

# FOSTER CARE RESOURCE LIST

Last updated December 2012

## **Mental Health Ombudsman:**

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

E-mail: [ombudsmn@dmhhq.state.ca.us](mailto:ombudsmn@dmhhq.state.ca.us)

For foster youth placed out of county needing assistance to mental health services, use the link <http://www.dmh.ca.gov> , to find out-of-county mental health contacts. On the DMH home page, under Popular Links/left side, click on Phone Directories and Lists.

Then click on, For children/youth placed out of county.\* *contacts not updated since 10/10*

## **Foster Care Ombudsman:** Karen Grace-Kaho

Direct number: 916-653-4296

E-mail: [Karen.grace-kaho@dss.ca.gov](mailto:Karen.grace-kaho@dss.ca.gov)

General number: 877-846-1602

Website for Ombudsman's office:

[www.fosteryouthhelp.ca.gov](http://www.fosteryouthhelp.ca.gov)

## **Medi-Cal Managed Care Ombudsman:** CJ Nakayama

Direct number: 916-449-5228

E-mail: [Courtney.Nakayama@dhcs.ca.gov](mailto:Courtney.Nakayama@dhcs.ca.gov)

Main Line: 1-888-452-8609

**When requesting assistance to disenroll a foster child, provide the information listed below to [MMCDOMBUDSMANOFFICE@DHCS.CA.GOV](mailto:MMCDOMBUDSMANOFFICE@DHCS.CA.GOV)**

The minor's name

Date of birth

CIN number or social security#

Effective date of disenrollment

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:**

Call main line: 1-888-452-8609

And follow up with an E-mail to: [MMCDOMBUDSMANOFFICE@DHCS.CA.GOV](mailto:MMCDOMBUDSMANOFFICE@DHCS.CA.GOV)

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

**To request emergency disenrollment from the TWO-Plan and Geographic Model Plans:**

Disenrollment Fax: 916-364-0287

Direct phone number: 916-366-4823

**Healthy Families Removal Process for Foster Children:**

MRMIB's Eligibility Analyst: Felipe Ybarra

The case worker in social services or probation is allowed to disenroll children and youth under the care of the State when the social worker/probation officer deems it is in the best interest of the child/youth to have Medi-Cal rather than HFP coverage.

**To disenroll a youth, the case worker from social services or probation must fax the following to MRMIB's Eligibility Analyst**

- 1) A letter written on letterhead from the case worker acknowledging that he/she is the social worker or probation officer of the youth and wants the youth disenrolled from the HFP. For identification purposes, the letter should include the youth's birth date and if possible their CIN #. State removal from HF is in the best interest of the child. Date and sign the letter.
- 2) A copy of the court order with the court seal indicating that the youth is under the care of the State.

Once MRMIB receives this information, the disenrollment will occur at the end of the month.

**Direct Fax number: 916-327-6560 Attn to: Felipe Ybarra**

Please fax all of the information above to expedite your disenrollment request. If you need receipt confirmation or have any additional questions, please contact Felipe Ybarra at 916-324-0546

**Medi-Cal Policy – Medi-Cal Eligibility Branch:**

Stephanie Hockman

Direct number: 916-319-9356

e-mail: [Stephanie.Hockman@dhcs.ca.gov](mailto:Stephanie.Hockman@dhcs.ca.gov)

**To request removal of other health coverage indicator: there are now two levels of assistance.**

E-MAIL to [wats@dhcs.ca.gov](mailto:wats@dhcs.ca.gov). If you cannot send us a secure e-mail, there is also a dedicated secure on-line fax number: (916) 440-5675

**Provide the foster child's:**

- Name and birth date.
- CIN # or SS #
- Name of "other" health insurance.
- Termination date needed.
- State that the OHC insurance is blocking access to care.

If you **DO NOT receive a response within 96 hours**, call the following persons in the order listed:

1. **James Riley: (916) 650-0494**
2. **Bob Bonkowski: (916) 650-6507**

**Medi-Cal status of undocumented children:**

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](mailto:John.Zapata@dhcs.ca.gov)

**Manager of the "Out of State Placement Unit":**

This position is currently vacant. Call the number below and ask for the officer of the day:  
916-651-8100

**Chief Dental Program Consultant:**

David Noel M.D.  
Direct number: 916-464-3793  
Fax number: 916-464-3783  
E-mail: [David.Noel@dhcs.ca.gov](mailto:David.Noel@dhcs.ca.gov)

**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](mailto:donnyshiu@dhcs.ca.gov)