

DDS

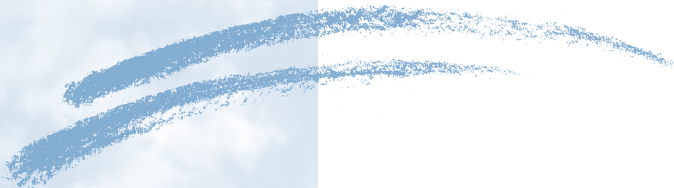
DEPARTMENT *of*
DEVELOPMENTAL
SERVICES

*T*he Road to Wellness:

*Accessing Medical Services
and Navigating the
Managed Care System*



A Guide for Families



Introduction

In 1996, the DDS Wellness Initiative was launched to help persons with developmental disabilities access medical, dental and mental health care services. This booklet was created through the Wellness Initiative to help individuals access health care services. It is designed to be a resource for individuals and is not a substitute for advice from an individual's physician. The Department of Developmental Services (DDS), in partnership with the California Medical Association (CMA) Workgroup on Health Care for Persons with Developmental Disabilities, is also working to help these individuals and their families access health care services. For more information please call the toll-free DDS' Safety Net Number at **1-877-DDS-HEAL** (1-877-337-4325).

The Department of Developmental Services would like to acknowledge the following organization for its assistance in developing this booklet:

California Medical Association Workgroup on Health Care for Persons with Developmental Disabilities

■ Funding provided by the DDS Wellness Initiative



Medi-Cal

HOW DO I GET SERVICES WITH MEDI-CAL?

Many persons within the developmental services system qualify for Medi-Cal services based upon their disability and/or income. To get Medi-Cal, a person must fall into a Medi-Cal program category. The program category applicable for persons with developmental disabilities is *Public Assistance*. If you are disabled and you are getting Supplemental Security Income/State Supplementary Program (SSI/SSP), you are eligible for Medi-Cal. Persons not eligible for SSI/SSP benefits due to income may still receive Medi-Cal services, but may be required to pay part of the cost. In this case, you must apply specifically for Medi-Cal benefits. You will be required to have a doctor certify your condition on the SSI application and/or on the application for Medi-Cal services. Once you apply for benefits and are made eligible for services (SSI or Medi-Cal), you will be sent a California Benefits Identification Card (BIC).



How you get your Medi-Cal services will depend on the area in which you live. In some areas, you may choose your providers from those who accept Medi-Cal. You may choose to sign up for a Medi-Cal health care plan, if there are any in your area.

If you sign up for a Medi-Cal health care plan, you may choose a doctor from a list the plan gives you. With a health plan, you can get all of the services covered by regular Medi-Cal.

Medi-Cal publishes a 20-page brochure, *Medi-Cal, What It Means To You*, which offers additional information not covered in this booklet. You can get this brochure by either going directly to your nearest Medi-Cal office or by calling **1-800-952-5253** toll free.



HOW DO I CHOOSE A PLAN?

If you are on Medi-Cal, your county may ask you to join a health plan. One type of health plan is a Health Maintenance Organization (HMO). HMO's offer prepaid, comprehensive health coverage for both hospital and physician services. An HMO contracts with health care providers, including doctors, hospitals, and others. Members must use participating providers for all health services. If you do not choose a health plan, one will be chosen for you. It is important that you choose a plan carefully, so that your personal and medical needs can be addressed. Below is a checklist designed to assist you in choosing a plan. This checklist is only a guide and may not cover all of the areas which are important to you.

Features	Plan A	Plan B
■ Can I keep my current doctor?		
■ Are the doctors on the plan's list close to me?		
■ Is the doctor accepting new Medi-Cal patients?		
■ Does the plan have staff, doctors and nurses who speak my language?		
■ Does the plan use pharmacies which are close to me?		
■ Does the plan assist me in getting transportation to medical appointments?		
■ Does the plan have easy-to-read booklets which explain how the plan works and what to do if I need help?		
■ Is there someone at the plan who can explain how the plan works and what services are covered by the plan?		
■ Can I get a second opinion from another doctor in the plan?		
■ Can I get a second opinion from a doctor outside of the plan?		
■ Does the plan cover psychiatric and mental health care?		
■ Does the plan cover alcohol and substance abuse treatment programs?		
■ Can I access a specialist when I need one?		

RANGE OF MEDI-CAL COVERAGE

Whether or not you are enrolled in a health care plan, you have the right to the same services as any Medi-Cal recipient. The following are the most common services Medi-Cal provides. Your Medi-Cal office can provide you with the entire listing of services available. Your doctor may be required to get prior approval before you can receive one or more of the services listed below:

1. Inpatient and Outpatient hospital and rural health clinic services
2. Laboratory and X-ray services
3. Physician services and medical and surgical dental services
4. Services provided by a Podiatrist, Optometrist, Chiropractor, and Psychologist
5. Home health nursing and/or aide services
 - medical supplies
 - equipment and appliances used in the home
 - physical and/or occupational therapy
 - speech pathology and audiology services
 - medical social services
6. Family planning services and supplies for specified individuals
7. Clinic services
8. Dental services and prescribed drugs
9. Prosthetic and orthotic appliances, hearing aids, eyeglasses, and eye appliances
10. Personal care services
11. Community mental health, drug-abuse, and heroin detoxification services
12. In-home medical care services



Under a Medi-Cal managed care plan, there are additional things you are required to do before accessing the above listed services. In managed care, usually two things are required before you can get services other than routine primary care:

- Referral from primary care doctor (for example, to see a specialist)
- Prior approval from health care plan

Doctors

QUESTIONS TO ASK WHEN CHOOSING A DOCTOR

It is important to know what types of questions to ask when choosing a doctor. You can determine if, or how, the doctor can meet your health care requirements by asking the right questions. The following is a list of sample questions you might ask when choosing a provider of health services:

1. Is the doctor experienced in caring for individuals with disabilities?
2. Is the doctor willing to accept the health plan? (This should not be an issue if you are referred to the doctor by the health plan)
3. Does the doctor have staff with experience in special needs who can facilitate access to services?
4. Does the doctor have facilities that can accommodate people with disabilities?
5. What restrictions are there on treatment or medication? For example, how many times am I able to see my psychiatrist or podiatrist?
6. Is the doctor available when needed?
7. What are the office hours?
8. Is there someone available to help me after-hours, for advice or referral?
9. How soon can I be seen for an office visit?
10. How much time is allowed for an office visit?
11. Will the doctor discuss health questions or treatment over the phone?
12. Does the doctor offer an advice nurse telephone service?



WHAT TO TELL YOUR DOCTOR WHEN YOU CALL OR VISIT

1. What are your symptoms/problems? When did they start?

2. Do you have a fever? ___ Yes ___ No

3. What is your temperature? _____ How did you get your temperature? _____

4. Are you vomiting? ___ Yes ___ No

5. Do you have diarrhea? ___ Yes ___ No

6. Are you constipated? ___ Yes ___ No

7. Does anyone else in your household feel the same?

8. What are your current medications?

9. Are you being seen by any other doctors? What for?

10. What is your home care plan?

(as recommended by your doctor)

11. Are any follow-up visits needed? _____

Problems

IF YOU HAVE A PROBLEM WITH YOUR PLAN

You have several paths to follow if you are having problems navigating the managed care system. The first step is to discuss your problem or difficulty with your doctor. He or she may be able to resolve your problem once the situation is made clear.

Managed Care Health Plan Problem Resolution Process

Your regional center case manager can also assist you to resolve any problems you might encounter. The regional center should contact their Managed Care Liaison to discuss how to resolve the issue locally. If the issue cannot be resolved, the regional center should contact the appropriate Department of Developmental Services (DDS) staff person.

If you or your regional center case manager are not satisfied with the results of the above problem resolution process, the regional center can request that DDS contact staff at the Department of Health Services' Medi-Cal Managed Care Division. This staff person will contact the particular managed care plan's contract manager to become involved in resolving the issue.

Write a Letter to the Health Plan

If the above efforts prove unsuccessful, you can send a letter to your health plan. You or your case manager should:

- Write the letter while all the facts are still fresh in your mind.
- Explain the situation in a brief, clear way, including facts (names, dates, places, etc.) whenever possible.
- Tell your plan what you would like them to do to solve the problem.
- Include copies of any papers that relate to the problem.

***Such a letter might
look like the following:***

Your Address
Your City, State, Zip Code

Date

Complaint/Grievance Department
Health Plan Name
Street Address
City, State, Zip Code

Dear Sir or Madam:

I am writing this letter to inform you of my problem with
(explain the problem you are having). My policy/plan
number is _____.

The problem I am having concerns *(explain the reason
for your complaint)*. In order for this problem to be
resolved, I would like you to *(explain what you would
like the plan to do)*.

I look forward to your reply and a resolution of my
complaint.

Sincerely,

Your Name

Enclosures **(send copies, not originals, of supporting
documentation/records)**

CONTACT AN ADVOCACY ORGANIZATION

There are also different agencies and health advocacy groups you can contact if you feel you need additional assistance in resolving your problem. The organizations listed below can help to answer your questions about regulations (rules), the complaint process, and your legal rights.

About Medi-Cal

- Ombudsman for Medi-Cal Managed Care:
1-888-452-860
(an ombudsman is a person who investigates problems and helps you find solutions)
- California Department of Health Services
744 P Street
Sacramento, CA 94814
(916) 445-4171

TDD: 1-800-735-2929
TDD Voice Relay Service:
1-800-735-2922
www.dhs.ca.gov
- California Department of Health Services
Managed Care Division
(916) 654-8076
TDD: 1-800-735-2929
TDD Voice Relay Service:
1-800-735-2922

About Medicare

- U.S. Health Care Financing Administration Regional Office
7500 Hawthorne Street, 5th Floor
San Francisco, CA 94105
Toll-free number:
1-800-638-6833
TDD: 1-800-820-1202
www.hcfa.gov

Health Consumer Advocacy Groups

- General health plan issues:
Consumers Union
1535 Mission Street
San Francisco, CA 94103
(415) 431-6747
www.consumersunion.org
- Health plan disclosure to patients: Citizens for the “Right to Know”
925 L Street, Suite 870
Sacramento, CA 95814
(916) 443-7239
www.rtk.org
- Protection and Advocacy, Inc.
100 Howe, Suite 185N
Sacramento, CA 95825
1-800-776-5746
TTY: 1-800-776-5746
www.pai-ca.org

Mental Health

MENTAL HEALTH SERVICES

Medi-Cal recipients receive mental health services from a Mental Health Plan (MHP) in each of California's 58 counties, with the exceptions of San Mateo and Solano counties. All Medi-Cal recipients are enrolled and will receive services from the plan established in their respective county if the consumer has a qualifying psychiatric condition. In most cases, the Mental Health Plan is the county mental health department.

Mental Health Plans are responsible for the approval and payment of all medically necessary mental health services.

If you feel upset, angry, or sad and the feeling does not go away, or if your feelings keep you from eating, sleeping, or working, you can talk to someone and get help.

For specific information about county managed care plans, contact the appropriate county mental health department. For questions related to a specific county managed care plan or managed care implementation, contact the Department of Mental Health:

Department of Mental Health
Managed Care Implementation

1600 Ninth Street, Room 100

Sacramento, CA 95814

(916) 654-5691

TDD: (916) 654-1610

www.dmh.cahwnet.gov

Appendices



MY HEALTH INFORMATION

■ My Health Insurance is: _____ Phone number: _____

■ My Health Plan Number is: _____

■ My Primary Care Physician is: _____ Phone number: _____

■ My Gynecologist (OB/GYN) is: _____ Phone number: _____

■ My Dentist is: _____ Phone number: _____

■ My Eye Doctor is: _____ Phone number: _____

■ My Neurologist is: _____ Phone number: _____

■ My Regional Center is: _____ Phone number: _____

■ My Service Coordinator is: _____ Phone number: _____

■ Do I have any conditions that require visits to a Specialist?
Yes _____ No _____

■ Do I have a current health care plan? _____ Yes _____ No

■ Do I have a plan for emergency services? _____ Yes _____ No

DDS Safety Net Number or Subscription to the *Wellness Digest*:
1-877-DDS-HEAL (1-877-337-4325)



(Cut out, fold, staple/tape and mail if you do not wish to use the toll-free number and you would like someone to contact you regarding your request for assistance)



I would like help in:

Name: _____

Address: _____

Phone Number: (____) _____





(fold)

Department of Developmental Services
1600 - 9th Street, M.S. 3-22
Sacramento, CA 95814
ATTN: Health and Wellness Section

Place
Stamp
Here

Glossary

GLOSSARY OF HEALTH CARE TERMS

CAPITATION: Doctors and other health care providers are paid a fixed monthly fee for each HMO member under their care, rather than for each service or treatment they perform.

CMA WORKGROUP ON HEALTH CARE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES: California Medical Association Workgroup that provided consultation services for the Department of Developmental Services on the Medical Access Booklet.

CO-PAYMENT: The portion of a medical expense that is an HMO member's responsibility. HMO co-payments are generally \$5 to \$25.

DEDUCTIBLE: In fee-for-service plans, the annual expenses the patient must pay before the insurer will begin reimbursement for additional expenses.

HMO: Health Maintenance Organization. HMOs offer prepaid, comprehensive health coverage for both hospital and physician services. An HMO contracts with health care providers, including doctors, hospitals, and others. Members must use participating providers for all health services.

MANAGED CARE: A general term for organizing doctors, hospitals, and other providers into groups to increase the cost-effectiveness of health care.

MEDI-CAL: California's public program that pays for health and long term care services for low-income Californians as well others with very high medical expenses.

PRIMARY CARE PHYSICIAN: A doctor who provides, arranges, authorizes, coordinates, and monitors the care of HMO members. Primary care physicians are usually internists, family practitioners or pediatricians.

PUBLIC ASSISTANCE (PA): If you are 65 years old or older, blind, or disabled and you are getting Supplemental Security Income/State Supplementary Program, you automatically qualify for Med-Cal under the Public Assistance category.

SUPPLEMENTAL SECURITY INCOME (SSI)/ STATE SUPPLEMENTARY PAYMENT (SSP): SSI/SSP is a federal program that provides monthly cash stipends and access to Medi-Cal for people with specific disabilities and/or chronic illnesses.

Information

WHERE CAN I GET MORE INFORMATION?

Alta California Regional Center

Sacramento (916) 614-0400
TDD: (916) 614-0286
www.altaregional.org

Central Valley Regional Center

Fresno (559) 276-4300
TDD: (559) 276-4441
www.cvrc.org

Regional Center of the East Bay

Oakland (510) 383-1200
TTY: (510) 383-1206
www.rceb.com

Eastern Los Angeles Regional Center

Alhambra (626) 299-4700
TDD: (626) 299-4776

Far Northern Regional Center

Redding (530) 222-4791
www.hometown.aol.com/fnrc

Frank D. Lanterman Regional Center

Los Angeles (213) 383-1300
www.lanterman.org

Golden Gate Regional Center

San Francisco (415) 546-9222
www.ggrc.com

Harbor Regional Center

Torrance (310) 540-1711
www.hddf.com

Inland Regional Center

San Bernardino (909) 890-3000
TDD: (909) 890-3006
www.inlandrc.org

Kern Regional Center

Bakersfield (661) 327-8531
TDD: (661) 327-1251
www.kernrc.org

North Bay Regional Center

Napa (707) 256-1100
TDD: (707) 252-0213
www.nbrc.net

North Los Angeles County Regional Center

Van Nuys (707) 256-1100

Regional Center of Orange County

Orange (714) 796-5300
TDD: (714) 685-5575
www.rcocdd.com

Redwood Coast Regional Center

Eureka (707) 445-0893
www.redwoodcoastrc.org

San Andreas Regional Center

Campbell (408) 374-9960
www.sarc.org

San Diego Regional Center

San Diego (619) 576-2996
TDD: (619) 292-5821
www.sdrc.org

San Gabriel/Pomona Regional Center

Pomona (909) 620-7722
www.sgprc.org

South Central Los Angeles Regional Center

Los Angeles (323) 734-1884

Tri-Counties Regional Center

Santa Barbara (805) 962-7881
www.tri-counties.org

Valley Mountain Regional Center

Stockton (209) 473-0951

Westside Regional Center

Culver City (310) 258-4000
www.westsiderc.org

STATE OF CALIFORNIA

Gray Davis, Governor

**Grantland Johnson, Secretary
California Health and Human Services Agency**



Department of Developmental Services

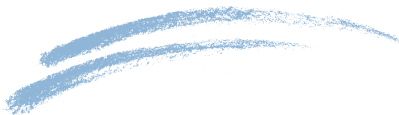
1600 Ninth Street, M.S. 2-13

Sacramento, CA 95814

TEL (916) 654-1897

TTY (916) 654-2054

FAX (916) 654-2167



DDS Home Page: <http://www.dds.ca.gov>