presents

MEDI-CAL

&

YOU

2004
Our Team:

This handbook was produced by the collaborative effort of the following people as part of the County Outreach Retention and Enrollment (CORE) Project—Topic 3:

Charles Bos
Leticia Cooper
William Cox
Norma Hernandez
Albert Lau
Jeannie Ledezma
LaTrelle Martin
Jodi Podesta
Augusto Reynoso
Amada Robles
Alfredo Villatoro
Lili Yuen

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INTRODUCTION

MEDI-CAL & YOU

This guide will help to answer the most commonly asked questions such as:

WHAT IS MEDI-CAL?
WHAT DOES A MEDI-CAL CARD LOOK LIKE?
WHAT IS SHARE-OF-COST (S.O.C.)?
WHICH DOCTORS WILL TAKE MEDI-CAL?
WHO DO I CALL FOR HELP?
WHAT HEALTH CLINICS ARE IN MY AREA?

Alameda County Social Services Agency’s Medi-Cal Division wishes to serve you in the best possible way and facilitate your understanding of the Medi-Cal program.

We hope this material will be a valuable resource to you.
HOW TO APPLY FOR MEDI-CAL: WHAT TO EXPECT EVERY STEP OF THE WAY

**Remember to:**
- Employment status
- Address
- Changes in your family

Complete Annual Renewal to Secure On-Going Coverage.
STEPS TO KEEP YOUR MEDI-CAL ACTIVE:

STEP 1:
Renewal packet sent to the customer and letter requesting verifications.

STEP 2:
Customer completes the renewal forms and sends needed verification and forms back to the worker.

STEP 3:
Worker determines ongoing eligibility and requests any missing verification.

STEP 4:
Once all forms and verification are received, benefits are renewed for one (1) full year.

OR

STEP 4a:
Case discontinued for failure to complete renewal application, or no longer eligible, or failure to provide essential information.
WHERE TO APPLY:

HAYWARD SELF-SUFFICIENCY OFFICE
24100 Amador Street
Hayward, CA 94544
(510) 670-6000
Driving Directions: Take Winton Avenue EAST off the I-880 Freeway. Go to the second Signal light, then turn right onto Amador. The office is located to the left on the corner of Amador.

FREMONT OUTSTATION
39155 Liberty Street, Suite C330
Fremont, CA 94536
(510) 795-2428
Driving Directions: From I-880 go South toward San Jose. Take the Mowry Ave exit toward Central Fremont. Turn left onto Mowry Ave. Turn Right onto State St. Turn Left onto Capital Ave. Turn right onto Liberty Street.

LIVERMORE OUTSTATION
3311 Pacific Avenue
Livermore, CA 94550
(925) 455-0747
Driving Directions: Take I-580 East towards Tracy. Take the North Livermore EXIT. Follow North Livermore about 5 miles, turn left on Pacific. The office is located on the right hand side.

ENTERPRISE MEDI-CAL DIVISION
8477 Enterprise Way
Oakland, CA 94621
(510) 777-2300 or 1-800-698-1118 (toll free)
Driving Directions: From I-880 North take the Hegenberger exit. Turn right onto Edes and follow the street around and make a left onto 85th. Go one block and make a left onto Enterprise Way. The office is located on the corner of 85th & Enterprise.

EASTMONT TOWN CENTER (lower level)
6955 Foothill Blvd.
Oakland, CA 94605
(510) 383-5300
Driving Directions: From I-880 North take the Hegenberger exit. Turn left onto Edes and follow the street around and make a right onto Hegenberger. Hegenberger turns into 73rd Avenue at International Blvd. Cross the intersections of 73rd and Bancroft and make a left turn into the driveway at the Eastmont Mall. The Workforce and Benefit Office is located on the lower level.

NORTH COUNTY SELF-SUFFICIENCY CENTER
4501 Broadway
Oakland, CA 94611
(510) 596-0110
Driving Directions: From I-880 North take the Broadway exit. Turn right onto Broadway. Go straight to 45th Street and make a left. The building is located across the street from Oakland Technical High School.
**WHAT MEDI-CAL COVERS:**

- Doctor Services
- Hospital Care
- Emergency Services
- Lab Work
- Approved Prescriptions
- Dental Care
- Vision and Hearing Care
- Mental Health
- Preventive Care, CHDP Examinations, and Vaccinations
- Pregnancy Care
- Family Planning
- STD Tests and Treatment
- X-Rays and Mammograms
- Medical Supplies
- Long Term Care

**Note:** Some services may require a Treatment Authorization Request. Please contact your health care provider for details or Contact the Medi-Cal Benefits Branch at (916) 552-9797
**TYPES OF MEDI-CAL:**

When approved for Medi-Cal, your benefits will be determined based on your immigration status and your net monthly income. Your immigration status will determine if you are eligible for either “Full Scope Medi-Cal” or “Restricted Medi-Cal”. Your net monthly income will determine if you are entitled to receive “No Cost Medi-Cal” or if you will have a “Share of Cost” to meet. The types of Medi-Cal benefits are listed below:

**Full Scope Medi-Cal**
Benefits for U.S citizens and legal permanent residents. Services include:

- Doctor Visits
- Preventive Care *(exams and vaccinations)*
- Tuberculosis
- Renal Dialysis
- Vision Care
- Hearing Care
- Dental Care
- Approved Medical Equipment
- Approved Prescriptions
- Mental Health

- Speech, Occupational, & Physical Therapy
- Lab Work
- X-Rays
- Health Education
- Family Planning
- Prenatal Care & Delivery
- Postpartum Care
- Emergency Care
- Hospital Care
- Long Term Care

**Restricted Medi-Cal**
Benefits for sensitive services or for non-legal California residents are limited but may include:

- Emergency Care
- Prenatal Care & Delivery
- Postpartum Care
- Tuberculosis
- Renal Dialysis
- Sensitive Services *(minors under 21)*

**No Cost Medi-Cal**
If your income does not exceed certain limitations you may be entitled to receive No Cost Medi-Cal. *(Low Co-pay may apply for doctor visits, prescription drugs, and emergency room usage.)*

**Share of Cost (SOC) Medi-Cal**
If your income exceeds certain limitations you would be responsible for paying your “Share of Cost” in the month medical services were provided. You will not pay the SOC in the month you did not have medical services.

See section entitled SOC or contact your local Social Services Agency for more details regarding Share of Cost Medi-Cal.

For more information regarding your covered Medi-Cal benefits, please call the State Benefits Help Line at (916) 552-9797
WHAT A MEDI-CAL CARD LOOKS LIKE:

The actual card is white with blue letters on the front and black letters on the back and is 3 1/2” x 2 1/8”. A diagram of the Benefits Identification Card (BIC) is included below:

- **Recipient I.D. Number**
- **Recipient Name**
- **Gender**
- **Birth Date**
- **Issue Date**
- **Magnetic encoded strip containing same information found on front of card.**
- **Signature**

This card is for identification only. It does not guarantee eligibility.

If you are approved for Medi-Cal and you have not received Medi-Cal in the past, the Department of Health Services will mail you a card.

If you are approved and had Medi-Cal in the past, your Medi-Cal card will be reactivated.

For replacement of your Medi-Cal card, please contact your eligibility worker at Social Services Agency.

**ALWAYS CARRY YOUR MEDI-CAL CARD WITH YOU.**
WHAT AN ALAMEDA ALLIANCE CARD LOOKS LIKE:

This is your member I.D. card (paper card)
Check to make sure all the information on the card is correct. If the information on the card is not correct, call Alameda Alliance Member Services at 510-747-4567.

FRONT SIDE:

MEMBER ID CARD

JANE DOE
Member ID: 000000000-01
DOB: 00/00/0000
Sex: F
Plang: XXX
CIN: 999999999

Primary Care: ARTHUR CHEN MD
Phone: (510) 747-4567

Effective: 00/00/0000
Group: MCAL

Physicians/ Medical Staff/ Pharmacy: This card is for identification only.
To verify Member eligibility, call 510-747-4505

ALWAYS CARRY THIS MEMBER ID CARD WITH YOU

BACKSIDE:

An emergency is a sudden medical problem with severe symptoms that needs treatment right away. The problem must be one that a person Without medical training could reasonably think, at the time, will place the person’s life or health in serious danger, even if it is later determined not to have required immediate treatment. Severe pain may be a symptom of an emergency. An emergency also includes psychiatric screening, examination, evaluation, and treatment by a physician or other personnel to the extent permitted by applicable law and within the scope of their licensure and privileges.

If you think you have an emergency:
1. Go to the closest emergency room for help or call 911, the emergency response system.
2. If you are not sure you have an emergency, call the 24-hour Advice Nurse at 1-800-922-1242. The nurse can help you decide what to do.

ALWAYS CARRY YOUR MEMBER ID CARD WITH YOU
WHAT A BLUE CROSS CARD LOOKS LIKE:

FRONT SIDE:

Your doctor (PCP)/Su médico

OAKCARE MEDICAL GROUP FFS
THOMAS L. ATKINS
1411 E 31ST ST
OAKLAND, CA 94602
(510) 437-4323

JOHN J. DOE
1234 ABC ST APT A
ANYTOWN CA 91234

Medi-Cal Program

MEDI-CAL MANAGED CARE
MEMBER
JOHN J. DOE

ID CARD NO/CIN NO.
PCC EFFECTIVE DATE
000 – 00 – 000D
00 – 00 – 00

GROUP NO.
COVERAGE CODE
MEMBER EFFECTIVE DATE
0000SA
0000A
00 – 00 – 00

CUSTOMER SERVICE:
1 – 800 – 407 – 4627

PLAN CODE:000

BACKSIDE:

In an emergency: Blue Cross of California covers you for emergency services 24 hours a day. In an emergency call 911 or go to the nearest emergency room for emergency care. You do not need to get approval ahead of time for emergency services.

En una emergencia: Blue Cross of California le da cobertura por servicios de emergencia las 24 horas. En una emergencia, marque 911 y vaya a la sala de emergencia del hospital mas cercano. No necesita tener aprobacion previa para servicios de emergencia.

(Spanish)

Attention provider: Routine medical care is provided through Blue Cross of California providers only. If the member is in need of EMERGENCY care, please provide the care and notify the contractor as soon as possible. This card is for identification purposes only and does not constitute proof of eligibility. The contractor is liable for EMERGENCY care provided to eligible members; call 1-800-407-4627 to verify current eligibility.

For information on WellPoint Pharmacy Management, please call Member Services at 1-800-407-4627.

To contact MedCall©, the 24-hour nurse health information line, call 1-800-224-0336.

ALWAYS CARRY YOUR MEMBER ID CARD WITH YOU
MEDI-CAL MANAGED CARE HEALTH PLANS:

Once your application for Medi-Cal is approved, you will join a Medi-Cal Managed Care Health Plan. You may choose between Alameda Alliance and Blue Cross. A booklet entitled “My Guide for Choosing Medi-Cal Health Care for My Family” will help you select the best plan for you and your family. This booklet, along with a directory of providers for each plan, will be sent to you by Health Care Options also known as Maximus.

It is important that you read all materials carefully and select a provider within 30 days.

Health Care Options is available to assist you with enrolling in or disenrolling from a Medi-Cal Managed Care Health Plan (Alameda Alliance or Blue Cross). If you would like to speak with a Health Care Options representative or attend a presentation, please call 1-800-430-4263.

Call Health Care Options to…
- Help you select the best health plan for you and your family
- Attend a presentation explaining the Medi-Cal Managed Care Health Plans
- Enroll in Alameda Alliance or Blue Cross
- Disenroll from Alameda Alliance or Blue Cross

If you would like to speak with a Health Care Options representative, please call 1-800-430-4263.

Call Alameda Alliance or Blue Cross, once you are enrolled, to…
- Request a list of providers
- Set up an appointment
- Clarify billing issues
- Ask about specific medical, vision and prescription drug benefits
- Change doctors within your health plan
- Add or remove family members from coverage
- Report address or phone number changes
- Request a replacement Member ID card

If you are a member of Alameda Alliance, please call 510-747-4567.
If you are a member of Blue Cross, please call 1-800-407-4627.
Call Denti-Cal to…
- Ask about specific dental benefits
- Find the best dentist for you and your family

If you would like to speak with a Denti-Cal representative, please call 1-800-322-6384.

Call your Eligibility Worker to…
- Check on Medi-Cal eligibility status
- Add or remove family members from coverage
- Report address or phone number changes
- Report income changes
- Request a replacement Medi-Cal card

Your worker's phone number is listed on the most recent “Notice of Action” you received from Alameda County Social Services Agency

or

You may call 510-777-2300.

Please Note: If you have a qualifying medical condition or are on a special Medi-Cal program, you may be eligible to receive regular Medi-Cal benefits without joining a Medi-Cal Managed Care Health Plan. Please call Health Care Options at 1-800-430-4263 for more information about requesting an exemption.

Call the Department of Health Services to ….
- Get a current list of providers.*

For adults, call 1-888-604-4636 or, for children, call 1-800-427-7937

*Tip: You may consult a telephone directory and contact the providers office of your choice to find out if they accept Medi-Cal.
SHARE OF COST (SOC):

Based on your family’s monthly net non-exempt income, Medi-Cal may determine that you have to pay a share of cost (SOC). The SOC is an amount that you are responsible for paying before Medi-Cal will pay for the remainder of your or your family’s medical covered services. If your income exceeds the “Monthly Maintenance Need”, you may have a SOC to meet.

Example:
A family of 4
Total monthly net non-exempt income $1600.00
Monthly Maintenance Need for a family of 4 - 1100.00
Share of Cost (SOC) $ 500.00

A SOC is determined on a case by case basis. Medi-Cal has special no share of cost programs based on a family’s income. Your eligibility worker will screen for all no cost Medi-Cal programs trying to avoid a share of cost for a family.

SOC applies to the family as a whole and not individually. For example, if your SOC is $50.00 and you already paid $50.00, your SOC for the current month has been met. The other eligible family members no longer need to pay for their medical services incurred during the same month in which the SOC was met.

How do I pay the Share of Cost (SOC)?
The SOC is paid at the time of service. When you promise to pay your SOC, we say that you have met your SOC. Your provider will enter the amount you paid or obligated into the Department’s database. Your case will certify when the amounts you paid or obligated equal the amount of your SOC. Once your share of cost is certified, providers checking your eligibility will be advised that you are eligible and covered services may now be billed to the Medi-Cal program.

Please note: The SOC is paid to your provider and not to Social Services Agency.

Do I pay the SOC every month?
You will only pay your SOC in the month you had medical services.
You will not pay the SOC in the month you did not have medical services.

If I am in a Long Term Care (LTC) facility, do I pay my SOC on a monthly basis?
Yes, if you are approved for Medi-Cal and you are in a LTC facility you will have to meet your SOC on a month to month basis while residing in the skilled nursing facility.

For more information regarding SOC, contact Social Services Agency
@ (510) 777-2300
or @ 1 (800) 698-1118
MEDI-CAL BILLING:

For Medi-Cal Billing questions contact Electronic Data Systems (EDS)

The California Department of Health Services contracts with Electronic Data Systems (EDS.) to pay all Medi-Cal claims. For problems or questions about a Medi-Cal bill, you must contact Medi-Cal customer service at EDS by phone or mail:

Phone: (916) 636-1980
Mailing Address: P.O. Box 13029 Sacramento, CA. 95813-4029

Please Note:
Before calling EDS you may want to call the phone number listed on your bill. Many times the bill was generated before your Medi-Cal card was activated or issued.
**OTHER HEALTH COVERAGES (OHC):**

Other Health Coverages (OHC) are benefits for health-related services under any private or group insurance program. You can have OHC and Medi-Cal at the same time. However, California State law requires Medi-Cal applicants or beneficiaries to report and use OHC they may have before using Medi-Cal.

Premiums paid for private or group medical insurance must be reported to Social Services Agency. Your caseworker will use the premium amounts paid to ensure accurate budget computations. Premiums paid for OHC are many times counted as a deduction from your gross income.

**Example:** A family of 4 applying for Medi-Cal
1 person in the household has Kaiser Permanente as other health coverage and pays $50.00 per month. The premium amount paid to Kaiser Permanente is deducted through payroll. The $50.00 would then be counted as a deduction to the family's gross income. In order to receive deductions for other health coverage's paid, proof must be provided to Social Services Agency.

**Third Party Liability**

Medi-Cal regulations require reimbursement of medical services from those who might have filed a claim against a potential liable third party. Example of a third party liability medical claim may be when a person is injured on the job and a claim for workers compensation is filed. The person injured may apply for Medi-Cal.

For more information on Other Health Coverage’s and Third Party Liability, call toll free 1 (800) 952-5294
PROGRAM DEFINITIONS:

Access for Infants and Mothers (AIM)
Provides low cost health insurance for pregnant women without health insurance throughout their pregnancy and 60 days after the child is born. Once the child is born, the program provides health care for the newborn up to the age of 2 years. For more information call toll free (800)-433-2611

Alliance Family Care
Family Care is health coverage developed by Alameda Alliance for Health to meet the needs of working families. It provides a full range of health and dental benefits at an affordable monthly premium. Parents of children who are in the Alliance through Medi-Cal or the Healthy Families Program may apply. Children can be enrolled without their parents. For more information call (510) 747-4500

California Children’s Services (CCS)
Provides treatment and case management services for children under 21 years of age with serious medical problems such as chronic illnesses, genetic diseases, physical handicaps, major injuries due to violence, accidents, congenital defects, and conditions requiring treatment in neonatal intensive care units. For more information call (510) 208-5970

Child Health and Disability Prevention Program (CHDP)
Provides preventive health assessments to eligible infants and children under 20 years of age. Serves not only children with health problems, but also children who seem well. For more information call (510) 618-2070

Consolidated Omnibus Budget Reconciliation Act (COBRA)
A national law that help employees keep their group health insurance if their job ends or their hours are cut. For more information, contact your employer or former employer.

Former Foster Care Children Medi-Cal (FFCC)
Former Foster Care Children Medi-Cal is a full scope Medi-Cal program for children that have been discontinued from the State Foster Care Program due to reaching the age of 18 years. For more information, contact Social Services Agency

Healthy Families
Provides health insurance coverage for children who are U.S. citizens, legal permanent residents or qualified immigrants of low and moderate-income families who are not eligible for no-cost Medi-Cal. For more information call toll free (800) 880-5305 or (800) 747-1222
Health Maintenance Organization (HMO)
A kind of health insurance in which you must get your services from doctors, labs, and hospitals that have contracts with the HMO or work for it.

Long Term Care (LTC)
This service is for individuals that are placed in a skilled nursing facility. Approved Medi-Cal LTC cases will be forwarded to the Department of Adult and Aging for case management. For more information, contact Social Services Agency.

Qualified Medicare Beneficiary (QMB)
This is a program to help pay for Medicare Part A and B premiums, co-insurance, and deductibles for eligible persons. For more information, contact Social Services Agency.

Retroactive Medi-Cal
This is a program available upon request to applicants or beneficiaries who would have been eligible for Medi-Cal in any of the three months preceding the month of application.

Example: A family applied and is approved for Medi-Cal in October, 2003. The family would be potentially eligible for Retroactive Medi-Cal for any or all of the following months: July, August, and September, 2003. For more information, contact Social Services Agency.

Sensitive Services Program
This is a confidential limited service program for minors under 21 years of age who can apply without the approval of their parents. For more information please contact Social Services Agency.
MEDICARE:

Medicare is a national health insurance program administered by the Social Security Administration that pays for certain medical services to individuals entitled to coverage.

Individuals are eligible for Medicare if they or their spouse worked for at least 10 years in Medicare covered employment, and they are 65 years of age or older, and a citizen or a permanent legal resident of the United States. Younger individuals with a disability or chronic kidney disease may also qualify.

Medicare is divided into two parts:

Part A
Part A Hospital Insurance is available to qualifying persons at no cost and helps pay for inpatient hospital care, limited care in a skilled nursing facility, home health care, and hospice care. Individuals who do not qualify for free Part A coverage can purchase such coverage through payment of a monthly premium.

Part B
Part B Medical Insurance may be purchased from Health Care Financing Administration (HCFA) through payment of a monthly premium. Part B helps pay for doctor's services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.

Medicare Health Insurance Card
Medicare Health Insurance Cards are prepared and mailed by the Social Security Administration and the Railroad Retirement Board to beneficiaries who are eligible to receive Medicare benefits. The red, white, and blue card shows the name of the beneficiary, Medicare Claim Number, the sex of the beneficiary, entitlement to Medicare Part A and/or Part B, and the effective date of each. The card also contains a beneficiary signature block. A Medicare beneficiary receives a new card each time Medicare eligibility status changes.

The actual card size is 3 ½” (length) by 2 ¼”(width).

For more information regarding Medicare, call toll free 1 (800) 633-4227
HELPFUL

COMMUNITY

RESOURCES
CLIENT ADVOCATE:
(Representative)

- Provides problem resolution regarding eligibility issues for CalWORKS, General Assistance, Food Stamps, and Medi-Cal.
- Assists customers who disagree with the employment activity of Welfare-to-Work plan.
- Instructs customers in program requirements and services available.
- Provides general information and referral to all customers.
- Assists customers in accessing safety net and other programs in the community.
- Provides information as necessary to customers regarding budget calculations.
- Provides pro-active resolution of conflict before appeal action is necessary.
- Liaison to community based organizations.
- Available in the waiting room of the office location listed below from 8:30 a.m. until noon and from 1:00 p.m. to 5:00 p.m. Monday through Fridays

<table>
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<th>OFFICE LOCATION</th>
<th>CLIENT ADVOCATE</th>
<th>PHONE NUMBER</th>
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<tbody>
<tr>
<td>Enterprise Medi-Cal Office</td>
<td>Pam Tyler</td>
<td>(510) 383-2898 ext: 3-2898</td>
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<td>SKILLED NURSING FACILITIES:</td>
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<tr>
<td><strong>Alameda Care Center</strong></td>
<td>430 Willow St</td>
<td>Alameda, CA</td>
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<td><strong>Ashby Care Center</strong></td>
<td>2270 Ashby Ave.</td>
<td>Berkeley, CA</td>
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<tr>
<td><strong>Bancroft Convalescent Hospital</strong></td>
<td>1475 Bancroft Ave.</td>
<td>San Leandro, CA</td>
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<td><strong>Bay View Nursing</strong></td>
<td>516 Willow St</td>
<td>Alameda, CA</td>
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<tr>
<td><strong>Berkeley Pines Care Center</strong></td>
<td>2223 Ashby Ave.</td>
<td>Berkeley, CA</td>
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<td><strong>Chaparral House</strong></td>
<td>1309 Allston Wy.</td>
<td>Berkeley, CA</td>
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<td><strong>Covenant Care Nursing Center</strong></td>
<td>2124 57th Ave.</td>
<td>Oakland, CA</td>
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<td><strong>Eden West Convalescent Care Center</strong></td>
<td>1805 West St.</td>
<td>Hayward, CA</td>
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<td><strong>Elmwood Long Term Care Hospital</strong></td>
<td>2829 Shattuck Ave.</td>
<td>Berkeley, CA</td>
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<td><strong>Emmanuel Convalescent Hospital</strong></td>
<td>508 Westline Dr.</td>
<td>Alameda, CA</td>
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<td><strong>Driftwood Health Care Center</strong></td>
<td>19700 Hesperian Blvd.</td>
<td>Hayward, CA</td>
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<td><strong>Gateway Convalescent Home</strong></td>
<td>26660 Patrick Ave.</td>
<td>Hayward, CA</td>
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<td><strong>High Street Nursing Center</strong></td>
<td>3145 High St.</td>
<td>Oakland, CA</td>
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<td><strong>Jones Convalescent Hospital</strong></td>
<td>524 Callan Ave.</td>
<td>San Leandro, CA</td>
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<td><strong>Kykameena Skilled Nursing Home</strong></td>
<td>2131 Carlton St.</td>
<td>Berkeley, CA</td>
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<td><strong>Mac Arthur Nursing Center</strong></td>
<td>309 Mac Arthur Blvd.</td>
<td>Oakland, CA</td>
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<td><strong>Mc Clure Center</strong></td>
<td>2910 Mc Clure</td>
<td>Oakland, CA</td>
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<td><strong>Morton Baker Center</strong></td>
<td>494 Blossom Way</td>
<td>Hayward, CA</td>
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<td><strong>Oakcreek Care Center</strong></td>
<td>6127 E. Castro Valley Blvd.</td>
<td>Castro Valley, CA</td>
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<td><strong>Senior Care of San Leandro</strong></td>
<td>368 Juana Ave.</td>
<td>San Leandro, CA</td>
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<tr>
<td><strong>South Shore Convalescent</strong></td>
<td>625 Willow St.</td>
<td>Alameda, CA</td>
</tr>
<tr>
<td><strong>St Therese Convalescent Hospital</strong></td>
<td>21863 Vallejo St.</td>
<td>Hayward, CA</td>
</tr>
<tr>
<td><strong>Pleasanton Convalescent Hospital</strong></td>
<td>300 Neal St</td>
<td>Pleasanton, CA</td>
</tr>
<tr>
<td><strong>Parkview Convalescent Hospital</strong></td>
<td>27350 Tampa Ave.</td>
<td>Hayward, CA</td>
</tr>
<tr>
<td><strong>Piedmont Gardens Nursing Home</strong></td>
<td>110 41st St.</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td><strong>The Waters Edge</strong></td>
<td>2401 Blanding Ave.</td>
<td>Alameda, CA</td>
</tr>
<tr>
<td><strong>Valley Point</strong></td>
<td>20090 Stanton Ave</td>
<td>Castro Valley, CA</td>
</tr>
</tbody>
</table>
### Alameda County Hospital:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highland Hospital</td>
<td>1411 E. 31st St.</td>
<td>Oakland, CA</td>
<td>94602</td>
<td>(510) 437-8500</td>
</tr>
</tbody>
</table>

### County Primary Care Clinics:

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Clinic</td>
<td>1411 E. 31st Street</td>
<td>Oakland, CA</td>
<td>94602</td>
<td>(510) 437-4140</td>
</tr>
<tr>
<td>Adult Medical Services Hotel Oakland</td>
<td>275 14th Street</td>
<td>Oakland, CA</td>
<td>94612</td>
<td>(510) 986-8688</td>
</tr>
<tr>
<td>Alameda Health Center</td>
<td>2226 Santa Clara Ave.</td>
<td>Alameda, CA</td>
<td>94501</td>
<td>(510) 522-0889</td>
</tr>
<tr>
<td>Alcatraz Avenue Medical Group</td>
<td>1650 Alcatraz Ave.</td>
<td>Berkeley, CA</td>
<td>94703</td>
<td>(510) 652-8680</td>
</tr>
<tr>
<td>Alfred J. Thomas Clinic</td>
<td>10615 International Blvd.</td>
<td>Oakland, CA</td>
<td>94603</td>
<td>(510) 568-9230</td>
</tr>
<tr>
<td>Asian Health Services</td>
<td>818 Webster Street</td>
<td>Oakland, CA</td>
<td>94607</td>
<td>(510) 986-6800</td>
</tr>
<tr>
<td>Berkeley Community Health Project</td>
<td>2339 Durant Ave.</td>
<td>Berkeley, CA</td>
<td>94704</td>
<td>(510) 548-2570</td>
</tr>
<tr>
<td>Berkeley Primary Care Access Clinic</td>
<td>2001 Dwight Way Room 1388</td>
<td>Berkeley, CA</td>
<td>94704</td>
<td>(510) 204-4666</td>
</tr>
<tr>
<td>Berkeley Women's Health Center</td>
<td>2908 Ellsworth Street</td>
<td>Berkeley, CA</td>
<td>94705</td>
<td>(510) 843-6193</td>
</tr>
<tr>
<td>Byron Rumford Medical Clinic</td>
<td>2960 Sacramento Street</td>
<td>Berkeley, CA</td>
<td>94702</td>
<td>(510) 549-3166</td>
</tr>
<tr>
<td>Clinica Alta Vista</td>
<td>3022 International Blvd., 6th Floor</td>
<td>Oakland, CA</td>
<td>94601</td>
<td>(510) 535-4230</td>
</tr>
<tr>
<td>East Oakland Health Center</td>
<td>7450 International Blvd.</td>
<td>Oakland, CA</td>
<td>94621</td>
<td>(510) 430-9407</td>
</tr>
<tr>
<td>Eastmont Center</td>
<td>10 Eastmont Mall #13</td>
<td>Oakland, CA</td>
<td>94605</td>
<td>(510) 613-8085</td>
</tr>
<tr>
<td>Eastmont Wellness Center</td>
<td>6955 Foothill Blvd.</td>
<td>Oakland, CA</td>
<td>94605</td>
<td>(510) 557-5668</td>
</tr>
<tr>
<td>Hayward Center</td>
<td>1866 B Street</td>
<td>Hayward, CA</td>
<td>94541</td>
<td>(510) 733-1814</td>
</tr>
<tr>
<td>Highland General Medicine Clinic</td>
<td>1411 E. 31st Street</td>
<td>Oakland, CA</td>
<td>94602</td>
<td>(510) 437-4122</td>
</tr>
<tr>
<td>La Clinica de La Raza</td>
<td>2648 International Blvd. 2nd Floor</td>
<td>Oakland, CA</td>
<td>94601</td>
<td>(510) 535-4000</td>
</tr>
<tr>
<td>Logan Health Center</td>
<td>1800 &quot;H&quot; Street Room 3</td>
<td>Union City, CA</td>
<td>94587</td>
<td>(510) 476-0400</td>
</tr>
<tr>
<td>MacArthur Center</td>
<td>482 W. MacArthur Blvd.</td>
<td>Oakland, CA</td>
<td>94609</td>
<td>(510) 601-4709</td>
</tr>
<tr>
<td>Miranda Health Center</td>
<td>27171 Calaroga</td>
<td>Hayward, CA</td>
<td>94545</td>
<td>(510) 670-4600</td>
</tr>
<tr>
<td>Native American Health Center</td>
<td>3124 International Blvd. 4th Floor</td>
<td>Oakland, CA</td>
<td>94601</td>
<td>(510) 535-4460</td>
</tr>
<tr>
<td>Newark Health Center</td>
<td>6066 Civic Terrace</td>
<td>Newark, CA</td>
<td>94560</td>
<td>(510) 795-2530</td>
</tr>
<tr>
<td>Over 60 Health Center</td>
<td>1860 Alcatraz Ave.</td>
<td>Berkeley, CA</td>
<td>94703</td>
<td>(510) 601-6060</td>
</tr>
<tr>
<td>Over 60 Health Center</td>
<td>9255 Edes Ave.</td>
<td>Oakland, CA</td>
<td>94603</td>
<td>(510) 382-2190</td>
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</table>
### County Primary Care Clinics (continued):

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 60 Health Center</td>
<td>10700 MacArthur Blvd., Ste. 14B</td>
<td>Oakland, CA</td>
<td>94605</td>
<td>(510) 615-4870</td>
</tr>
<tr>
<td>Planned Parenthood Eastmont</td>
<td>10 Eastmont Mall</td>
<td>Oakland, CA</td>
<td>94605</td>
<td>(510) 613-8085</td>
</tr>
<tr>
<td>San Antonio Neighborhood Health Center</td>
<td>1030 International Blvd.</td>
<td>Oakland, CA</td>
<td>94606</td>
<td>(510) 238-5400</td>
</tr>
<tr>
<td>Tiburcio Vasquez Health Center</td>
<td>33255 9th Street</td>
<td>Union City, CA</td>
<td>94587</td>
<td>(510) 471-5907</td>
</tr>
<tr>
<td>Tri-City Health Center</td>
<td>39500 Liberty Street</td>
<td>Fremont, CA</td>
<td>94538</td>
<td>(510) 770-8133</td>
</tr>
<tr>
<td>Tri-City Health Center</td>
<td>2299 Mowry Ave. Ste 3-B</td>
<td>Fremont, CA</td>
<td>94538</td>
<td>(510) 713-6685</td>
</tr>
<tr>
<td>Valley Community Health Center</td>
<td>4361 Railroad Ave. #E</td>
<td>Pleasanton, CA</td>
<td>94566</td>
<td>(925) 462-5544</td>
</tr>
<tr>
<td>Valley Community Health Center</td>
<td>3311 Pacific Ave.</td>
<td>Livermore, CA</td>
<td>94550</td>
<td>(925) 447-1881</td>
</tr>
<tr>
<td>West Berkeley Family Practice</td>
<td>2031 6th Street</td>
<td>Berkeley, CA</td>
<td>94710</td>
<td>(510) 704-6000</td>
</tr>
<tr>
<td>West Oakland Health Center</td>
<td>700 Adeline Street</td>
<td>Oakland, CA</td>
<td>94607</td>
<td>(510) 835-9610</td>
</tr>
<tr>
<td>Winton Wellness Center</td>
<td>24100 Amador Street</td>
<td>Hayward, CA</td>
<td>94544</td>
<td>(510) 670-5300</td>
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</table>
## HELPFUL COMMUNITY RESOURCES:
For more information, please call the number listed.

### MEDI-CAL RELATED NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Alliance for Health</td>
<td>(510) 747-4567</td>
</tr>
<tr>
<td>1240 South Loop Road · Alameda, CA 94502</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Managed Care Health Plan</td>
<td></td>
</tr>
<tr>
<td>Blue Cross of California</td>
<td>1-800-407-4627</td>
</tr>
<tr>
<td>433 14th Street · Oakland, CA 94612</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Managed Care Health Plan</td>
<td></td>
</tr>
<tr>
<td>Denti-Cal</td>
<td>1-800-322-6384</td>
</tr>
<tr>
<td>Information on Medi-Cal dental benefits and dentists</td>
<td></td>
</tr>
<tr>
<td>Health Care Options</td>
<td>1-800-430-4263</td>
</tr>
<tr>
<td>Provides assistance with enrolling or disenrolling in</td>
<td></td>
</tr>
<tr>
<td>a Medi-Cal HMO</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Benefits Branch</td>
<td>(916) 657-1460</td>
</tr>
<tr>
<td>Find out what services Medi-Cal covers</td>
<td></td>
</tr>
<tr>
<td>Billing</td>
<td>(916) 636-1980</td>
</tr>
<tr>
<td>For questions regarding Medi-Cal billing</td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td>1-888-604-4636 or 1-800-427-7937</td>
</tr>
<tr>
<td>Get a list of doctors who accept Medi-Cal</td>
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### OTHER RESOURCES

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Access for Infants &amp; Mothers (AIM)</td>
<td>1-800-433-2611</td>
</tr>
<tr>
<td>Low-cost health insurance for pregnant women &amp; young children</td>
<td></td>
</tr>
<tr>
<td>Alliance Family Care</td>
<td>(510) 747-4500</td>
</tr>
<tr>
<td>Low-cost health insurance for families</td>
<td></td>
</tr>
<tr>
<td>Alliance First Care</td>
<td>1-877-371-2222</td>
</tr>
<tr>
<td>Medical, dental and vision coverage for working families and individuals</td>
<td></td>
</tr>
<tr>
<td>Baby-Cal</td>
<td>1-800-222-9999</td>
</tr>
<tr>
<td>Information about prenatal care and programs for expectant mothers</td>
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</tr>
<tr>
<td>Behavioral Health Care Services</td>
<td>1-800-491-9099</td>
</tr>
<tr>
<td>Provides information and referrals to mental health, alcohol and other drug services</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Contact Information</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Treatment Program (BCCTP)</td>
<td>1-800-824-0088</td>
</tr>
<tr>
<td>No-cost cancer treatment coverage for low-income California residents</td>
<td></td>
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<tr>
<td>without health insurance who have breast/cervical cancer</td>
<td></td>
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<tr>
<td>California Children’s Services</td>
<td>(510) 208-5970</td>
</tr>
<tr>
<td>Covers children under 21 with serious medical conditions</td>
<td></td>
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<tr>
<td>Cash Assistance Program for Immigrants</td>
<td>(510) 268-2332</td>
</tr>
<tr>
<td>Benefits program for senior, blind or disabled immigrants who do not</td>
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<tr>
<td>qualify for SSI</td>
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<tr>
<td>Child Health &amp; Disability Prevention Program (CHDP)</td>
<td>1-888-604-4636</td>
</tr>
<tr>
<td>Free medical and dental health check-ups for babies, children and youth</td>
<td></td>
</tr>
<tr>
<td>through age 20 with full scope Medi-Cal</td>
<td></td>
</tr>
<tr>
<td>Healthy Families</td>
<td>1-800-880-5305</td>
</tr>
<tr>
<td>Low-cost health, dental and vision insurance for children up to age 19</td>
<td></td>
</tr>
<tr>
<td>who are United States citizens, legal permanent residents or qualified</td>
<td></td>
</tr>
<tr>
<td>immigrants</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Cares for Kids</td>
<td>1-800-255-5053</td>
</tr>
<tr>
<td>Low-cost health insurance for children</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>1-800-633-4227</td>
</tr>
<tr>
<td>Information and help with Medicare and long term care</td>
<td></td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>1-800-967-7526</td>
</tr>
<tr>
<td>Provides reproductive health care and sex education for women,</td>
<td></td>
</tr>
<tr>
<td>men and teens</td>
<td></td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>1-800-772-1213</td>
</tr>
<tr>
<td>Information about Social Security benefits and cards</td>
<td></td>
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</tbody>
</table>
### CHILD CARE

**Bananas Inc.**                                      (510)-658-0381  
Child care resource and referral service

**4 C’s**                                              (510) 582-2182 Hayward  
Information about child care options & provider referrals  
(510) 272-0669 Oakland  
(510) 574-2160 Fremont

### EMPLOYMENT

**East Bay Works** (One-Stop Career Centers)           (510) 748-2208 Alameda  
Free resources and services for those seeking jobs, education or training including individualized job search assistance, job listings, assessment tools for career development, job search workshops and information on colleges, universities, vocational and other specialized training institutions  
(510) 794-3669 Fremont  
(510) 670-5700 Hayward  
(510) 742-2323 Newark  
(510) 768-4473 Oakland  
(510) 563-5200 Oakland  
(925) 485-5262 Pleasanton

**Employment Development Department**                  1-800-300-5616  
Information about job placement and referrals, unemployment insurance, disability insurance, and other related employment topics

**Job Corps**                                           1-800-733-JOBS  
Residential education and job training program for at-risk youth ages 16 - 24

### FOOD

**Alameda County Community Food Bank**                  1-800-870-FOOD  
Offers emergency food referrals

**Women, Infants & Children (WIC)**                    (510) 595-6400  
Supplemental food program for pregnant & breastfeeding women, infants & young children
##HOUSING

**Alameda Housing Authority**  
(510) 747-4300  
Rental assistance for low-income families in the City of Alameda

**Berkeley Housing Authority**  
(510) 981-5470  
Rental assistance for low-income families in Berkeley

**Echo Housing**  
(510) 581-9380  
Provides housing counseling, rental assistance and fair housing services

**Eden Information and Referral**  
(510) 537-2552  
Information about low-cost housing, tenant’s rights, emergency shelters, food boxes, and social services

**Housing Authority of Alameda County**  
(510) 538-8876  
Rental assistance for low-income families in Albany, Castro Valley, Dublin, Emeryville, Fremont, Hayward, Newark, Pleasanton, San Leandro, San Lorenzo, and Union City

**Livermore Housing Authority**  
(925) 447-3600  
Rental assistance for low-income families in Livermore

**Oakland Housing Authority**  
(510) 874-1500  
Rental assistance for low-income families in Oakland

##SENIOR SERVICES

**Adult and Aging Services**  
(510) 577-1900  
Provides services through Adult Protective Services, In-Home Supportive Services, Medi-Cal Long Term Care, the Public Authority for In-Home Supportive Services, the Public Guardian/Conservator, the Qualified Medicare Beneficiary Unit, Veteran's Services, and the Area Agency on Aging

**California Advocates for Nursing Home Reform**  
1-800-474-1116  
Advocacy group provides nursing home guide, lawyer referral service, community education, pension rights, and Medi-Cal information

**Meals-on-Wheels**  
(510) 567-8056  
Delivers meals to seniors who are unable to purchase and prepare their own food

**New Lifestyles**  
1-800-820-3013  
Provides free directory of senior services in the San Francisco Bay Area
ALAMEDA COUNTY SOCIAL SERVICES

Child Support Services ____________________________ 1-877-625-5437

Children and Family Services _______________ (510) 268-2444 Adoption & Foster Care
(510)259-1800 Child Abuse/Neglect

Welfare Fraud Prevention Division _________________________ 1-888-991-8477 Tip Line

Workforce Benefits Administration __________________________ (510) 777-2300
Provides services including Medi-Cal, CalWORKS, .......................................................... 1-800-698-1118
General Assistance, Refugee Assistance, Food Stamps
and other services to low-income families.
FREQUENTLY ASKED QUESTIONS
FREQUENTLY ASKED QUESTIONS (FAQs):

What is Medi-Cal?

Medi-Cal is California’s Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. You can apply for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status.

How can Medi-Cal help me?

Medi-Cal is a large program made up of many separate programs designed to assist in various family and medical situations. When you apply for Medi-Cal, the information you provide on your Medi-Cal application and any required verification will be used to determine which program(s) you qualify for, and which program is for you and your family.

Who can get Medi-Cal?

People in many different situations qualify for Medi-Cal. Some are listed below:

- 65 years of age or older
- Blind
- Disabled
- Under 21 years of age
- Pregnant
- Diagnosed with breast or cervical cancer
- In a skilled nursing or intermediate care facility
- Refugee status during a limited period of eligibility. (Adult refugees may or may not be eligible depending upon how long they have been in the U.S.)
- Parent or caretaker relative of a child under 21, and
  - The child’s parent is deceased or doesn’t live with the child, or
  - The child’s parent is incapacitated, or
  - The child’s parent, who is the primary wage earner, is unemployed or underemployed.
How is my application processed?

When the County receives your application, it will be assigned to an eligibility worker. The worker will review your application and determine if additional information is needed. Once the eligibility worker has all of the necessary information, he or she will determine if you are eligible for Medi-Cal. You will get a letter in the mail telling you if your Medi-Cal application is approved or denied. If you do not understand this letter or do not agree with the information in this letter, contact your eligibility worker. If you want to meet with your worker to discuss your application, call your worker to set up an appointment. However, anyone can help you with the application process — a family member, friend, or anyone else of your choice.

How long does it take?

Forty-five (45) days are allowed to process a Medi-Cal application not involving a disability. If you are applying for Medi-Cal based on a disability, your application process may take up to 60 days or longer. To avoid delays in the processing of your case, submit all information requested of you as soon as possible. Ask your eligibility worker for help if you are having trouble obtaining information.

Do I have to pay for Medi-Cal?

It depends.

- If your income is less than Medi-Cal limits for your family size, you will receive Medi-Cal services at no cost to you.

- If your income is more than Medi-Cal limits for your family size, you will have to pay a certain amount only in the month you have medical expenses. The amount that you pay is called your share of cost (SOC). When you pay or promise to pay that amount, we say that you have met your SOC. Once you have met your SOC, Medi-Cal will pay the rest of your covered medical bills for that month.
What is the Healthy Families Program?

Healthy Families Program is a low-cost health coverage program for children ages 0 through 19. Healthy Families Program offers:

- Low-cost comprehensive health, dental, and vision insurance.
- Choice of health, dental, and vision insurance plans
- Low monthly premiums from $4 per child to a maximum of $27 per family
- No co-payment for preventive services; $5 co-payment for non-preventive services
- For children without health insurance and children with Medi-Cal with a share of cost.
- Available for single or two-parent working families
- Property (such as savings or cars) is not counted.

To apply for this program, you may obtain a mail in application by calling toll free, 1 (888) 747-1222.

What is managed care?

Once your Medi-Cal application is approved, you will join a Medi-Cal managed healthcare program. You may choose Alameda Alliance or Blue Cross.

What is the difference between SSI Medi-Cal and “County” Medi-Cal?

If you get SSI/SSP payments, your Social Security Administration Office automatically sets up Medi-Cal for you. No separate application for Medi-Cal is needed.

What do I do with unpaid medical bills?

Any bill received 3 months prior to your application for Medi-Cal may be covered by requesting Retroactive Medi-Cal Coverage.
What is the difference between Medicare & Medi-Cal?

Medicare is a federal health insurance program available to most people 65 years of age or older, certain disabled or blind persons, regardless of income.

Who is my worker and how can they be reached?

The name, worker number, and telephone number of your eligibility worker can be found at the top right-hand corner of all Notices of Action sent to you. If you have not received a Notice of Action yet, you can call (510) 777-2300, give your social security number, and be transferred to the appropriate worker.

How do I get an application on-line?

To receive an application for Medi-Cal on-line, go to www.dhs.ca.gov and download forms. Call your local Medi-Cal office for assistance.

How do I get a duplicate renewal packet?

You can receive a duplicate renewal packet by contacting your worker or your local Medi-Cal office.

How do I change my address?

To change your address, contact your worker or your local Medi-Cal office.

Where do I go if I’m not eligible?

If you are found to be ineligible for Medi-Cal, you may go to any Alameda County clinic and/or Alameda County hospital/medical center.

Refer to Page 26 for a list of helpful community resources.
NAMES AND NUMBERS TO REMEMBER:

ELIGIBILITY WORKER: ___________________ PHONE NUMBER: ___________________

____________________________________________________________________________________________

____________________________________________________________________________________________

MANAGED CARE PLAN: ___________________ PHONE NUMBER: ___________________

DOCTOR: ___________________ PHONE NUMBER: ___________________

DENTIST: ___________________ PHONE NUMBER: ___________________

OTHER: ___________________ PHONE NUMBER: ___________________

OTHER: ___________________ PHONE NUMBER: ___________________

General Information - Enterprise Office
(510) 777-2300
Toll Free 1-800-698-1118

(510) 628-7698 - Benefit Center
Toll Free 1-888-999-4772