

As a Medi-Cal beneficiary in your county, you have the opportunity to participate in a no-cost program called the Medi-Cal Care Coordination Program. It is offered by the California Department of Health Care Services.

It is important for you to know your rights and responsibilities while participating in this program. As a participant in this program:

I have the right to:

1. Get information about Medi-Cal Care Coordination Program services.
2. Talk to a nurse, day or night, about my health care.
3. Get the names and contact information of my nurse or health coach. I can also ask to talk with their manager.
4. Have my information remain private. Medi-Cal Care Coordination Program will only use my records for providing care coordination. Medi-Cal Care Coordination Program can only release my information according to State and Federal laws.
5. Be treated with respect as an individual.
6. Get services regardless of my:
 - Race
 - Ethnicity
 - National origin
 - Religion
 - Gender
 - Marital status
 - Sexual preference
 - Age
 - Disability
7. Be involved in making decisions about my health. As allowed by law, a family member or guardian may represent me.
8. Speak with Medi-Cal Care Coordination Program staff in my own language.
9. If needed, the Medi-Cal Care Coordination Program will get a language translator at no cost to me.
10. Receive written materials in different formats, including languages, Braille, large-size print, and audio format within 14 days of request.
11. Be told of the benefits for participating in the Medi-Cal Care Coordination Program.
12. Be educated on how people are chosen for the program.
13. Choose not to be in the program. If I join, I may quit at any time.
14. Have an honest talk about all health services that might help me, including information on available options.
15. To receive information in a way I can understand.
16. Be informed of new health benefits and programs for the Medi-Cal Care Coordination Program.
17. Know if this program changes or ends.

18. Talk openly about the Medi-Cal Care Coordination Program, and my rights. I also have the right to state my opinion without fear of punishment or discrimination.
19. To continue to receive all other Medi-Cal benefits whether or not I participate in this program.
20. Exercise all my rights without fear of being treated differently by the Medi-Cal Care Coordination Program.

Your responsibilities include:

1. Providing correct information to program staff.
2. Treating staff with respect.
3. Taking part in my health care decisions.
4. Being involved in the development of my Individual Treatment Plan.
5. Cooperating with my doctor or health care providers.
6. Being involved with the process to resolve any member disputes.