



Please keep!

Important information
to help children and
youth to age 21 get all
the care they need

What services can children and youth get if they are in Medi-Cal?

Under California and federal law, all children and youth to age 21 enrolled in Medi-Cal have the right to regular **check-ups** and other **preventive** and **treatment** services needed to stay or get healthy.

This right is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It ensures that every child enrolled in Medi-Cal gets the care they need to grow up as healthy as possible. In California, EPSDT is called **Medi-Cal for Kids & Teens**.

The services are **free**, unless the child or youth was found to have a Share of Cost when they qualified for Medi-Cal.

Medi-Cal for Kids & Teens must cover these services if needed, without limits:

- Physical health services, including primary care and specialist visits
- Vision services, including eyeglasses
- Hearing services
- Dental check-ups and follow-up services
- Mental health and drug or alcohol addiction services, including therapy
- Physical, occupational, and speech therapy
- Medical equipment and supplies, such as wheelchairs, including durable medical equipment
- Medication, both over-the-counter and prescribed
- Lab tests, including blood tests to check lead levels and sexually transmitted infection (STI) testing, and any needed follow-up care
- Home health services, including nursing care
- Hospital and residential treatment
- Reproductive and sexual health services, such as birth control and abortion care
- Pregnancy check-ups
- COVID-19 testing and treatment
- Care coordination, if enrolled in a managed care plan
- All other needed medical services that can be covered under Medi-Cal (known as “medically necessary services”) as determined by your medical provider



If you need this letter or any Medi-Cal materials in an alternative format such as larger font, audio format, CD, or braille, call 1-833-284-0040.

Children and youth have the right to free supports to get care, such as:

- Getting a free ride to and from your appointment or to pick up medication, medical equipment, and supplies
- Support in making medical appointments
- Help finding a doctor or health care provider
- Language interpretation services (you should not need to bring your own interpreter to a medical appointment)

What does “medically necessary” mean?

For children and youth, **medically necessary** means the services needed to treat, correct, manage, or improve an illness or health condition.

Your child’s doctor or health care provider usually decides if something is medically necessary.

Some services may need pre-approval. If services are medically necessary for children or youth to age 21, the number of services or treatments cannot be limited. For example, a child cannot be limited to one pair of glasses every two years. If a child has glasses but has trouble seeing, they have a right to a new prescription and new glasses when necessary.

BOX 1

Your child’s Medi-Cal



Children and youth in Medi-Cal get their benefits in one of these two ways:

1. **Managed care** by a health insurance plan, mental health plan, or dental health plan, **or**
2. **Fee for service** by the California Department of Health Care Services (DHCS), the State Medi-Cal agency

This document explains what to do if an enrolled child or youth does not get a needed service through **managed care** or **fee for service**. It explains how to:

- File an appeal
- Ask for a State Fair Hearing
- Submit a grievance

For help getting services or for questions about your benefits, call the Medi-Cal Member Help line at **1-800-541-5555**.

What should you do if your child's care is denied, delayed, reduced, or stopped?

If your child's care is denied, delayed, reduced, or stopped and you do not agree with the decision as described in your written notice, you can ask to have the decision reviewed and reversed.

This is to support your child in getting the care they need and have the right to get. Your child has the right to file an **appeal**, ask for a **State Fair Hearing**, or submit a **grievance**. There is no penalty for taking any of these actions.

Whether your appeal, State Fair Hearing, or grievance succeeds or not, your child's Medi-Cal coverage will **not** end because you took any of these actions.

How to file an appeal, ask for a State Fair Hearing, or submit a grievance

Read the written notice. If a managed care plan, DHCS (the State Medi-Cal agency), or provider denies, reduces, or stops your child's services, they must send a written Notice of Action (also called "Notice of Adverse Benefit Determination") with their decision.

You must get this notice at least **10** days before your child's treatment or service will be reduced or stopped. The notice explains:

- Why and how your child's managed care plan or DHCS made its decision
- Your child's rights
- How to file an appeal or ask for a State Fair Hearing

If you disagree with the decision, it is important to appeal **before** the services stop or are reduced so they can continue during the appeal or State Fair Hearing.

If you did not get a notice, call the Health Consumer Alliance (HCA) number below. You can still file an appeal if you did not get a notice. To learn how to file an appeal, ask for a State Fair Hearing, or submit a grievance, read the pages below.

An **appeal** requires your child's managed care plan to review any service denial, delay, reduction, or stopping to find out if they agree with you.

A **State Fair Hearing** is a chance to speak before a judge to review a decision your child's managed care plan or DHCS (the State Medi-Cal agency) made that you disagree with.

A **grievance** is for any matter you are not satisfied with or do not agree with that an appeal or State Fair Hearing does not cover. It is for issues or concerns with your child's managed care plan or DHCS that are not a denial, delay, reduction, or stopping of services.

You may also submit a grievance to your child's managed care plan for complaints related to your child's covered services, including quality of care or access to care.

How to get help

Medi-Cal Member Help Line

The Medi-Cal Member Help Line provides free support. They can connect you to your local Medi-Cal office, your managed care plan, or to other Medi-Cal resources to help answer your questions about Medi-Cal.

- Phone: 1-800-541-5555
- Online: www.dhcs.ca.gov/myMedi-Cal

Health Consumer Alliance (HCA)

HCA gives free phone or in-person help to Medi-Cal enrollees to resolve health problems. They may also be able to connect you with free resources to help address legal issues related to health care.

- Phone: 1-888-804-3536
- Online: healthconsumer.org

BOX 2

If you think a decision is wrong

If you believe your child's Medi-Cal was wrongly stopped or your child was wrongly found not eligible for Medi-Cal:

- Follow the instructions on the notice to appeal, **or**
- Find your local county human services agency at dhcs.ca.gov/COL



What are your child’s rights in Medi-Cal managed care?

The following information on pages 5-8 applies to all managed care systems in Medi-Cal. Most children enrolled in Medi-Cal get their care through a **Medi-Cal managed care plan**. The plan is for physical health services. It is also for limited mental health services called “non-specialty mental health services.”

Other managed care systems include:

- **Specialty Mental Health Services** for intensive behavioral health services through a separate mental health plan.
- **Drug Medi-Cal Organized Delivery System** for drug and alcohol addiction treatment.
- **Dental Managed Care** for dental care in Los Angeles and Sacramento counties. Read **Table 1** on page 8.

If your child has problems getting or keeping a service you think one of the plans above should cover, read below. If your child is not in a plan, read about **fee for service** on page 9.

What can you do if your child’s care is denied, delayed, reduced, or stopped in managed care?

File an appeal with your child’s managed care plan

You must start by filing an **appeal** with the managed care plan. To find your plan, go to www.dhcs.ca.gov/mmchcpd. An appeal requires your child’s plan to review any service denial, delay, reduction, or stopping to find out if they agree with you. You must file the appeal before you can ask for a State Fair Hearing.

- After your child gets the written Notice of Action from their managed care plan, you can file an appeal. You may also file an appeal if you did **not** get a Notice of Action.
- You have **60** calendar days after you get the Notice of Action to file an appeal with the managed care plan. You can file an appeal with the plan in writing, by phone, or online. You can find contact numbers in **Table 1** on page 8.
- If the Notice of Action says that a service your child already gets will stop or be reduced, you may also ask that your child keep getting the service during the appeal. This is called **continuation of benefits**. To learn how to ask for this, read **Box 3**.

BOX 3

How to ask for a continuation of benefits in managed care



If the notice says that a service your child already gets will stop or be reduced, you can ask for a **continuation of benefits** (also called “Aid Paid Pending”) for your child during the appeal or State Fair Hearing.

- You must appeal or ask for a State Fair Hearing **before** the service stops or is reduced.
- The managed care plan must give you written notice at least **10** calendar days before they plan to stop or reduce the service for your child.

- Your child’s managed care plan must acknowledge the appeal in writing within **5** calendar days of the date they get the appeal. The plan must also tell you the name, phone number, and address of the person at the plan who can tell you more about the appeal and its status. The plan must send you a written decision within **30** calendar days of the appeal request. This is called a Notice of Resolution.
- If your child’s situation is urgent and waiting 30 days will make their condition worse, you can ask for an **expedited** (faster) decision. For how to do this, read **Box 4**.
- You can contact your child’s managed care plan with questions about your child’s appeal at any time. For contact numbers, read **Table 1** on page 8.
- Your child’s managed care plan may include a process called an Independent Medical Review Board. Your child’s Notice of Action will explain this process. If your child’s managed care plan offers this process, it would be after you complete your child’s appeal. To learn more about the Independent Medical Review Board, call the California Department of Managed Health Care at 1-888-466-2219 (TDD 1-877-688-9891). Or, go to <https://bit.ly/IMRCR>.

BOX 4

Expedited (faster) appeal or State Fair Hearing



If your child needs an **expedited** (faster) appeal or State Fair Hearing because your child’s life, health, or ability to function is in danger, call **1-800-743-8525**.

You can read more in your Member Handbook on how to ask for an expedited process.

Ask for a Medi-Cal State Fair Hearing

If the managed care plan’s appeal process is complete and you still disagree with the plan’s decision, you can ask for a **State Fair Hearing** for your child. You can also ask for a State Fair Hearing if your child’s managed care plan does not send a notice about your child’s right to appeal or does not send it in a reasonable time.

The State Fair Hearing is a chance to speak before a judge to review the managed care plan’s decision that you disagree with. The judge works for the California Department of Social Services, not for your child’s plan.

- You must ask for a State Fair Hearing within **120** calendar days of the date you get the managed care plan’s written decision on your child’s appeal. An impartial judge will review your child’s case. If the decision you asked for a hearing on stops a service your child already gets, you may also ask for a continuation of benefits for your child. Read **Box 3** on page 5.
- You may ask for a State Fair Hearing by phone, mail, fax, or online. Call 1-800-743-8525. Or, go to www.cdss.ca.gov/hearing-requests.
- You have the right to bring a person to represent you at your child’s State Fair Hearing. You can bring a friend, relative, attorney, or anyone you choose. To learn how to get free legal help, read **How to get help** on page 4.

- You do not have to pay for a State Fair Hearing. It is free.
- The State has **90** calendar days after the date of your child’s request for a State Fair Hearing to make a final decision. If your child needs services right away and waiting 90 days will make their condition worse, you can ask for an **expedited** (faster) decision. Read **Box 4** above.
- For more help, read the notices from your child’s managed care plan. Or, call 1-800-743-8525. Or, go to www.dhcs.ca.gov/fair-hearing.

Contact the Ombudsman

An **Ombudsman** is a person who works for DHCS (the State Medi-Cal agency). Their job is to help you and your child try to fix disagreements with your child’s managed care plan. You can call the Ombudsman at any time. This includes when your child got a notice, filed an appeal, asked for a State Fair Hearing, or submitted a grievance. The Ombudsman is only for people enrolled in a managed care plan.

You can contact the Ombudsman by:

- Phone: 1-888-452-8609
- Email: MMCDOmbudsmanOffice@dhcs.ca.gov
 - » Do not put personal health information in an email.

To learn more about the Ombudsman, go to www.dhcs.ca.gov/ombudsman.

What if you are not happy with your child’s care, doctor, or health care provider in managed care?

Submit a grievance

If a doctor treated your child poorly or rudely, or you are not satisfied with the quality of care, or you cannot find a doctor, you can submit a **grievance** for your child. A grievance is for any disagreement on anything an appeal or State Fair Hearing does not cover. It is for issues or concerns that do not deny, delay, reduce, or stop any of your child’s services. You may also submit a grievance to your child’s managed care plan for complaints related to your child’s covered services, including quality of or access to care.

- You may submit a grievance for your child any time. You can submit it by phone, or in writing online or by mail. To submit a grievance, contact your child’s managed care plan. For contact numbers, read **Table 1** on page 8.
- Your child’s managed care plan must acknowledge your grievance in writing within **5** calendar days of the date they get it. This must include the name, phone number, and address of the person at the plan who can tell you more about your child’s grievance and its status.
- Your child’s managed care plan has **30** calendar days from the date you submit the grievance to resolve your child’s grievance.

Who should you contact with questions?

TABLE 1

Managed care systems overview and contact information

Medi-Cal Managed Care (MCMC)

Most children get most of these services through Medi-Cal managed care plans:

- Physical health needs, such as well-child check-ups and shots
- Non-specialty mental health needs, such as therapy and medication
- Care coordination

If your child is not getting needed services or has concerns, call your child's Medi-Cal managed care plan. The plan's phone number is on your child's plan ID card. It is also on the plan's website. You can also find their phone number at www.dhcs.ca.gov/mmchpd. Or, call 916-449-5000.

Specialty Mental Health Services (SMHS)

Some children who need specialty mental health services, such as care for a serious mental health condition, get this care through Specialty Mental Health Services. Each county has a mental health plan.

If your child is not getting needed services or has concerns, call your child's county mental health plan. You can find the phone number at www.dhcs.ca.gov/CMHP. (Kaiser Permanente members in Sacramento and Solano Counties should call Kaiser Permanente Member Services at 1-800-464-4000.)

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Children who need substance use services such as drug or alcohol treatment, including counseling and other clinical treatments, such as inpatient drug or alcohol residential treatment, when necessary, get this care through the Drug Medi-Cal Organized Delivery System. Each county either has a DMC-ODS plan or is in Drug Medi-Cal. To learn more on Drug Medi-Cal, read **Table 2** on page 11.

If your child is not getting needed services or has concerns, call your child's DMC-ODS plan. Find the phone number at www.dhcs.ca.gov/sud-cal.

Dental Managed Care (Dental MC)

Some children who live in Los Angeles County or Sacramento County get dental services, including dental check-ups and cleanings twice a year and oral health care, through Dental Managed Care plans. Children who live in all other counties get their dental care through Dental Fee for Service (Dental FFS). To learn more on Dental FFS, read **Table 2** on page 11.

If you live in Los Angeles or Sacramento and your child is not getting needed services or has concerns, call your child's Dental MC plan. The phone number is on your child's Dental MC ID card. It is also on your child's Dental MC plan's website. Or, call 1-800-322-6384. You can also find the plan's phone number at <https://bit.ly/DMC-Contact>.

What are your child's rights in Medi-Cal Fee For Service?

The following information on pages 9-11 applies to Medi-Cal Fee For Service (FFS). Some children enrolled in Medi-Cal get their care through FFS. FFS is also called “regular” Medi-Cal. Children in FFS get their care through DHCS (the State Medi-Cal agency). No managed care plan is involved. FFS includes Medi-Cal FFS for physical health services and a limited set of mental health services called “non-specialty mental health services,” Drug Medi-Cal for drug and alcohol treatment services, Dental FFS for dental care, and Medi-Cal Rx for medications. To learn more, read **Table 2** on page 11.

If your child has problems getting or keeping a service that you think DHCS should cover, read below. Even if your child is not in a managed care plan, if your child needs care for a serious mental health condition, they will get this care through a Specialty Mental Health Services mental health plan. To learn more and find out where to call for help from the county's mental health plan, read **Table 1** on page 8.

What can you do if your child's care in FFS is delayed, denied, reduced, or stopped?

Ask for a Medi-Cal State Fair Hearing

A **State Fair Hearing** is a chance to speak before a judge to review the decision by DHCS that you disagree with. This includes any service denial, delay, reduction, or stopping. The judge works for the California Department of Social Services, not DHCS.

- After your child gets the Notice of Action from DHCS, you may ask for a State Fair Hearing. You may also ask for a State Fair Hearing if you did not get a Notice of Action.
- You must ask for a State Fair Hearing within **90** calendar days of the date you get the written Notice of Action by DHCS. An impartial judge will review your child's case. You may also ask for a State Fair Hearing at any time without a Notice of Action. If the decision you asked for the hearing on would stop a service your child already gets, you may ask for a continuation of benefits for your child. Read **Box 5** above.
- You may ask for a State Fair Hearing by phone, mail, fax, or online. Call 1-800-743-8525. Or, go to www.cdss.ca.gov/hearing-requests.
- You have the right to bring a person to represent you at the hearing. You can bring a friend, relative, attorney, or anyone you choose. For free legal help, read **How to get help** on page 4.

BOX 5

How to ask for a continuation of benefits in fee for service



If the notice says the service your child already gets will stop or be reduced, you may also ask for a **continuation of benefits** (also called “Aid Paid Pending”) during the State Fair Hearing.

- You must ask for the State Fair Hearing **before** the service stops or is reduced.
- DHCS must give you written notice at least **10** calendar days before they plan to stop or reduce the service for your child.

- You do not have to pay for a State Fair Hearing. It is free.
- The state has **90** calendar days after the date of your child’s request for a State Fair Hearing to make a final decision. If your child needs services right away and waiting 90 days will make their condition worse, you can ask for an **expedited** (faster) decision. Read **Box 6** above.
- For more help, read the notices your child got from DHCS. Or, call 1-800-743-8525. Or, go to www.dhcs.ca.gov/fair-hearing.

BOX 6

Expedited (faster) appeal or State Fair Hearing



If your child needs an **expedited** (faster) State Fair Hearing because your child’s life, health, or ability to function is in danger, call 1-800-743-8525.

What if you are not happy with your child’s care, doctor, or health care provider in FFS?

Submit a grievance

If a doctor treated your child poorly or rudely, or you are not satisfied with the quality of care, or you cannot find a doctor, you may submit a **grievance** for your child. A grievance is for any disagreement on anything a State Fair Hearing does not cover. It is for issues or concerns that do **not** deny, delay, reduce, or stop any of your child’s services.

- You may submit a grievance for your child for Drug Medi-Cal, Dental FFS, or Medi-Cal Rx at any time. You can submit it by phone, or in writing online or by mail. To submit a grievance, contact Drug Medi-Cal, Dental FFS, or Medi-Cal Rx. For contact numbers, read **Table 2** on page 11. There is **no** grievance process for Medi-Cal FFS for physical health services and non-specialty mental health services.
- DHCS must acknowledge your grievance in writing within **5** calendar days of the date they get it. It must include the name, phone number, and address of the person at DHCS who can tell you more about your child’s grievance and its status.
- DHCS has **30** calendar days from the date you submit the grievance to resolve your child’s grievance for Dental FFS and Medi-Cal Rx. Drug Medi-Cal has **90** calendar days to resolve your child’s grievance.

Who should you contact with questions?

TABLE 2

Fee for service overview and contact information

Medi-Cal Fee For Service (Medi-Cal FFS)

Some children, such as some children in foster care, get their physical health services through Medi-Cal FFS.

If your child is not getting these services or has concerns, call 1-800-541-5555 (TDD 1-800-430-7077).

Drug Medi-Cal (DMC)

Children who need substance use services such as drug or alcohol treatment, including counseling and other clinical treatments, such as inpatient drug or alcohol residential treatment, when necessary, get this care through Drug Medi-Cal. Each county either has a DMC-ODS plan or is in DMC. To learn more on DMC-ODS, read **Table 1** on page 8.

If your child is not getting these services or has concerns, call your child's DMC program. To find the phone number, go to www.dhcs.ca.gov/sud-cal.

Dental Fee For Service (Dental FFS)

Most children get their Medi-Cal dental services through Dental FFS. This includes dental check-ups and cleanings twice a year and oral health care.

If your child is not getting these services or has concerns, call 1-800-322-6384. To learn more, go to smilecalifornia.org.

Medi-Cal Rx

Children get their Medi-Cal pharmacy services through Medi-Cal Rx. These include prescription and over-the-counter outpatient drugs, enteral nutrition products such as a feeding tube, and medical supplies.

If your child is not getting these services or has concerns, call 1-800-977-2273. Learn more at <https://bit.ly/3D1rQFV>.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost 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 our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **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, or another format, call our Member Service Contact Center and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

- **By phone:** Call Member Services at **1 800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays)
- **By mail:** Call us at **1 800-464-4000 (TTY 711)** and ask to have a form sent to you
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at kp.org/facilities for addresses)
- **Online:** Use the online form on our website at kp.org

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

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

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** 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

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** 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>

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

NOTICE OF LANGUAGE ASSISTANCE

English: This is important information from Kaiser Permanente. If you need help understanding this information, please call **1-800-464-4000 (TTY 711)** and ask for language assistance. Help is available 24 hours a day, 7 days a week, excluding holidays. We can also help you with auxiliary aids and alternative formats.

Arabic: يتحتوي هذا التوثيق على معلومات مهمة من Kaiser Permanente. إذا لفتت باحثاً لطلب المساعدة في فهم معلومات، يرجى الاتصال بالرقم **1-800-464-4000 (TTY 711)** وطلب المساعدة لغوية. المساعدة متوفرة في مدار الساعة طوال أيام الأسبوع باستثناء أيام العطلات الرسمية. يمكن أيضاً أن نساعدك مع أدوات بديلة وتنسيقات بديلة.

Armenian: Մա կարևոր տեղեկություն է «Kaiser Permanente»-ից: Եթե այս տեղեկությունը հասկանալու համար Ձեզ օգնություն է հարկավոր, խնդրում ենք զանգահարել **1-800-464-4000 (TTY 711)** հեռախոսահամարով և օժանդակություն ստանալ լեզվի հարցում: Չանգահարեք օրը 24 ժամ, շաբաթը 7 օր՝ բացի տոն օրերից: Մենք նաև կարող ենք օգնել Ձեզ օժանդակ օգնության և այլընտրանքային ձևաչափերի հարցում:

Chinese: 這是來自 Kaiser Permanente 的重要資訊。如果您需要協助理解此資訊，請致電 **1-800-757-7585 (TTY 專線 711)** 尋求語言協助。我們每週 7 天，每天 24 小時皆提供協助（節假日休息）。我們還可以幫助您獲取輔助設備和其它格式。

Farsi: این اطلاع‌ات مهمی از سوی Kaiser Permanente می‌باشد. اگر در فهمیدن این اطلاع‌ات کمک‌کری از دایه‌د، لطفاً شماره **1-800-464-4000 (TTY 711)** تماس بگیرید و برای امدادینانی و خواست‌کری. کمک و راهنمایی در 24 ساعت شیان روز و 7 روفت‌ه، شامل روزهای تعطیل موجود است. مهم‌چنین می‌توانیم برای شما کمک‌های تجلی و به‌صورت‌های‌گورا فراهم‌کریم.

Hindi: यह Kaiser Permanente की ओर से महत्वपूर्ण सूचना है। यदि आपको इस सूचना को समझने के लिए मदद की जरूरत है, तो कृपया **1-800-464-4000 (TTY 711)** पर फोन करें और भाषा सहायता के लिए पूछें। सहायता छुट्टियों को छोड़कर, सप्ताह के सातों दिन, दिन के 24 घंटे, उपलब्ध है। हम सहायक साधनों और वैकल्पिक प्रारूपों को प्राप्त करने में भी आपकी मदद कर सकते हैं।

Hmong: Qhov xov xwm no tseem ceeb los ntawm Kaiser Permanente. Yog koj xav tau kev pab kom nkag siab cov xov xwm no, thov hu rau **1-800-464-4000 (TTY 711)** thiab thov kev pab txhais lus. Muaj kev pab 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg, tsis xam cov hnuv caiv. Peb kuj muab tau lwm yam kev pab rau koj thiab ua lwm yam ntaub ntawv.

Japanese: Kaiser Permanente から重要なお知らせがあります。この情報を理解するためにヘルプが必要な場合は、**1-800-464-4000 (TTY 回線 711)** に電話して、言語サービスを依頼してください。このサービスは年中無休（祝祭日を除く）でご利用いただけます。補助器具・サービスや別のフォーマットについてもご相談いただけます。

Khmer: នេះគឺជាព័ត៌មានសំខាន់មកពី Kaiser Permanente។ បើសិនអ្នកត្រូវការជំនួយ ឲ្យបានយល់ដឹងព័ត៌មាននេះ សូមទូរស័ព្ទទៅលេខ **1-800-464-4000 (TTY 711)** និងស្នើសុំជំនួយខាងភាសា។ ជំនួយគឺមាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ លើកលែងថ្ងៃឈប់សម្រាក។ យើងក៏អាចជួយអ្នកជាមួយនឹងឧបករណ៍ជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនិងជាទម្រង់ជំនួសផ្សេងៗ។

Korean: 본 정보는 Kaiser Permanente 에서 전하는 중요한 메시지입니다. 본 정보를 이해하는데 도움이 필요하시면, **1-800-464-4000 (TTY 711)** 번으로 전화해 언어지원 서비스를 요청하십시오. 요일 및 시간에 관계없이 언제든지 도움을 제공해 드립니다(공휴일 제외). 또한 보조기구 및 대체 형식의 자료를 지원해 드릴 수 있습니다.

Laotian: ນີ້ແມ່ນຂໍ້ມູນສໍາຄັນຈາກ Kaiser Permanente. ຖ້າວ່າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການຊ່ວຍໃຫ້ເຂົ້າໃຈຂໍ້ມູນນີ້, ກະລຸນາໃຫສ **1-800-464-4000 (TTY 711)** ແລະ ຂໍເອົາການຊ່ວຍເຫຼືອດ້ານພາສາ. ການຊ່ວຍເຫຼືອມີໃຫ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ບໍ່ວອມວັນພັກຕ່າງໆ. ພວກເຮົາຍັງສາມາດຊ່ວຍທ່ານໃນດ້ານອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເວືອກອື່ນໄດ້.

Mien: Naaiv se benx jienv sic dauh waac-fienx yiem naaiv Kaiser Permanente bun daaih. Beiv taux meih qiex longc mienh tengx doqc naaiv deix waac-fienx liouh porv bun bieqc hnyouv nor, daaix luic douc waac daaih lorx **1-800-464-4000 (TTY 711)** aengx caux tov heuc tengx nzie faan waac bun muangx. Mbenc nzoih liouh tengx yiem yietc hnoi benx 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi, simv cuotv hnoi-gec oc. Yie mbuo corc haih mbenc wuotc ginc jaa-dorngx tengx nzie goux aengx caux liouh bun ginv longc sou-guv daan puix horpc meih.

Navajo: Díí éí hane' bíhólníihii át'éego Kaiser Permanente yee nihalne'. Díí hane'ígíí doo hazhó'ó bik'i' diitijhógó t'áá shoqđi koji' hodíílnih **1-800-464-4000 (TTY 711)** áko saad bee áká i'ilyeed yídííkił. Kwe'é áká aná'álwo' t'áá álahji' naadiindíí' ahéé'ílkidgóó dóó tsosts'id jí áq'át'é. Dahodíizingóne' éí dá'deelkaal. Áádóó hane' bee bik'i' di' dítíííííííííí dóó t'áá lahgo át'éego hane' nich'í ádoolnííł.

Punjabi: ਇਹ Kaiser Permanente ਵਲੋਂ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **1-800-464-4000 (TTY 711)** 'ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਲਈ ਪੁੱਛੋ। ਮਦਦ, ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਅਤੇ ਦਿਨ ਦੇ 24 ਘੰਟੇ ਮੌਜੂਦ ਹੈ। ਅਸੀਂ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਵੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਾਂ।

Russian: Это важная информация от Kaiser Permanente. Если Вам требуется помощь, чтобы понять эту информацию, позвоните по номеру **1-800-464-4000 (линия TTY 711)** и попросите предоставить Вам услуги переводчика. Помощь доступна 24 часа в сутки, 7 дней в неделю, кроме праздничных дней. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами.

Spanish: Esta es información importante de Kaiser Permanente. Si necesita ayuda para entender esta información, llame al **1-800-788-0616 (TTY 711)** y pida asistencia en su idioma. Hay ayuda disponible 24 horas al día, 7 días a la semana, excepto los días festivos. También podemos ayudarle con recursos para discapacidades y formatos alternativos.

Tagalog: Ito ay mahalagang impormasyon mula sa Kaiser Permanente. Kung kailangan ninyo ng tulong para maunawaan ang impormasyong ito, mangyaring tumawag sa **1-800-464-4000 (TTY 711)** at humingi ng tulong kaugnay sa wika. May makukuhang tulong 24 na oras bawat araw, 7 araw bawat linggo, maliban sa mga araw na pista opisyal. Matutulungan din namin kayo sa mga pantulong na gamit o serbisyo at mga alternatibong format.

Thai: นี่เป็นข้อมูลสำคัญจาก Kaiser Permanente หากคุณต้องการความช่วยเหลือในการทำความเข้าใจข้อมูลนี้ โปรด โทร **1-800-464-4000 (โทรฟรี TTY 711)** และขอความช่วยเหลือด้านภาษา เราพร้อมให้ความช่วยเหลือตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ ยกเว้นวันหยุดราชการ เรายังสามารถจัดหาอุปกรณ์และวัสดุช่วยเหลือในรูปแบบอื่นได้อีกด้วย

Ukrainian: У цьому повідомленні міститься важлива інформація від Kaiser Permanente. Якщо надана інформація не зрозуміла й вам потрібна допомога, зателефонуйте за номером **1-800-464-4000 (TTY 711)** і попросіть надати вам послугу перекладача. Наші співробітники надають допомогу цілодобово, 7 днів на тиждень, за винятком святкових днів. Також ми можемо допомогти вам, надавши допоміжні засоби й матеріали в альтернативних форматах.

Vietnamese: Đây là thông tin quan trọng từ Kaiser Permanente. Nếu quý vị cần được giúp đỡ để hiểu rõ thông tin này, vui lòng gọi số **1-800-464-4000 (TTY 711)** và yêu cầu được cấp dịch vụ về ngôn ngữ. Quý vị sẽ được giúp đỡ 24 giờ trong ngày, 7 ngày trong tuần, trừ ngày lễ. Chúng tôi cũng có thể giúp quý vị với các phương tiện trợ giúp bổ trợ và hình thức thay thế.