (MA) Plan?

Some people qualify for both Medicare and Medi-Cal and are “dual eligible” or Medi-Medi beneficiaries. Like all Medicare beneficiaries, dual eligible beneficiaries can choose whether to receive care through Original Medicare, or enroll in an MA plan, sometimes called “Part C” or “MA Plans.” In California there are several types of MA plans, and plan options vary by county.

9. What if I am enrolled in a Medicare Advantage (MA) plan and live in Alameda, Contra Costa, Fresno, Kings, Kern, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Stanislaus, or Tulare County?

If you are in an MA plan and your county has a **matching** Medi-Cal health plan, you will be enrolled automatically in that matching Medi-Cal health plan.

The state has a Medi-Cal Matching Plan Policy in the 17 counties previously listed above. This means that if you join an MA plan, and there is a Medi-Cal health plan that matches with that MA plan, you must choose that Medi-Cal health plan. This policy does **not** change or affect your choice of an MA plan.

Having the same plan manage your Medicare and Medi-Cal benefits improves coordination of your benefits. In some counties, these plans work together as one plan. This is called a Medicare Medi-Cal (Medi-Medi) plan. This plan offers more care management for your Medicare and Medi-Cal services and Medicare prescription drugs.

The names of your MA plan and Medi-Cal health plan may not be the same or may not match. You can read the list of matching Medicare and Medi-Cal health plans for your county at: www.healthcareoptions.dhcs.ca.gov/medi-medi-charts.

If you have questions about your Medicare enrollment choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222. (TTY: State Relay at 711).

If you have questions about your Medicare Advantage benefits, call the number on your MA plan member card.

10. What is a Medicare Medi-Cal plan?

A Medicare Medi-Cal plan (Medi-Medi) is an MA plan for people with **both** Medicare and Medi-Cal. It is voluntary. It combines your Medicare and Medi-Cal coverage into **one** plan with:

- One care team to coordinate care.
- One set of benefits, doctors, hospitals, prescription drugs, lab tests, x-rays, and some medical equipment. Your new plan will include most of the doctors you have now. Or, it will help you find a new doctor you like.
- One health plan to coordinate delivery of services including medical supplies, transportation, and long-term services and supports.
- One network of providers, including doctors, hospitals, clinics, labs, and equipment suppliers. Your new plan will include most of the doctors you have now or will help you find a new doctor you like.
- Possible extra benefits like dental, hearing, or vision coverage in addition to what Medi-Cal covers.

These **12 counties** will have Medi-Medi plans in 2024:

Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.

Information About Medi-Cal Health Plan Options

11. What is a Medi-Cal health plan?

A Medi-Cal health plan is a health plan that:

- Works with doctors, hospitals, and other health care providers in your service area to give you health care services
- Gives you the medically necessary Medi-Cal services you need
- Works with you and your providers to coordinate and manage your care

When you are in a Medi-Cal health plan, you may still get some services through FFS Medi-Cal instead of through your Medi-Cal health plan. In most counties, these include:

- Certain home and community-based services
- Most Medi-Cal pharmacy services
- Specialty mental health services
- Substance use disorder (SUD) treatment services
- Dental services

If you have Medicare, your Medi-Cal health plan can also give you more benefits that Medicare may not cover and can help you access Medicare services such as:

- Transportation to medical appointments
- Durable medical equipment
- Medical supplies
- Community Supports

To learn more about Medi-Cal health plan benefits, go to www.healthcareoptions.dhcs.ca.gov.

12. How do I choose a Medi-Cal health plan?

Your Medi-Cal health plan choices depend on two things:

1. The county you live in, and
2. If you are in a Medicare Advantage plan

If you live in a county where you can choose a Medi-Cal health plan, and you are **not** in a Medicare Advantage plan, you will get or get a *My Medi-Cal Choice* packet in November. It has your Medi-Cal health plan choices.

You can enroll in a Medi-Cal health plan by phone. Call Medi-Cal Health Care Options (Medi-Cal HCO) Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or enroll online at www.healthcareoptions.dhcs.ca.gov.

If you don't choose a Medi-Cal health plan, and you are **not** in a Medicare Advantage plan with a matching Medi-Cal plan, Medi-Cal, the Department of Health Care Services (DHCS) will choose a Medi-Cal health plan for you.

If you are in a Medicare Advantage plan in January 2024 in certain counties, your Medicare Advantage plan will determine your Medi-Cal health plan. Read question 9 above.

You have the right to change your Medi-Cal health plan at any time. Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077). Or go to www.healthcareoptions.dhcs.ca.gov.

If you live in a Single Plan county or a county that has a County-Organized Health System (COHS), you will be enrolled in the COHS plan, Single Plan, or Kaiser Permanente.

To find out if you live in a COHS, Non-COHS, or Single Plan county, go to <https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>.

13. Can I enroll in Kaiser Permanente?

You may join Kaiser Permanente if you live in one of the counties that has Kaiser Permanente as a Medi-Cal health plan option.

You also have to meet **one** of these requirements:

- You were a Kaiser Permanente member in the last 12 months, or
- You are an immediate family member living in the same home as a current Kaiser Permanente member (family linkage), including being a member's:
 - Spouse or domestic partner;
 - Dependent child under 26 years of age;
 - Stepchild under 26 years of age;
 - Disabled dependent over 21 years of age;
 - Parent or stepparent of a beneficiary under 26 years of age; or
 - Grandparent, guardian, foster parent or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship, or
- You are a foster child, or
- You have both Medicare and Medi-Cal (dual eligible) and are in Kaiser Permanente Senior Advantage (KPSA) or Duals Special Needs Program (D-SNP).

To learn how to enroll in Kaiser Permanente, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

14. What is Medi-Cal Health Care Options?

Medi-Cal Health Care Options (Medi-Cal HCO) is a DHCS service that helps members learn about Medi-Cal health plans. It is to help members make the right choices about Medi-Cal.

The Medi-Cal HCO website is: www.healthcareoptions.dhcs.ca.gov.

To learn more, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

15. After I'm in a Medi-Cal health plan, can I go back to Fee-For-Service (FFS) Medi-Cal?

In some cases, you can go back to FFS Medi-Cal. It depends on the county you live in and if you meet certain exceptions.

If you live in a county with a COHS or Single Plan, you cannot go back to FFS Medi-Cal.

For questions about going back to FFS Medi-Cal or to learn more, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

16. Who does not have to join a Medi-Cal health plan?

You may not have to join a Medi-Cal health plan if you live in a non-COHS or non-Single Plan county and you:

- Are an American Indian/Alaska Native,

- Are a beneficiary who gets assistance under Foster Care, the Adoption Assistance Program, or Child Protective Services,
- Live in a California Veteran’s Home,
- Already have an approved medical exemption from the requirement to join a Medi-Cal health plan; **or**
- Get a medical exemption from the requirement to join a Medi-Cal health plan

If you are a member who gets assistance under foster care, the Adoption Assistance Program, or Child Protective Services, and you live in a Single Plan county, you have the choice to enroll in a Medi-Cal health plan or FFS Medi-Cal.

To learn more about exemptions from joining a Medi-Cal health plan, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

To find out if you live in a COHS, Single Plan or non-COHS, non-Single Plan county, go to www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx.

17. What if I’m an American Indian or Alaska Native Member?

If you are an American Indian or Alaska Native member enrolled in a Medi-Cal health plan, you may get services from an Indian Health Care Provider of your choice. If you have questions about your benefits, call your Medi-Cal health plan or the Medi-Cal Ombudsman at 1-888-452-8609.

18. Can I get a medical exemption from joining a Medi-Cal health plan?

If you have a legally recognized complex medical condition and your **Medi-Cal** doctor or clinic is an FFS Medi-Cal provider who is not in a Medi-Cal health plan network in your county, you might be able to get a medical exemption to keep your current provider for **up to 12 months**. If your exemption is approved, you can stay in FFS Medi-Cal and keep your doctor until the medical exemption ends.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot get an exemption from managed care enrollment after you have been in a Medi-Cal health plan for **90 days or more**. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form. Return the completed form to Medi-Cal HCO.

You do **not** need a medical exemption to keep your **Medicare** providers.

There are two ways to ask for a medical exemption:

1. **By phone:** Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077)
2. **Online:** Go to Medi-Cal HCO at www.healthcareoptions.dhcs.ca.gov.

If you have certain health conditions and want to keep your Medi-Cal provider for more than 12 months, you may be able to ask for a medical exemption

extension. If you want to ask for an extension you must wait until at least **11 months** from your existing medical exemption's start date to ask for an extension. Medi-Cal HCO will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

If your exemption is denied, you might be able to keep your doctor if you ask your Medi-Cal Managed Care Plan for "continuity of care."

If you live in a COHS or Single Plan county, you cannot qualify for a medical exemption.

19. If I have an approved medical exemption before January 1, 2024, will I stay in FFS?

If you get an approved medical exemption before January 1, 2024, you will stay in FFS until your approved medical exemption ends and it is medically safe for you to join a Medi-Cal health plan.

A Medical Exemption Request (MER) lets you stay in Medi-Cal FFS until your exemption ends. You will get a letter before your medical exemption ends.

You can ask for a medical exemption extension if you believe your health condition still qualifies. If you want to ask for an extension, you must wait until **11 months** after your existing exemption's start date. When the medical exemption ends, Medi-Cal HCO will give you information about enrolling in a Medi-Cal health plan.

20. If I have an approved non-medical exemption before January 1, 2024, will I stay in FFS?

It depends on where you live. A non-medical exemption lets you stay in FFS in non-COHS and non-Single Plan counties.

If you live in a COHS or Single Plan county, you will **not** be able to stay in FFS. Your non-medical exemption will end December 31, 2023. You will be enrolled in the Medi-Cal health plan in your county starting on January 1, 2024.

21. How do I get care before I join a Medi-Cal health plan?

You will have FFS Medi-Cal until you join a Medi-Cal health plan. During this time, you can keep your primary care provider (PCP) or provider who takes FFS Medi-Cal.

To find a new provider, use the online list of providers in FFS Medi-Cal at <https://geohub-cadhcs.hub.arcgis.com>

- When you call a provider's office, ask if they are taking new "Medi-Cal Fee-For-Service" patients.
- You can also call the Medi-Cal Helpline Monday – Friday 8 a.m. to 5 p.m. at 1-800-541-5555. The call is free.

22. Who will be my doctor when I am in a Medi-Cal health plan?

Once you join a Medi-Cal health plan, you need to choose a primary care doctor (PCP) who works with your Medi-Cal health plan. If you do not choose a doctor within **30 days** of the date you enroll in your Medi-Cal health plan, the Medi-Cal health plan will choose one for you.

This does not apply if you have Medicare. If you have Medicare, you will keep your Medicare providers.

If you want to **keep** your doctor:

- Ask your doctor if they work with a Medi-Cal health plan in your county.
- Choose a Medi-Cal health plan your doctor works with.

If you want to find a **new** doctor:

- Choose from the online list of doctors in your Medi-Cal health plan. Or ask your plan to mail you a list of doctors.
- Ask to change to a doctor who works with your Medi-Cal health plan network. You can ask at any time.
- For help finding a doctor or to change your doctor, call your Medi-Cal health plan's member services phone number after you join.

If you have a **Medicare** doctor:

- Your doctor won't change. Your Medicare providers do not need to be in your Medi-Cal health plan to keep giving you care.
- Your Medicare providers can't charge you co-pays or deductibles if you are in a Medi-Cal health plan.
- Your Medicare providers should bill your Medi-Cal health plan for those costs even if they are not in the Medi-Cal network.

23. Can I keep my Medi-Cal provider if my provider does not work with a Medi-Cal health plan?

If you have gone to a Medi-Cal provider in the past **12 months** who does not work with a Medi-Cal health plan, you might be able to keep your provider. This includes your Medi-Cal doctors, specialists, and therapists. Therapists you may be able to keep include physical, occupational, respiratory, and speech therapists and behavioral health treatment providers. If you ask your Medi-Cal health plan for "continuity of care," you might be able to keep your provider.

The provider has to agree to work with the Medi-Cal health plan. This can last up to 12 months or, in some cases, longer. If you want continuity of care, call your Medi-Cal health plan's member services phone number once you join the plan.

If the Skilled Nursing Home where you live is not in the Medi-Cal health plan network now, you do not have to move for at least 12 months.

If you have Medicare, you will keep the Medicare benefits and providers you have now.

Services Available Through Medi-Cal

24. What other services can I get through Medi-Cal?

Dental services

You can get dental services through Medi-Cal. Your dental benefits do not change when you enroll in a Medi-Cal health plan.

- For most counties, you get Fee-For-Service (Regular) Medi-Cal dental services through the **Medi-Cal Dental Program**. You need to go to a dental provider who takes Medi-Cal Dental. To find a dental provider, call the Medi-Cal Dental Customer Service Center Monday – Friday, 8 a.m. to 5 p.m. at 1-800-322-6384 (TTY: 1-800-735-2922). The call is free.

You can also find a dental provider and more about Medi-Cal dental services on the “Smile, California” website at www.smilecalifornia.org.

- If you live in **Los Angeles County**, you can get services through the **Medi-Cal Dental Program** with Fee-For-Service dental **or** a **Medi-Cal Dental Managed Care Plan**. To learn more about joining a **Medi-Cal Dental Managed Care** plan, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).
- If you live in **San Mateo County**, you will get dental services through the Health Plan of San Mateo (HPSM) or FFS dental.
 - If you are enrolled in HPSM, you will receive dental services through HPSM. To learn more about HPSM, call member services Monday – Friday, 8 a.m. to 6 p.m. at 1-800-750-4776 (TTY: 1-800-735-2929).
 - If you are enrolled in Kaiser, you will receive dental services through FFS dental. To find a dental provider, you can call the Medi-Cal Dental Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m.

Mental health services

If you need mental health services, talk to your new Medi-Cal health plan member services. Or talk to your PCP or your County Mental Health Plan. You may get mental health services through your Medicare or Medi-Cal health plan’s network. You may also qualify for specialty mental health services from your county mental health plan.

Your Medi-Cal health plan and your County Mental Health Plan **must** help you with your mental health care needs. They must help you find the right provider. For your County Mental Health Plan’s contact information, go to: www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

No matter which one you contact, you should get services right away. You do not need a diagnosis to get care.

Alcohol and substance use disorder treatment services

If you need help with alcohol or other substance use disorder (SUD) treatment services, you can get an assessment from your Medi-Cal health plan. You can also call your county Drug Medi-Cal program for SUD treatment services. For your County SUD treatment contact information, go to: www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. Or call your Medi-Cal health plan member services for help to get SUD treatment.

Pharmacy services

Because you live in an Intermediate Care Home or Skilled Nursing Home, you get your prescription drugs there. This will **not** change when you are in a Medi-Cal health plan.

Medi-Cal Rx covers prescription drugs that your provider prescribes for you to get from a pharmacy. Your Medi-Cal health plan covers the drugs your provider gives you in person, such as at the doctor's office or clinic.

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to www.medi-calrx.dhcs.ca.gov. Or call the Medi-Cal Rx Customer Service Center at 1-800-977-2273 (TTY: State Relay at 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal health plan, call your plan's member services phone number.

If you qualify for Medicare, Medicare Part D will cover most prescriptions. You must pay any co-pays. Medi-Cal will only pay for a few medications not in your Part D plan.

Transportation for health needs outside of the Intermediate Care Facility or Skilled Nursing Home

If you do not have a way to get to the doctor, clinic, dentist, mental health and substance use disorder treatment services, or to pick up a medicine, or for other Medi-Cal covered services, you may qualify for free transportation services. You can get these services, called Non-Medical Transportation (NMT) by car, taxi, bus, or other public or private vehicle. NMT is available for appointments covered by your Medi-Cal health plan as well as services covered by Medi-Cal but not through the Medi-Cal health plan, such as substance use disorder treatment services.

If you cannot use a car, bus, taxi, or other public or private vehicle due to your health conditions, you may get Non-Emergency Medical Transportation (NEMT) services to your appointments by ambulance, wheelchair van, or litter van. You will need a prescription from a licensed provider to get NEMT. NEMT is for people who cannot use public or private transportation. Your primary care

provider, dentist, podiatrist, mental health, or substance use disorder provider can prescribe it.

Your Medi-Cal health plan can help you schedule transportation. Call the Medi-Cal health plan's member services to ask for a ride.

When asking for transportation, you must contact your Medi-Cal health plan as soon as you can before an appointment. If you have many appointments, you can also ask for transportation to those appointments.

25. Where can I learn more or get help?

For questions about Medi-Cal and what services you can get through Medi-Cal:	<ul style="list-style-type: none">• Call the DHCS Medi-Cal Helpline at 1-800-541-5555 Monday – Friday 8 a.m. to 5 p.m. The call is free. Or go to the DHCS website at www.dhcs.ca.gov.
For questions about why your Medi-Cal services are changing:	<ul style="list-style-type: none">• Call the DHCS Ombudsman Office Monday – Friday, 8 a.m. to 5 p.m. at 1-888-452-8609 (TTY: California State Relay at 711). The call is free. Or email them at MMCDOmbudsmanOffice@dhcs.ca.gov. They help people with Medi-Cal use their benefits and understand their rights and responsibilities.• Call the Medicare Medi-Cal Ombudsman Program at 1-855-501-3077. The call is free. They help people with complaints and problems with Medicare and Medi-Cal.• Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is open 24 hours a day, 7 days a week. The call is free. They help people who live in a Skilled Nursing Home, Intermediate Care Home, or Subacute Care Facility with complaints and understanding their rights and responsibilities.• Call Health Consumer Alliance at 1-888-804-3536. The call is free. Or go to https://healthconsumer.org.
To learn more about health plan choices and provider (doctor, clinic) choices:	<ul style="list-style-type: none">• Call Medi-Cal Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). The call is free. Or go to www.healthcareoptions.dhcs.ca.gov.

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To find your local
Regional Center:

- Go to the Department of Developmental Services website at <https://www.dds.ca.gov/rc/lookup-rs-by-county>. Or call them at 1-833-421-0061. The call is free.