**FOSTER CARE RESOURCE LIST**

April 2017

**Mental Health Ombudsman:** Greg Asher

 Direct number: 916-445-3422 ***Call General number first***

            General number for the ombudsman’s office: 800-896-4042

            E-mail:  mhombudsman@dhcs.ca.gov

**Foster Care Ombudsman:**  Rochelle Trochtenberg

General number:  877-846-1602

 Website for Ombudsman’s office:

 e-mail fosteryouthhelp@dss.ca.gov

**Medi-Cal Managed Care Ombudsman**: Jeynysha Archie

 E-mail: Jeynysha.Archie@dhcs.ca.gov

 *Response is quicker if you send e-mail*

Direct number**: 916-633-0125**

 Main Line: 888-452-8609

**When requesting assistance to Emergency disenroll or enroll a foster child, provide the information listed below to** MMCDOMBUDSMANOFFICE@DHCS.CA.GOV

 The minor’s name

 State the child is in foster care.

 Date of birth

 CIN number or social security#

 Effective date of disenrollment or enrollment

Health plan name

 Worker’s name

**Let the Ombudsman know if the child has been recently detained or on Cal Works or SSI as this will explain why foster youth does not have a foster aid code.**

**For emergency disenrollment from a COHS county:**

E-mail foster youth’s information to: MMCDOMBUDSMANOFFICE@DHCS.CA.GOV

**To permanently disenroll foster youth, the address needs to be changed in the County MEDS system.**

**Other Health Coverage**

# To request removal of other health coverage (OHC), the following information is required:

Foster youth or Beneficiary’s:

* Client Index Number (CIN) or Medi-Cal identification number located on the Beneficiary Identification Card (BIC)
* First and last name
* Date of Birth
* Reason for termination (select the “Foster youth” box)
* Insurance Carrier name and if available, carrier code
* Insurance policy stop date

If you have internet access, go to <http://dhcs.ca.gov/OHC> and click on *OHC Removals* link to open the removals request form in another window. Complete all required sections before submitting the form.

If you don’t have internet access, call 1-800-541-5555 and select option 2 on the voice menu.

A Xerox call center representative on behalf of Medi-Cal can complete the *OHC Removals Request*

form when provided the information.

A confirmation e-mail from WATS@dhcs.ca.gov will be sent to the valid e-mail address provided once the request is processed.

If a response is NOT received within two business days, contact one of the following below. Please have the submission request date ready.

1. **800-541-5555 This number is monitored M-F from 8 am – 5 pm**
2. **Christal Winkler (**Monday – Friday, 7:30 am – 4:00 pm**)**

Direct Number: 916-650-0494

 E-mail: Christal.Winkler@dhcs.ca.gov

**Medi-Cal Policy – Medi-Cal Eligibility Policy**

 **Nicholas Clark:** Associate Governmental Program Analyst

 Direct number: 916-324-0186

 E-mail: DHCSFosterCareProgram@dhcs.ca.gov: ***Using e-mail is preferred***

**Medi-Cal Immigration Related Eligibility Issues**

First contact the local eligibility office initially to inquire about status.

If further assistance is required, contact John Zapata with the name of the contact person at the local office.

            Direct number:  916-552-9451

            E-mail:  John.Zapata@dhcs.ca.gov

**Manager of the “Out of State Placement Unit”**:

Call 916-651-8100 and ask for the officer of the day

**Chief Dental Program Consultant:**

 Brian Kennedy DDS

            Direct number:  916-552-8580

            Fax number:

            E-mail:  Brian.Kennedy@dhcs.ca.gov

**Denti-Cal: Supervisor of Dental Correspondence:**

**Diego**: Direct Line**:** 916-861-2364

**Medi-Cal Vision Care Program Consultant:**

 Dr. Donny Shiu O.D.

 Direct number: 916-552-9539

 Fax number: 916-440-5640

 E-mail: donnyshiu@dhcs.ca.gov