

2800

Nicolas Hernandez

[REDACTED]
[REDACTED], CA 9[REDACTED]

Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at 1-888-452-8609, Monday through Friday, 8:00 am – 5:00 pm (excluding holidays). The Ombudsman Office helps people with Medi-Cal make use of their rights and responsibilities.

You can ask for this information in other formats, such as large print.
Call **1-888-839-9909** (TTY: 711). The call is at no cost to you.

Enclosures: Language Assistance
Nondiscrimination Notice

April 16, 2026



**L.A. Care Health Plan Care Management Program
Unable to Contact Member**

Dear **Nicholas Hernandez,**

We recently called about joining L.A. Care's Care Management program, but were not able to reach you. The goal of the Care Management program is to help you better manage your health care and is offered at no cost to you.

As part of the Care Management services, a Care Team is ready to support you. The Care Team is made up of your main doctor, any other person (of your choice) involved in your care, and your Care Manager. If you decide to participate in the Care Management program, you can speak with your Care Team about your care needs any time during our normal business hours.

If you are not in the Care Management program, you can still call if you would like to:

- Learn more about L.A. Care's Care Management program
- Get help completing your Health Risk Assessment (if not already completed)
- Review your Health Risk Assessment results with a Care Manager

The Care Management Department can be reached at **1-844-200-0104** and is available **Monday through Friday** from **8:00am - 5:00pm** (excluding some holidays).

Sincerely,

Joyce, LCSW
Care Management Department
L.A. Care Health Plan

Programs to Manage Your Health

Care Management is a free service for L.A. Care members. We have a team of nurses, social workers, community health workers and coordinators ready to help with your health. The Care Management program is provided over the phone, but you may also be connected with a community health worker to visit you in person.

Our Care Management team will:

- ⌘ Help you understand your health conditions
- ⌘ Help you get the care you need
- ⌘ Work together with you and your doctor(s)
- ⌘ Connect you with benefits and resources you may be eligible for, such as transportation to the doctor, caregiver assistance, or behavioral health services

Our goals are to help you:

- ⌘ Live more independently
- ⌘ Get what you need from the health care system
- ⌘ Work with your doctors so you only go to the emergency room or hospital when you need to
- ⌘ Know how to find the support and services you want

For more details about our services, please call the Care Management staff toll-free at **1(844)200-0104**. We are here Mondays through Fridays from 8:00 a.m. to 5:00 p.m.





NONDISCRIMINATION NOTICE

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, 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.

L.A. Care Health Plan provides:

- » Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- » Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- » If you need these services, contact L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays by calling 1-888-839-9909. If you cannot hear or speak well, please call TTY 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**L.A. Care Health Plan
Member Services Department
1200 West 7th Street
Los Angeles, CA 90017**

**1-888-839-9909
TTY: 711**



HOW TO FILE A GRIEVANCE

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated 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 with L.A. Care Health Plan Chief Compliance Officer. You can file a grievance by phone, in writing, in person, or electronically:

- » By phone: Contact L.A. Care Health Plan, Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays by calling 1-888-839-9909. Or, if you cannot hear or speak well, please call TTY 711.
- » In writing: Fill out a complaint form or write a letter and send it to:

**L.A. Care Health Plan
Chief Compliance Officer
1200 West 7th Street
Los Angeles, CA 90017**

Email: civilrightscoordinator@lacare.org

- » In person: Visit your doctor's office or L.A. Care Health Plan and say you want to file a grievance.
- » Electronically: Visit L.A. Care Health Plan website at www.lacare.org/members/member-support/file-grievance/grievance-form or send an email to civilrightscoordinator@lacare.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- » By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).

- » In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- » Electronically: Send an email to CivilRights@dhcs.ca.gov

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 by phone, in writing, or electronically:

- » By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.

- » In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- » Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.