

## [Placeholder for Plan Header/Logos]

<Date>

<Head of Household>

<Address Line>

<City, State, ZIP Code>

### Important news about the California Children's Services (CCS) program

#### Read this letter for important news about your child's health coverage!

Starting on **January 1, 2025**, **[MCP]** covers CCS services through the Whole Child Model (WCM) program. We called you with more information and to offer support about this change.

Your child may be able to keep their CCS providers and durable medical equipment (DME) providers for up to 12 months or longer. If you have questions or concerns about your child's CCS doctors or DME providers, call **[MCP]'s Member Services [MCP hours]** at **[MCP phone number/TTY]**.

In the WCM program, you may ask for your child to keep the same **[County Name]** CCS case manager or public health nurse. If **[MCP]** and **[County Name]** cannot agree on "continuity of care", your child will be assigned a case manager through **[MCP]**.

**To find out if your child's CCS-paneled provider is in the WCM program, call [MCP]'s Member Services [MCP hours] at [MCP phone number/TTY].** You must call **[MCP]** by **Tuesday, April 1, 2025** to keep your child's existing case manager, public health nurse, or provider.

#### Don't forget!

- **Keep going to your child's scheduled appointments.** Your child will keep getting services and treatments already approved.

- **Your child's Medi-Cal and CCS benefits will not change.** Your child will have the **same** CCS benefits and covered medical services. Your child will get the same level of medical care after the move.
- **Your child's Medi-Cal eligibility and CCS eligibility will not change.**
- **There is no change to the Medical Therapy Program (MTP).** If your child gets therapy through the MTP, they will keep getting those services through **[County Name]** County's local MTP.
- **There is no change to the Medi-Cal Rx.** Your child's prescription drug coverage does not change. For more information or to find a pharmacy, please see: <https://medi-calrx.dhcs.ca.gov/member/>.

### Learn more

Read more about this change in the *Notice of Additional Information about your Rights and Benefits (NOAI)* at [www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx). To read the NOAI, you can also use your smartphone to scan the Quick Response (QR) code at the bottom of this letter. The NOAI tells you about the WCM program and who to call with questions.

If you want a printed copy of the NOAI mailed to you, call **[MCP] [MCP hours]** at **[MCP phone number/TTY]**. If you want this notice in another language or format like large print, audio, or Braille, call **[MCP] [MCP hours]** at **[MCP phone number/TTY]**.

### Questions?

If you have questions about your child's CCS services and the WCM program, call **[MCP]'s** Member Services **[MCP hours]** at **[MCP phone number/TTY]**. This call is free.

You can also call the **[County Name]** County CCS office **[County hours]** at **[CCS County phone number/TTY]**.

Thank you,

**[MCP Signature]**

**[Placeholder for Plan non-discrimination notice and tagline]**

