blue CALIFORNIA PROMISE

L.A. Care HEALTH PLAN

Your Care Checklist

Purpose: Use this checklist to write down the people, medicines, equipment, supplies, and services that help with your care. For each item, check if it will stay the same or if something needs to change before January 1, 2027. Write down any steps you need to take.

Who should fill out this checklist: You can fill out this checklist on your own or you can ask someone you trust to help, like a family member, friend, caregiver, or another person who helps you with your health care. **This checklist is optional**, but it is a good way to make sure nothing is missed and your care continues without gaps.

Providers

List the doctors, specialists, therapists, or other providers you see now. Include physical health, mental health, and substance use care providers.

Current Provider	Specialty	Accepts Medi-Cal FFS and new patients?	Phone Number
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Medications

List the medicines you take now. Write down who prescribes each one, your next refill date, how many refills you have left, and whether that provider accepts Medi-Cal Fee-for-Service.

Medication	Prescribing provider	Next refill date	Does the provider accept Medi-Cal Fee-for-Service?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Medical Equipment and Supplies

List any medical equipment or supplies you use. Say whether each item is rented, owned, or given to you as needed. Write the supplier's name and phone number. Check if the supplier accepts Medi-Cal Fee-for-Service.

Equipment or supply	Rented, owned, or as needed?	Supplier and phone number	Does the supplier accept Medi-Cal Fee-for-Service?
			☐ Yes ☐ No
			☐ Yes ☐ No

Transportation

List the transportation service you use for rides to your health care appointments. Include the phone number, type of transportation, whether it will be available through Medi-Cal Fee-for-Service, and the date of your next scheduled ride.

Non-Medical Transportation (NMT): A regular car ride for people who can walk on their own but need help getting to appointments. **Non-Emergency Medical Transportation (NEMT):** A medical ride, like a wheelchair van, for people who cannot safely ride in a regular car.

Transportation service	Phone number	Type of transportation (NMT/NEMT)	Available through Medi-Cal Fee-for-Service?
		☐ NMT ☐ NEMT	☐ Yes ☐ No
		☐ NMT ☐ NEMT	☐ Yes ☐ No

What Is Changing?

Use this section to write down anything in your care that will change. Write down what needs to happen, who will do it, and the date it should be done.

What is changing?	What needs to happen or be replaced?	Who will do it?	Target date / Done

Questions?

Blue Shield Promise Customer Service	If you have questions about the move from Blue Shield Promise, call **1-800-605-2556 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m. PT. The call is free.
Medi-Cal Helpline (DHCS)	If you have general Medi-Cal questions, call the Medi-Cal Helpline Monday – Friday, 8 a.m. to 5 p.m., at **1-800-541-5555**. The call is free.

Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County.

You can get this document for free in other formats, such as large print, braille, or audio. **Call 1-800-605-2556 (TTY: 711)**, 8 a.m. – 6 p.m. PT, Monday through Friday. The call is free.

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