

[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 **January 1, 2025**, your child will get CCS care through **[MCP]**, their Medi-Cal health plan. This is called the Whole Child Model (WCM) program.

Here are some important things to know:

- **Your child will keep getting all their services during this move.** Your child's Medi-Cal and CCS coverage authorizations will **not** be interrupted.
- **Your child's Medi-Cal health plan will stay the same.** The Medi-Cal health plan will cover all services including those for the CCS-eligible condition.
- **Your child's Medi-Cal eligibility will not change.** You do not need to call your child's county eligibility worker.

Before the move to the WCM program, you will get at least one more letter in the mail from **[MCP]**. We will also call you with more information or offer support during the move.

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]**.

**How to keep your child’s CCS provider, case manager, and/or public health nurse (PHN):**

1. Call **[MCP]’s Member Services [MCP hours]** at **[MCP phone number/ TTY]**.

**You must call [MCP] by Tuesday, April 1, 2025.** Tell **[MCP]’s** member service representative that you have questions about your child’s CCS services and the WCM program.

2. Tell **[MCP]** you want to keep the same CCS case manager or public health nurse. **[MCP]** will work with the county to see if the CCS case manager or public health nurse can keep working with your child’s Medi-Cal health plan.

**You can also ask [MCP] to see if your child’s CCS providers and durable medical equipment (DME) providers work with [MCP].** If they do not, you may ask **[MCP]** for “continuity of care.” This means you ask for your child to keep their current CCS provider and/or specialty DME provider for up to 12 months or longer. To ask for continuity of care, contact **[MCP]’s Member Services [MCP hours]** at **[MCP phone number/ TTY]**. Give **[MCP]’s** representative the provider’s contact information and date of your child’s next appointment if you have one scheduled.

**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.

**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 taglines]**

