



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>



# Consumer Caucus "HYBRID" Meeting

Thursday, September 12, 2024  
12:30PM-2:00PM (PST)

Meeting materials can be found at  
<https://hiv.lacounty.gov/meetings> \*Other Meetings

**\*\*If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care service delivery in Los Angeles County\*\***

## **\*\*SPECIAL PRESENTATIONS\*\***

### **Hep C & HIV Health**

*Brian Risley, Manager, HIV/HepC Health and HIVE Programs, APLA Health*

### **End of Life Planning for PWH**

*Ayako Miyashita Ochoa, JD, Core Co-Director, Policy Impact Core, UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)*

### **IN PERSON:**

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room, Los Angeles 90020

Validated Parking @ 523 Shatto Place, LA 90020

*\*As a building security protocol, attendees entering the building must notify parking attendant and security personnel that they are attending a Commission on HIV meeting*

**\*\*Lunch Provided\*\***

### **WEBEX VIRTUAL LOG-IN:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=maf112127b51893d664fb7311e0f6e6cf>

Access Code: 2534 435 4935 Password: CAUCUS

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



# CONSUMER CAUCUS (CC)

## “HYBRID” MEETING AGENDA

### THURSDAY, SEPTEMBER 12, 2024 @ 12:30PM-2:00PM

#### In Person:

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room\*, Los Angeles 90020  
Validated Parking @ 523 Shatto Place, LA 90020

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Access Code: 2534 435 4935 Password: CAUCUS

1. CO-CHAIR WELCOME, INTRODUCTIONS & HOUSE RULES 12:30PM – 12:32PM
2. ED/STAFF REPORT 12:32PM – 12:35PM
  - County/Commission Updates
3. PRESENTATIONS 12:35PM – 1:50PM
  - **Hep C & HIV Health** | Brian Risley, Manager, HIV/Hep C Health and HIVE Programs, APLA Health
  - **End of Life Planning for PWH** | Ayako Miyashita Ochoa, JD, Core Co-Director, Policy Impact Core, UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)
4. CO-CHAIRS REPORT 1:50PM – 1:55PM
  - August 8, 2024 Meeting Recap
  - 2024 Workplan Review & End of Year Planning
  - Housing Taskforce Updates
6. ACTION ITEMS, CALLS TO ACTION & NEXT STEPS 1:55PM – 1:57PM
  - Call to Action: Encourage Resource and Information Sharing Between Consumer & Provider
7. PUBLIC COMMENTS & ANNOUNCEMENTS 1:57PM – 2:00PM
8. ADJOURNMENT 2:00PM

#MIPA

Meaningful Involvement by People Living with HIV/AIDS



## CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

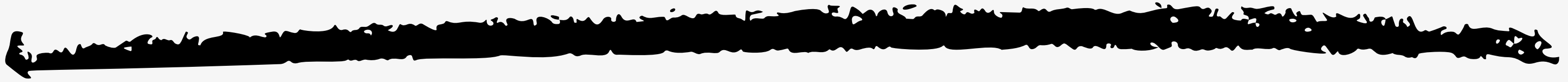
- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



# HOUSE RULES

## Consumer Caucus Meetings



- 1. Active Listening:** Practice active listening during discussions. Allow each member to express their thoughts without interruption and try to understand their perspective before responding.
- 2. Stay On Topic:** Keep discussions focused on the agenda and relevant issues. Avoid veering off into unrelated topics to make the most of everyone's time and energy.
- 3. One Person, One Voice:** Give everyone an opportunity to speak before allowing individuals to speak again. This ensures that multiple perspectives are considered and prevents domination of the conversation by a few individuals.
- 4. ELMO Principle:** A acronym for "Enough, Let's Move On." When a topic has been thoroughly discussed, respectfully say "ELMO", signaling the need to transition to the next agenda item.
- 5. "Vegas" Rule:** "What's discussed in the Caucus, stays in the Caucus." Respect the confidentiality of sensitive information shared within the Caucus unless there is explicit permission to share.
- 6. Respect Diversity & Use Inclusive Language:** Embrace diversity of opinions, backgrounds, and experiences. Be open to different viewpoints and avoid making assumptions about others based on their beliefs. Be mindful of the language you use and strive to be inclusive and respectful. Avoid offensive or discriminatory language.
- 7. Use Parking Lot:** Utilize the "parking lot" to capture ideas, questions, or discussions not directly related to the current agenda item to address later or offline with staff and/or leadership.





## Consumer Caucus Workplan 2024

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Consumer Caucus will lead and advance throughout 2024.

**CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/DUE DATE	STATUS/COMMENTS
1	<b>Create a safe environment for consumers</b> ( <i>people in need of HIV care and prevention services</i> )	Increase awareness of the caucus in the community. Create consumer-only spaces as part of meetings; address topics that are consumer-focused; provide educational and capacity building opportunities.	Ongoing	Increase participation in the Caucus is encouraged, emphasizing the significance of sharing opinions and feedback. Individual experiences can make a meaningful impact on others attending, fostering a sense of community support.
2	<b>Address topics important to consumers that improve quality of life</b>	Create a list of topics relevant to consumers' needs and concerns	Ongoing	Housing, EFA, mental health, RWP services, social engagement, advocacy, estate planning, general HIV education, stigma, SUD, 50+, exercise, support programs, i.e., buddy, animals, etc., service coordination <u>Proposed Meeting Schedule:</u> February=Housing; March=Housing, Mental Health; April=Housing, I'm+LA Website, RWP Services; May=Life Insurance, Estate Planning; June=Self Advocacy, Support Groups
3	<b>MIPA. Meaningful Involvement by People Living with HIV/AIDS.</b>	Ensure that the communities most affected by HIV are involved in decision-making, at every level of the response	Ongoing	Plan an all-consumer led event; cross collaborate w/ other Caucuses.
4	<b>Leadership and Capacity Building Training:</b> <i>Identify training opportunities that foster and nurture (PLWH &amp; HIV-neg) consumer leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	<a href="#">Refer to 2024 Training schedule.</a> Access DHSP provider trainings – TBD. Establish a Speaker Series.

5	<p><b>Consumer Recruitment &amp; Participation in COH:</b> <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> <li>-Identify mechanism for retaining Caucus members</li> <li>-Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services</li> <li>-Recruit members that need HIV care and prevention services</li> <li>-Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus</li> </ul>	Ongoing	<p><b>Question:</b></p> <ul style="list-style-type: none"> <li>-Why would anyone come to Caucus meetings?</li> <li>-Why won't providers recruit?</li> <li>-How can we get providers to encourage their clients/patients to attend?</li> <li>-What is the incentive for unaffiliated consumers to attend meetings?</li> </ul>
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## STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | SEPTEMBER 12, 2024

### 1. Operations

Link to the August 22, 2024 meeting packet can be found [HERE](#).

**Key outcomes/results from the meeting:**

- The Operations Committee received and discussed the Assessment of the Efficiency of the Administrative Mechanism (AEAM) report from project consultants, Collaborative Research (Jeff Daniel, Melissa Rodrigo, and Dr. Andrew McCracken). The presentation entailed an overview of the AAM, results from the key informant interviews and recommendations for improvement. The AEAM report will be presented to the full Commission on September 12.
- The Committee voted to move Dr. David Hardy from an alternate seat to a provider seat.
- The Committee reviewed the Practice Script Guide (aka “elevator speech”) to help Commissioners talk about the Commission at events and related recruitment activities. The Committee will practice using the script at their September 26 meeting.

**Action needed from full body:**

- Attend the Policy Priorities and Legislative Docket Development Process training on October 2 via WebEx.
- Contact Commission staff if you are interested in being a part of the Commission community outreach to promote the work of the Commission.

### 2. Executive

The August 22, 2024 Executive Committee meeting was cancelled; cancellation notice [HERE](#). The next meeting will be held on September 26 from 1p to 3pm.

### 3. Planning, Priorities and Allocations (PP&A)

Link to the August 27, 2024 meeting packet: [HERE](#)

**Key outcomes/results from the meeting:**

- DHSP staff provided a report on Program Year (PY) 33 Expenditures. Total expenditures for PY33 exceeded the total allocated amounts by over \$10.6 million. Overspending occurred in most funded service categories with the largest overages in Housing Services, Medical Case Management, Oral Health Services and Ambulatory/Outpatient Medical (AOM) services. There was also underspending in a handful of services including Mental Health Services and Language Services. There were no expenditures under Child Care Services because there were applications received by DHSP when RFP was released. Other



# Human Immunodeficiency Virus (HIV 101)

**Louie Mar Gangcuangco, MD, MSc, AAHIVS**

Assistant Professor of Medicine, JABSOM

Principal Investigator, Pacific AIDS Education & Training Center –  
Hawaii and US-affiliated Pacific Islands

July 17, 2024



# Disclaimer

The views and opinions expressed in this presentation are not necessarily those of the Pacific AIDS Education & Training Center (Pacific AETC) or its eight local partner sites in HRSA Region 9, the Regents of the University of California or its San Francisco campus (UCSF or collectively, University) nor of our funder the Health Resources and Services Administration (HRSA). Neither Pacific AETC, University, HRSA nor any of their officers, board members, agents, employees, students, or volunteers make any warranty, express or implied, including the warranties of merchantability and fitness for a particular purpose; nor assume any legal liability or responsibility for the accuracy, completeness or usefulness of information, product or process assessed or described; nor represent that its use would not infringe privately owned rights.

## **HRSA Acknowledgement Statement**

The Pacific AETC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,377,449. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

## **Trade Name Disclosure Statement**

Funding for this presentation was made possible by 5 U1OHA29292-08-00 from the Human Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.

# Learning Objectives

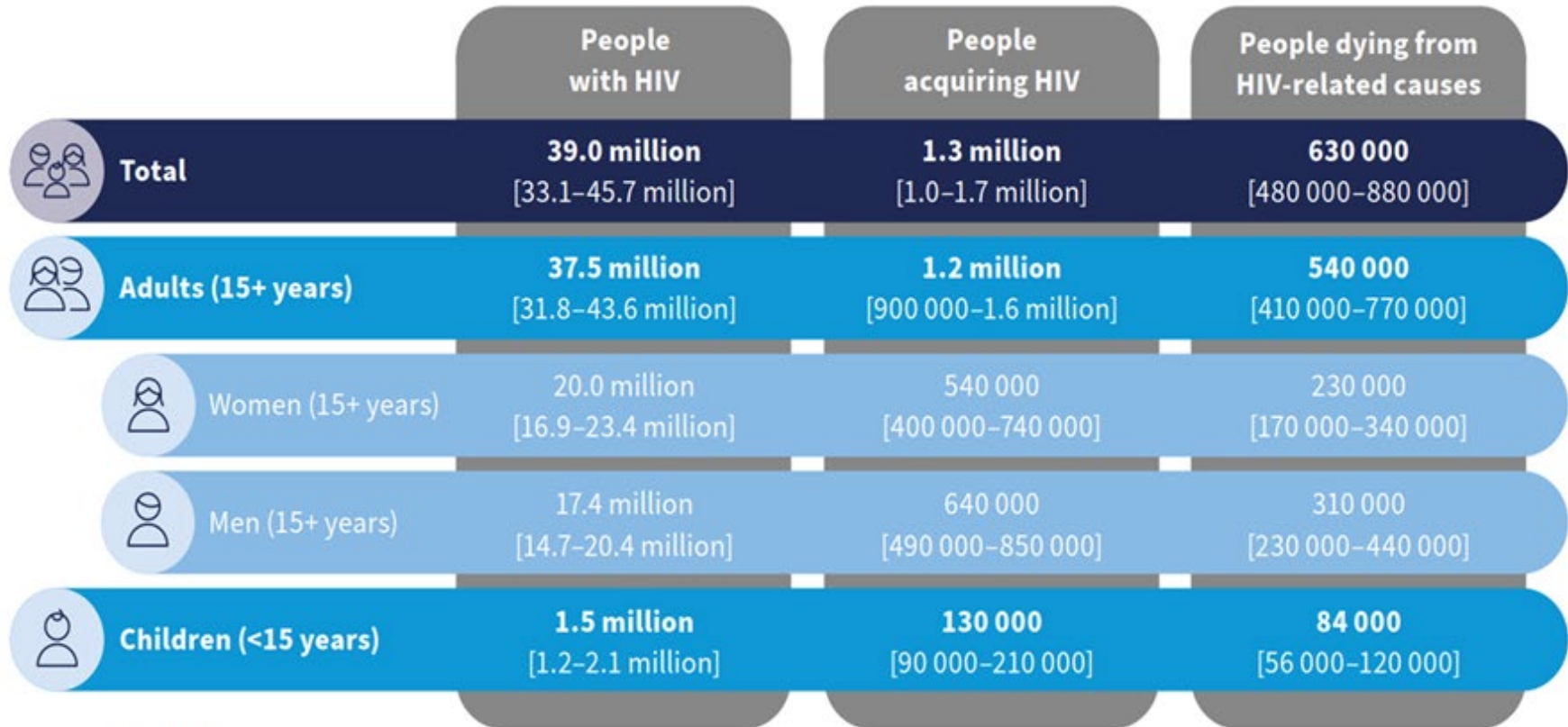
**By the end of this training participants will be able to...**

- Explain why someone should get tested for HIV
- Discuss the HIV life cycle in relation to how the available therapies work.
- Describe the importance of linkage to care when someone tests positive for HIV

# HIV and AIDS Statistics

# WHO HIV Epidemic 2023 estimates

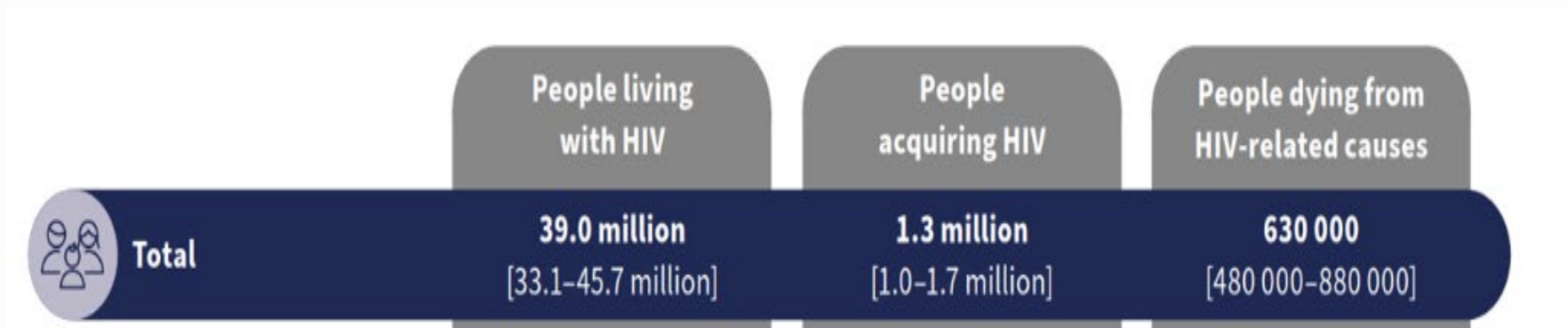
## Summary of the global HIV epidemic, 2022



Source: UNAIDS/WHO estimates, 2023.



# HIV Statistics



At year-end 2021, an estimated **1.2 million people in the United States aged 13 and older had HIV in the U.S.**

Estimated new HIV infections in the U.S.: **32,100**

**Lifetime treatment cost** of an HIV infection is currently estimated at **\$379,668** in 2010 dollars.

# Diagnosed HIV cases (all stages) by county, 1983-2021

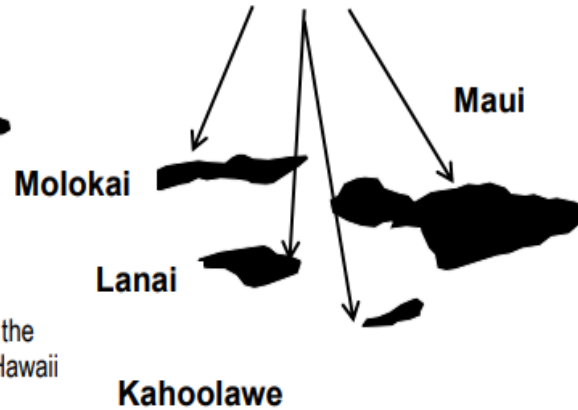
**Kauai County**  
Cumulative  
HIV Infection— 219  
Stage 3 (AIDS) — 159



**Honolulu County**  
Cumulative  
HIV Infection— 3,609  
Stage 3 (AIDS) — 2,629



**Maui County**  
Cumulative  
HIV Infection —476  
Stage 3 (AIDS)— 356



**Five-Year HIV Infection Average**  
**Diagnosed Rate per 100,000**  
**population\* by county,**  
**from 1/2017 to 12/2021**

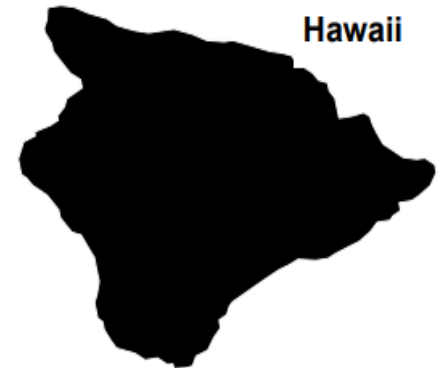
Honolulu Co.	5.2
Hawaii Co.	4.5
Maui Co.	3.2
Kauai Co.	2.5
Statewide	4.7

This map indicates the number of diagnosed HIV infections and stage 3 (AIDS) cases diagnosed through in December 31, 2021 and reported to the Department of Health through June 30, 2022. Only persons residing in Hawaii at the time of HIV diagnoses are included.

**Total HIV Infections = 4,941**  
**Stage 3 (AIDS)\*\*= 3,581**  
**Known Deaths = 2,374**

\*\*Includes HIV infections ever classified as stage 3 (AIDS). Two cases missing data on county of residence were included.

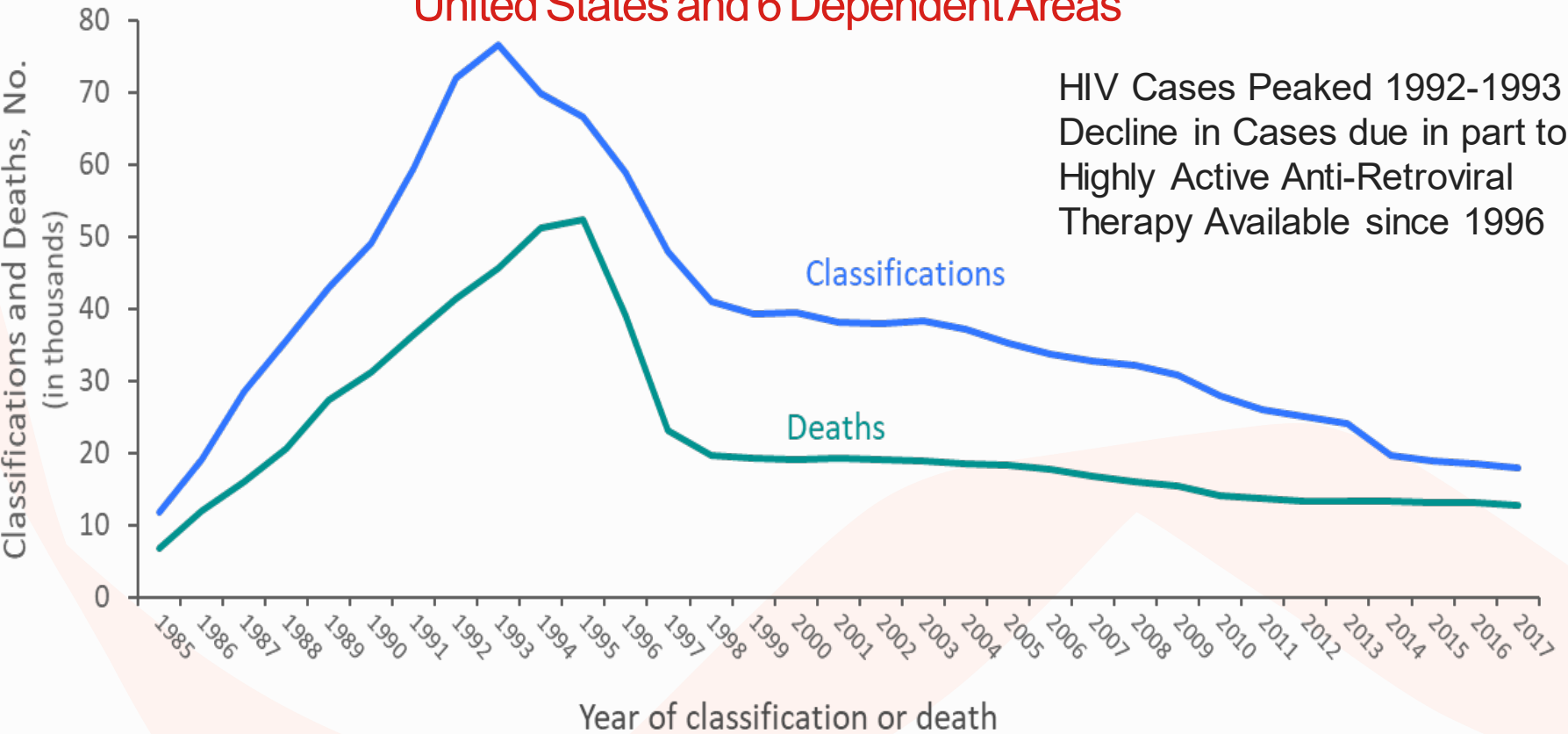
**Hawaii County**  
Cumulative  
HIV Infection — 614  
Stage 3 (AIDS)— 435



Hawaii State Dept of Health <https://health.hawaii.gov/harmreduction/files/2022/12/HIV-surveillance-annual-report-year-ending-2021.pdf> Accessed May 2023

# Stage 3 (AIDS) Classifications and Deaths of Persons with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), among Adults and Adolescents, 1985–2017

## United States and 6 Dependent Areas

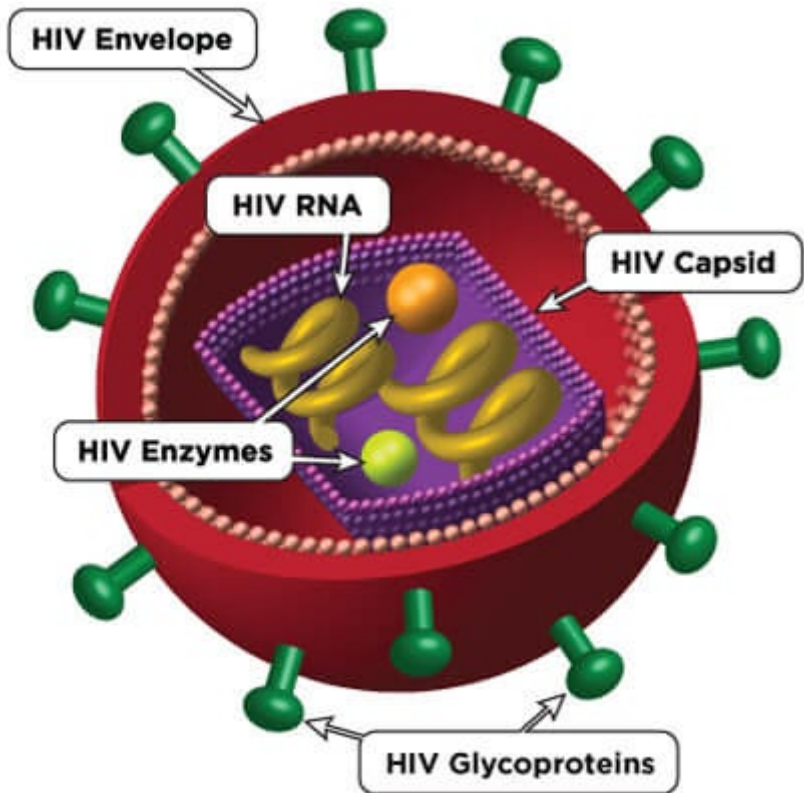


CDC HIV Surveillance 2018  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of HIV/AIDS Prevention  
Note: Deaths of persons with HIV infection, stage 3 (AIDS) may be due to any cause.

# HIV and AIDS: Overview of the Immune System



# Human Immunodeficiency Virus (HIV) (1)



- HIV causes Acquired Immune Deficiency Syndrome (AIDS)
- HIV attacks the immune system, making it difficult for the body to fight infections
- Without treatment, people with HIV (PWH) will develop AIDS
- Treatment **greatly** delays disease progression and **prevents HIV transmission**

# The immune system: body's defense against infections

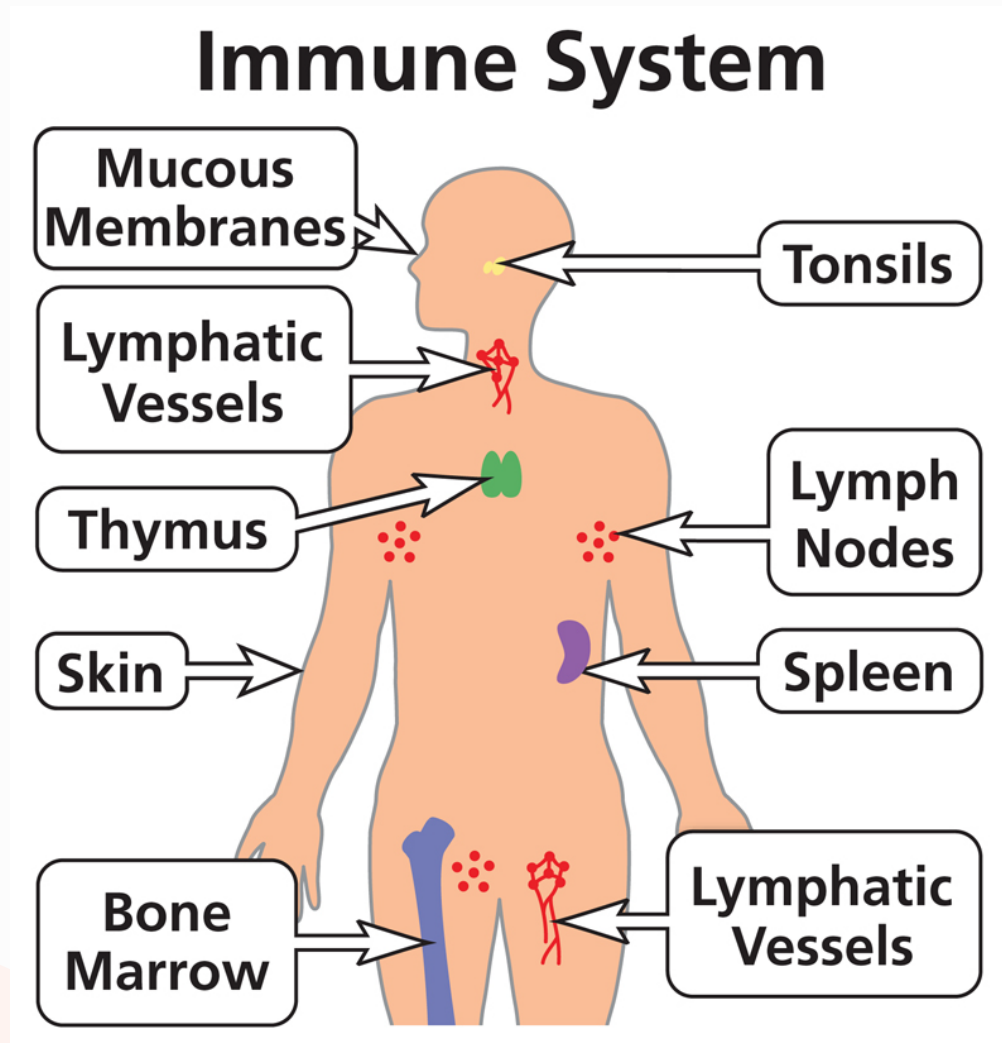
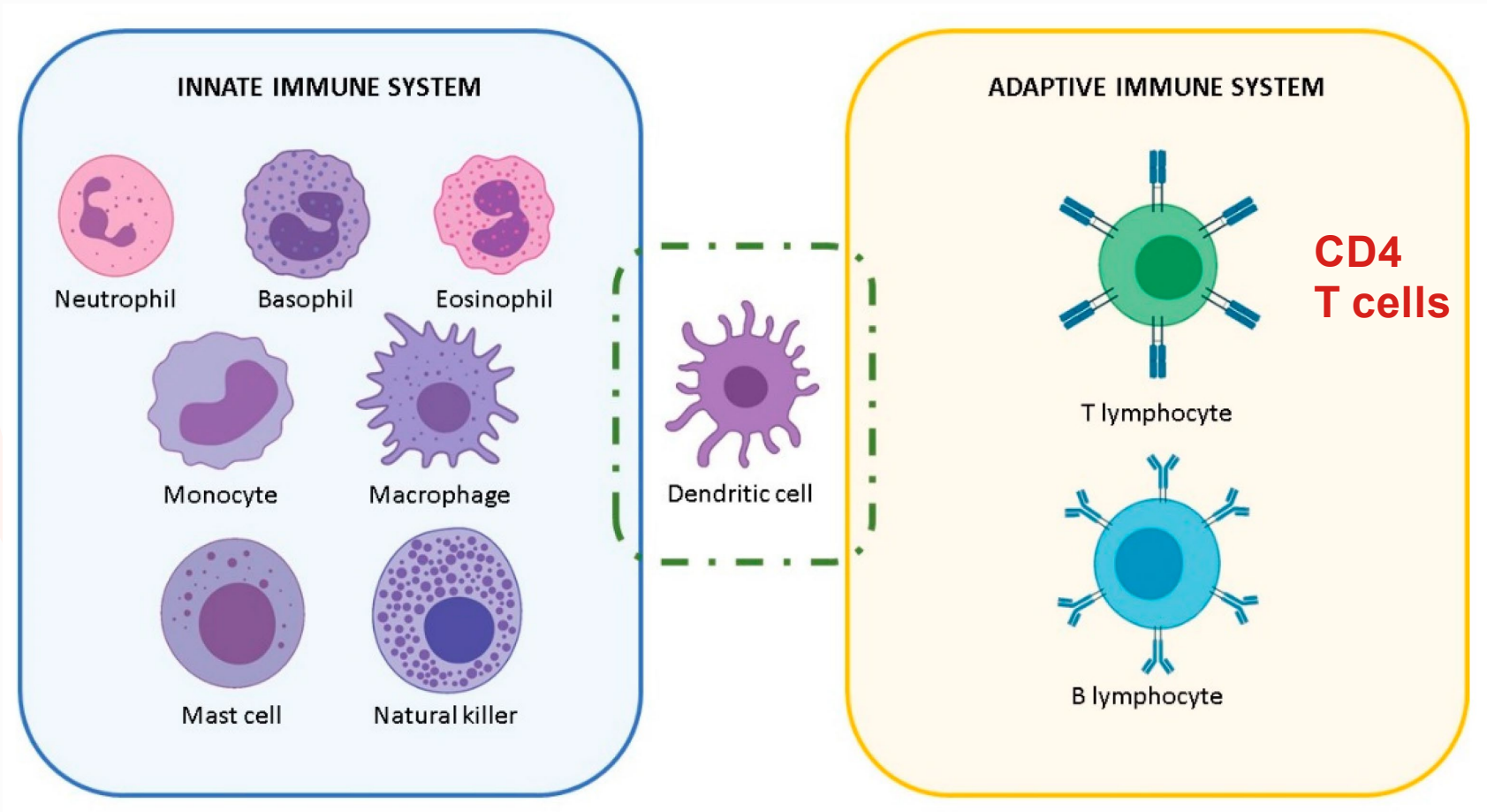
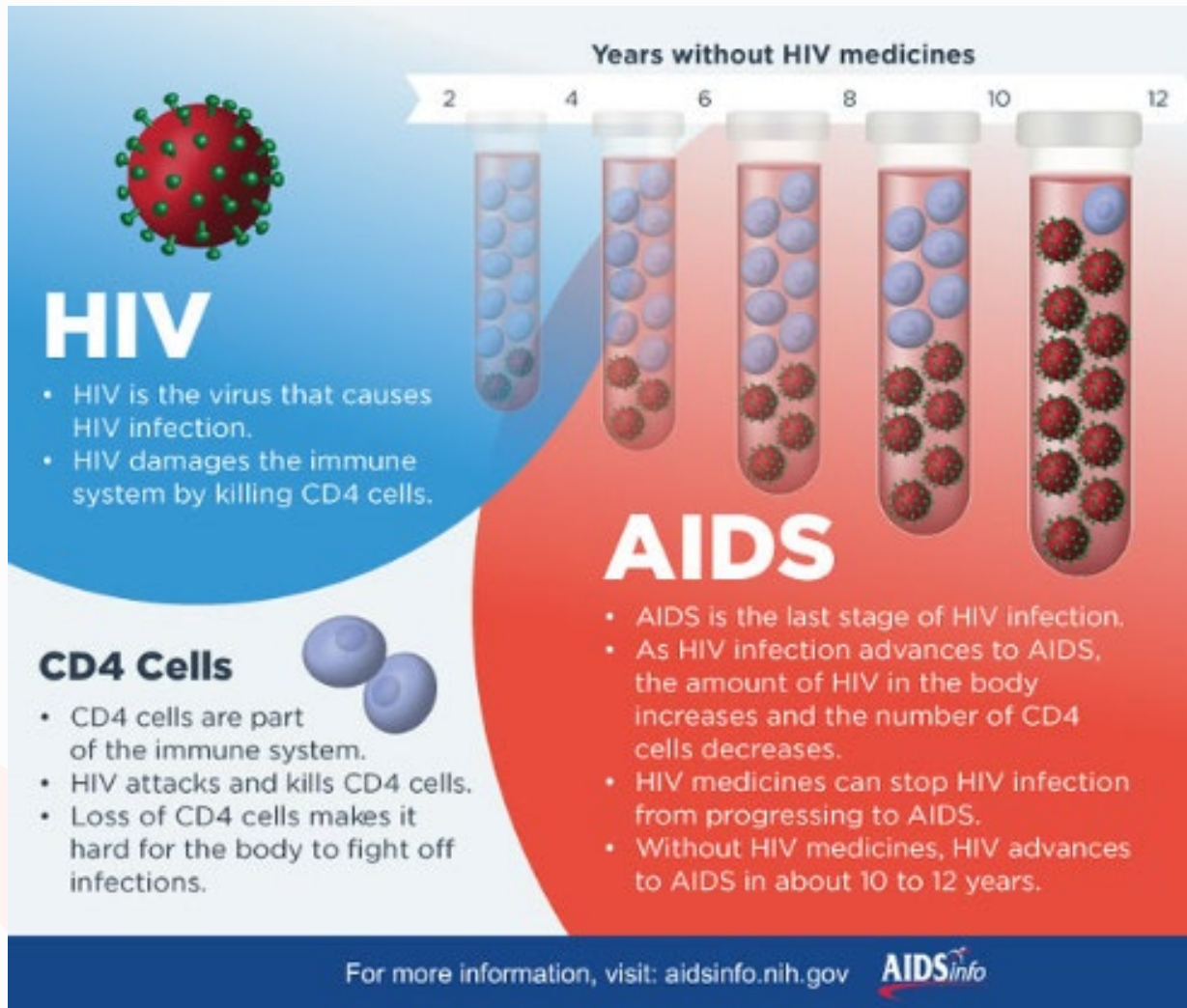


Image source: HIVinfo.NIH.gov

# Cells of the immune system



# HIV and AIDS: what is the difference?



# How is HIV transmitted?

## Transmitted via certain body fluid(s)

- Blood
- Semen
- Vaginal Secretions
- Breast Milk

## These body fluids enter into the body via...

- Mucous Membrane in anus or vagina
- Blood-to-blood (Intravenous drug use; needlestick injury)
- Perinatal (In utero, during birth, breastfeeding)

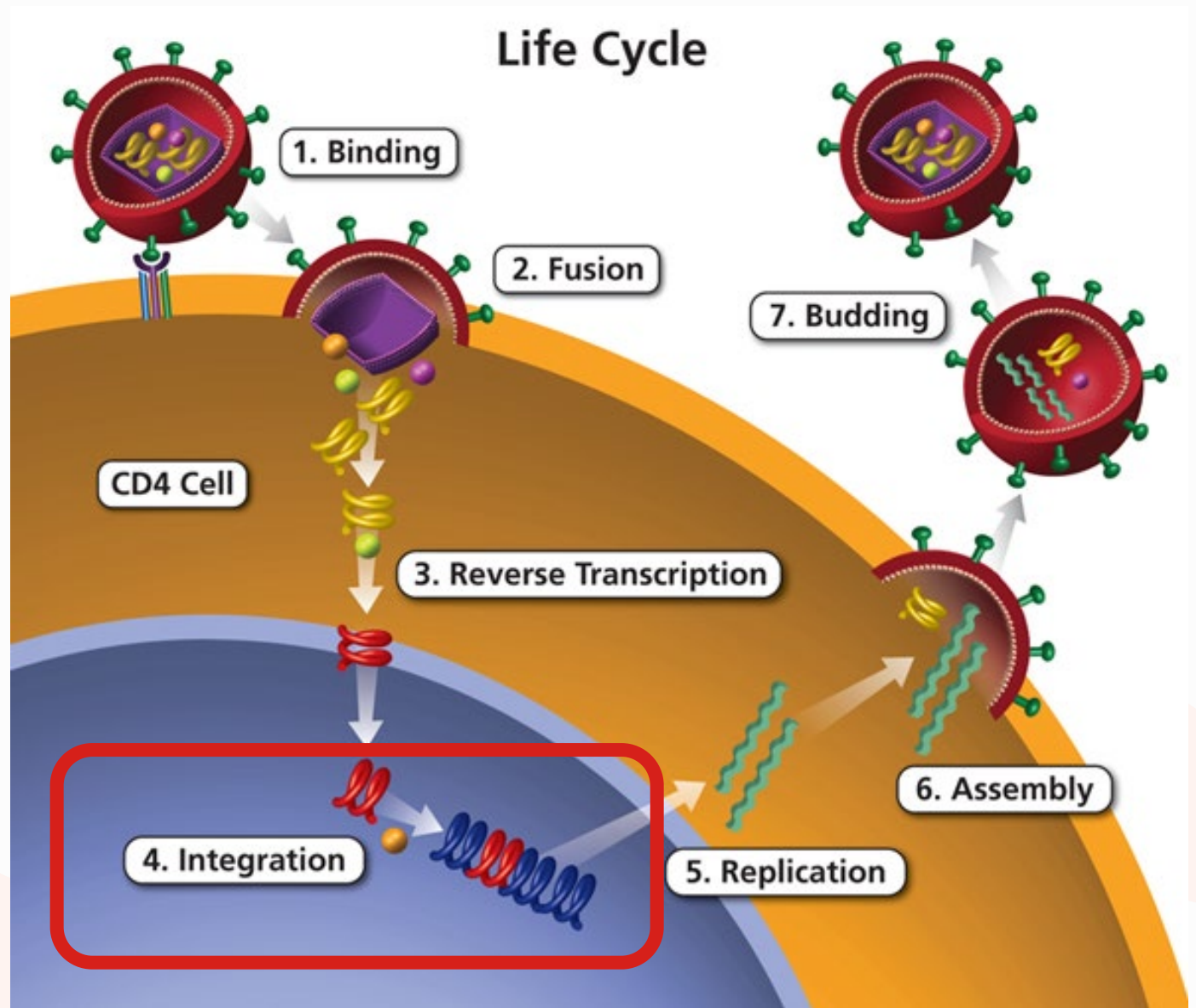
# How is HIV **not** transmitted?

HIV+ people do **NOT** transmit the virus via...

- Saliva
- Sweat
- Tears
- Urine
- Feces
- Vomit

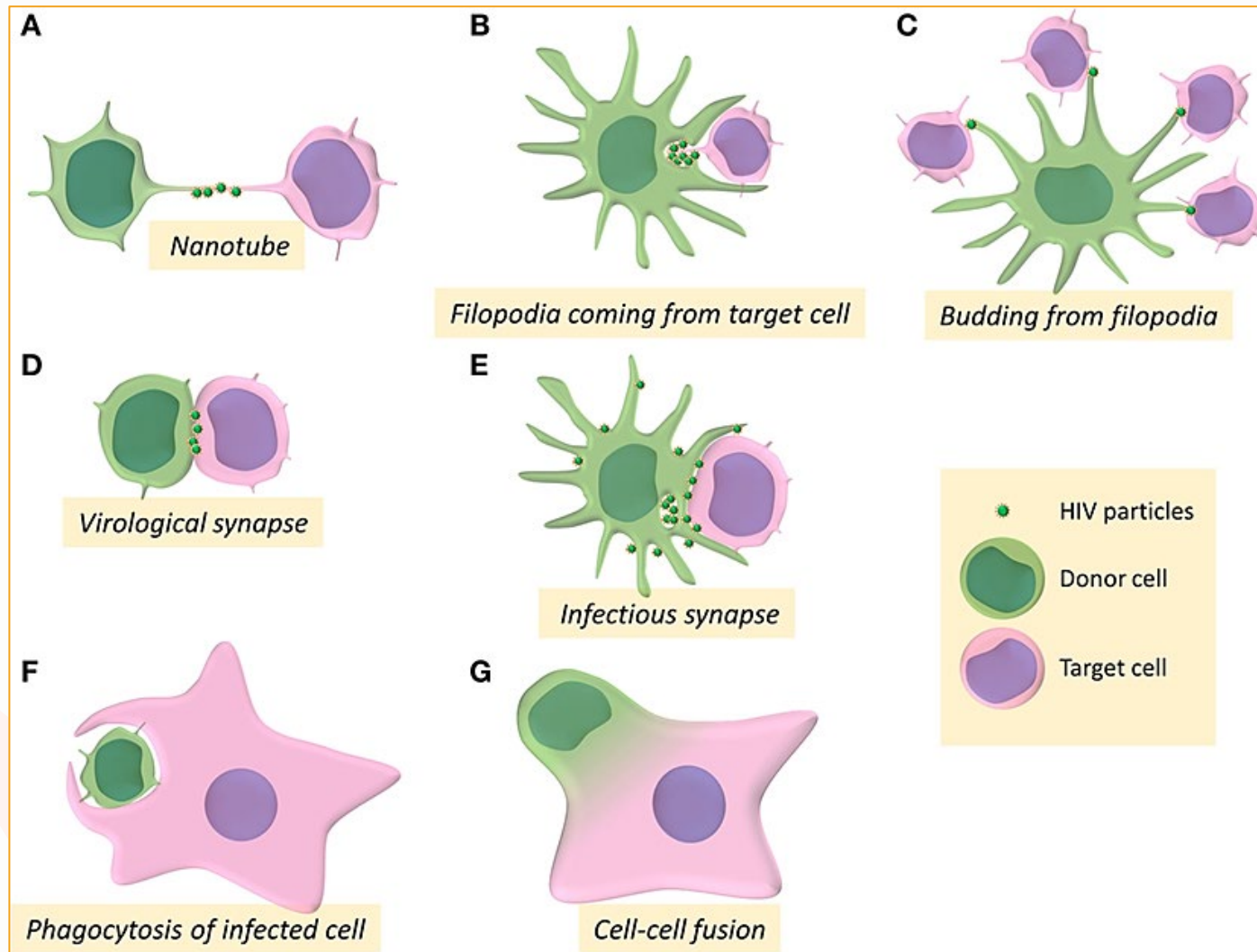


# HIV Life Cycle

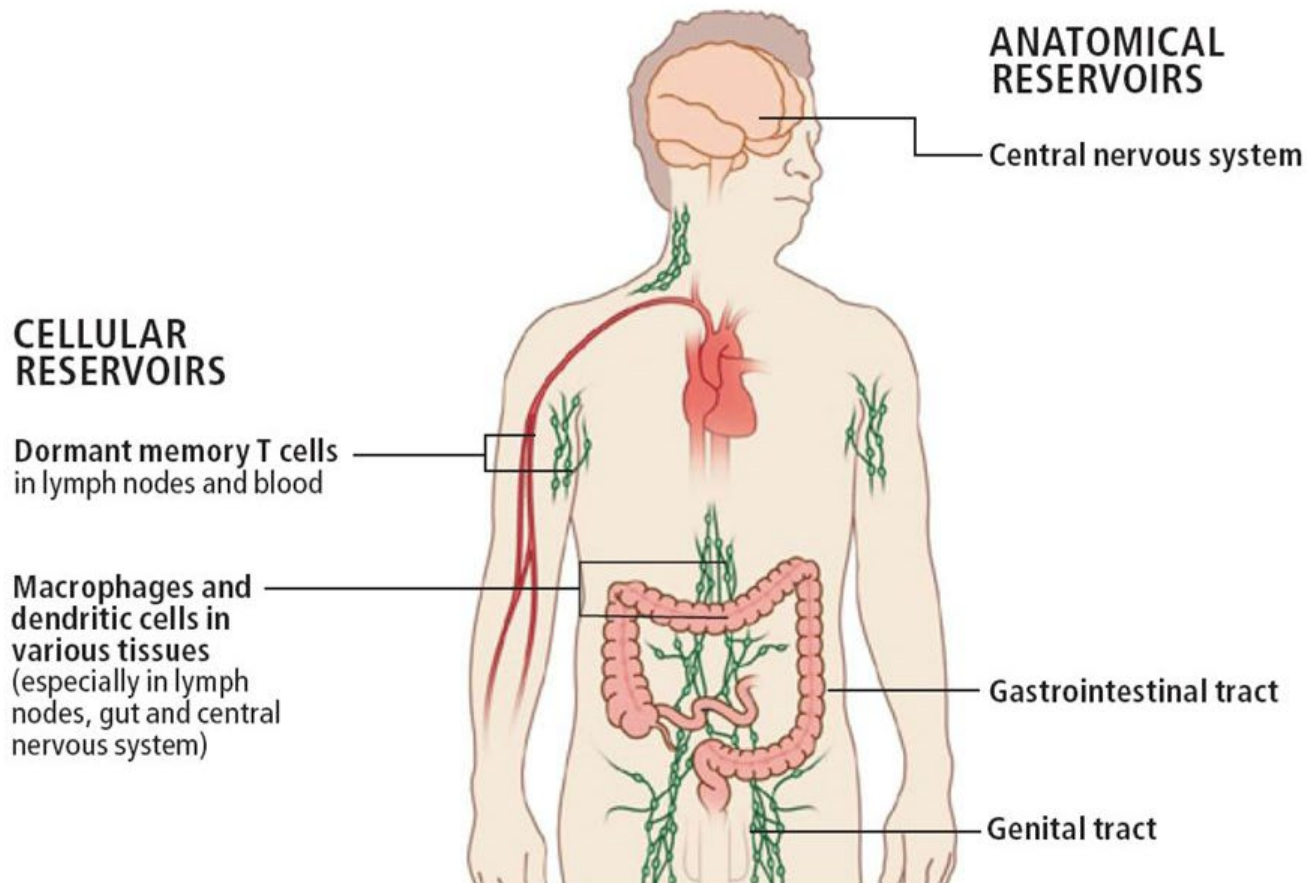




# Cell to cell transmission of HIV

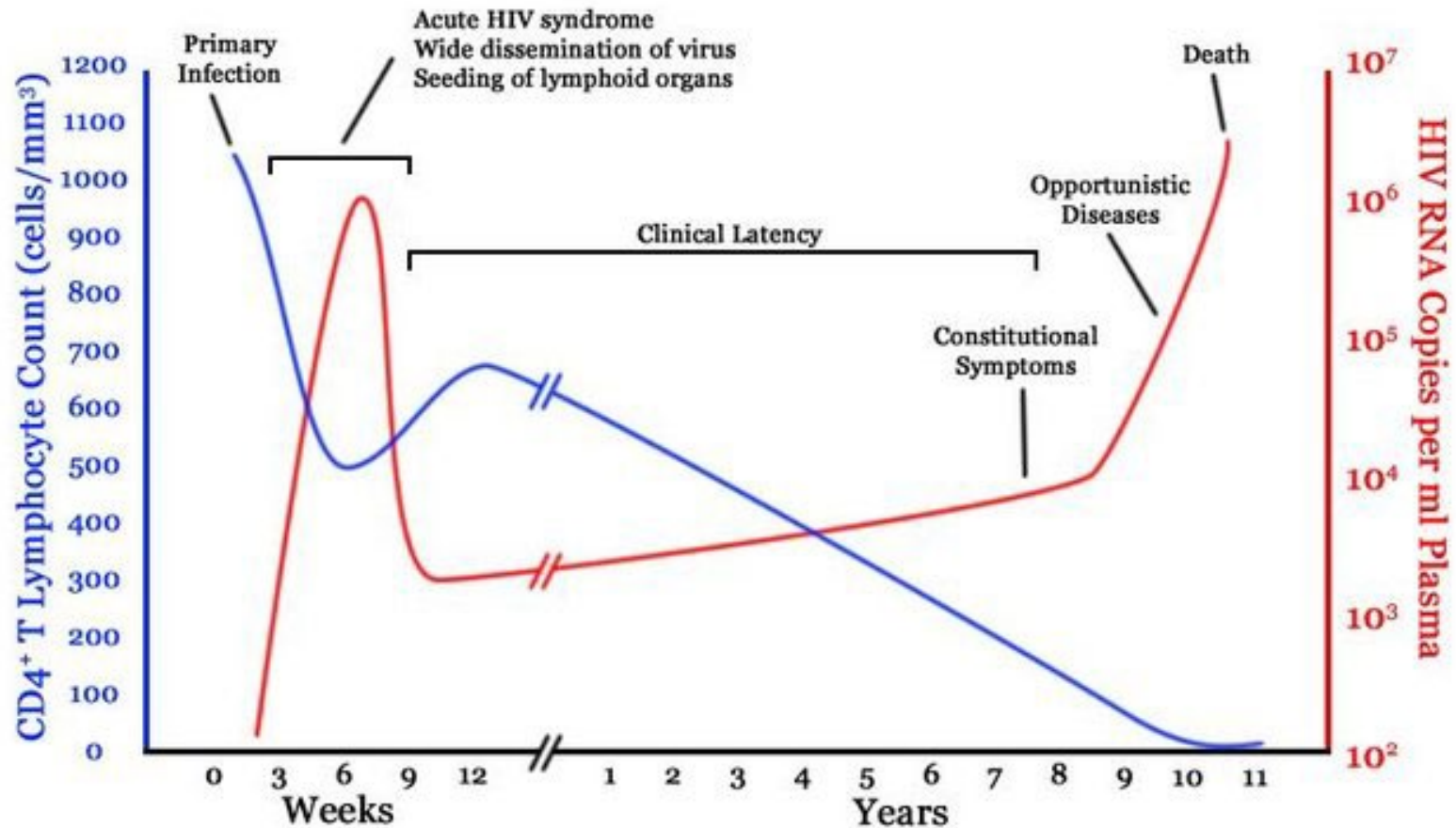


# There is no cure for HIV due to anatomical and cellular reservoirs



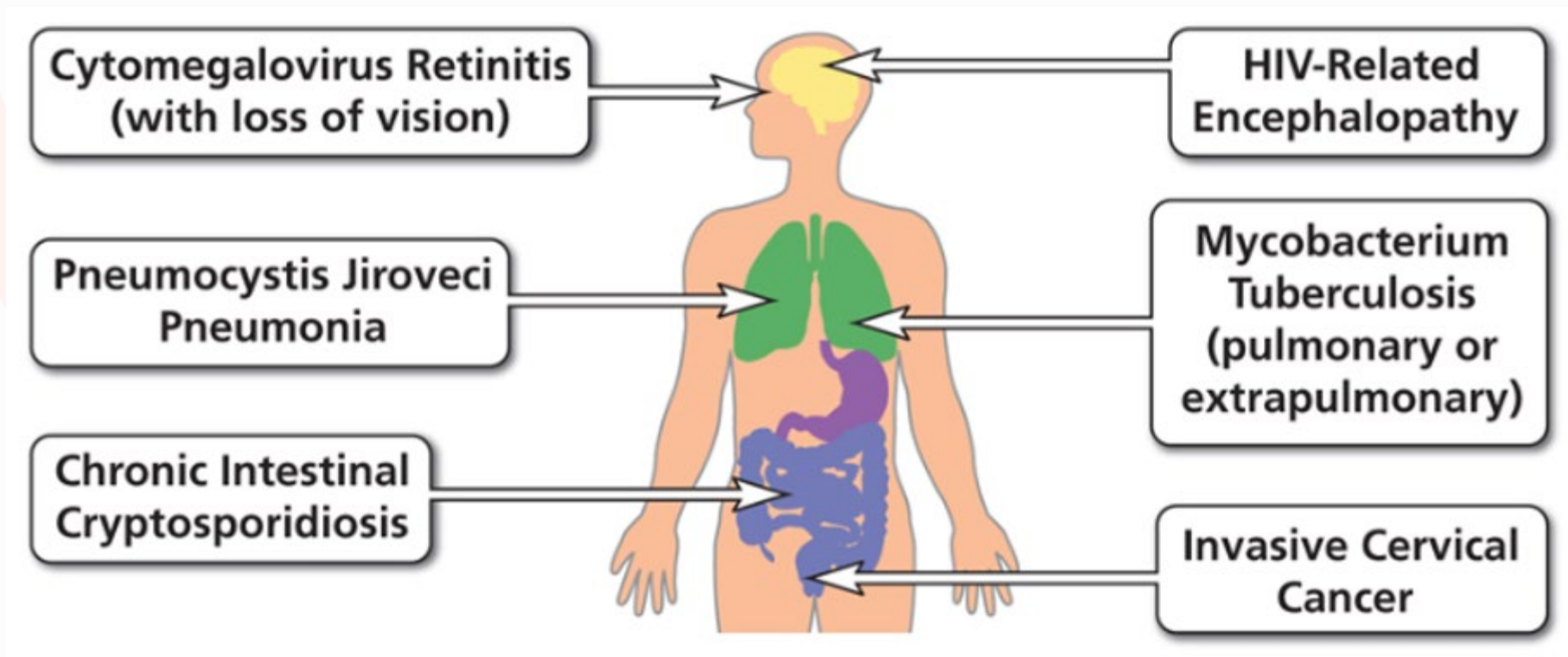
M. Stevenson, Scientific American 2008

# Natural History of untreated HIV infection



Popoola and Awodele. Afr. J. Med. med. Sci. (2016) 45, 5 - 21

# Examples of AIDS-Defining Conditions



Source: [AIDS Defining Conditions | NIH](#)

# Clinical Manifestations of HIV

## *Pneumocystis pneumonia*



*Clin Med* 2008;8:539–43

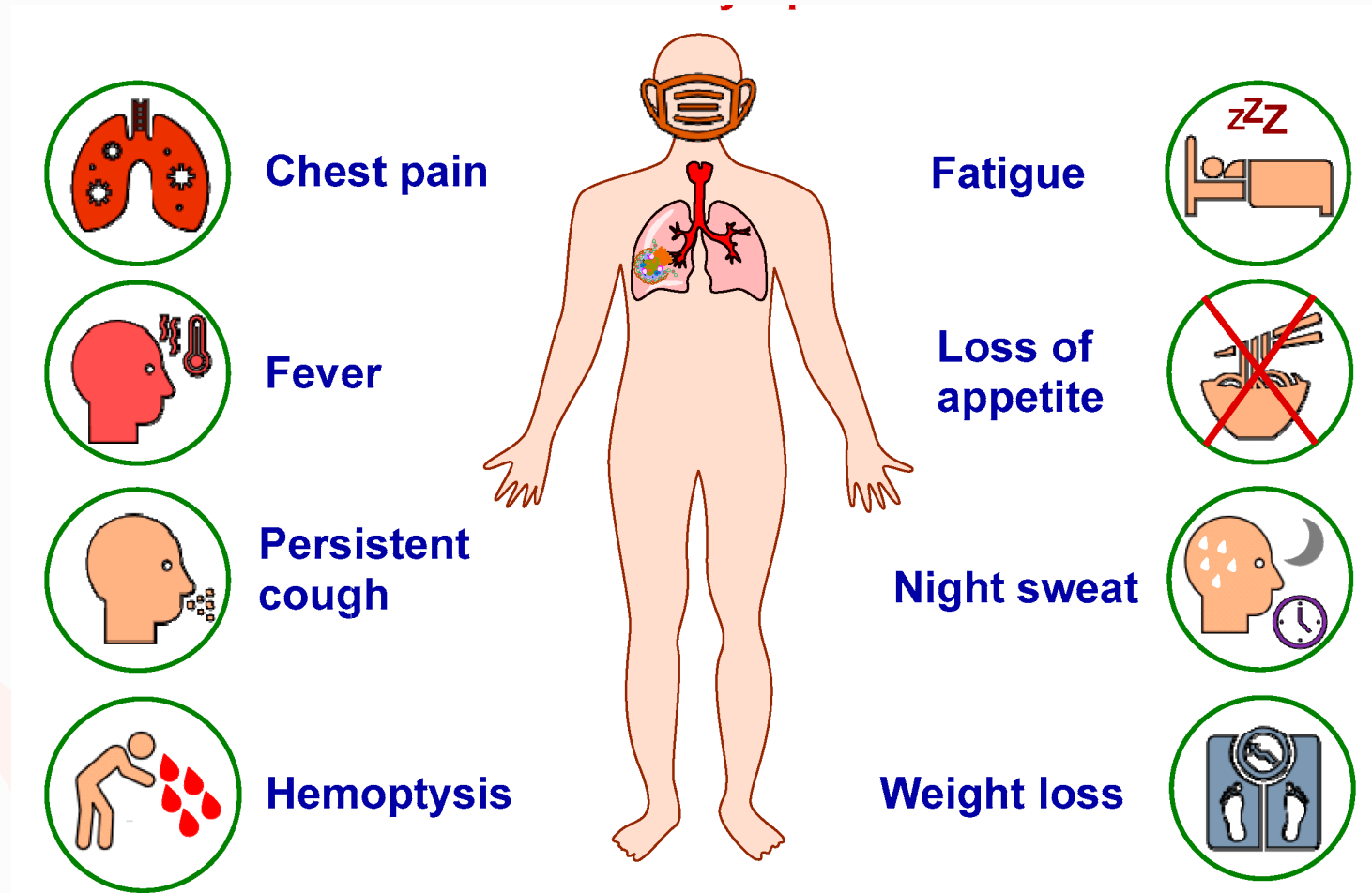
## Candidiasis



Tomar et al. *Int J of Oral Care and Research*,  
January-March (Suppl) 2018;6(1):31-35



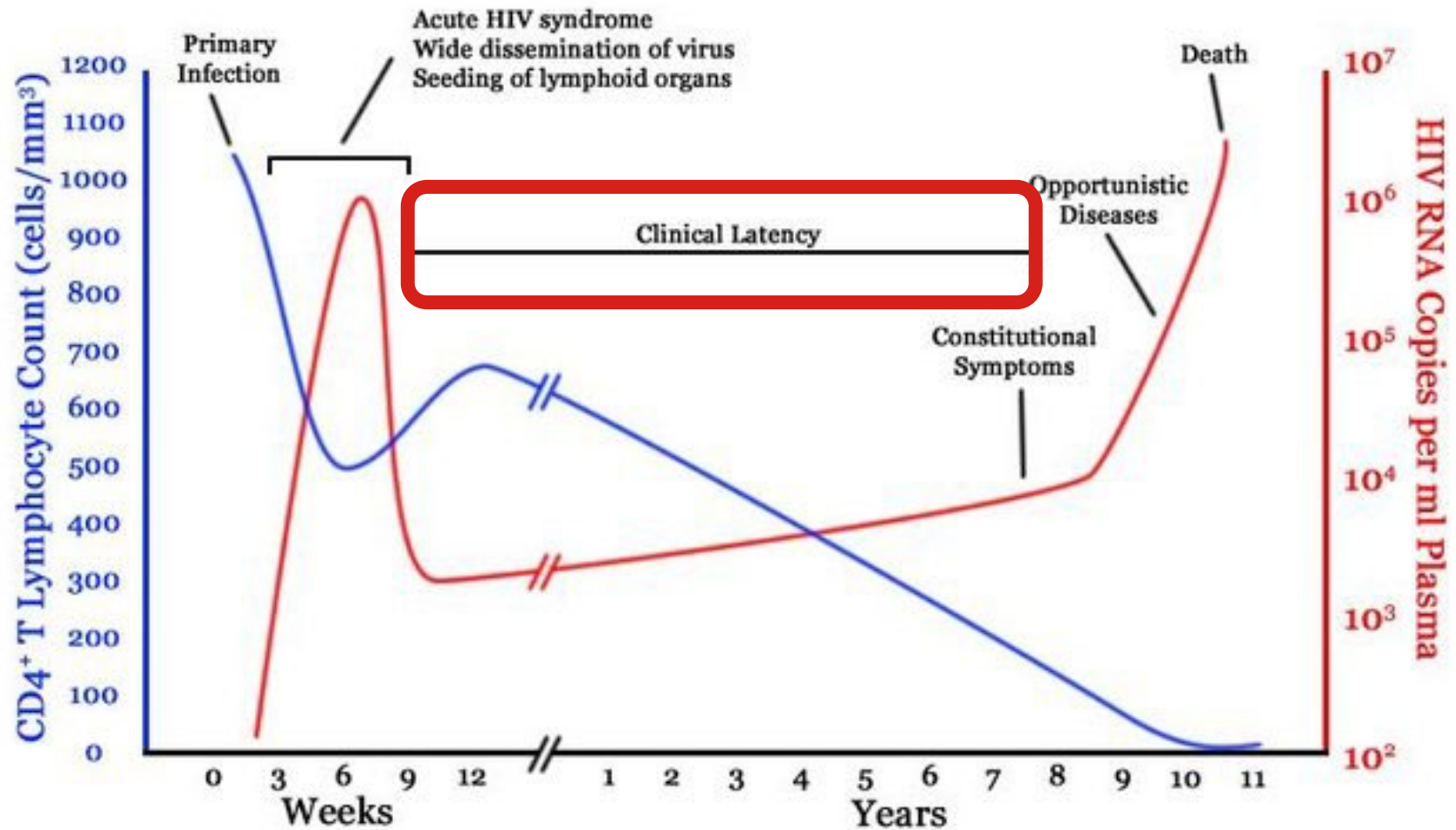
# Clinical manifestations of tuberculosis



# HIV Testing



# Natural progression of untreated HIV infection



Popoola and Awodele. Afr. J. Med. med. Sci. (2016) 45, 5 - 21

# USPSTF HIV Screening Recommendations\*

Population	Recommendation	Grade
Pregnant persons	The USPSTF recommends that clinicians screen for HIV infection <b>in all pregnant persons</b> , including those who present in labor or at delivery whose HIV status is unknown.	<b>A</b>
Adolescents and adults aged <b>15 to 65 years</b>	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and <b>adults aged 15 to 65 years</b>.</p> <p>Younger adolescents and older adults who are at increased risk of infection should also be screened.</p>	<b>A</b>

*\*current as of May 2024; Topic is being updated.*

# Window period of various HIV tests

**Nucleic Acid Test (NAT)\***  
window period

**10-33 days**



**Antigen/Antibody Lab Test\***  
window period

**18-45 days**

**Rapid Antigen/Antibody Test†**  
window period

**18-90 days**



**Antibody Test‡**  
window period

**23-90 days**



\* Performed by a lab on blood from a vein.

† Done with blood from a finger stick.

‡ Most rapid tests and self-tests are antibody tests.

**HIV Basics**  
[www.cdc.gov/hiv/basics](http://www.cdc.gov/hiv/basics)

For more information, visit [www.cdc.gov/hiv/basics/testing.html](http://www.cdc.gov/hiv/basics/testing.html)



# HIV Seroconversion Window Period

**Different types of tests diagnose HIV at different intervals post-infection**

- **Antibody tests** – as early as 3 weeks; most by 12 weeks  
*via oral fluid or blood*
- **Antigen test** – as early as 2 weeks; most by 6 weeks  
*via blood*
- **Viral Detection (HIV RNA)** – as early as 7 days; up to 28 days  
*via blood*

# Case 1

A 25-year-old cisgender male comes in the clinic for routine HIV testing. His last unprotected (condomless) sexual encounter was 1 week ago. The HIV status of the partner is unknown. His HIV screening test comes back negative. The patient does not have any symptoms and is feeling well. Aside from counseling the patient on safe sex practices, what is the best advice?

- a. Your HIV test is non-reactive (negative) and there is no further follow-up needed
- b. Your HIV test is negative and you need a repeat HIV test tomorrow
- c. Your HIV test is negative and you need a repeat HIV test in a few weeks
- d. Any of the above

# Acute HIV Syndrome

- **Common Symptoms**

fever, fatigue, and rash

- **Less Common Symptoms**

headache, swollen lymph glands, sore throat, feeling achy, nausea, vomiting, diarrhea, and night sweats

Similar to other illnesses (e.g. flu, COVID-19)

Only experienced by about ½ of the people newly infected

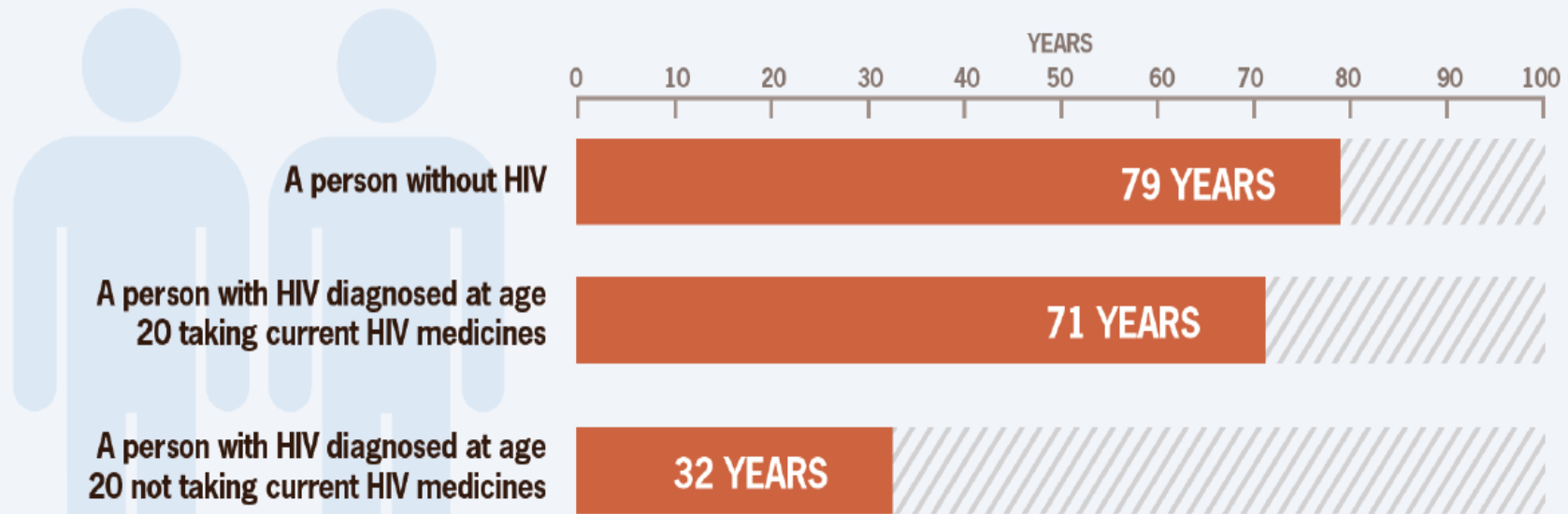
Only an HIV test can diagnose HIV

# Antiretroviral Therapy



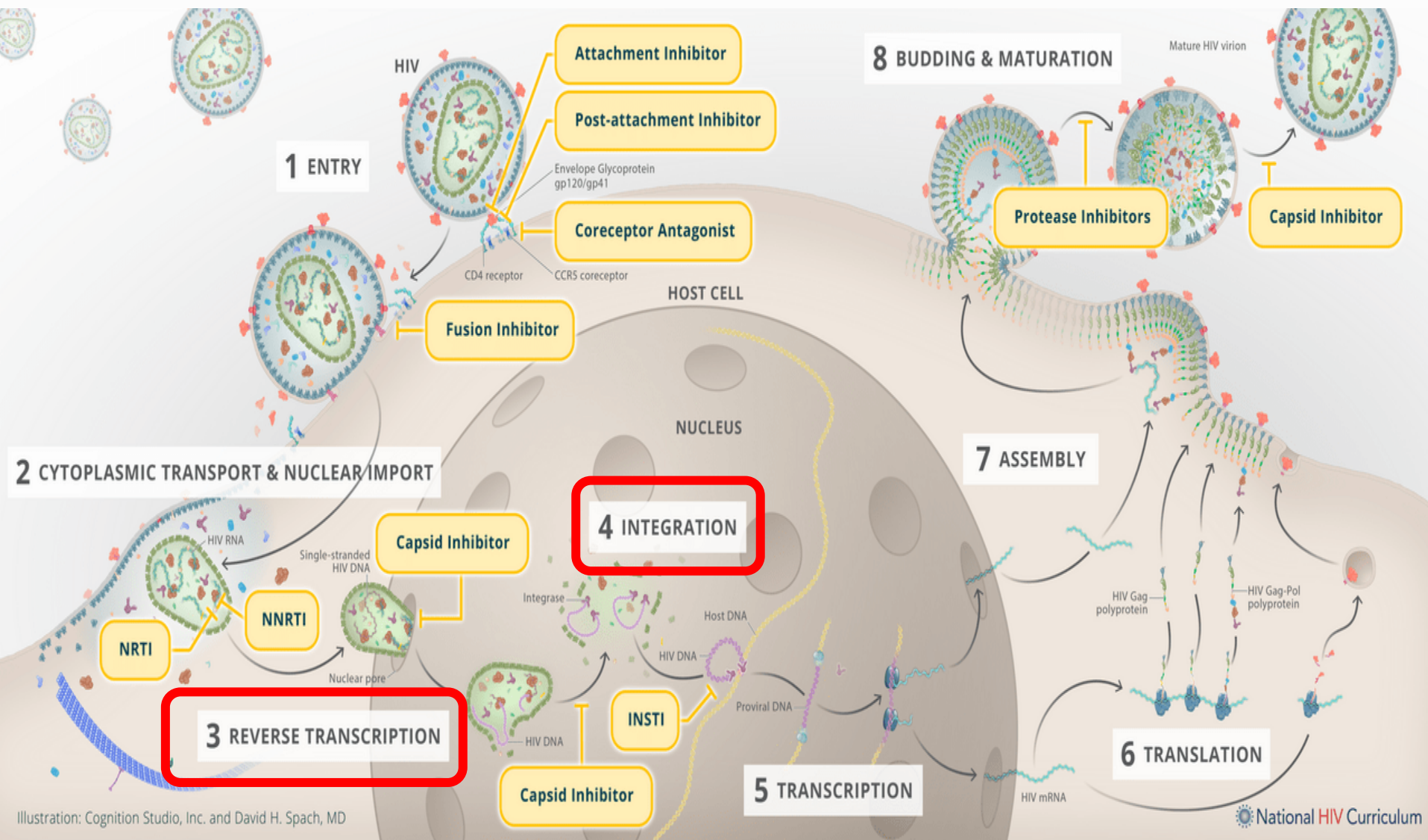
# Effective Treatment Saves Lives

## HIV Medicines Help People with HIV Live Longer (AVERAGE YEARS OF LIFE)

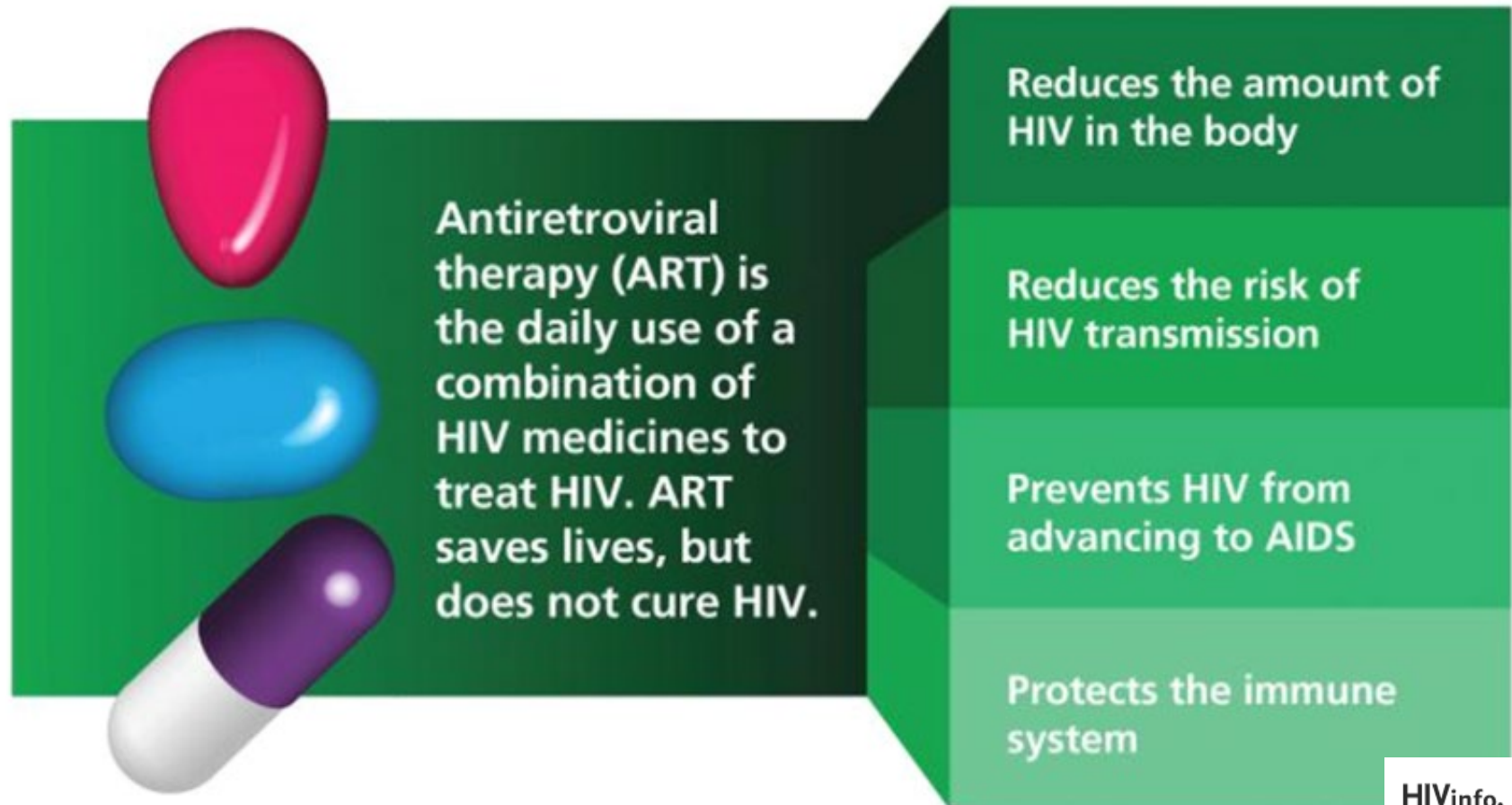


SOURCES: National Vital Statistics Reports, 2012; PLoS One, 2013; and Journal of the American Medical Association, 1993.

# HIV life cycle and targets of antiretroviral therapy



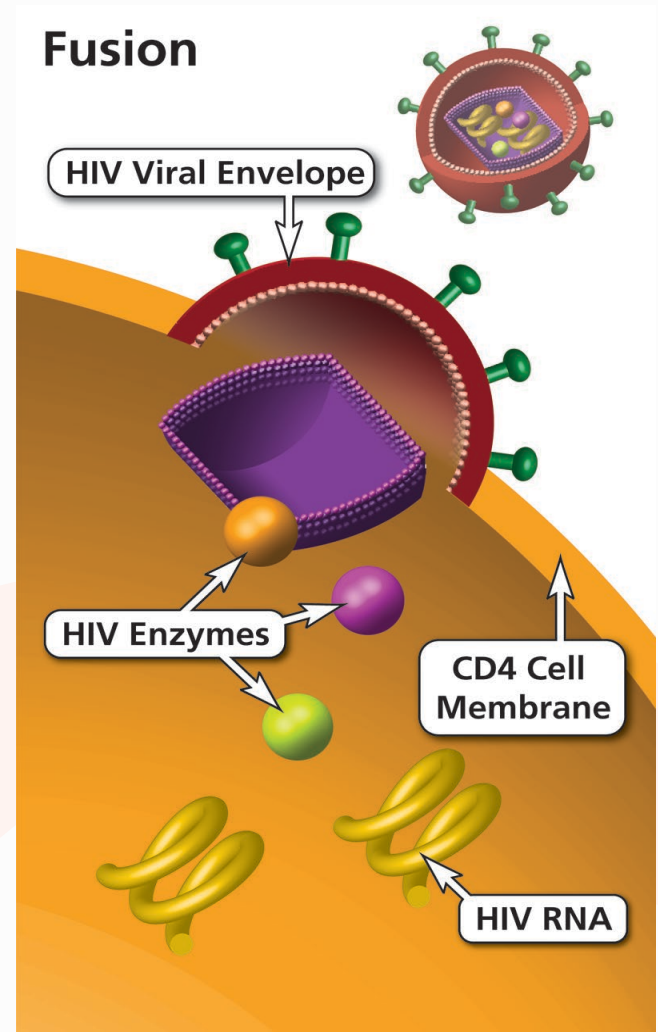
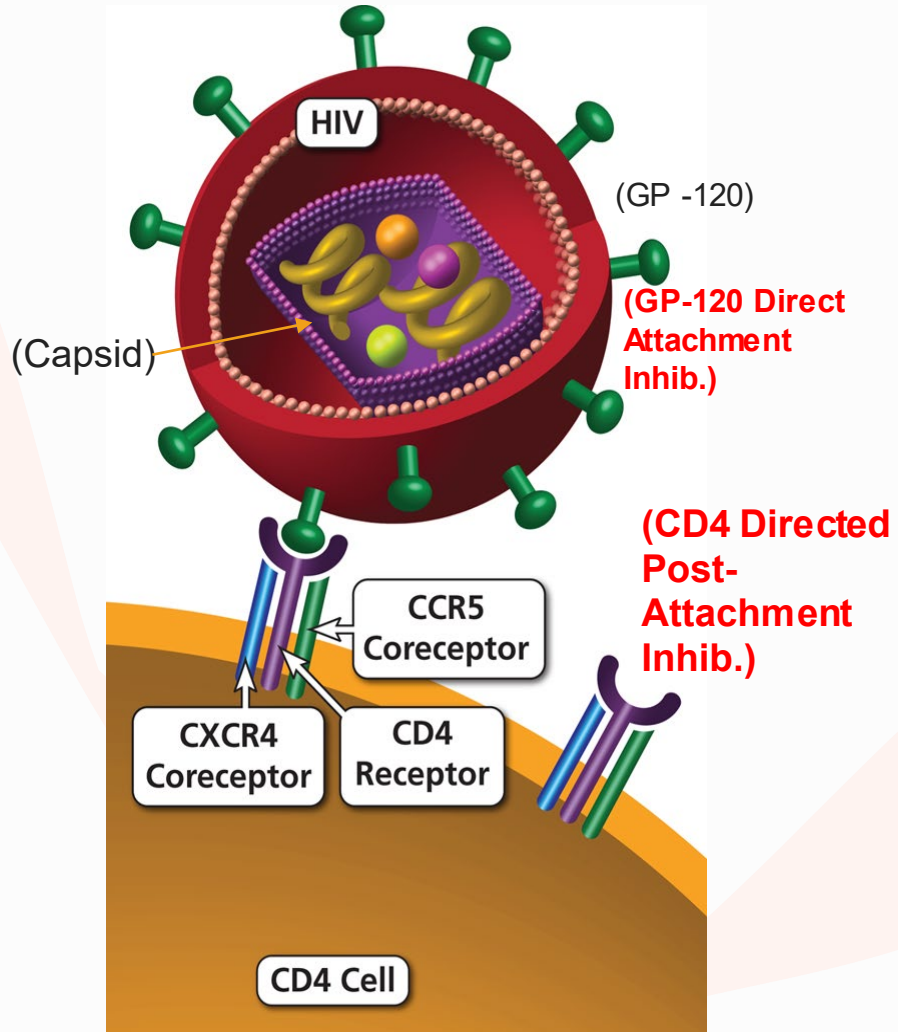
# Antiretroviral Therapy (ART)



\*Long-acting injectable ART is now available

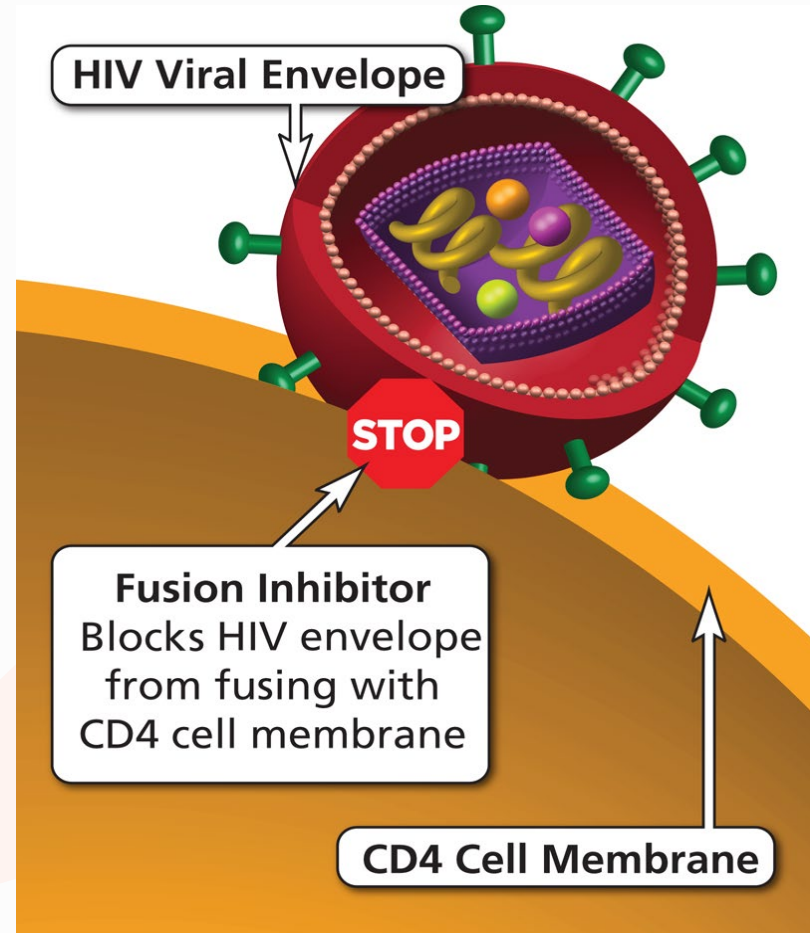
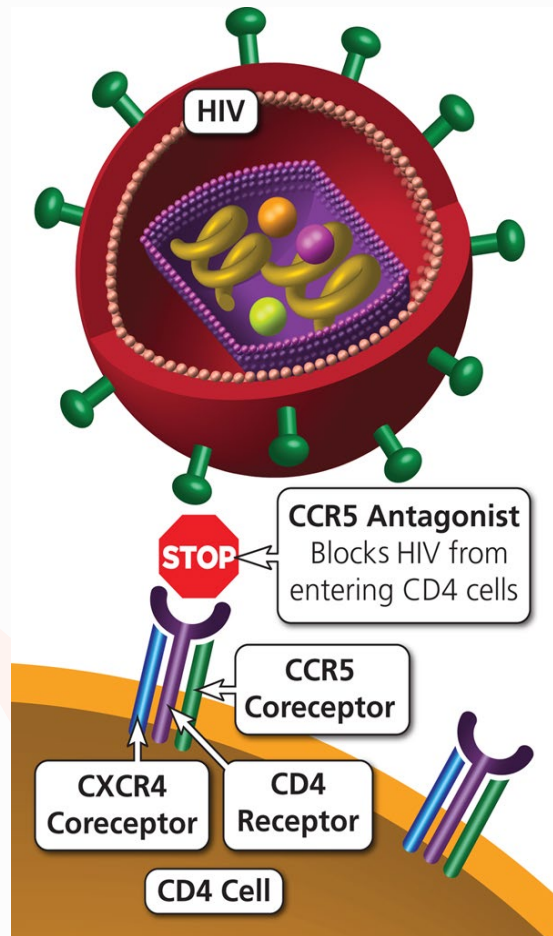


# HIV Attachment to CD4 Cells



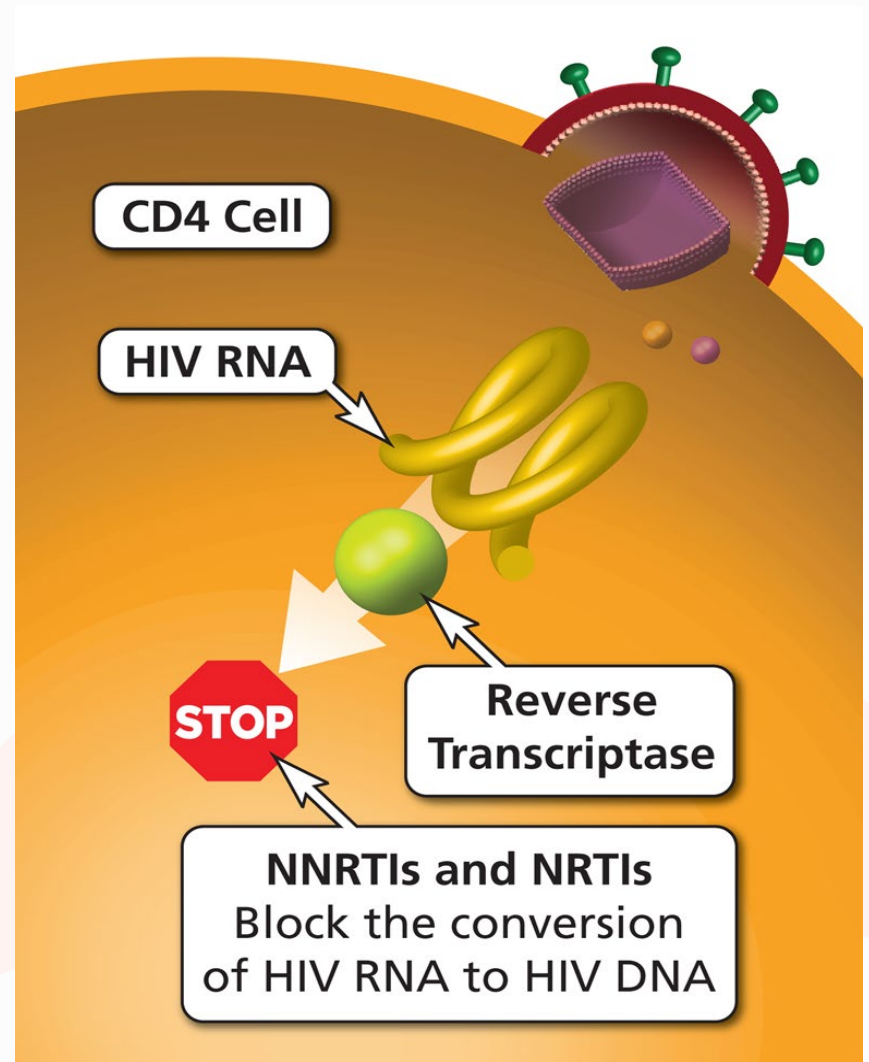
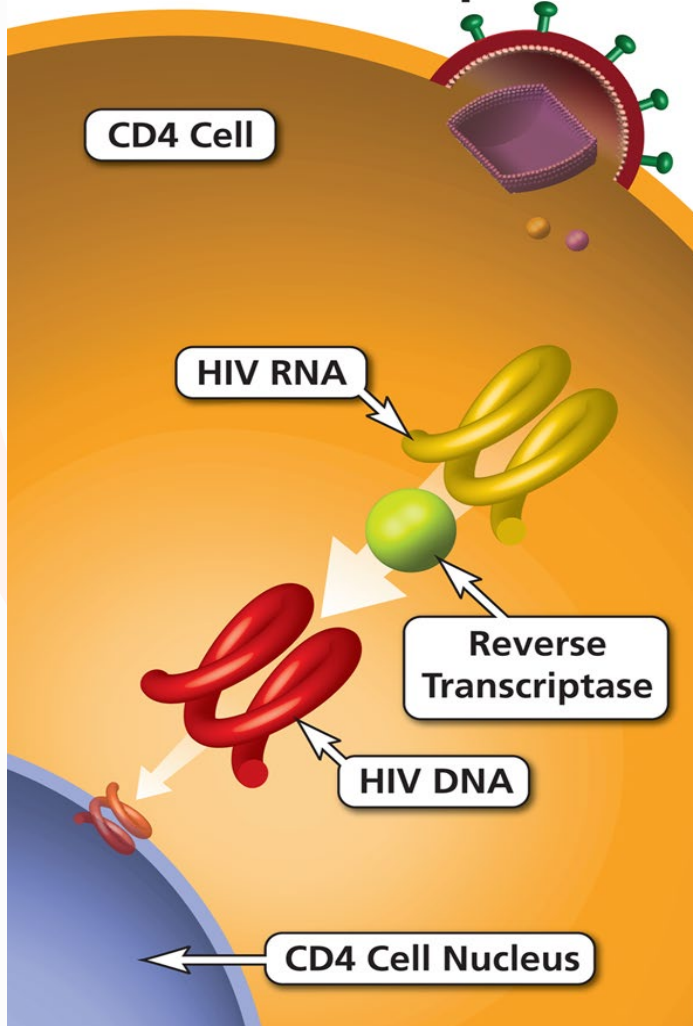


# Entry Inhibitors



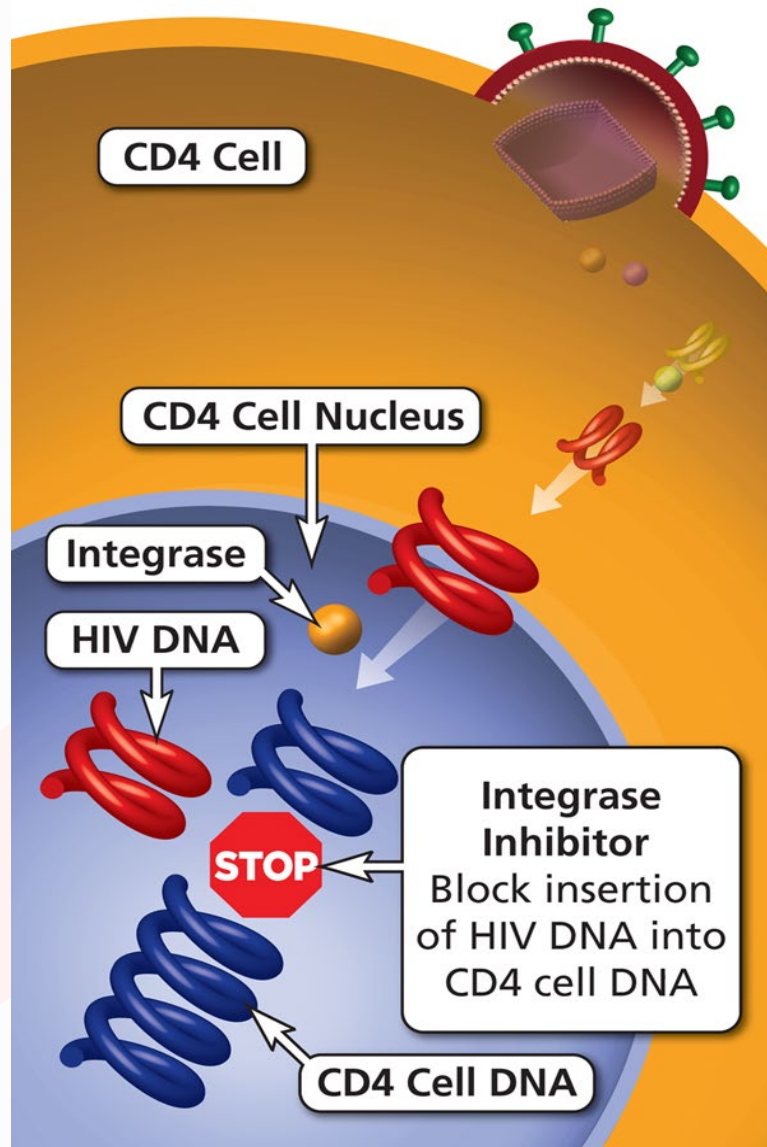
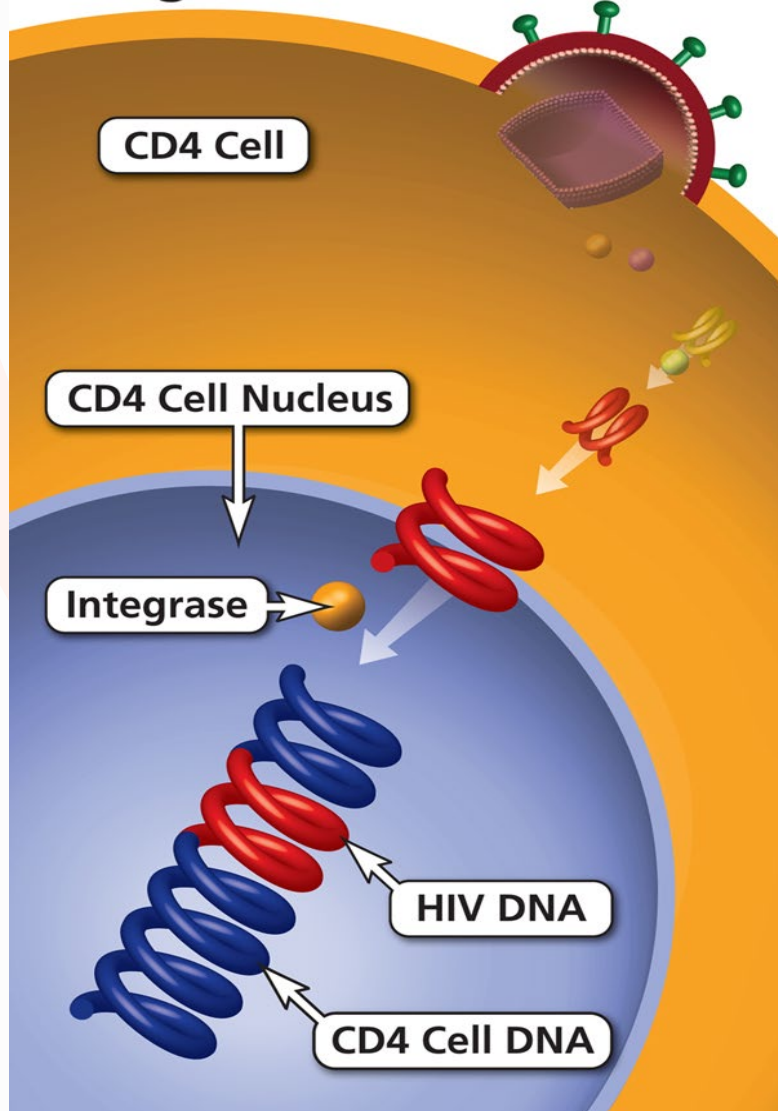
# HIV Reverse Transcription

## Reverse Transcription



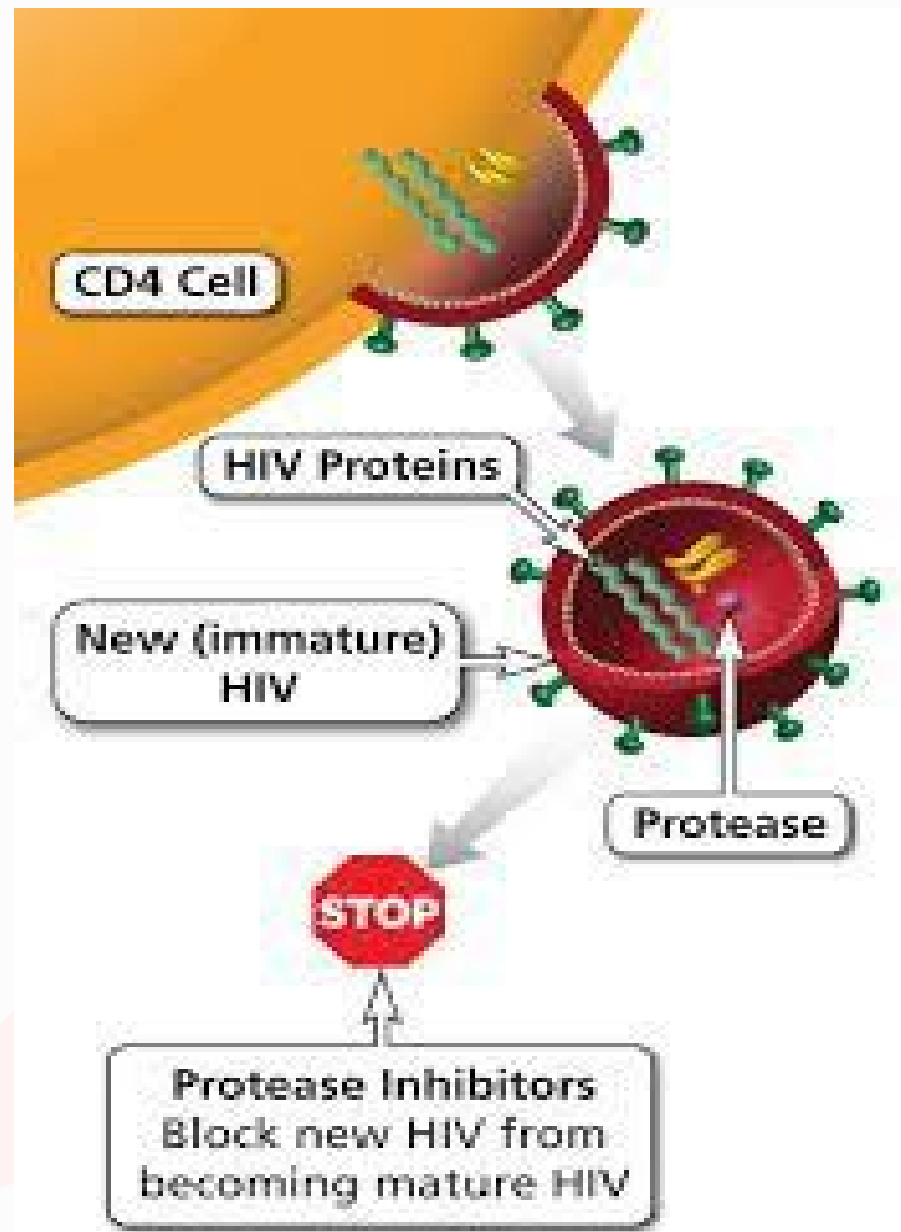
# HIV Integration

## Integration





# Protease Inhibition



# Examples of one pill once a day antiretroviral regimen for HIV (1)



## **efavirenz + tenofovir disoproxil fumarate + emtricitabine**

One tablet once a day. Each tablet contains 600 mg efavirenz + 300 mg tenofovir disoproxil fumarate + 200 mg emtricitabine. Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.



## **rilpivirine + tenofovir disoproxil fumarate + emtricitabine**

One tablet once a day. Each tablet contains 25 mg rilpivirine + 300 mg tenofovir disoproxil fumarate + 200 mg emtricitabine. Take with a meal.



## **bictegravir + tenofovir alafenamide + emtricitabine**

One tablet once a day. Each tablet contains 50 mg bictegravir + 25 mg tenofovir alafenamide + 200 mg emtricitabine. Take with or without food.



## **doravirine + tenofovir disoproxil fumarate + lamivudine**

One tablet once a day. Each tablet contains 100 mg doravirine + 300 mg tenofovir disoproxil fumarate + 300 mg lamivudine. Take with or without food.

Source: 2022 HIV Drug Chart. [https://www.poz.com/pdfs/POZ\\_2022\\_HIV\\_Drug\\_Chart\\_high.pdf](https://www.poz.com/pdfs/POZ_2022_HIV_Drug_Chart_high.pdf)

# Examples of antiretroviral therapy options for HIV



## **dolutegravir + lamivudine**

One tablet once a day. Each tablet contains 50 mg dolutegravir + 300 mg lamivudine. Take with or without food.



## **elvitegravir + cobicistat + tenofovir alafenamide + emtricitabine**

One tablet once a day. Each tablet contains 150 mg elvitegravir + 150 mg cobicistat + 10 mg tenofovir alafenamide + 200 mg emtricitabine. Take with food.

## Long-acting injectable



## **cabotegravir + rilpivirine**

A long-acting injectable regimen administered as two intramuscular injections every four weeks or eight weeks. A one-month lead-in period with cabotegravir + rilpivirine pills is optional. Take with food.

Source: 2022 HIV Drug Chart. [https://www.poz.com/pdfs/POZ\\_2022\\_HIV\\_Drug\\_Chart\\_high.pdf](https://www.poz.com/pdfs/POZ_2022_HIV_Drug_Chart_high.pdf)

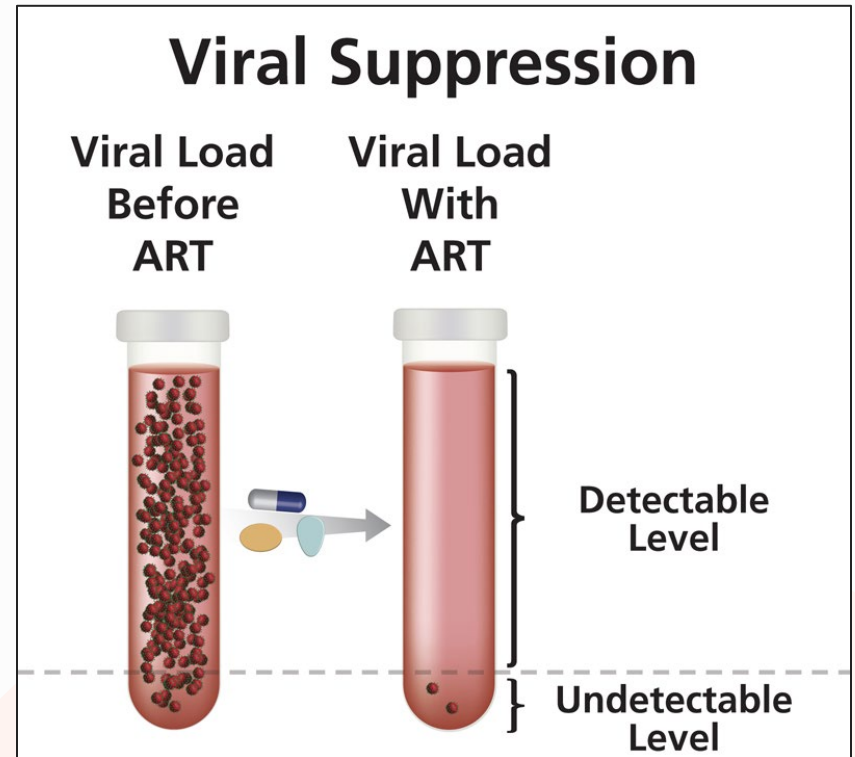
# Recommended Initial Regimens for Most People with HIV (in alphabetical order)

- **bictegravir/tenofovir alafenamide/emtricitabine** (fixed-dose combination)
- **dolutegravir/abacavir/lamivudine** (fixed-dose combination)
  - only for individuals who are HLA-B\*5701 negative and without chronic hepatitis B virus (HBV) coinfection
- **dolutegravir + (tenofovir alafenamide or tenofovir disoproxil fumarate) + (emtricitabine or lamivudine)**
- **dolutegravir/lamivudine** (fixed-dose combination)
  - except for individuals with HIV RNA >500,000 copies/mL, HBV coinfection, or when ART is to be started before the results of HIV genotypic resistance testing for reverse transcriptase or HBV testing are available.

# Antiretroviral Treatment (ART)

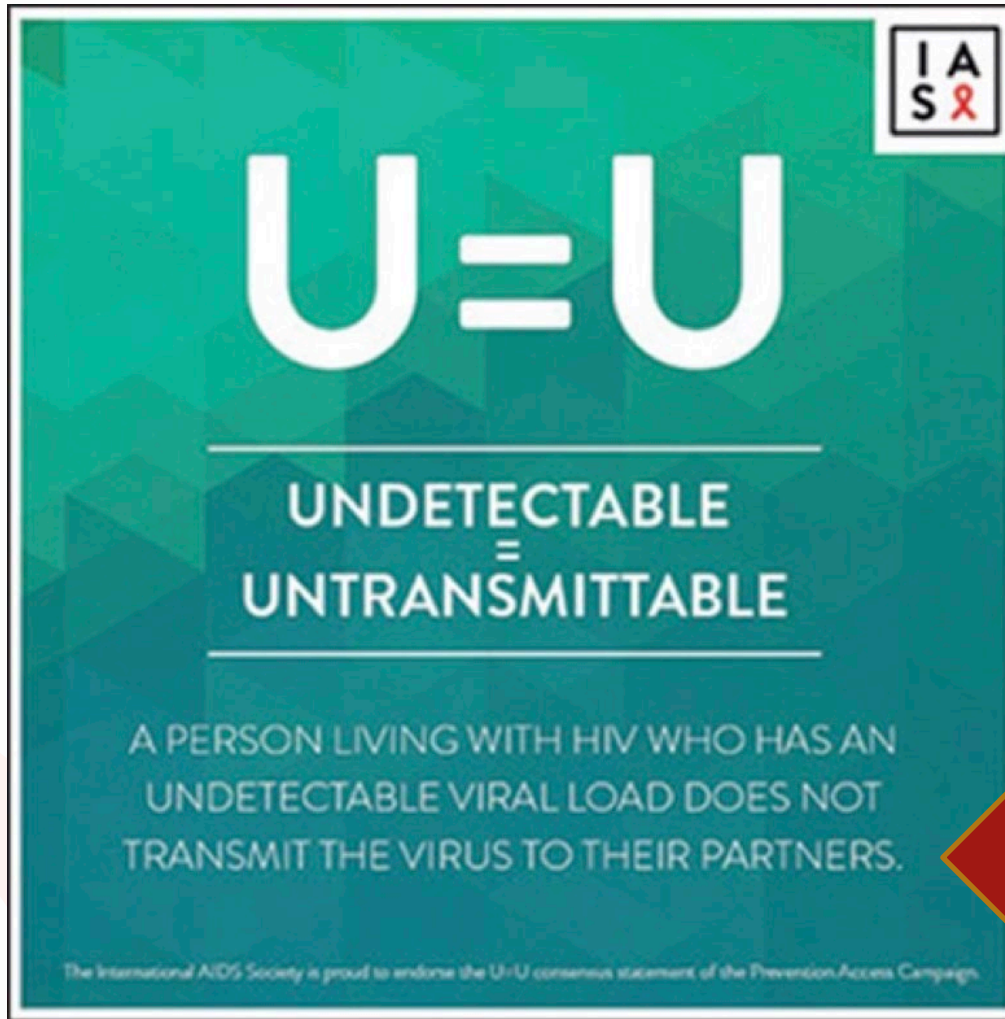
## Clinical Goals

- Reduce viral load as much as possible for as long as possible
- Increase CD4 cell count
- Ensure medication adherence to preserve ART options
- Preserve quality of life
- Reduce HIV transmission



<https://clinicalinfo.hiv.gov/en/glossary/viral-suppression>

# U=U and "Treatment as Prevention" has revolutionized HIV prevention and care



**Sexual  
partners**  
(does *not* apply  
to injecting  
drug use)



## Case 2

A 40-year-old cisgender female comes to the clinic to establish primary care. She feels well and does not have any symptoms. During the social history-taking, you learned that she has had multiple sex partners in the past. She has never been tested for HIV. Physical exam is unremarkable.

What is the most appropriate advice for the patient?

- a. It is appropriate to screen you for HIV
- b. You should not worry about HIV because you only had a few sexual partners in the past
- c. You should not worry about HIV because you are a cisgender female
- d. You should not worry about HIV because your physical exam is normal

## Case 2 (continued)

- HIV antibody test is reactive (positive)
- HIV RNA is 200,000 copies/ml
- CD4 T cell count is 450 cells/uL

What is the appropriate next step?

- a. HIV treatment (antiretroviral therapy) is not necessary because her CD4 is above 200 cells/uL
- b. HIV treatment is appropriate and antiretroviral therapy options should be discussed
- c. It is a false positive result. Repeat HIV testing in 3 months.

# Key Concepts in HIV Antiretroviral Therapy [1]

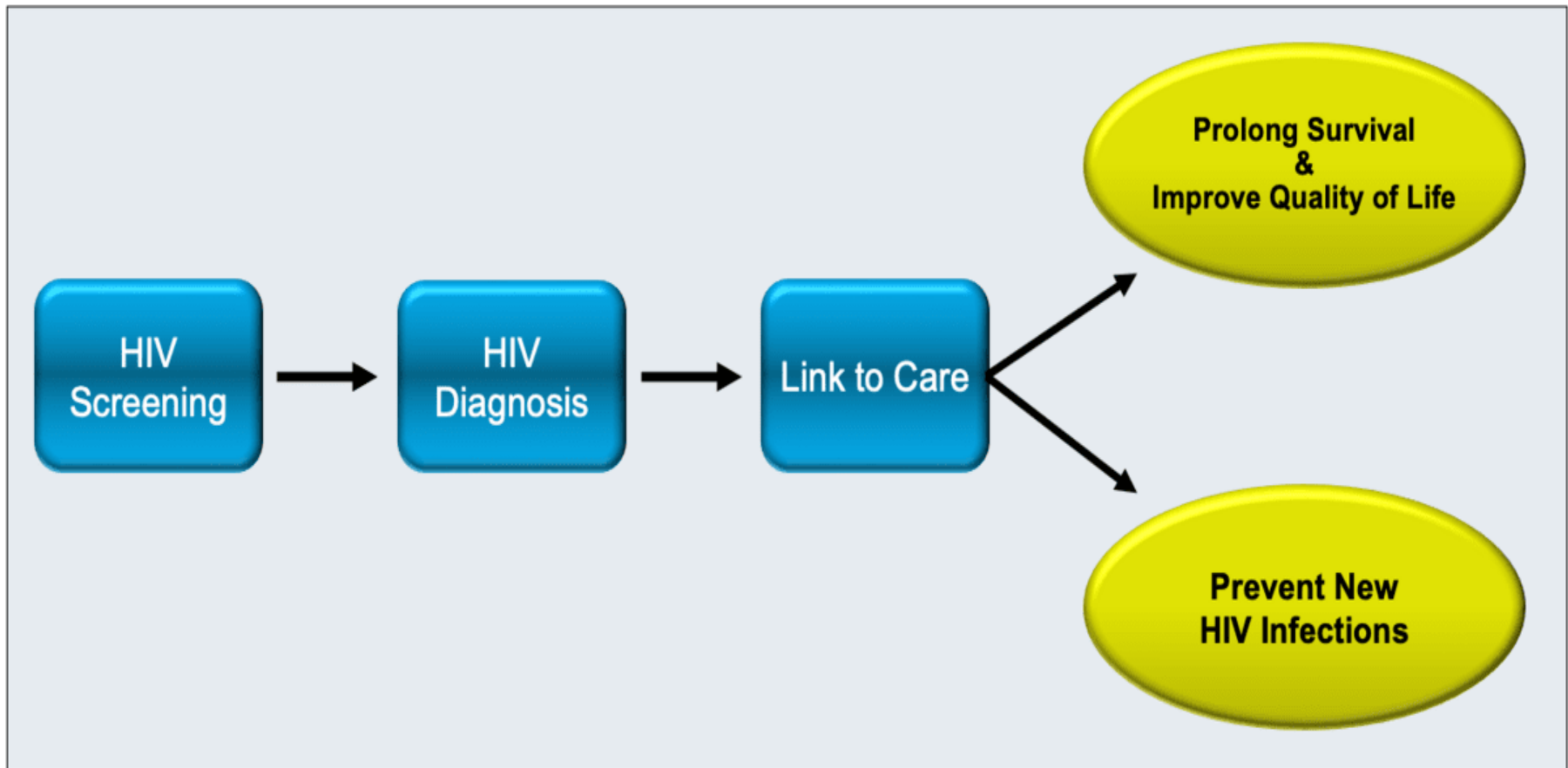
- Antiretroviral therapy (ART) is recommended for **all persons with HIV** to reduce morbidity and mortality and to prevent transmission to others
- **Initiate ART immediately (or as soon as possible)** after HIV diagnosis to increase the uptake of ART and linkage to care, decrease the time to viral suppression, and to improve the rate of virologic suppression
- When initiating ART, it is important to educate patients regarding the benefits of ART

# Key Concepts in HIV Antiretroviral Therapy [2]

- Medications from **at least 2 different classes** are combined to construct an antiretroviral regimen.
- **Never** give only one medication as it promotes HIV resistance.
- **HIV drug resistance testing** is recommended at entry into care for people with HIV to guide selection of antiretroviral regimen.
- **Treat all patients with hepatitis B.**
- Selection of a regimen should be **individualized**:
  - based on virologic efficacy, potential adverse effects, childbearing potential and use of effective contraception, pill burden, dosing frequency, drug–drug interaction potential, comorbid conditions, cost, access, and resistance-test results

# HIV Care Continuum

# Linkage to HIV Care: Main Goals





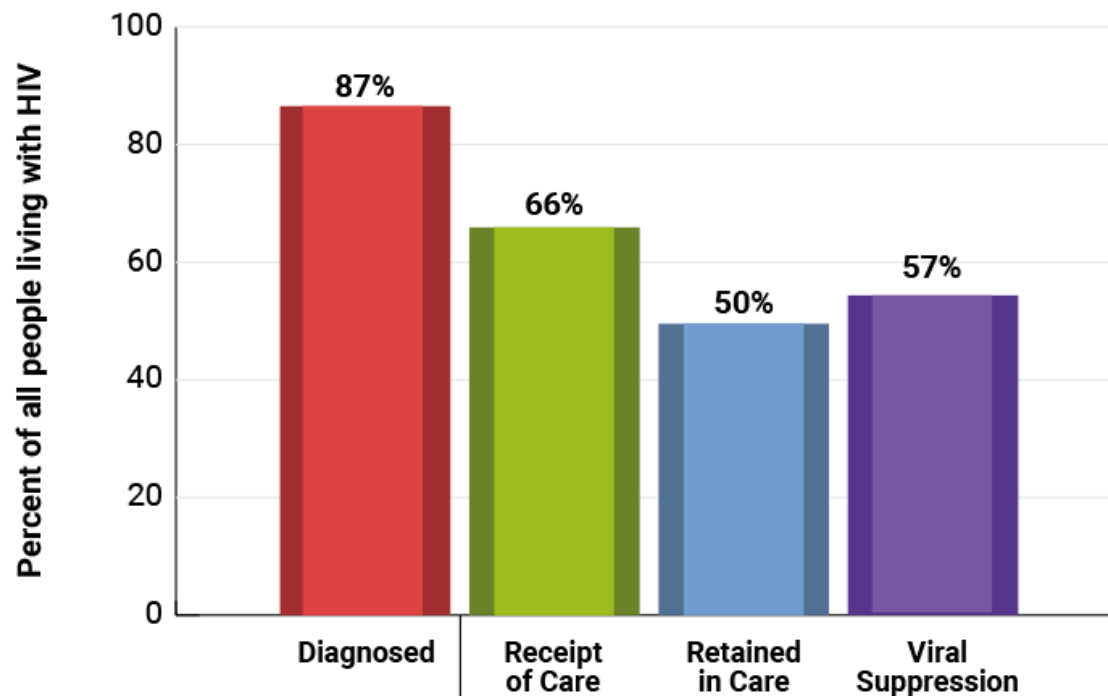
# The HIV Care Continuum



- The HIV care continuum is a public health model that outlines the steps or stages that people with HIV go through from diagnosis to achieving and maintaining viral suppression

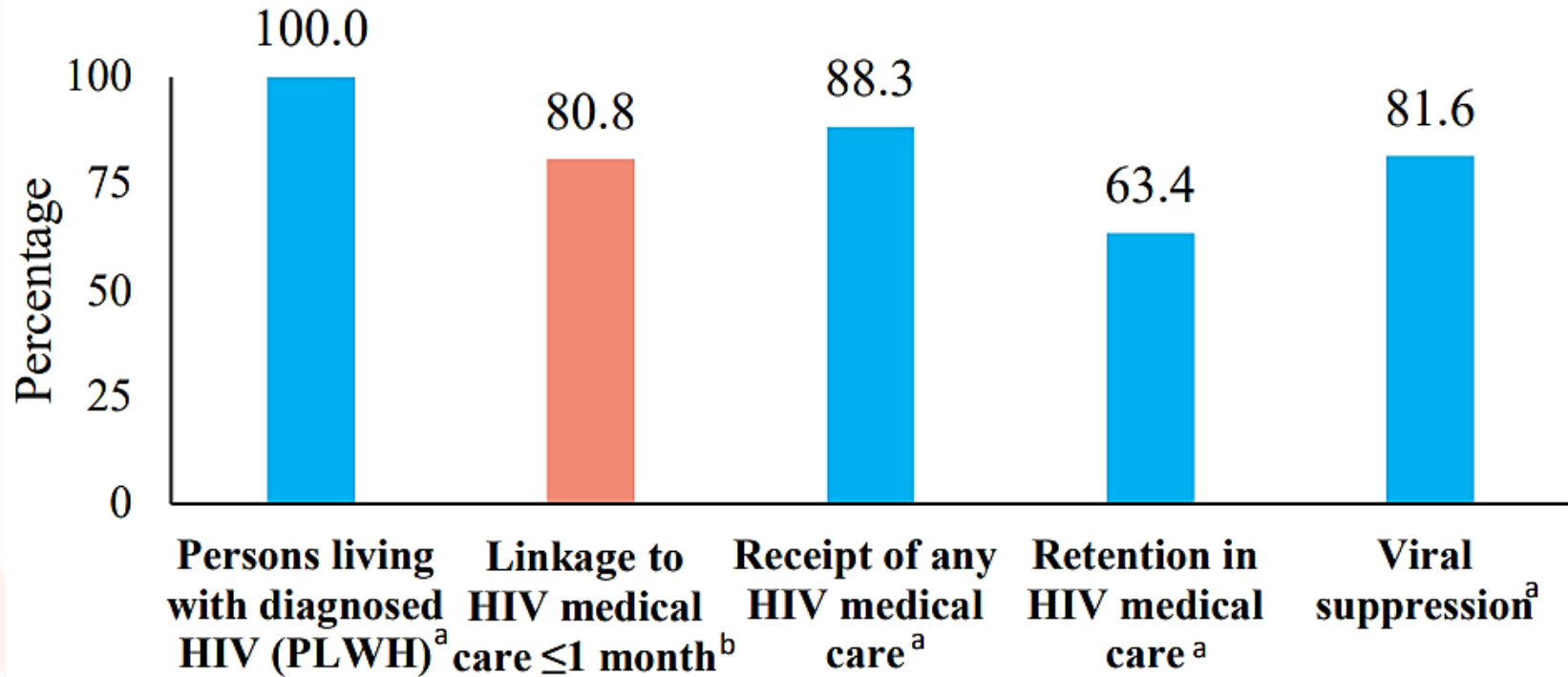
# US HIV Care Continuum, 2019

## Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019



**Linked to Care:** **81%** of persons with diagnosed HIV infection were linked to care within 1 month of diagnosis

# HIV Care Continuum in Hawaii (Year 2020)



a. The denominator (n=2,207) refers to persons with HIV infection diagnosed through 2019 and residing in Hawaii at year-end 2020.

b. The denominator (n=52) refers to new HIV infection during 2020.

Hawaii State Dept of Health <https://health.hawaii.gov/harmreduction/files/2022/12/HIV-surveillance-annual-report-year-ending-2021.pdf> Accessed May 2023

# The 95-95-95 Targets to end the HIV Epidemic

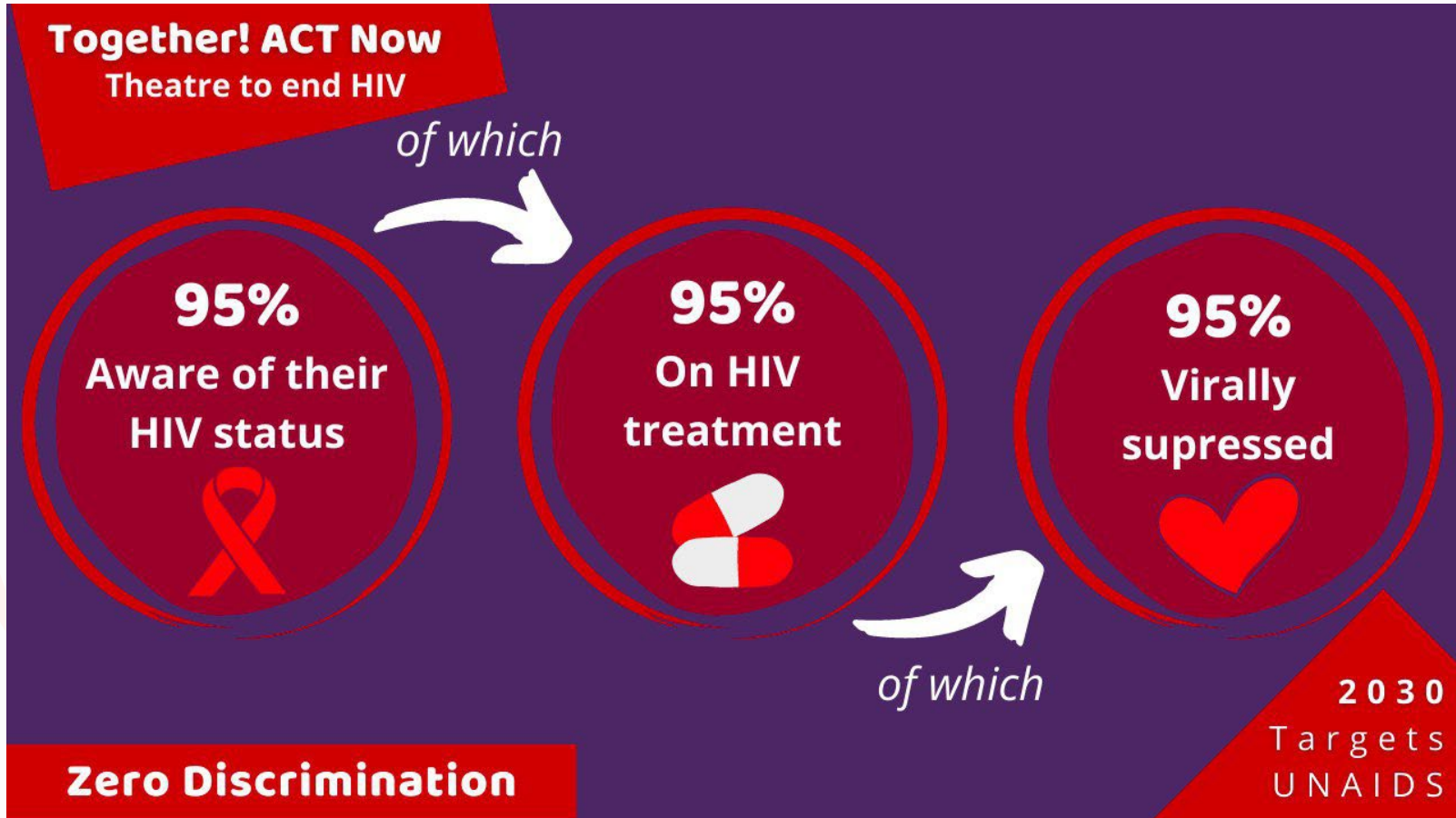


Image from: [Together! Act Now | UNAIDS](#)

# Delayed Linkage to Care: Key Factors

- substance use
- lack of medical insurance
- lack of access to primary care prior to HIV diagnosis
- residence in a high-poverty area

# Aging with HIV (2021 Data)

- According to the Centers for Disease Control and Prevention, in 2021, of the nearly 1.1 million people with diagnosed HIV in the United States and dependent areas, **over 53% were aged 50 and up.**
- **People aged 50 and older accounted for 16% of the 36,136 new HIV diagnoses in 2021** among people ages 13 and older in the United States and dependent areas.

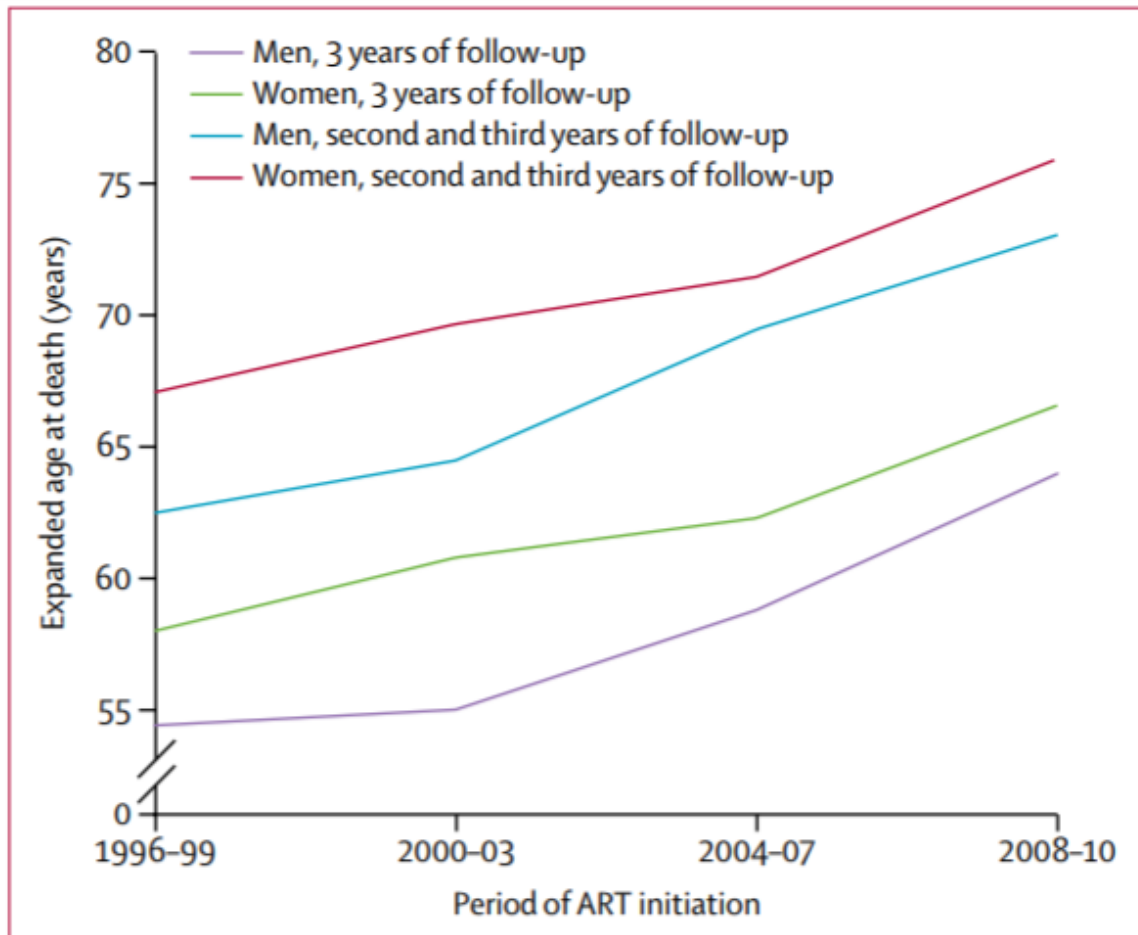
## AGING AND HIV

Thanks to effective **HIV treatment**, the number of **older adults** with HIV is **increasing**.





# Aging & HIV

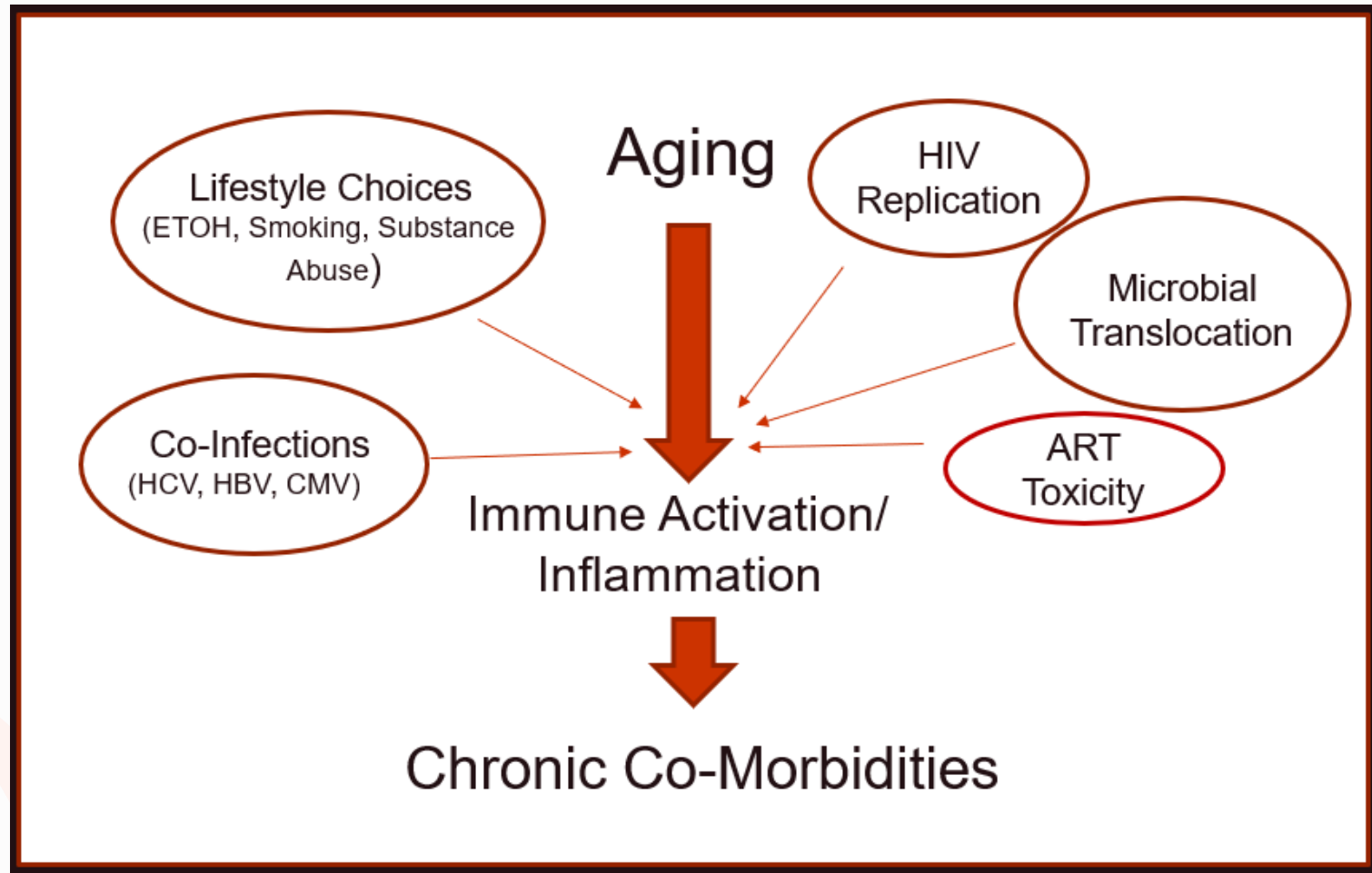


**Figure 3: Expected age at death of men and women living with HIV starting antiretroviral therapy (ART) aged 20 years, by period of initiation**

Estimates of life expectancy were based on mortality during the first 3 years of follow-up and the second and third years of follow-up. Data are for all regions.

ART Cohort Collaboration. *Lancet HIV* 2017;4 e354.

# Factors Contributing to Immune Activation & Inflammation



Abbreviations: ART, antiretroviral therapy; CMV: cytomegalovirus; ETOH, ethanol/alcohol; HBV, hepatitis B virus; HCV, hepatitis C virus;

# Spectrum of HIV Complications

## Malignancy

## Nervous System

- Cognitive function
- Neuropathy

## GI

- Diarrhea

## Endocrine

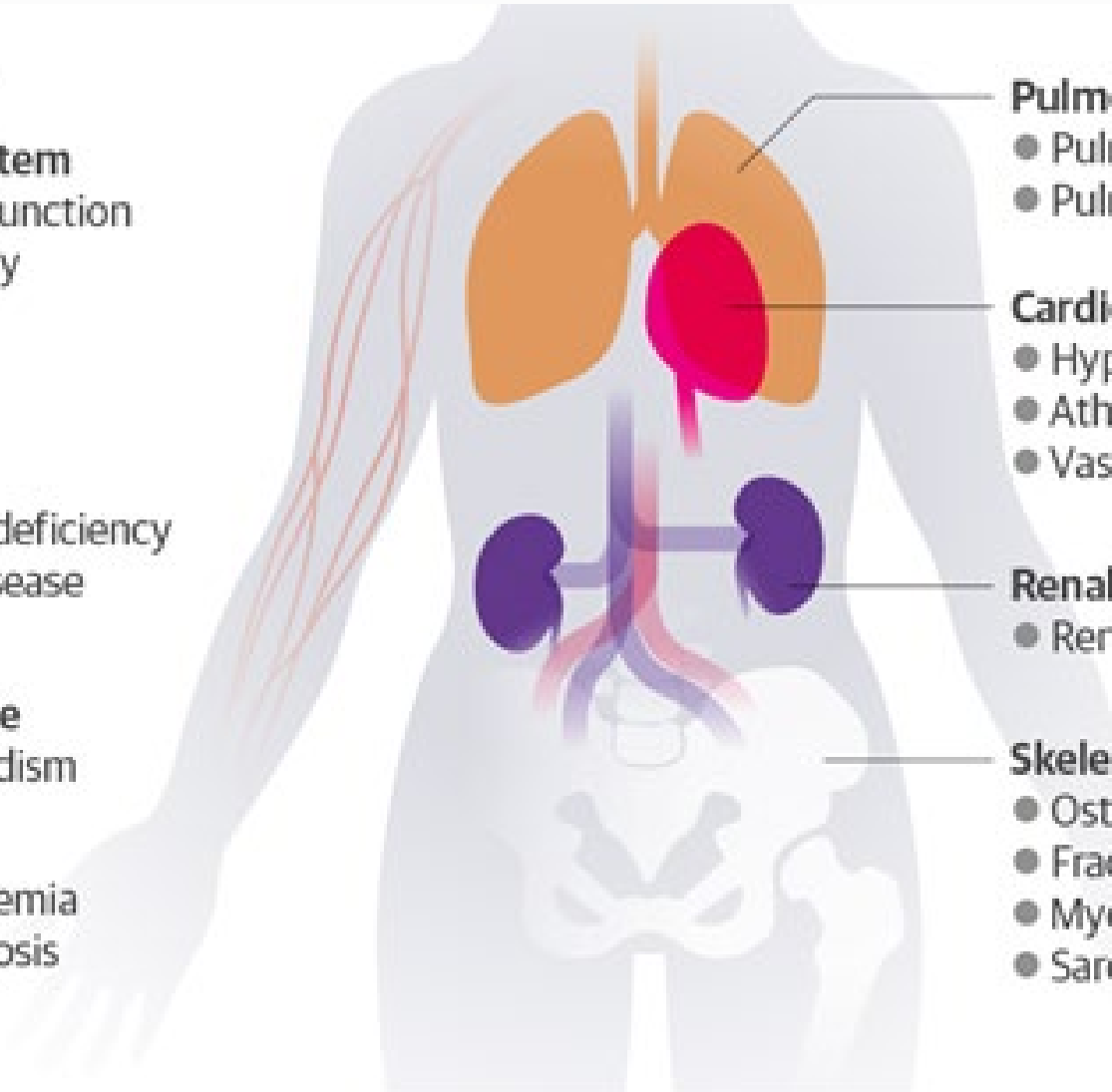
- Vitamin D deficiency
- Thyroid disease
- Diabetes

## Reproductive

- Hypogonadism

## Metabolic

- Hyperlipidemia
- Lactic acidosis



## Pulmonary

- Pulmonary hypertension
- Pulmonary fibrosis

## Cardiovascular

- Hypertension
- Atherosclerosis
- Vascular disease

## Renal

- Renal insufficiency

## Skeletal/Muscle

- Osteoporosis/penia
- Fractures
- Myopathy
- Sarcopenia

# Summary

- HIV is a virus that attacks the immune system, causing a decrease in CD4 T helper cells.
- There is currently no cure for HIV but effective treatment with combination antiretroviral therapy saves lives
- U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.
- Multidisciplinary approach is needed to strengthen the HIV care continuum

# Resources for Further Learning

- [HIVInfo](#) - an online resource offering up-to-date HIV/AIDS information to the general consumer, people with HIV/AIDS, people recently diagnosed and those who care for them.
- [The Body](#) – basics on HIV, especially helpful for newly diagnoses
- [POZ](#) – breaking down stigma and empowering HIV+ people
- [Positively Aware drug guide](#) - HIV Medication Guide, updated yearly
- [HIV.gov](#) – general info about HIV from the US federal government including national strategies and initiatives
- [HIVE](#) – safe conception and sero-discordant relationship information
- [Please PrEP Me](#) – information on staying HIV negative



# Questions?

Presenter: Louie Mar Gangcuangco, MD  
louiemag@hawaii.edu

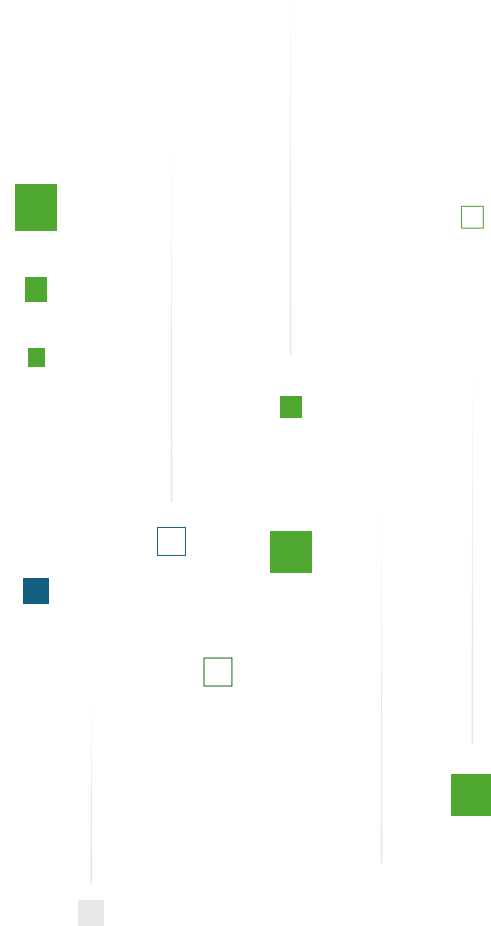




Luskin   
**Social Welfare**

# Advanced Planning

Ayako Miyashita Ochoa, JD  
she/her/hers   
[amochoa@luskin.ucla.edu](mailto:amochoa@luskin.ucla.edu)



# Introducing Myself

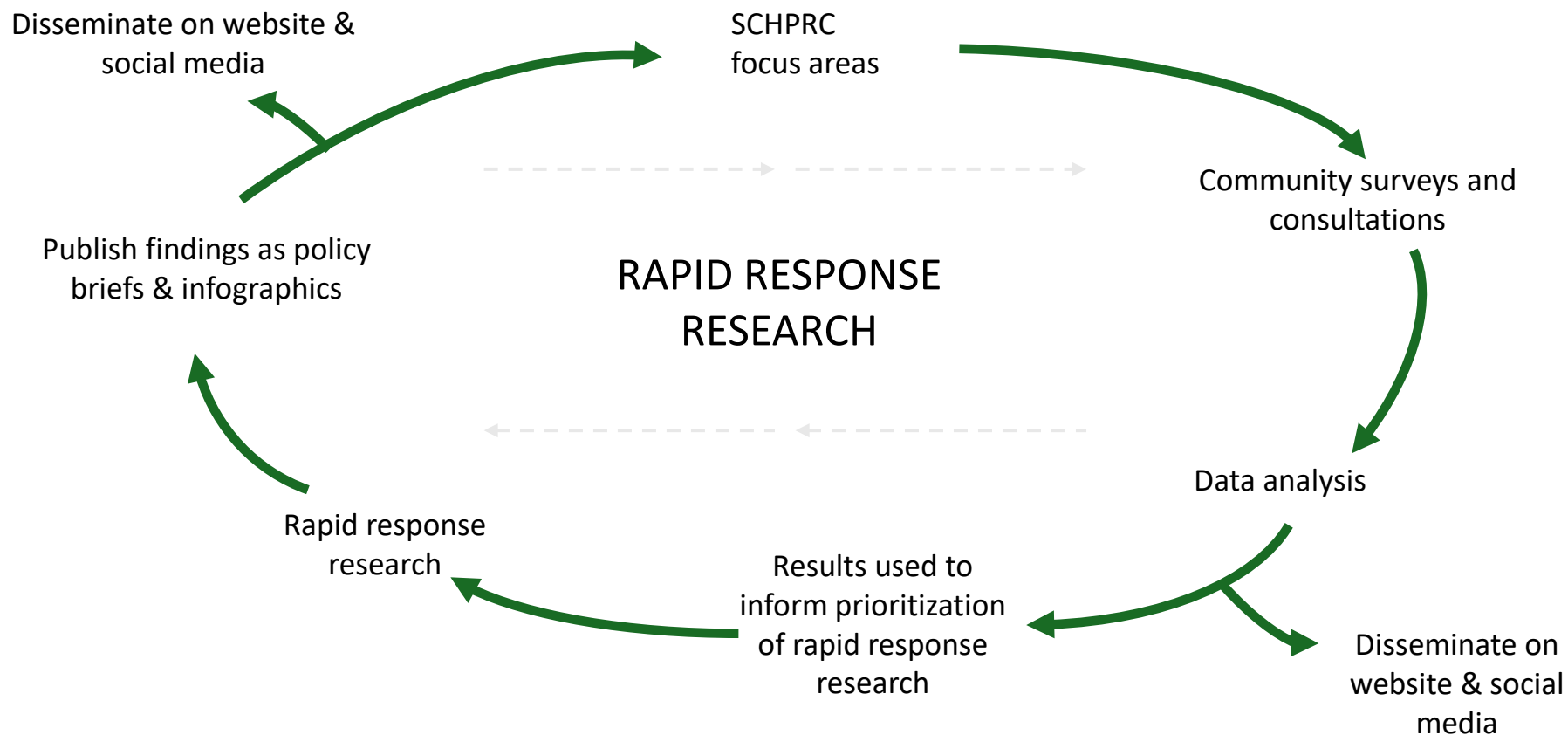


Ayako Miyashita Ochoa, JD  
Adjunct Professor  
(she/her/hers)

- **Practice:** HIV legal services from 2008-2013
- **Research:** Joined Williams Institute, UCLA School of Law, in 2013 then transitioned to UCLA Luskin School of Public Affairs in 2018
- ● **Policymaking:** criminalization, sexual and reproductive health, privacy and confidentiality



## Southern California HIV/AIDS Policy Research Center



Funded by the California HIV/AIDS Research Program (H21PC3466)

# Why Advanced Planning?

**Finances and Family:** Life Insurance, Wills, Trusts, and Powers of Attorney for Finances

**Health:** Advance Health Directives and component parts (Powers of Attorney for health, living will, POLST forms, etc.), Disability Insurance

# In the next 30 minutes...

Life and Disability Insurance

Advance Healthcare Directives

Wills and Trusts

# Life and Disability Insurance

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Can I get life insurance if I have HIV?

- Easy answer: Yes!
- Recent changes to the law: *Equal Insurance HIV Act*
  - Laws regarding non-discrimination
  - Effective January 1, 2023
  - Insurance Code §§799-799.11
- No automatic denial permitted based solely on the results of a positive HIV test
- Insurers are not required to charge the same rates, offer the same coverage, or offer coverage to an applicant who is HIV-positive, if certain requirements are met



# Example:

## Life and Disability Insurance

### What you need to know about our life insurance program for people living with HIV

Every life insurance applicant must undergo a medical assessment called underwriting to help determine coverage qualification. Each case is individually underwritten. For HIV positive applicants, additional underwriting criteria must be met to be considered for a policy. To qualify one must:

- Self-identify as an individual living with HIV
- Are between ages 20 and 65
- Have been on highly active antiretroviral therapy for at least two years and demonstrate favorable lab results
- Have not had an AIDS defining condition or illness
- No history of Hepatitis B
- Must be Hepatitis C Ab negative or cured
- HIV viral load is undetectable
- CD4 count must be above 350 and never have been below 200
- No history of intravenous drug abuse (within the last 7 years)
- Is under the care of a doctor specializing in treating HIV patients

Visit [here](#) for more information.

# Life and Disability Insurance

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**Question:** Do I have to disclose my HIV status when applying?

**Answer:** Most require an HIV test anyway, so it's best to be honest—but only if asked.

**But...**



# Life and Disability Insurance

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## Insurance Code §799.05.

A life or disability income insurer shall not consider the marital status, **actual or perceived sexual orientation, gender, gender identity, gender expression**, race, color, religion, national origin, ancestry, living arrangements, occupation, beneficiary designation, or ZIP Codes or other territorial classification within this state, or any combination thereof, of an applicant for life insurance or disability income insurance **in determining whether to require an HIV test** of that applicant.

# Advance Healthcare Directives

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- Living Will
- Power of Attorney for Health
- DNR (Do Not Resuscitate)
- POLST (Physician Orders for Life Sustaining Treatment)

***All of these together let people make  
medical planning decisions in advance***





## • Living Will

- Your specific health-related wishes

## • Power of Attorney for Health

- Designating a specific agent to make your health decisions for you

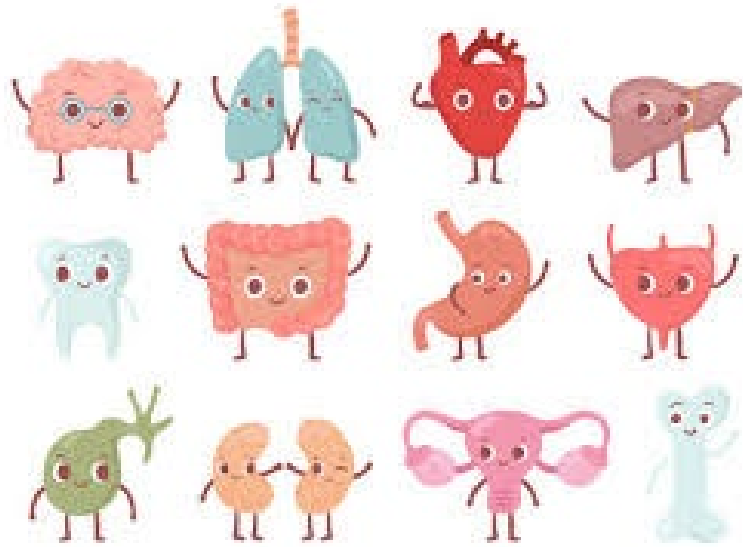
## • DNR

- To opt out of life-sustaining treatment in specific circumstances

## • POLST

- Standing medical order for people with serious illnesses specify their treatment preferences

# Organ donation



Previously *illegal* for people living with HIV or AIDS...

*HOPE* Act signed into law in November 2013; CA changed law in 2016.



# Advance Healthcare Directives

- California Statutory Form
- UCSF AHCD Kit
- Caring Connections
- Five Wishes

# Homework!



- 1) What decisions matter to you?
- 2) Who do you trust to make these decisions?

# Wills

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Commonly referred to as “Estate Planning” documents, a will and/or a trust document helps you document legal decisions about how you would like **your property** and **other assets** to be distributed after your death.

**Will:** sometimes referred to as a last will and testament, requires you to identify an executor (person “administering the estate”) and a beneficiary/beneficiaries (people who will receive your property or asset). You can modify this document at any time. It must be signed in front of 2 witnesses (not a party of the will) or in front of a notary.

# Trusts

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## 3 key roles

Grantor

Trustee

Beneficiary/beneficiaries

- Some tax benefits and can avoid probate
- The Grantor and Trustee must have mental capacity
- Grantor must “fund” the trust including a schedule of assets
- Can maintain privacy and identify a decisionmaker during time of disability/incapacity

# Power of Attorney

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## Financial matters

- Can help identify a decisionmaker during time of disability/incapacity
- Can help pay bills and access funds
- still may need to go to bank to complete additional forms
- Must have legal capacity to designate a power of attorney

(A) Real property transactions. \_\_\_\_\_ (B) Tangible personal property transactions. \_\_\_\_\_ (C) Stock and bond transactions. \_\_\_\_\_ (D) Commodity and option transactions. \_\_\_\_\_ (E) Banking and other financial institution transactions. \_\_\_\_\_ (F) Business operating transactions. \_\_\_\_\_ (G) Insurance and annuity transactions. \_\_\_\_\_ (H) Estate, trust, and other beneficiary transactions. \_\_\_\_\_ (I) Claims and litigation. \_\_\_\_\_ (J) Personal and family maintenance. \_\_\_\_\_ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service. \_\_\_\_\_ (L) Retirement plan transactions. \_\_\_\_\_ (M) Tax matters. \_\_\_\_\_ (N) ALL OF THE POWERS LISTED ABOVE.

Statutory form is available [here](#).

# “Advance” is key in Advanced Planning

- Take some time to think about what you want and need
- Identify what is most important for you early in the process
- Engage your loved ones in the process of health planning
- Seek legal assistance if you have significant property and assets



funding sources were used to cover over expenditures including \$5 million of HRSA Part B, HRSA Ending the Epidemic (EHE) funds, Substance Abuse Prevention and Control (SAPC) Non-Drug Medi-Cal funds, and County HIV Funds (Net County Costs).

- The Committee reviewed their paradigms and operating values - a document used during the service ranking and allocation process to guide decision making. After a brief discussion, the committee added one new paradigm, Retributive Justice (making up for past inequities), and one new operating value, Access (assuring access to the process for all stakeholders and/or constituencies) to the guiding document. See meeting packet for details.
- Commission staff provided a brief recap of PY32 Utilization Reports, findings of Needs Assessments included in the Comprehensive HIV Plan (aka Integrated HIV Plan) and highlighted medical and support services covered by Medi-Cal prior to the committee deliberating for allocations.
- Finally, the Committee completed its service ranking and allocation for Program Year (PY) 35 in preparation for the Ryan White HIV/AIDS Program Part A grant application which is due on October 1. See meeting packet for service rankings and allocation details. Allocations are distributed in percentage amounts as total funding is unknown until awards are announced. Utilization reports, needs assessments, expenditure reports and alternative funding sources were taken into consideration when allocating funds.
- Allocation amounts were increased from PY 34 allocations in the following services due to high utilization rates in PY32 and increased expenditures in PY33:
  - Medical Case Management (aka Medical Care Coordination)
  - Oral Health Services
  - Emergency Financial Assistance
  - Nutrition Support (Home-Delivered Meals, Food Bank Services were moved to another funding stream)
  - Legal Services
- Allocation amounts were decreased from PY 34 allocations in the following services due to low utilization rates in PY32, under spending in PY33, or funding from other sources:
  - Early Intervention Services (aka Testing Services)
  - Mental Health Services
- Allocation amounts remained the same from PY34 to PY35 in the following services:
  - Outpatient/Ambulatory Medical Health Services (aka Ambulatory Outpatient Medical)
  - Home and Community-Based Health Services
  - Non-Medical Case Management including
    - Benefits Specialty Services, and
    - Transitional Case Management Jails
  - Medical Transportation





- Housing including
  - Housing Services RCFCI/TRCF (Home-Based Case Management)
  - Housing for Health (100% of Minority AIDS Initiative Award)

**Action needed from the full body:**

- Commissioners need to work within their Committees and Caucuses and/or attend upcoming PP&A Committee meetings to bring forth suggested directives to the PP&A Committee. Directives should be specific and tangible. Directives are specific instructions to the recipient on how to best meet service priorities.
- The next PP&A Committee meeting will be on Sept. 17th from 1pm-3pm at the Vermont Corridor.

#### 4. Standards and Best Practices (SBP)

Link to the September 3 meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- The Committee reviewed the Transportation Services service standards and posted the document for public comment. The public comment period ends on September 30, 2024.
- Staff from the Division on HIV and STD Programs (DHSP) provided an overview of the Emergency Financial Services (EFA) utilization among Ryan White clients from 2021-2023. The Committee continued their discussion of the EFA service standards and will finalize their review of the EFA service standards review in October.

**Action needed from the full body:**

- Participation from consumers in the public comment period for the Transportation Services service standards.
- Participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards.
- The next SBP Committee will be on October 1, 2024 from 10am-12pm at the Vermont Corridor.

#### 5. Public Policy

Link to the August 5 meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- The Public Policy Committee did not meet in July or August. The next Public Policy Committee meeting will be on September 16, 2024 from 1pm to 3pm at the Vermont Corridor.

**Action needed from the full body:**

- Review [NMAC's Get Out The Vote \(GOTV\)](#) campaign which aims to educate the HIV community, encourage voter turnout among marginalized communities, and collaborate with other movement-related organizations



## 6. Aging Caucus

Link to the August 6, 2024 meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- Reviewed initial ideas and general outline of a special educational event co-hosted by the Aging and Women’s Caucuses scheduled for September 23. The educational event will focus on overcoming social isolation and building community for BIPOC women ages 50 and over. This event will commemorate National HIV/AIDS and Aging Awareness Day (Sept. 18). The event will take place at the Vermont Corridor from 9am to 2pm. The event flyer has been sent to Commissioners and posted on the website.
- Each year on September 18, researchers, health care providers, and other communities and organizations around the country observe National HIV/AIDS and Aging Awareness Day (NHAAD). Loneliness and social isolation are associated with poor disease self-management (e.g., medication non-adherence and care disengagement) in younger people with HIV and negative health outcomes in the general older adult populations. [Studies](#) show that older adults with HIV, however, are challenged by unique psychosocial circumstances that place them at greater risk for loneliness and social isolation and associated negative health outcomes.
- The Aging Caucus also revisited its priorities and directives to shift focus on 1 achievable activity and assess and identify more appropriate partners for collaboration. Some of the Aging Caucus’ recommendations have been integrated (and will continue to be) in service standards. Additionally, the formation of the Housing Task Force offers an additional opportunity to merge the housing-related activity into their workplan (Examine housing inventory to ensure that it provides safe and welcoming environments for seniors). The Caucus also discussed having a conversation with SAPC and DMH to learn what they are doing to address social isolation and loneliness in older adults.

**Action needed from the full body:**

- Promote the September 23 educational event and spread the word with your clients and staff.
- The next Aging Caucus meeting will be held on October 1 from 1pm to 2:30pm via WebEx.

## 7. Black Caucus

Link to the August 15, 2024 meeting packet: [HERE](#)

**Key outcomes/results from the meeting:**

- DHSP reported that Mario J. Pérez, MPH, Director, has initiated outreach to Black-led and servicing organizations that were not part of the initial needs assessment. The aim is to gauge interest in participating in a DHSP-led focus group. Further updates will be provided as they become available.



- The Black Immigrant listening session was a tremendous success, attracting significant participation from the African diaspora. The discussions highlighted both similarities and unique challenges faced by African and US-born Black communities. The chosen venue – Airport Royal Cuisine – provided a safe and conducive environment for open conversations. An Executive Summary of the session will be drafted and shared.
- The Same Gender Loving Men (SGLM) listening session is scheduled for September 26 at 7-9PM. Registration is required; details can be found [HERE](#).
- The planning for the Women’s listening session is underway. The session is tentatively set for October 22, 2024, from 6-8PM. The session will offer child watch, a \$50 gift card, food, and resources. Additional details will be provided as they are finalized.
- The Non-Traditional HIV Provider session is scheduled for November, with specific details forthcoming. The Caucus will incorporate findings from a recent PrEP provider survey into the facilitation questions to enrich the discussion. Additionally, it's suggested that the Caucus collaborate with Dr. Ronald Jefferson and Dr. William King’s HIV provider coalition to enhance the session's impact and reach. Additional details will be provided as they are finalized.
- The Caucus is excited to announce its participation in the Taste of Soul event on October 19, partnering with Dr. William King and AMAAD. Volunteers are needed; if interested, please reach out to COH Staff, Dawn Mc Clendon to be added to the planning workgroup.
- The Caucus confirmed its World AIDS Day event on December 6, 2024, at Charles Drew University. A planning workgroup will be formed in the upcoming months to continue planning; more details to follow.
- The next Caucus virtual meeting will be on September 19, 2024 @ 4-5PM.

**Action needed from the full body:**

- Promote the BC’s activities and encourage participation.
- Incorporate the BAAC recommendations and ensure equitable representation in COH planning discussions and decision-making.

## 8. Consumer Caucus

**Link to the August 8, 2024 meeting packet:** [HERE](#)

**Key outcomes/results from the meeting:**

- The Caucus engaged in a robust discussion and agreed with a consensus on increasing the stipend for unaffiliated consumer members to \$500 monthly.
- As part of the PSRA discussion, concerns were raised about the current dental services and the integration process into MediCal. To better understand community needs and address these issues, the Caucus agreed to host a listening session in early 2025 focusing on dental experiences. Additionally, there were recommendations to explore how to streamline services between the Ryan White Program (RWP) and MediCal without service



duplication. Issues were noted such as providers discouraging migration into MediCal and concerns from consumers about losing their specialized or preferred providers.

- Discussions highlighted inconsistencies in messaging from providers regarding EFA, a lack of transparency, and recent changes affecting accessibility. The Caucus expressed a need for clearer communication and improved processes.
- A request was made for an update on the status and effectiveness of the Customer Support Program, indicating a need for continuous review of this service.
- Caucus co-chairs will continue to plan for the remaining 2024 meetings. Topics scheduled for the September meeting include presentations on Hepatitis C and end-of-life estate planning.
- An all-Caucus co-chair planning luncheon is being coordinated for October 14, in lieu of the Commission meeting, to plan for a consumer resource fair in February 2025.

**Action needed from the full body:**

- Promote the Caucus and encourage participation.
- Ensure equitable representation in COH planning discussions and decision-making.

## 9. Transgender Caucus

Link to the July 23 meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- At their July meeting the Caucus revisited their meeting schedule for the remainder of 2024 and will meet on the following dates: 10/22, and 11/26.

**Action needed from the full body:**

- The next Caucus meeting will be on October 22 from 10am-12pm via WebEx.

## 10. Women's Caucus

Link to notice of cancellation: [HERE](#)

**Key outcomes/results from the meeting:**

- The July Women's Caucus meeting was cancelled. Instead, the caucus co-hosted a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Carrier on July 15<sup>th</sup> from 12:30pm – 2:00pm at the Vermont Corridor. The presentation provided an update on women's HIV health issues. Presentation slides can be found on the Commission website under [Events](#).
- The Caucus is working collaboratively with the Aging Caucus for a special event focusing on social isolation and building community for BIPOC Women ages 50 and over. The event will be held on Sept. 23<sup>rd</sup> at the Vermont Corridor; See flyer on the Commission's website for details. The event will be held from 9:30am to 2pm.

**Action needed from the full body:**

- The caucus meets quarterly and will reconvene on Oct. 21<sup>st</sup> from 2pm-4pm virtually via Webex.



- Continue to promote the WC within your networks and encourage your clients and/or peers to attend WC meetings and events.

## 11. Housing Task Force

Link to the August 23 meeting packet [HERE](#).

### Key outcomes/results from the meeting:

- The HTF reviewed their workplan and pivoted to holding a panel of DHSP-funded housing and legal services agencies to join the October Housing Task Force (HTF) meeting to understand the types of needs they see among their clients and formulate programmatic ideas to use housing and legal services as a pathway to preventing PLWH from becoming homeless.

### Action needed from the full body:

- Attend the HTF meeting on October 25 from 9am to 11am via WebEx. Check the Commission website for the agenda and details.

## 12. Annual Conference Planning Workgroup

- The workgroup has secured speakers for the morning keynotes and panels. The conference format will include breakout sessions in the afternoon.
- A Call for Abstracts for the afternoon breakout sessions was released on September 6; the flyer is also posted on the Commission's website. The flyer contains the themes for the breakout sessions and Commissioners and the community at large are encouraged to submit an abstract.
- The workgroup will meet again on September 30 WebEx to review abstracts submitted and finalize the program.
- The annual conference will be held on November 14 at the MLK Behavioral Health Center conference facility from 9am to 4pm.

## Advocating for Safe and Stable Housing for People Living with HIV and Vulnerable Communities At-Risk for HIV in Los Angeles County

Thank you for advocating for safe and stable housing for people living with HIV (PWH) and other vulnerable populations at-risk for HIV. As a consumer, your voice is crucial in bringing attention to this important issue. Please follow the instructions below to personalize and complete the advocacy letter:

01

### Personalize the Letter:

Fill in the name of your elected official in the greeting line: "Dear [Elected Official's Name]," To determine who your elected official is, click [HERE](#).

Sign the letter at the end with your name or, if you prefer to remain anonymous, simply write "A Concerned Consumer Member of Los Angeles County."

02

### Send the Letter:

Once the letter is personalized, send it to your elected official via email or postal mail. You can find contact information for your elected official by clicking [HERE](#).

03

### Share:

There is strength in numbers so please encourage others to join this movement in advocating for safe and stable housing for our most vulnerable communities.

## **Urgent Action Needed to Address the Housing Crisis Impacting People Living with HIV and Vulnerable Communities Who are At Risk of HIV in Los Angeles County**

Dear \_\_\_\_\_,

As a constituent of Los Angeles County, I am reaching out to our elected officials entrusted with representing the health, safety, and wellbeing of our communities, to bring attention to the pressing challenges faced by our community of people with HIV (PWH) and our vulnerable communities who are at-risk of HIV, in accessing and sustaining safe and stable housing in Los Angeles County. Together, we can create a Los Angeles County where every person, regardless of their health status, has a safe and stable place to call home.

**Importance of Stable Housing for PWH.** The urgency of securing stable housing for our HIV communities cannot be overstated. Stable and safe housing stands as a cornerstone of effective health management and HIV prevention and treatment efforts, representing a critical component of public health initiatives.

Our community members have shared powerful testimonies that underscore the profound impact of stable housing on health outcomes. Many PWH recount the challenges they face when lacking a safe and consistent place to call home. Neglect and disregard from building management exacerbate vulnerability, compromising both physical health and dignity. These testimonies reveal that stable housing isn't just about shelter; it's about ensuring a supportive environment where we can effectively manage our health conditions without added stressors or uncertainties.

Moreover, data from both local and national sources further emphasize the critical link between stable housing and health outcomes for our communities. Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: [Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026](#)). Similarly, in the same year, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: [CDC. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle \(June 2020–May 2021\). HIV Surveillance Special Report 2020;29](#)). These statistics vividly illustrate how housing instability exacerbates HIV disparities and impedes effective HIV prevention and treatment efforts.

Beyond its direct impact on our HIV communities, housing instability poses a broader threat to public health within the scope of HIV prevention and treatment. Homelessness and housing insecurity create environments where the risk of HIV transmission and acquisition is



heightened, contributing to the perpetuation of the epidemic. Stable housing not only enables us to adhere to treatment regimens, attend vital medical appointments, and maintain viral suppression but also reduces the overall risk of HIV transmission within our communities.

Furthermore, the housing crisis disproportionately impacts vulnerable populations within our community, including women experiencing domestic violence, homeless youth, the elderly, the transgender community, individuals with co-morbidities, and those recovering from substance use. These key populations face intersecting challenges that compound the already daunting task of securing safe and stable housing. Addressing housing instability for PWH must also consider the unique needs and vulnerabilities of our underserved communities to ensure equitable access to housing and comprehensive HIV care.

In essence, stable housing isn't just a matter of shelter; it's a fundamental component of HIV prevention and treatment strategies and a critical aspect of broader public health initiatives. It is imperative that we prioritize efforts to ensure that all individuals, especially our HIV communities, have access to safe and stable housing, as it is essential for our overall health and well-being and for the well-being of the community.

**Community Testimonials.** As noted, the experiences and testimonies from our community members illustrate the profound challenges encountered in securing and sustaining housing. Many of us have faced homelessness, discrimination, and precarious living situations, exacerbating existing health disparities and hindering our overall well-being. These challenges persist even in buildings specifically designated for PWH, where neglect and disregard from building management are prevalent. Requests for essential repairs and appliance replacements often go unaddressed for years, leaving residents vulnerable and compromising their living conditions. Advocating for necessary improvements can lead to resistance and even threats of eviction, further exacerbating distress.

One community member expressed, "The management's lack of attention to property maintenance affects our well-being and dignity. Requests for repairs and appliance replacements have been ignored for over two years." Another member echoed similar sentiments, highlighting the bureaucratic hurdles in accessing housing assistance, stating, "To get housing is a huge barrier. People run out of time and lose their housing voucher or Section 8. The process to get housing is crazy. My paperwork process took 2 years. Then another year just to finally find housing." For PWH who own their homes, the need for essential repairs and maintenance is equally critical to maintain a safe and habitable environment. Another member emphasizes the importance of safety, a fundamental aspect of Maslow's Hierarchy of Needs, which is vital for PWH and those at risk of HIV and contributes to ending the HIV epidemic.

The following challenges stand as further testimonies from our community, reflecting the ongoing struggles encountered in accessing and maintaining safe and stable housing and support the urgent need for comprehensive housing solutions that address the diverse needs of our community.

- ❖ Navigating a confusing and disjointed housing application process, often speaking to multiple case managers who provide inconsistent information about housing eligibility and related services.
- ❖ Lack of a clear roadmap for securing housing, with no specific timelines or information about waitlists, leading to prolonged periods of uncertainty.
- ❖ PWH do not have access to long-term housing plans while in interim housing, making them likely to return to the streets after a few weeks in temporary or emergency housing.
- ❖ Losing stable housing due to rising rents and evictions by developers, despite having maintained housing for over 25 years.
- ❖ Difficulty accessing medical care due to long distances from housing locations.
- ❖ Overwhelming challenges in conducting independent research on available services.
- ❖ Inadequate mental health and nutritional support, with some individuals facing long waits for psychiatric appointments and lacking access to kitchens or refrigeration in temporary housing.

**Local & National Data.** Local and national data further underscores the severity of this crisis:

- ❖ Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness (source: [Los Angeles County Department of Public Health, Division of HIV and STD Programs, Persons Living with HIV & Experiencing Homelessness in Los Angeles County, A Summary of Diagnoses in 2022.](#))
- ❖ As of 2021, 23.7% of PWH are living in unstable housing (source: [AIDS Vu, Los Angeles County, Social Determinants of Health.](#))
- ❖ Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: [Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026.](#))
- ❖ 50% of people living with HIV/AIDS will have some form of housing crisis in their lifetime (source: [Alliance for Housing & Healing.](#))
- ❖ In 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: [CDC. Behavioral and Clinical Characteristics of Persons with](#)

[Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle \(June 2020–May 2021\). HIV Surveillance Special Report 2020;29\).](#)

- ❖ People experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing (source: [Issue Brief: The Role of Housing in Ending the HIV Epidemic](#)).
- ❖ Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression among people with HIV (source: [April 12, 2023 Dear Colleague Letter jointly issued by the Centers for Disease Control and Prevention \(CDC\), the U.S. Department of Housing and Urban Development \(HUD\), and the Health Resources and Services Administration’s \(HRSA\) HIV/AIDS Bureau.](#))

**Call to Action.** Stable housing is not a luxury; it is a fundamental right that directly impacts our health and dignity. As you make decisions that shape our community, we urge you to prioritize housing stability as a cornerstone of our collective well-being and implore you to take immediate action to:

- **Allocate** resources specifically earmarked for housing improvements for PWH.
- **Invest** in housing programs and other supportive housing efforts for PWH and those at risk of HIV.
- **Enhance** Section 8 housing programs to better serve PWH.
- **Advance** policies that address social determinants of health and increase access to affordable housing, including for PWH and those at risk for HIV.
- **Advocate** for policies that promote greater landlord accommodation and understanding of our unique needs.
- **Foster** collaboration between housing and healthcare sectors to address the intertwined challenges of housing instability and HIV.

Thank you for your attention to this critical issue. Together, we can ensure that every person in Los Angeles County can live in a safe and stable home, fostering a healthier and more equitable community.

Sincerely,

## FREE OR LOW-COST TABLET RESOURCES

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<https://lacountylibrary.org/>

Hot spots loan: <https://lacountylibrary.org/hotspot/> - Connect & Go Hotspot Loans. Stay connected wherever you go with our portable hotspots, available to borrow for 6 weeks at all library locations.

Laptop loans: <https://lacountylibrary.org/laptop/> - Borrow a Chromebook with built-in LTE (for 6 weeks) , which allows you to get connected anywhere, anytime, without having to search for Wi-Fi.

Free wi-Fi: <https://lacountylibrary.org/wifi/> - unlimited free Wi-Fi access at all of our libraries and parking lots.



Access to Technology (ATT) Program : <https://ad.lacounty.gov/att/> - Eligible participants will receive a customized Samsung tablet, that is specially configured for the ATT program, and digital services that include updates and remote troubleshooting. Call (833) 823-1863. We are available Monday through Friday from 8:00 A.M. to 5:00 P.M. PST for assistance.



Use EveryoneOn's [locator tool](#) to learn about internet connectivity and device resources, as well as digital literacy training providers in your community. Access information by visiting [www.everyoneon.org](http://www.everyoneon.org).

**Computers for Classrooms** <http://computersforclassrooms.org/> - Computers for low-income families, veterans, students on financial aid and other individuals.



<https://www.pcsforpeople.org/> To place an order with us, customers must be currently participating in a government-based assistance program or have a qualifying household income (less than 200% of federal poverty guidelines (see chart below) or 60% of area median income).



# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

## **Will I be denied services for reporting a problem?**

No. You will not be denied services. Your name and personal information can be kept confidential.

## **Can I call anonymously?**

Yes.

## **Can I contact you through other ways?**

Yes.

By Email:

[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





# Estamos Escuchando

*Comparta sus inquietudes con nosotros.*

**Servicios de VIH + ETS  
Línea de Atención al Cliente**

**(800) 260-8787**

## ¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

## ¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

## ¿Puedo llamar de forma anónima?

Si.

## ¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

En el sitio web:  
[http://publichealth.lacounty.gov/  
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)





# myMedi-Cal

How to Get the Health Care You Need







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# Health Coverage in California



**“My Medi-Cal: How to Get the Health Care You Need”** tells Californians how to apply for Medi-Cal for no-cost or low-cost health insurance. You will learn what you must do to qualify. This guide also tells you how to use your Medi-Cal benefits. It tells you when to report changes. You should keep this guide and use it when you have questions about Medi-Cal.

California offers two ways to get health coverage. They are “Medi-Cal” and “Covered California.” Both programs use the same application.

## What Is Medi-Cal?

Medi-Cal is California’s version of the Federal Medicaid program. Medi-Cal offers no-cost and low-cost health coverage to eligible people who live in California.

The Department of Health Care Services (DHCS) oversees the Medi-Cal program.

Your local county office manages most Medi-Cal cases for DHCS. You can reach your local county office online at [www.benefitscal.com](http://www.benefitscal.com). You can also call your local county office.

To get the phone number for your local county office, go to:

<http://dhcs.ca.gov/mymedi-cal>

or call 1-800-541-5555  
(TTY 1-800-430-7077)

The local county offices use many facts to determine what type of help you can get from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children on your application
- Whether you are pregnant, blind or disabled
- Whether you receive Medicare

## Did you know?

**It is possible for members of the same family to qualify for both Medi-Cal and Covered California. This is because the Medi-Cal eligibility rules are different for children and adults.**

**For example, coverage for a household of two parents and a child could look like this:**



**Parents**—eligible for a Covered California health plan and receive tax credits and cost sharing to reduce their costs



**Child**—eligible for no-cost or low-cost Medi-Cal

Most people who apply for Medi-Cal can find out if they qualify based on their income. For some types of Medi-Cal, people may also need to give information about their assets and property. To learn more, see the Medi-Cal Program Comparison on page 5.

## What Is Covered California?

Covered California is the State's health insurance marketplace. You can compare health plans from brand-name insurance companies or shop for a plan. If your income is too high for Medi-Cal, you may qualify to purchase health insurance through Covered California.

Covered California offers "premium assistance." It helps lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet income rules. To qualify for premium assistance, your income must be under the Covered California program income limits.

Covered California has four levels of coverage to choose from: Bronze, Silver, Gold, and Platinum. The benefits within each level are the same no matter which insurance company you choose. Your income and other facts will decide what program you qualify for.

To learn more about Covered California, go to [www.coveredca.com](http://www.coveredca.com) or call **1-800-300-1506 (TTY 1-888-889-4500)**.

## What Are the Requirements to Get Medi-Cal?

To qualify for Medi-Cal, you must live in the state of California and meet certain rules. You must give income and tax filing status information for everyone who is in your family and is on your tax return. You also may need to give information about your property.

You do not have to file taxes to qualify for Medi-Cal. For questions about tax filing, talk to the Internal Revenue Service (IRS) or a tax professional.

All individuals who apply for Medi-Cal must give their Social Security Number (SSN) if they have one. Every person who asks for Medi-Cal must give information about his or her immigration status. Immigration status given as part of the Medi-Cal application is confidential. The United States Citizenship and Immigration Services cannot use it for immigration enforcement unless you are committing fraud.

Adults age 19 or older may qualify for limited Medi-Cal benefits even if they do not have a Social Security Number (SSN) or cannot prove their immigration status. These benefits cover emergency, pregnancy-related and long-term care services.

You can apply for Medi-Cal for your child even if you do not qualify for full coverage.

In California, immigration status does not affect Medi-Cal benefits for children under age 19. Children may qualify for full Medi-Cal benefits, regardless of immigration status.

To learn more about Medi-Cal program rules, read the Medi-Cal Program Comparison on the next page.

## Did you know?



**If you qualify for Supplemental Security Income (SSI), you automatically qualify for SSI-linked Medi-Cal.**



**Your local county office can help with some SSI Medi-Cal related problems. They will tell you if you need to contact a Social Security office to solve the problem.**

# Medi-Cal Program Comparison

## MAGI

vs.

## Non-MAGI

The Modified Adjusted Gross Income (MAGI) Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and your countable income.

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.



### Who is eligible:



- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

- Adult aged 65 years or older
- Child under 21
- Pregnant individual
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability



### Property rules:



No property limits.

- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

### For both MAGI and Non-MAGI:

- The local county office will check your application information. You may need to give more proof.
- You must live in California.
- U.S. citizens or lawfully-present applicants must provide their SSN.
- You must apply for any income that you might qualify for such as unemployment benefits and State Disability Insurance.
- You must comply with medical support enforcement\* which will:
  - Establish paternity for a child or children born outside of marriage.
  - Get medical support for a child or children with an absent parent.

*\*If you think you have a good reason not to follow this rule, call your local county office.*



# How Do I Apply?

You can apply for Medi-Cal at any time of the year by mail, phone, fax, or email. You can also apply online or in person.

You can only apply for Covered California coverage on certain dates. To learn when you can apply, go to [www.coveredca.com](http://www.coveredca.com) or call 1-800-300-1506 (TTY 1-888-889-4500).

## **Apply by mail:**

You can apply for Medi-Cal and Covered California with the Single Streamlined Application. You can get the application in English and other languages at: <http://dhcs.ca.gov/mymedi-cal>. Send completed applications to your local county office.

Find your local county office address at:

<http://dhcs.ca.gov/mymedi-cal>

You can also send applications to:  
**Covered California**  
**P.O. Box 989725**  
**West Sacramento, CA 95798-9725**

## **Apply by phone, fax, or email:**

Call your local county office. You can find the phone number on the web at <http://dhcs.ca.gov/mymedi-cal> or call Covered California at 1-800-300-1506.

## **Apply online at:**

[www.benefitscal.com](http://www.benefitscal.com)

OR

[www.coveredca.com](http://www.coveredca.com)

## **In person:**

Find your local county office at <http://dhcs.ca.gov/mymedi-cal>. You can get help applying.

You can also find a Covered California Certified Enrollment Counselor or Insurance Agent at [www.CoveredCA.com/get-help/local/](http://www.CoveredCA.com/get-help/local/).

## **How Long Will it Take for My Application to Be Processed?**

It may take up to 45 days to process your Medi-Cal application. If you apply for Medi-Cal based on disability, it may take up to 90 days. Your local county office or Covered California will send you an eligibility decision letter. The letter is called a "Notice of Action." If you do not get a letter within the 45 or 90 days, you may ask for a "State Fair Hearing." You may also ask for a hearing if you disagree with the decision. To learn more, read "Appeal and hearing rights" on page 19.



# How Do I Use My Medi-Cal Benefits?



Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services. Read more in “Covered Benefits” on page 12.

Once you are approved, you can use your Medi-Cal benefits right away. New beneficiaries approved for Medi-Cal get a Medi-Cal Benefits Identification Card (BIC). Your health care and dental providers need your BIC to provide services and to bill Medi-Cal. New beneficiaries and those asking for replacement cards get the new BIC design showing the California poppy. Both BIC designs shown here are valid:

Please contact your local county office if:

- You did not get your BIC
- Your BIC is lost
- Your BIC has wrong information
- Your BIC is stolen

Once you are sent a new BIC, you cannot use your old BIC.

You can get the phone number for your local county office at:

<http://dhcs.ca.gov/mymedi-cal>

or call:

1-800-541-5555 (TTY 1-800-430-7077)

## How Do I See a Doctor?

Most people who are in Medi-Cal see a doctor through a Medi-Cal managed care plan. The plans are like the health plans people have with private insurance. Read more about managed care plans starting on the next page.

It may take a few weeks to assign your Medi-Cal managed care plan. When you first sign up for Medi-Cal, or if you have special situations, you may need to see the doctor through “Fee-for-Service Medi-Cal.”



## What Is Fee-for-Service Medi-Cal?

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Fee-for-Service is a way Medi-Cal pays doctors and other care providers. When you first sign up for Medi-Cal, you will get your benefits through Fee-for-Service Medi-Cal until you are enrolled in a managed care health plan.

Before you get medical or dental services, ask if the provider accepts Medi-Cal Fee-for-Service payments. The provider has a right to refuse to take Medi-Cal patients. If you do not tell the provider you have Medi-Cal, you may have to pay for the medical or dental service yourself.

## How Are Medical or Dental Expenses Paid on Fee-for-Service Coverage?

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Your provider uses your BIC to make sure you have Medi-Cal. Your provider will know if Medi-Cal will pay for a medical or dental treatment. Sometimes you may have to pay a “co-payment” for a treatment. You may have to pay \$1 each time you get a medical or dental service or prescribed medicine. You may have to pay \$5 if you go to a hospital emergency room when you do not need an emergency service. Those beneficiaries enrolled in a managed care plan do not have to pay co-payments.

**There are some services Medi-Cal must approve before you may get them. See page 9 for more information.**

## How Do I Get Medical or Dental Services When I Have to Pay a Share of Cost (SOC)?

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Some Non-MAGI Medi-Cal programs require you to pay a SOC. The Notice of Action you get after your Medi-Cal approval will tell you if you have a SOC. It will also tell the amount of the SOC. Your SOC is the amount you must pay or promise to pay to the

provider for health or dental care before Medi-Cal starts to pay.

The SOC amount resets each month. You only need to pay your SOC in months when you get health and/or dental care services. The SOC amount is owed to the health or dental care provider. It is not owed to Medi-Cal or the State. Providers may allow you to pay for the services later instead of all at once. In some counties, if you have a SOC you cannot enroll in a managed care plan.

If you pay for health care services from someone who does not accept Medi-Cal, you may count those payments toward your SOC. You must take the receipts from those health care expenses to your local county office. They will credit that amount to your SOC.

You may be able to lower a future month’s SOC if you have unpaid medical bills. Ask your local county office to see if your bills qualify.

## What Is Medi-Cal Managed Care?

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Medi-Cal Managed Care is an organized system to help you get high-quality care and stay healthy.

“ **Medi-Cal Managed Care health plans help you find doctors, pharmacies and health education programs.** ”

Most people must enroll in a managed care plan, unless you meet certain criteria or qualify for an exemption. Your health plan options depend on the county you live in. If your county has multiple health plans, you will need to choose the one that fits your and your family’s needs.

Every Medi-Cal managed care plan within each county has the same services. You can get the directory of managed care plans at <http://dhcs.ca.gov/mymedi-cal>. You can choose a doctor who works with your plan to be your primary care physician. Or your plan can pick a primary care doctor on your behalf. You may choose any Medi-Cal

family planning provider of your choice, including one outside of your plan. Contact your managed care plan to learn more.

Managed care health plans also offer:

- Care coordination
- Referrals to specialists
- 24-hour nurse advice telephone services
- Customer service centers

**Medi-Cal must approve some services before you may get them.** The provider will know when you need prior approval. Most doctors' services and most clinic visits are not limited. They do not need approval. Talk with your doctor about your treatment plan and appointments.

## How Do I Enroll in a Medi-Cal Managed Care Plan?

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If you are in a county with more than one plan option, you must choose a health plan within 30 days of Medi-Cal approval. You will get an information packet in the mail. It will tell you the health plan(s) available in your county. The packet will also tell you how to enroll in the managed care plan you choose. If you do not choose a plan within 30 days of getting your Medi-Cal approval, the State will choose a plan for you.

Please wait for your health plan information packet in the mail.

**“ If your county only has one health plan, the county chooses the plan for you. ”**

If you live in **San Benito County**, there is only one health plan. You may enroll in this health plan. Or you may choose to stay in Fee-for-Service Medi-Cal.

**If your county has more than one health plan, you will need to choose the one that fits your and your family's needs.**

To see what plans are in your county, go to <https://www.healthcareoptions.dhcs.ca.gov/>

## How Do I Disenroll, Ask for an Exemption from Mandatory Enrollment, or Change My Medi-Cal Managed Care Plan?

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Most Medi-Cal beneficiaries must enroll in a Medi-Cal managed care plan. If you enrolled in a health care plan **by choice**, you may disenroll at any time. To disenroll, call Health Care Options at **1-800-430-4263**.

When your county has more than one plan, you can call Health Care Options if you want to change your managed care health plan.

If you are getting treatment now from a Fee-for-Service Medi-Cal provider, you may qualify for a temporary exemption from mandatory enrollment in a Medi-Cal managed care plan. The Fee-for-Service provider cannot be part of a Medi-Cal managed care plan in your county. The provider must be treating you for a complex condition that could get worse if you have to change providers.

Ask your provider if he or she is part of a Medi-Cal managed care plan in your county. If your provider is not part of a Medi-Cal managed care plan in your county, have your provider fill out a form with you to ask for an exemption from enrolling in a Medi-Cal managed care plan.

Your provider will need to sign the form, attach required proof, and mail or fax the form to Health Care Options. They will review it and decide whether you qualify for a temporary exemption from enrollment in a Medi-Cal managed care plan. You can find the form and instructions at <http://dhcs.ca.gov/mymedi-cal>.

If you have questions, call **1-800-430-4263**.

## What if I Have Other Health Insurance?

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Even if you have other health coverage such as health insurance from your work, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid by your primary insurance. Under federal



law, Medi-Cal beneficiaries' private health insurance must be billed first before billing Medi-Cal.

Medi-Cal beneficiaries are required by federal and state law to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**. Outside of California, call **1-916-636-1980**.

You also must report it to your local county office and your health care provider. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor crime.

## Can I Get Medi-Cal Services When I Am Not in California?

When you travel outside California, take your BIC or proof that you are enrolled in a Medi-Cal health care plan. Medi-Cal can help in some cases, such as an emergency due to accident, injury or severe illness. Except for emergencies, your managed care plan must approve any out-of-state medical services before you get the service. If the provider will not accept Medicaid, you will have to pay medical costs for services you get outside of California. Remember: there may be many providers involved in emergency care. For example, the doctor you see may accept Medicaid but the x-ray department may not. Work with your managed care plan to limit what you have to pay. The provider should first make sure you qualify by calling **1-916-636-1960**.

If you live near the California state line and get medical service in the other state, some of these rules do not apply. To learn more, contact your Medi-Cal managed care plan.

**“ You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state you move to. ”**

If you are moving to a new county in California, you also need to tell the county you live in or the county you are moving to. This is to make sure you keep

getting Medi-Cal benefits. You should tell your local county office within 10 days of moving to a new county.

## What Should I Do if I Can't Get an Appointment or Other Care I Need?

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint. They make sure you get all necessary required covered services.

### The Office of the Ombudsman:

- Helps solve problems between Medi-Cal managed care members and managed care plans without taking sides
- Helps solve problems between Medi-Cal beneficiaries and county mental health plans without taking sides
- Investigates member complaints about managed care plans and county mental health plans
- Helps members with urgent enrollment and disenrollment problems
- Helps Medi-Cal beneficiaries access Medi-Cal specialty mental health services
- Offers information and referrals
- Identifies ways to make the Medi-Cal managed care program more effective
- Educates members on how to navigate the Medi-Cal managed care and specialty mental health system

To learn more about the Office of the Ombudsman, you can call:

**1-888-452-8609**

or go to:

<http://dhcs.ca.gov/mymedi-cal>

## How Does Medi-Cal Work if I also Have Medicare?

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Many people who are 65 or older or who have disabilities qualify for both Medi-Cal and Medicare. If you qualify for both programs, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal provides long-term services and supports such as nursing home care and home and community-based services.

“ **Medi-Cal covers some benefits that Medicare does not cover.** ”

Medi-Cal may also pay your Medicare premiums.

## What Is the Medicare Premium Payment Buy-In Program?

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The Medicare Premium Payment Program, also called Medicare Buy-In, allows Medi-Cal to pay Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) premiums for Medi-Cal members and others who qualify for certain Medi-Cal programs.

## What Is the Medicare Savings Program (MSP)?

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Medicare Savings Programs may pay Medicare Part A and Medicare Part B deductibles, co-insurance and co-payments if you meet certain conditions. When you apply for Medi-Cal, your county will evaluate you for this program. Some people who do not qualify for full-scope Medi-Cal benefits may still qualify for MSP.

## If I Use a Medicare Provider, Will I Have to Pay Medicare Co-Insurance?

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No. If eligible to MSP you will not have to pay any co-insurance or deductibles. If you get a bill from your Medicare provider, contact your Medi-Cal managed care plan or call **1-800-MEDICARE**.

## If I Have Medicare, Do I Have to Use Doctors and Other Providers Who Take Medi-Cal?

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No. You can use any Medicare provider, even if that provider doesn't take Medi-Cal or isn't part of your Medi-Cal managed care plan. Some Medicare providers may not accept you as a patient.

## Did you know?



**Medi-Cal provides breastfeeding education as part of Maternity and Newborn Care.**



**You are eligible for routine eye exams once every 24 months.**



**To learn more about what's offered, visit:**  
<http://dhcs.ca.gov/mymedi-cal>



# Medi-Cal Covered Benefits

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered, ask your doctor or health plan. Essential Health Benefits include:

- Outpatient services, such as a checkup at a doctor's office
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health services
- Substance use disorder services, such as treatment for drug or alcohol addiction
- Prescription drugs
- Laboratory services, such as blood tests
- Programs such as physical therapy (called rehabilitative and habilitative services) and medical supplies and devices such as wheelchairs and oxygen tanks
- Preventive and wellness services
- Chronic disease management
- Children's (pediatric) services, including oral and vision care
- In-home care and other long-term services and supports

## Substance Use Disorder Program

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Medi-Cal offers inpatient and outpatient settings for drug or alcohol abuse treatment. This is also called substance use disorder treatment. The setting depends on the types of treatment you need. Services include:

- Outpatient Drug Free Treatment (group and/or individual counseling)
- Intensive Outpatient Treatment (group counseling services provided at least three hours per day, three days per week)
- Residential Treatment (rehabilitation services provided while living on the premises)
- Narcotic Replacement Therapy (such as methadone)

Some counties offer more treatment and recovery services. Tell your doctors about your condition so they can refer you to the right treatment. You may also refer yourself to your nearest local treatment agency. Or call the Substance Use Disorder non-emergency treatment referral line at **1-800-879-2772**.

## Medi-Cal Dental Program

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Dental health is an important part of overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get dental benefits as soon as you are approved for Medi-Cal.

You can see the dental benefits and other resources at <http://dhcs.ca.gov/mymedi-cal>. Or, you can call **1-800-322-6384 (TTY 1-800-735-2922)** Monday through Friday between 8:00 a.m. and 5:00 p.m.

## How Do I Get Medi-Cal Dental Services?

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The Medi-Cal Dental Program gives service in two ways. One is Fee-for-Service Dental and you can get it throughout California. Fee-for-Service Dental is the same as Fee-for-Service Medi-Cal. Before you get dental services, you must show your BIC to the dental provider and make sure the provider takes Fee-for-Service Dental.

The other way Medi-Cal gives dental services is through Dental Managed Care (DMC). DMC is only offered in Los Angeles County and Sacramento County. DMC plans cover the same dental services as Fee-for-Service Dental. DHCS uses three managed care plans in Sacramento County. DHCS also contracts with three prepaid health plans in Los Angeles County. These plans provide dental services to Medi-Cal beneficiaries.

If you live in Sacramento County, you must enroll in DMC. In some cases, you may qualify for an exemption from enrolling in DMC.

To learn more, go to Health Care Options at <http://dhcs.ca.gov/mymedi-cal>.

In Los Angeles County, you can stay in Fee-for-Service Dental or you can choose the DMC program. To choose or change your dental plan, call Health Care Options.

## Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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If you or your child are under 21 years old, Medi-Cal covers preventive services, such as regular health check-ups and screenings. Regular checkups and screenings look for any problems with your medical, dental, vision, hearing, and mental health, and any substance use disorders. You can also get vaccinations to keep you healthy. Medi-Cal covers screening services any time there is a need for them, even if it is not during your regular check-up. All of these services are at no cost to you.

Checkups and screenings are important to help your health care provider identify problems early. When a problem is found during a check-up or screening, Medi-Cal covers the services needed to fix or improve any physical or mental health condition or illness. You can get the diagnostic and treatment services your doctor, other health care provider, dentist, county Child Health and Disability Prevention program (CHDP), or county mental or behavioral health provider says you need to get better. EPSDT covers these services at no cost to you.

Your provider will also tell you when to come back for the next health check-up, screening, or medical appointment. If you have questions about scheduling a medical visit or how to get help with transportation to the medical visit, Medi-Cal can help. Call your Medi-Cal Managed Care Health Plan (MCP). If you are not in a MCP, you can call your doctor or other provider or visit <http://dhcs.ca.gov/mymedi-cal> for transportation assistance.

**For more information about EPSDT** you may call **1-800-541-5555**, go to <http://dhcs.ca.gov/mymedi-cal>, contact your county CHDP Program, or your MCP. To learn more about EPSDT Specialty Mental Health or Substance Use Disorder services, contact your county mental or behavioral health department.

## Transportation Services

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Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT can be arranged.

If you are enrolled in a health plan, call your Member Services for information on how to get NMT services.

If you have Fee-for-Service, you can do the following:

- Call your county Medi-Cal office to see if they can help you get an NMT ride.
- To set up a ride, you should first call your Fee-for-Service medical provider and ask about a transportation provider in your area. Or, you can call one of the approved NMT providers in your area listed at <http://dhcs.ca.gov/mymedi-cal>.

If you need a special, medical vehicle to get to your appointment, let your health care provider know. If you are in a health plan, you can also contact your plan to set up your transportation. If you are in Fee-for-Service, call your health care provider. The plan or provider can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your health care provider or health plan can request transportation to cover future appointments.

Go to <http://dhcs.ca.gov/mymedi-cal> for more information about rides arranged by approved NMT providers.

## Specialty Mental Health Services

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If you have mental illness or emotional needs that your regular doctor cannot treat, specialty mental health services are available. A Mental Health Plan (MHP) provides specialty mental health services. Each county has an MHP.

Specialty mental health services may include, but are not limited to, individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth.

To find out more about specialty mental health services, or to get these services, call your county MHP. Your MHP will determine if you qualify for specialty mental health services. You can get the MHP's telephone number from the Office of the Ombudsman at **1-888-452-8609** or go to <http://dhcs.ca.gov/mymedi-cal>.



# Other Health Programs & Services



California offers other programs for your medical needs. You can apply for some through the same local county office that handles Medi-Cal.

## From Your Local County Office

You can ask for the programs below from the same local county office where you apply for Medi-Cal. You can get the phone number for your county at <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**.

### **Former Foster Youth**

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal. Coverage may last until your 26th birthday. Income does not matter. You do not need to fill out a full Medi-Cal application or give income or tax information when you apply. For coverage right away, contact your local county office.

### **Confidential Medical Services**

You can apply for confidential services if you are under age 21. To qualify, you must be:

- Unmarried and living with your parents, or
- Your parent must be financially responsible for you, such as college students

You do not need parental consent to apply for or get coverage. Services include family planning and pregnancy care, and treatment for drug or alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.

### **250% Working Disabled Program**

The Working Disabled Program gives Medi-Cal to adults with disabilities who have higher income than most Medi-Cal recipients. If you have earned disability income through Social Security or your former job, you may qualify. The program requires a low monthly premium, ranging from \$20 to \$250 depending on your income. To qualify, you must:

- Meet the Social Security definition of disability, have gotten disability income, and now be earning some money through work
- Meet program income rules for earned and unearned income
- Meet other program rules

### **Medi-Cal Access Program (MCAP)**

MCAP gives low-cost comprehensive health insurance coverage to pregnant individuals. MCAP has no copayments or deductibles for its covered services. The total cost for MCAP is 1.5% of your Modified Adjusted Gross Income. For example, if your income is \$50,000 per year, your cost would be \$750 for coverage. You can pay all at once or in monthly installments over 12 months. If you are pregnant and in Covered California coverage, you may be able to switch to MCAP. Babies born to individuals enrolled in MCAP qualify for the Medi-Cal Access Infant Program or for Medi-Cal. To qualify for MCAP, you must be:

- A California resident
- Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B at time of application

- Not covered by any other health insurance plan
- Within the program income guidelines

To learn more about MCAP, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-433-2611**.

## **In-Home Supportive Services (IHSS) Program**

IHSS helps pay for services so you can remain safely in your own home. If you qualify for Medi-Cal, you may also qualify for IHSS. If you do not qualify for Medi-Cal, you may still qualify for IHSS if you meet other eligibility criteria. If you have Medi-Cal with no SOC, it will pay for all your IHSS services. If you have Medi-Cal with a SOC, you must meet your Medi-Cal SOC before any IHSS services are paid. To qualify, you must be at least **one** of the following:

- Age 65 and older
- Blind
- Disabled (including disabled children)
- Have a chronic, disabling condition that causes functional impairment expected to last at least 12 consecutive months or expected to result in death within 12 months

IHSS can authorize services such as:

- Domestic services such as washing kitchen counters or cleaning the bathroom
- Preparation of meals
- Laundry
- Shopping for food
- Personal care services
- Accompaniment to medical appointments
- Protective supervision for people who are mentally ill or mentally impaired and cannot remain safely in their home without supervision
- Paramedical services

To learn more, go to <http://www.cdss.ca.gov/In-Home-Supportive-Services>.

## **Other State Health Services**

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The programs below have a different application process from Medi-Cal's. You can apply or learn more about the program using the contact information listed.

### **Breast and Cervical Cancer Treatment Program**

The Breast and Cervical Cancer Treatment Program gives cancer treatment and related services to low-income California residents who qualify. They must be screened and/or enrolled by the Cancer Detection Program, Every Woman Counts, or by the Family Planning, Access, Care and Treatment programs. To qualify, you must have income under the limit and need treatment for breast or cervical cancer. To learn more, call **1-800-824-0088** or email [BCCTP@dhcs.ca.gov](mailto:BCCTP@dhcs.ca.gov).

### **Home and Community-Based Services**

Medi-Cal allows certain eligible seniors and persons with disabilities to get treatment at home or in a community setting instead of in a nursing home or other institution. Home and Community-Based Services include but are not limited to case management (supports and service coordination), adult day health services, habilitation (day and residential), homemaker, home health aide, nutritional services, nursing services, personal care, and respite care. You must qualify for full-scope Medi-Cal and meet all program rules. To learn more, call DHCS, Integrated Systems of Care Division at **1-916-552-9105**.

### **California Children's Services (CCS) Program**

The CCS program gives diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who have CCS-eligible medical conditions. CCS-eligible medical conditions are those that are physically disabling or require medical, surgical or

rehabilitative services. Services authorized by the CCS program to treat a Medi-Cal enrolled child's CCS-eligible medical condition are not services that most health plan's cover. The Medi-Cal health plan still provides primary care and preventive health services not related to the CCS-eligible medical condition.

To apply for CCS, contact your local county CCS office. To learn more, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-916-552-9105**.

## **Genetically Handicapped Person's Program (GHPP)**

GHPP gives medical and administrative case management and pays for medically-necessary services for persons who live in California, are over age 21, and have GHPP-eligible medical conditions. GHPP-eligible conditions are inherited conditions like hemophilia, cystic fibrosis, Phenylketonuria, and sickle cell disease that have major health effects. GHPP uses a system of Special Care Centers (SCCs). SCCs give comprehensive, coordinated health care to clients with specific eligible conditions. If the service is not in the health plan's covered benefits, GHPP authorizes yearly SCC evaluations for Medi-Cal enrolled adults with a GHPP-eligible medical condition.

To apply for GHPP, complete an application. Fax it to **1-800-440-5318**. To learn more, call **1-916-552-9105** or go to <http://dhcs.ca.gov/mymedi-cal>.

# Retroactive Medi-Cal

If you have unpaid medical or dental bills when you apply for Medi-Cal, you can ask for retroactive Medi-Cal. Retroactive Medi-Cal may help pay medical or dental bills in any of the three months before the application date.

For example, if you applied for Medi-Cal in April, you may be able to get help with bills for medical or dental services you got in January, February and March.

To get retroactive Medi-Cal you must:

- Qualify for Medi-Cal in the month you got the medical services
- Have received medical or dental services that Medi-Cal covers
- Ask for it within one year of the month in which you received the covered services
- You must contact your local county office to request retroactive Medi-Cal

For example, if you were treated for a broken arm in January 2017 and applied for Medi-Cal in April 2017, you would have to request retroactive Medi-Cal by no later than January 2018 to pay the medical bills.

If you already paid for medical or dental service you got during the three months of the retroactive period, Medi-Cal may also help you get paid back. You must submit your claim within one year of the date of service, or within 90 days after approval of your Medi-Cal eligibility, whichever is longer.

To file a claim, you must call or write to:

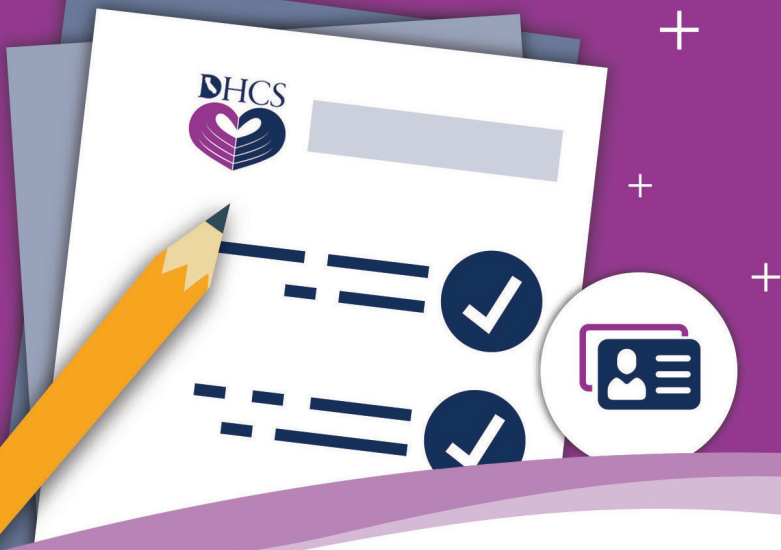
Department of Health Care Services  
Beneficiary Services  
P.O. Box 138008  
Sacramento, CA 95813-8008  
1-916-403-2007 (TTY 1-916-635-6491)

For Medical, Mental Health, Substance Use Disorder, and In-Home Support Services Claims

Medi-Cal Dental Beneficiary Services  
P.O. Box 526026  
Sacramento, CA 95852-6026  
1-916-403-2007 (TTY 1-916-635-6491)

For Dental Claims.





# Updating & Renewing My Medi-Cal

**You must report any household changes within 10 days to your local county office.** You can report changes in person, online, by phone, email or fax. Changes can affect your Medi-Cal eligibility.

You must report if you:

- Get married or divorced
- Have a child, adopt or place a child for adoption
- Have a change in income or property (if applicable)
- Get any other health coverage including through a job or a program such as Medicare
- Move, or have a change in who is living in your home
- Have a change in disability status
- Have a change in tax filing status, including change in tax dependents
- Have a change in citizenship or immigration status
- Are incarcerated (jail, prison, etc.) or released from incarceration
- Have a change in American Indian or Alaska Native status or change your tribal status
- Change your name, date of birth or SSN
- Have any other changes that may affect your income or household size

## What if I Move to Another County in California?

If you move to another California county, you can have your Medi-Cal case moved to the new county. This is called an Inter-County Transfer (ICT). You must report your change of address to either county within

10 days from the change. You can report your change of address online, in person, by phone, email, or fax. Your managed care plan coverage in your old county will end on the last day of the month. You will need to enroll in a managed care plan in your new county.

When you leave the county temporarily, your Medi-Cal will not transfer. This includes a child going to college or when you take care of a sick relative. Contact your local county office to report the household member's temporary address change to a new county. The local county office will update the address so the household member can enroll in a health plan in the new county.

## How Do I Renew My Medi-Cal Coverage?

To keep your Medi-Cal benefits, you must renew at least once a year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, they will send you a renewal form. You will need to give information that is new or has changed. You will also need to give your most current information. You can return your information online, in person, or by phone or other electronic means if available in your county. If you mail or return your renewal form in person, it must be signed.

If you do not give the needed information by the due date, your Medi-Cal benefits will end. Your local county office will send you a Notice of Action in the mail. You have 90 days to give your local county office all the missing information without having to re-apply. If you give the missing information within 90 days and still qualify for Medi-Cal, your local county office will reinstate your Medi-Cal with no gaps in coverage.

# Rights & Responsibilities



When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address or income, or if someone is pregnant or gave birth. You can call your local county office or find the most up-to-date list of your rights and responsibilities online at:

<http://dhcs.ca.gov/mymedi-cal>

## Appeal and Hearing Rights

### Health Care Services and Benefits

You have the right to ask for an appeal if you disagree with the denial of a health care service or benefit.

If you are in a Medi-Cal managed care plan and you get a Notice of Action letter telling you that a health care service or benefit is denied, you have the right to ask for an appeal.

You must file an appeal with your plan within 60 days of the date on the Notice of Action. After you file your appeal, the plan will send you a decision within 30 days. If you do not get a decision within 30 days or are not happy with the plan's decision, you can then ask for a State Fair Hearing. A judge will review your case.

**You must first file an appeal with your plan before you can ask for a State Fair Hearing.** You must ask for a State Fair Hearing within 120 days of the date of the plan's written appeal decision.

If you are in Fee-for-Service Medi-Cal and you get a Notice of Action letter telling you that a health service

or benefit has been denied, you have the right to ask for a State Fair Hearing right away. You must ask for a State Fair Hearing within 90 days of the date on the Notice of Action.

You also have the right to ask for a State Fair Hearing if you disagree with what is happening with your Medi-Cal application or eligibility. This can be when:

- You do not agree with a county or State action on your Medi-Cal application
- The county does not give you a decision about your Medi-Cal application within 45 or 90 days
- Your Medi-Cal eligibility or Share of Cost changes

### Eligibility Decisions

If you get a Notice of Action letter telling you about an eligibility decision that you disagree with, you can talk to your county eligibility worker and/or ask for a State Fair Hearing. If you cannot solve your disagreement through the county, you must request a State Fair Hearing within 90 days of the date on the Notice of Action. You can ask for a State Fair Hearing by contacting your local county office. You can also call or write to:

California Department of Social Services  
Public Inquiry and Response  
PO Box 944243, M.S. 9-17-37  
Sacramento, CA 94244-2430  
1-800-743-8525, (TTY 1-800-952-8349)

You can also file a hearing request online at:

<http://www.cdss.ca.gov/>

If you believe you have been unlawfully discriminated against on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can make a complaint to the DHCS Office of Civil Rights.

You can learn how to make a discrimination complaint in “Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements” on page 21.

## About State Fair Hearings

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The State will tell you it got your hearing request. You will get a notice of the time, date and place of your hearing. A hearing representative will review your case and try to resolve your issue. If the county/State offers you an agreement to solve your issue, you will get it in writing.

You can give permission in writing for a friend, family member or advocate to help you at the hearing. If you cannot fully solve your issue with the county or State, you or your representative must attend the State Fair Hearing. Your hearing can be in person or by phone. A judge who does not work for the county or Medi-Cal program will hear your case.

You have the right to free language help. List your language on your hearing request. Or tell the hearing representative you would like a free interpreter. You cannot use family or friends to interpret for you at the hearing.

**If you have a disability and need reasonable accommodations to fully take part in the Fair Hearing process, you may call 1-800-743-8525 (TTY 1-800-952-8349). You can also send an email to [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov).**

To get help with your hearing, you can ask for a legal aid referral. You may get free legal help at your local legal aid or welfare rights office.

## Third Party Liability

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If you suffer an injury, you may use your Medi-Cal to get medical services. If you file an insurance claim or sue someone for damages because of your injury, you must notify the Medi-Cal Personal Injury (PI) program within 30 days of filing your claim or action. You must tell both your local county office and the PI program.

To notify the Medi-Cal PI program, please complete the “Personal Injury Notification (New Case)” form. You can find it on the website below. If you do not have internet access, please ask your attorney or insurance company representative to notify the Medi-Cal PI program on your behalf. You can find notification and update forms at: <http://dhcs.ca.gov/mymedi-cal>.

If you hire a lawyer to represent you for your claim or lawsuit, your lawyer is responsible for notifying the Medi-Cal PI program and giving a letter of authorization. This authorization allows Medi-Cal staff to contact your lawyer and discuss your personal injury case. Medi-Cal does not provide representation or attorney referrals. Staff can offer information that can help the lawyer through the process.

## Estate Recovery

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The Medi-Cal program must seek repayment from the estates of certain Medi-Cal members who have died. Repayment is limited to payments made, including managed care premiums, for nursing facility services, home and community based services, and related hospital and prescription drug services when the beneficiary:

- Was an inpatient in a nursing facility, or
- Received home and community based services on or after his or her 55th birthday

If a deceased member does not leave an estate subject to probate or owns nothing when they die, nothing will be owed.

To learn more, go to <http://dhcs.ca.gov/er> or call 1-916-650-0590

## Medi-Cal Fraud

### Beneficiary responsibilities

A beneficiary must always present proof of Medi-Cal coverage to providers before getting services. If you are getting treatment from more than one doctor or dentist, you should tell each doctor or dentist about the other doctor or dentist providing your care.

It is your responsibility not to abuse or improperly use your Medi-Cal benefits. It is a **crime** to:

- Let other people use your Medi-Cal benefits
- Get drugs through false statements to a provider
- Sell or lend your BIC to any person or give your BIC to anyone other than your service providers as required under Medi-Cal guidelines

Misuse of BIC/Medi-Cal benefits is a crime. It could result in negative actions to your case or criminal prosecution. If you suspect Medi-Cal fraud, waste or abuse, make a confidential report by calling 1-800-822-6222.

## Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

DHCS complies with applicable federal and state civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic

information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
  - Qualified sign language interpreters
  - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Office of Civil Rights, at **1-916-440-7370, (Ext. 711, California State Relay)** or email [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance at:

Office of Civil Rights

PO Box 997413, MS 0009

Sacramento, CA 95899-7413

1-916-440-7370, (Ext. 711, CA State Relay)

Email: [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

# Important Resources



## ONLINE

Main Medi-Cal Site:  
<http://dhcs.ca.gov/mymedi-cal>

Get the myMedi-Cal smartphone app to help you learn more about coverage, find local help, and more!



## PHONE NUMBERS

Medi-Cal Members & Providers:  
1-800-541-5555

Medi-Cal Managed Care:  
1-800-430-4263  
(TTY 1-800-430-7077)

Office of the Ombudsman:  
1-888-452-8609

State Fair Hearing:  
1-800-743-8525  
(TTY 1-800-952-8349)

Covered California:  
1-800-300-1506

Medi-Cal Dental Program:  
1-800-322-6384

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

**U.S. Department of Health  
and Human Services**  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, TTY 1-800-537-7697

You can get a complaint form at:

<http://www.hhs.gov/ocr/office/file/index.html>

This document meets Section 508 accessibility standards. This publication can also be made available in Braille, large print, and other electronic formats in response to a reasonable accommodation request made by a qualified individual with a disability. To ask for a copy of this publication in another format, call the Medi-Cal Eligibility Division at **1-916-552-9200** (TTY **1-800-735-2929**) or email [MCED@dhcs.ca.gov](mailto:MCED@dhcs.ca.gov).

## Language Assistance

Attention: If you speak English, you can call 1-800-541-5555 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

تنبيه: إذا كنت تتحدث العربية، فيمكنك الاتصال برقم 1-800-541-5555 (TDD 1-800-430-7077) للمساعدة المجانية بلغتك. اتصل بمكتب المقاطعة المحلي للمشكلات أو الأسئلة المتعلقة بالتأهل. (Arabic)

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-800-541-5555 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով: Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ: (Armenian)



សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ  
អ្នកអាចទូរសព្ទទៅលេខ 1-800-541-5555  
(TDD 1-800-430-7077) សម្រាប់ជំនួយដោយឥតគិតថ្លៃ  
ជាភាសារបស់អ្នក។ ទូរសព្ទទៅកាន់ការិយាល័យខោនធីក្នុងមូ  
លដ្ឋានរបស់អ្នកសម្រាប់បញ្ហាទាក់ទងនឹងសិទ្ធិទទួលបានសេវា  
ឬក្នុងករណីមានសំណួរណាមួយ។ (Cambodian)

注意: 如果您使用中文, 請撥打1-800-541-5555  
(TDD 1-800-430-7077) 免費獲得以您所用語言提  
供的協助。關於資格的爭議或問題請致電您所在縣  
的辦事處。(Chinese)

توجه: اگر به زبان فارسی صحبت می کنید، می توانید برای  
دریافت کمک رایگان به زبان خود با شماره  
1-800-541-5555 (TDD 1-800-430-7077) تماس  
بگیرید. برای مسائل مربوط به صلاحیت یا سوالات، با دفتر محلی  
شهرستان خود تماس بگیرید. (Farsi)

ध्यान दें: यदि आप हिंदी भाषी हैं, तो आप अपनी  
भाषा में नि:शुल्क सहायता के लिए  
1-800-541-5555 (TDD 1-800-430-7077) पर कॉल  
कर सकते हैं। योग्यता संबंधी समस्याओं या प्रश्नों  
के लिए अपने स्थानीय काउंटी कार्यालय को कॉल  
करें। (Hindi)

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj  
yeem hu rau tus xov tooj 1-800-541-5555 (TDD  
1-800-430-7077) kom tau kev pab koj dawb ua koj  
hom lus. Hu rau lub chaw lis dej num hauv koj lub  
nroog txog cov teeb meem kev tsim nyog tau txais kev  
pab los yog cov lus nug. (Hmong)

注意: ご希望により、1-800-541-5555  
(TDD 1-800-430-7077) へお電話いただければ日  
本語で対応いたします。有資格問題または質問など  
は、地域の代理店までお電話ください。(Japanese)

주의: 한국어를 말하면, 1-800-541-5555  
(TDD 1-800-430-7077) 번으로 무료로 도움을  
받을 수 있습니다. 적격 문제 또는 질문은 해당  
지역 카운티 사무소에 문의하십시오. (Korean)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາເບີ  
1-800-541-5555 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາ  
ມຊ່ວຍເຫຼືອຟຣີໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດໃນທ້ອງຖິ່  
ນຂອງທ່ານເພື່ອສອບຖາມກ່ຽວກັບເງື່ອນໄຂໃນການມີສິດໄດ້ຮັບ ຫຼື  
ມີຄໍາຖາມອື່ນໆ. (Laotian)

Waac-mbung: Se gorngv meih gongv mien waac  
nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh  
taux 1-800-541-5555 (TDD 1-800-430-7077) yiem

wuov maaih mienh tengx faan waac bun meih hiuv duv.  
Gunv korh waac taux meih nyei kaau dih nyei mienh, Se  
gorngv meih oix hiuv taux, meih maaih fai maaiv maaiv  
ndaam-dorng leiz puix duqv ziqv nyei buanc. (Mien)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ  
ਵਿੱਚ ਮੁਫਤ ਸਹਾਇਤਾ ਪਾਉਣ ਲਈ 1-800-541-5555 (TDD  
1-800-430-7077) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਪਾਤਰਤਾ ਸੰਬੰਧੀ  
ਵਿਵਾਦਾਂ ਜਾਂ ਸਵਾਲਾਂ ਦੇ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ  
ਕਾਲ ਕਰੋ। (Punjabi)

Внимание: Если Вы говорите по-русски, Вы можете  
позвонить по номеру 1-800-541-5555  
(TDD 1-800-430-7077), чтобы получить бесплатную  
помощь на Вашем языке. Позвоните в Ваш местный  
окружной офис по вопросам или проблемам,  
связанным с соответствием требованиям.  
(Russian)

Atención: Si usted habla español puede llamar al  
1-800-541-5555 (TDD 1-800-430-7077) para  
obtener ayuda gratuita en su idioma. Llame a la oficina  
local de su condado si tiene algún problema o alguna  
pregunta sobre elegibilidad. (Spanish)

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari  
kang tumawag sa 1-800-541-5555  
(TDD 1-800-430-7077) para sa libreng tulong sa  
wika mo. Tawagan ang lokal mong tanggapan sa  
county para sa mga isyu sa pagiging narapat o mga  
tanong. (Tagalog)

โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถโทรศัพท์  
ไปที่เบอร์ 1-800-541-5555 (TDD 1-800-430-7077)  
เพื่อรับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย  
กรุณาโทรศัพท์หาสำนักงานประจำท้องถิ่นของท่านเพื่อ  
สอบถามเกี่ยวกับสิทธิ์ของท่าน (Thai)

Увага: Якщо ви розмовляєте українською, ви  
можете зателефонувати за номером 1-800-541-5555  
(TDD 1-800-430-7077), щоб отримати безкоштовну  
допомогу Вашою мовою. З питань стосовно права  
на пільги та іншої інформації, телефонуйте до  
вашого місцевого окружного офісу. (Ukrainian)

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi  
1-800-541-5555 (TDD 1-800-430-7077) để được trợ  
giúp miễn phí bằng ngôn ngữ của mình. Hãy gọi văn  
phòng quận địa phương của quý vị nếu có các vấn đề  
hoặc thắc mắc về tính đủ điều kiện. (Vietnamese)

California Department of  
Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95814

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