

MEMBER CONNECT

Summer/Fall 2022

ALAMEDA
Alliance
FOR HEALTH

we are
ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE A SERVANT LEADER

— DR. KELLEY MEADE'S STORY

Dr. Kelley Meade is passionate about helping people access health care and services. As a trained pediatrician, Dr. Meade's special interests include managing asthma and supporting healthy lifestyles for our youngest members.

Dr. Meade earned her medical degree in the Midwest at the Rosalind Franklin University of Medicine and Science, Chicago Medical School. After, she completed a residency in pediatrics on the East Coast at the Boston University School of Medicine, Boston Medical Center.

www.alamedaalliance.org

PO Box 3789
San Leandro, California 94578

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PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE

(CONTINUED FROM PAGE 1)



In 1995, Dr. Meade came back full circle and home to the Bay Area, working at UCSF Benioff Children's Hospital Oakland (BCH Oakland), the very place where her tonsils got removed as a young girl.

At UCSF BCH Oakland, Dr. Meade has served as the interim Chief Medical Officer, and today, she is the Associate Dean of Academic and Clinical Affairs. Dr. Meade partners with the leadership at the UCSF School of Medicine, supporting faculty members with their work on patient care, research, training, and advocacy. Even with her busy schedule, Dr. Meade visits the Pediatric Primary Care Clinic at least once a week to care for her patients. Dr. Meade and her clinic recently received a grant from the Alliance to coordinate with school districts in enhancing pediatric asthma care.

Raised in Oakland and Berkeley, Dr. Meade is a Bay Area native with deep roots where we live. From her passion for providing care to our youngest members and improving health systems for the greater good, Dr. Meade is the true definition of a "servant leader." She engages with her patients and their families finding the best ways to manage health needs and stay healthy. Her passion and care for the health of children and young adults and giving back to the community is part of her leadership style.



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MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY

The Alliance now offers No Wrong Door (NWD) to all members to make it easy to connect to mental health services. No matter where you first seek care, you can receive services without delay.

The NWD model streamlines access to services and treatment. Before, Medi-Cal members would go to the Alameda County Behavioral Health for specialty mental health services like hospital care and Alameda Alliance for non-specialty services like therapy. Now, you can seek care from either Alameda County Behavioral Health or the Alliance and maintain relationships with trusted providers even when your care needs change.

NWD will improve access to mental health and autism spectrum services, and offer higher-quality care for all our members.

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

COVID-19 has had a big impact on our lives, and many of us have experienced increased stress. It has also greatly impacted the mental health of young people.

In response, the state invested over \$4 billion to improve mental health care for the state's children and youth. These funds will go to public schools so that they can detect mental health concerns among students early and offer them needed services.

The Alliance supports this effort! We will partner with the Alameda County Office of Education and the Alameda County Health Care Services Agency to support this work. Over the next year, we will partner to assess the needs of our youngest members and create a map of current services. The effort will also look for gaps in care and which groups may need more services. Additionally, we will seek input from the community to ensure that we have a broad lens on the needs of the students and families who we serve.

With our partners, we are committed to ensuring the children and families who we serve have access to mental health services, so they can have the best possible health and well-being and reach their greatest potential.

A SERVANT LEADER – DR. KELLEY MEADE’S STORY



In her spare time, Dr. Meade enjoys cooking for her family and being in or near any body of water for recreational activities such as kayaking.

The Alliance is honored that Dr. Meade cares for our youngest members and serves on our Board of Governors and Strategic Planning Committee, helping guide, oversee, and contribute to the administration of our organization. Her knowledge, experience, and profound work are invaluable to the Alliance, our members, provider partners, and our community.

We look forward to the ongoing work with Dr. Meade in finding the best ways to serve all.

Do you want to learn more about Dr. Meade? Please visit our website to watch an up close and personal message from Dr. Meade at www.alamedaalliance.org.

You can also connect with us on Facebook, Instagram, or Twitter to view the video.



www.facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)

KEEP YOUR COVERAGE

The Alliance is here for you. As your partner in health, we want to help you live your best life by staying healthy. Being healthy includes keeping your coverage for your health care benefits.

Don't miss important information about your Medi-Cal health coverage.

Make sure our local Alameda County Social Services Agency office has your current contact information. You can contact them online, by phone, email, fax, or in person. To report any changes in your name, address, phone number, or email address, call the Alameda County Social Services Agency toll-free at **1.888.999.4772** today or visit **www.alamedacountysocialservices.org**.



DID YOU KNOW?

You can complete your annual renewal and report changes to your Medi-Cal online.

Create your online account today by going to **www.benefitscal.com** and selecting the "Create An Account" link in the upper right corner, underneath the "Log In" button.

IMPORTANT

During the COVID-19 public health emergency (PHE), our members covered by Medi-Cal have stayed enrolled in the program. If your contact information or household circumstances have changed, please update your information today with our local county office. This may help you keep your Medi-Cal coverage after the end of the COVID-19 PHE. If you get social security income (SSI), report your change in address by calling toll-free at **1.800.772.1213** or contact our local Social Security office.

COVID-19 VACCINE, BOOSTER, TEST REMINDER

We are still all in this together, and we are here for you.

The Alliance is working hard to keep our community healthy, safe, and strong! We want you to have the information you need about COVID-19 and the vaccine – to help you, your family, your friends, and your loved ones make the best decisions for your health.

The COVID-19 vaccine and booster are still your best shot for protection and preventing hospitalization and death from coronavirus disease. It is the best way to help protect yourself and your loved ones!

Right now, the COVID-19 vaccine are available to our youngest members six (6) months and older at no cost. Making an appointment is simple, and walk-up and in-home options are available. Ages five (5) and up can get boosters, and ages 12 and up can get the updated booster.

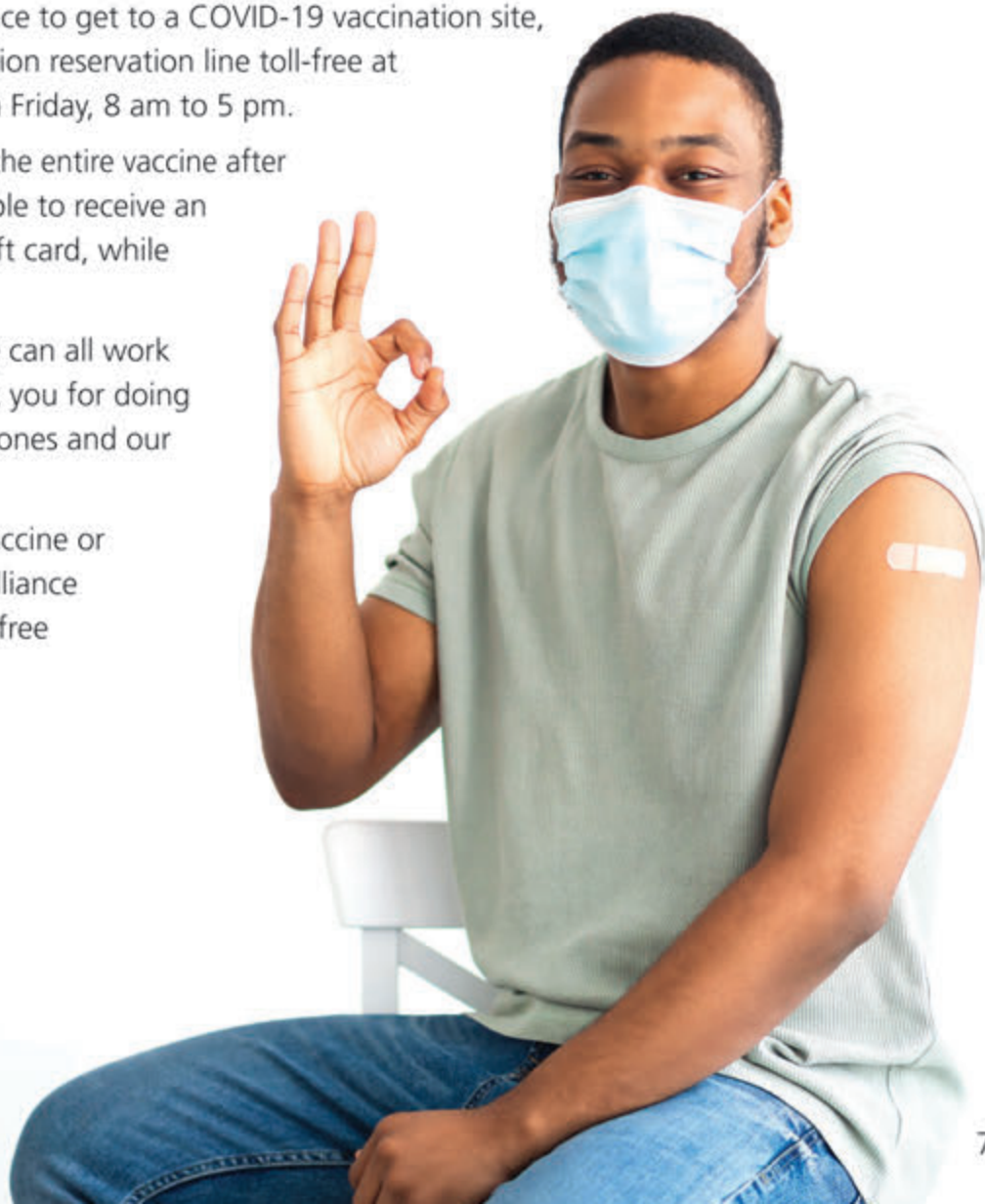
To schedule an appointment, please visit <https://my.primary.health//alco-vax-signup> or call **1.510.208.4VAX**. Search on **vaccines.gov** to find other sites to get COVID-19 vaccines.

If you need transportation assistance to get to a COVID-19 vaccination site, please call the Alliance transportation reservation line toll-free at **1.855.891.7171**, Monday through Friday, 8 am to 5 pm.

Alliance members who completed the entire vaccine after **Friday, April 1, 2022**, will be eligible to receive an Alliance-sponsored \$10 grocery gift card, while supplies last.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep your loved ones and our community safe.

If you have questions about the vaccine or gift card process, please call the Alliance Member Services Department toll-free at **1.877.932.2738**.



WE ARE HERE FOR YOU – 2022 FLU SEASON

DURING THIS 2022 FLU SEASON, PROTECT YOURSELF AND OUR COMMUNITY FROM THE FLU AND COVID-19.

We are sending you this reminder to get your flu shot today and do your part to stay healthy, safe, and strong. It is important to continue to protect yourself, your family, and others. The flu shot and COVID-19 vaccine and boosters are available to all eligible Alliance members at no cost. Please call your doctor's office to find a location near you to receive your flu shot. You can get a flu vaccine and COVID-19 vaccine or booster during the same visit.* Talk to your doctor to see if the new bivalent COVID-19 vaccine booster is right for you.

**Source: The Centers for Disease Control and Prevention – Frequently Asked Influenza (Flu) Questions: 2021-2022 Season.*



OVER-THE-COUNTER COVID-19 RAPID TESTS ARE AVAILABLE AT NO COST FOR ALLIANCE GROUP CARE AND MEDI-CAL MEMBERS

ALLIANCE GROUP CARE MEMBERS

Since Saturday, January 15, 2022, Alliance members in our Group Care Plan can get up to eight (8) over-the-counter (OTC) COVID-19 rapid antigen tests per month at no cost through the Alliance pharmacy network.

Simply follow the three (3) steps below:

1. Visit your Alliance network pharmacy or any pharmacy in the Alliance network to obtain OTC COVID-19 rapid antigen tests.
2. The COVID-19 rapid antigen tests must be FDA-approved. Please consult with the pharmacist to confirm FDA approval.
3. You must show your Alliance member ID card to verify eligibility.



To find an Alliance network pharmacy near you, please visit our online pharmacy directory at www.alamedaalliance.org/help/find-a-pharmacy.

You may also call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

If you choose to purchase an eligible FDA-approved COVID-19 rapid antigen test from a retail store or pharmacy outside of the Alliance network, you will be reimbursed up to \$12.00 a test, per federal guidelines.

To request reimbursement for eligible tests, please follow the steps below:

1. Visit the online Alliance Member Portal at www.alamedaalliance.org.
2. Complete the online Member Reimbursement Request Form for medical expenses (found in the Alliance Member Portal).
3. Upload and attach a copy of the receipt for proof of purchase to the form.
4. Attest that the eligible tests are for personal use and not for other unauthorized purposes.
Please Note: Online reimbursement request forms and receipts must be submitted through the secure Alliance Member Portal.

Only complete reimbursement forms will be accepted. You can only be reimbursed for up to eight (8) eligible tests per month at \$12.00 per test.

OVER-THE-COUNTER COVID-19 RAPID TESTS ARE AVAILABLE AT NO COST FOR ALLIANCE GROUP CARE AND MEDI-CAL MEMBERS (CONTINUED FROM PAGE 9)

ALLIANCE MEDI-CAL MEMBERS

Since **Saturday, January 15, 2022**, the California Department of Health Care Services (DHCS) Medi-Cal Rx program has covered over-the-counter (OTC) COVID-19 rapid antigen tests for Alliance members in our Medi-Cal plan at no cost. To get eligible OTC COVID-19 rapid antigen tests, please go to any participating Medi-Cal Rx pharmacy, or call Medi-Cal Rx toll-free at **1.800.541.5555** (TTY **1.800.430.7077**) for more information.

To request reimbursement for OTC COVID-19 rapid antigen tests from the DHCS Medi-Cal Rx program, please visit **www.dhcs.ca.gov/services/medi-cal/Pages/Medi_Cal_Conlan.aspx**.

Please Note: The Alliance will deny Medi-Cal reimbursement requests for OTC COVID-19 rapid antigen tests and will ask you to send reimbursement requests to Medi-Cal Rx.

For all other questions, please call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**



STANDING REFERRALS



A standing referral allows an Alliance member to see a specialist without needing new referrals for each visit. The standing referral can be used for up to 12 months. Your provider might request this for you when you have a condition that requires a longer period of treatment.

Listed below are examples of conditions where a standing referral might be used.

For in-network specialists:

- Chronic wound care
- Burn care
- Podiatry (foot treatment)

For out-of-network specialists:

- Asthma needing specialty management
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Chronic wound care
- Cystic fibrosis
- Diabetes needing endocrinologist management
- Gastrointestinal (digestive system) conditions such as severe peptic ulcer, chronic pancreatitis
- Hepatitis C
- HIV/AIDS
- Lupus
- Neurological (nervous system) conditions such as multiple sclerosis, uncontrolled seizures
- Rehab for major trauma, extensive surgery
- Renal (kidney) failure
- Significant cardiovascular (heart and blood vessel) disease

IMPORTANT UPDATE ON BEHAVIORAL HEALTH CARE SERVICES FOR ALLIANCE MEMBERS AND BEACON TRANSITION NOTICE



Starting Saturday, April 1, 2023, the Alliance will be ending its contract with Beacon Health Options (Beacon). As a result, the Alliance will directly manage your behavioral health care needs. This includes mental health services and behavioral health therapy (BHT) for members under the age of 21 with autism. We are changing the way you will access these services. Your benefits will not change.

Starting Saturday, April 1, 2023, to access behavioral health care services please call:

Alliance Member Services Department

Monday through Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**

If you have concerns about this change, you may contact the California Department of Health Services Ombudsman's Office toll-free at **1.888.452.8609**. You can also contact the Department of Managed Health Care (DMHC) toll-free at **1.888.466.2219** or TDD for the hearing impaired toll-free at **1.877.688.9891**. You may also go online at **www.hmohelp.ca.gov**.

We are here to help you.

If you have any questions about this change, please call the Alliance Member Services Department at the number above. We can assist you in your language. We can also help you learn more about what your health plan offers.

HEALTH CARE FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING

Health care fraud, waste, and abuse cost taxpayers \$100 billion every year. You can help stop fraud by reporting it.

What is health care fraud?

Health care fraud includes making false statements or leaving out facts to get unlawful services or payments.

Examples of fraud:

Members:

- Lend or give an Alliance member ID card to someone else.
- Pretend to be someone else to obtain services.
- Alter or forge a prescription.
- Conceal assets or income in order to gain coverage.
- Give false information in order to obtain pain relievers.

Providers:

- Bill for services and supplies not given, or different from what was given to the patient.
- Provide services to patients that are not needed.
- Bill a Medi-Cal member for Medi-Cal-covered services.

Pharmacies:

- Bill for a brand-name drug when giving a generic drug.
- Give a different medication than what was prescribed.
- Change the amount of the prescription without proper documentation.
- Buy back medication for resale.

If you suspect fraud by our health plan, doctors, pharmacies, or members, please report it by doing any of the following:

- Call the Medi-Cal Fraud and Abuse Hotline:
1.800.822.6222
- Call the Alliance Compliance Department Hotline (NEW):
1.844.587.0810
- Email the Alliance Compliance Department:
compliance@alamedaalliance.org
- Visit the website:
www.alamedaalliance.ethicspoint.com

Thank you for helping us fight fraud, waste, and abuse.



YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

IF YOU DO NOT AGREE WITH THE DECISION YOUR HEALTH PLAN MADE FOR YOUR HEALTH CARE, YOU CAN ASK YOUR HEALTH PLAN FOR AN APPEAL.

HOW DO I ASK FOR AN APPEAL?

You have **60 days** from the date of this Notice of Action (NOA) letter to ask for an appeal. If your health plan decided to reduce, suspend or terminate a service(s) you are getting now, you may be able to keep getting the service(s) until your appeal is decided. This is called Aid Paid Pending. To qualify for Aid Paid Pending, you must ask your health plan for an appeal within **10 days** from the date of this NOA letter, or before the date your health plan says the change to your service(s) will happen. Even though your health plan must give you Aid Paid Pending when you ask for an appeal within these timelines above, you should let your health plan know when you ask for an appeal that you want to get Aid Paid Pending until your appeal is decided.

If you miss the **10-day** period to request an appeal OR do not ask for an appeal before the date the change to your service(s) will happen, you still have **60 days** from the date of this NOA letter to ask for an appeal. However, you will not get Aid Paid Pending while your appeal is being decided.

You can ask for an appeal yourself. Or you can have someone like a relative, friend, advocate, doctor, or attorney to ask for one for you. This person is called an Authorized Representative (AOR). Your health plan can provide a form for you to identify your AOR. You, or your AOR, can send in anything you want your health plan to look at to make a decision on your appeal. A doctor who is different from the doctor who made the first decision will look at your appeal.

You can file an appeal by phone, in writing, or electronically:

- **By phone:**

Alameda Alliance for Health

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.371.2222**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

- **In writing:** Fill out an appeal form or write a letter and send it to:

Alameda Alliance for Health

1240 South Loop Road

Alameda, CA 94502

ATTN: Grievance & Appeals Department

Your doctor's office will have appeal forms available. Your health plan can also send a form to you.

- **Electronically:** Visit your health plan's website. Go to **www.alamedaalliance.org**.

WHEN WILL MY APPEAL BE DECIDED?

For Standard Appeals, your health plan must respond to your appeal in writing within **30 days**. If you think waiting **30 days** will hurt your health, you may be able to get a decision in **72 hours**. When you ask for an appeal with your health plan, say why waiting will hurt your health. Make sure you ask for an Expedited Appeal.

For Expedited Appeals, your health plan must try to give you an oral notice of its decision on your appeal. For both Standard and Expedited appeals, your health plan will mail you a Notice of Appeal Resolution (NAR) letter. This letter will tell you what your health plan decided on your appeal.

CAN I ASK FOR AN INDEPENDENT MEDICAL REVIEW AND A STATE HEARING?

An Independent Medical Review (IMR) is where a doctor(s) that is not related to the health plan will review your case. A State Hearing is where a judge will review your case.

If you disagree with your health plan's decision regarding your service(s), you can ask your health plan for an appeal. If you still disagree with your health plan's decision on your appeal, or it has been at least **30 days** since you filed your appeal with your health plan, you can request an IMR with the Department of Managed Health Care (DMHC). DMHC staff will determine whether your issue qualifies for an IMR.

In most instances, you are not eligible to request a State Hearing until you have first completed your health plan's internal appeal process. However, there are times when you can directly request a State Hearing. This can happen if your health plan did not notify you correctly or timely about your service(s). This is called Deemed Exhaustion.



YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

(CONTINUED FROM PAGE 15)



Here are some examples of Deemed Exhaustion:

- The health plan did not make this NOA letter available to you in your preferred language.
- The health plan made a mistake that affects any of your rights.
- The health plan did not give you a written NOA letter informing you of its intended action regarding your service(s).
- The health plan made a mistake in its written NAR letter.
- The health plan did not decide your appeal within **30 days** and send you a NAR letter.
- The health plan decided your case was urgent, but did not respond to your appeal within **72 hours** and send you a NAR letter.

Sometimes, you can ask for both an IMR and a State Hearing at the same time. You can also ask for one before the other to see if one will resolve your problem first. For example, if you ask for an IMR first, and you do not agree with what was decided, you can ask for a State Hearing. But, if you ask for a State Hearing first, and your hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an Independent Medical Review or a State Hearing.

HOW DO I REQUEST AN INDEPENDENT MEDICAL REVIEW?

The paragraph below provides you with information on how to request an IMR with DMHC.

Note that the term grievance is talking about both complaints and appeals:

“The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.510.747.4567** or toll-free at **1.877.932.2738** (people with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929** and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department’s internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions online.”

HOW DO I REQUEST A STATE HEARING?

As stated above, you may be eligible to request a State Hearing.

You can ask for a State Hearing in the following ways:

- **Online** at **www.cdss.ca.gov**.
- **By phone**: Call toll-free **1.800.743.8525**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD **1.800.952.8349**.
- **In writing**: Fill out a State Hearing form or write a letter.

Send it by mail or fax to:

Mail: California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

Fax: **1.916.309.3487** or toll-free at **1.833.281.0903**

A State Hearing Form is included with this letter. Be sure to include your name, address, telephone number, social security number and/or CIN number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell the State Hearings Division what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need.

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

(CONTINUED FROM PAGE 17)

After you ask for a State Hearing, it could take up to **90 days** to decide your case and send you an answer. If you think that waiting **90 days** will hurt your health, you can request an Expedited Hearing. If the State Hearings Division approves your request for an Expedited Hearing, you may be able to get a hearing decision within **three (3) days** from the date it receives your case file from your health plan.

You can ask for an Expedited Hearing by calling the State Hearings Division at the number above. Or you can send the State Hearing form or a letter to the State Hearings Division. You must explain how waiting for up to **90 days** for a decision will harm your life, health or ability to get or keep maximum function. You can also get a letter from your doctor to help show why you need an Expedited Hearing.

You can speak for yourself at the State Hearing. Or you can have someone like a relative, friend, advocate, doctor, or attorney speak for you. If you want someone else to speak for you, then you must sign a form telling the State Hearings Division that the person can speak for you. This person is called an Authorized Representative.

LEGAL HELP

You may be able to get legal help at no cost. Call the Bay Area Legal Aid toll-free at **1.800.551.5554**. You may also call the local Legal Aid Society in your county toll-free at **1.888.804.3536**.



EXPANDING LONG-TERM CARE (LTC) WITH CALAIM



Tens of millions of people across the United States require long-term care (LTC). They are mostly older adults but also include children and adults with disabilities or chronic conditions. Long-term care can include personal care, such as help with eating, dressing, or bathing, and can be provided in the home or at an LTC facility.

Currently, the LTC benefit is “carved out” and any Alliance member who is admitted to an LTC facility is disenrolled from the Alliance after spending more than **60 days** there, and enrolled in fee-for-service (FFS) Medi-Cal. **Beginning January 1, 2023**, long-term care in nursing homes and other facilities will be a benefit through the Alliance. Additionally, people who are living in LTC facilities and have Medi-Cal FFS will be enrolled with the Alliance.

To prepare for these changes, our team has been working to contract with high-quality LTC facilities. We are working with providers and community partners to ensure that people with FFS Medi-Cal in LTC facilities are enrolled with the Alliance without any interruptions.

Some members in LTC facilities may also be able to receive extra support through the Alliance Enhanced Care Management (ECM) and Community Supports (CS) programs. These include nursing facility residents who are likely to move back into the community and people who are eligible for long-term services in their home and have the ability to live safely with wrap-around support.

We are committed to ensuring that our members have access to high-quality, long-term services and support, no matter where they are provided.

WHAT IS MONKEYPOX (MPX)?

WHAT IS MPX?

MPX is a rare viral infection, but there has been a recent increase in the number of cases. MPX can cause flu-like symptoms followed by a distinct rash, lesions, and bumps on the body.

MPX spreads through close skin-to-skin contact, sex, kissing, and prolonged breathing at close range.

How to protect yourself:

- Do not have close, skin-to-skin contact with people who have a rash that looks like MPX.
- Avoid contact with objects and materials that a person with MPX has used.
- Wash hands often, especially before eating or after using the bathroom.

SEE A HEALTH CARE PROVIDER RIGHT AWAY IF YOU HAVE A RASH, OR IF YOU HAVE BEEN IN CONTACT WITH SOMEONE WHO HAS MPX. STAY HOME IF YOU FEEL SICK.

For more info, visit <https://monkeypox.wpengine.com>.



NEW NATIONAL MATERNAL MENTAL HEALTH HOTLINE



The new National Maternal Mental Health Hotline provides 24/7, no-cost, confidential support, resources, and referrals to any pregnant and postpartum mothers facing mental health challenges and their loved ones. The service is available via phone and text in English or Spanish. Interpreter services are offered in other languages.

Call or text, 1.833.9.HELP4MOMS (1.833.943.5746) to connect with counselors at the National Maternal Mental Health Hotline.

Pregnancy and a new baby can bring a range of emotions. In fact, many women feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings go away on their own. But for some women, these emotions are more serious and may stay for months.

The National Maternal Mental Health Hotline's counselors provide real-time emotional support, encouragement, information, and referrals. Pregnant and postpartum women can get the help and resources they need, when they need it.

Learn more at www.MCHB.HRSA.gov/national-maternal-mental-health-hotline.

To find a behavioral health provider, please call the Alliance Member Services Department at **1.510.747.4567** or visit www.alamedaalliance.org/help/find-a-behavioral-health-care-provider.

CANCER SCREENING TESTS FOR WOMEN'S HEALTH

Being a healthy woman is understanding and taking care of your health at each stage of your life. Regular well-woman visits with your doctor can help you get the information, vaccines, and screening tests that you need.

When your provider suggests a cancer screening test, it does not always mean they think you have cancer. Screening can find abnormal changes and cancer early, which can help with successful treatment.

Here are important screening tests to know about:

Pap and HPV Tests

Cervical cancer screening is part of a woman's health exam for those between the ages of 21 and 65. Cervical cancer occurs in the cervix, the lower part of the uterus (womb).

Cervical cancer screenings include:

- The Pap test (or Pap smear) looks for precancers, and cell changes on the cervix that might become cervical cancer if they are not treated.
- The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

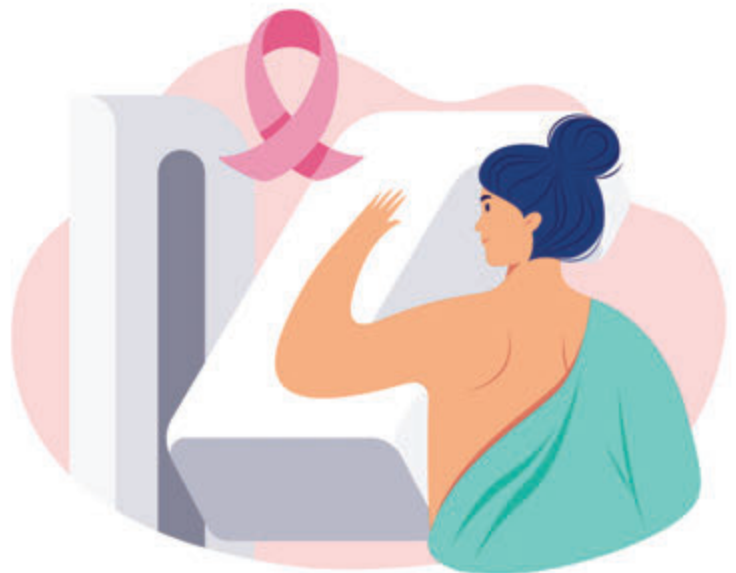
Women ages 21 to 29 should get a Pap test every three (3) years. Women ages 30 to 65 can get a Pap test, an HPV test, or both every three (3) to five (5) years.

Talk to your doctor or nurse about which screenings you need and how often to get them. Take charge of your health and call your provider today to schedule a well-woman visit.

Mammogram

Breast cancer is the most common cancer for women in California. Mammograms are the main way doctors check for breast cancer. It uses low-dose x-rays to create pictures of the inside of your breasts.

Ask your doctor about your personal risk for breast cancer to decide the best screening plan for early detection. Generally, women ages 50 to 74 should get a mammogram every other year.



LET'S PLAY CATCH-UP ON CHECK-UPS AND VACCINES

Many children missed check-ups and vaccines during the past couple of years. As children attend in-person learning and care, it's important for parents to work with their child's doctor or nurse to make sure they get caught up on well-child visits and vaccines.

YOU HAVE THE POWER TO HELP KEEP YOUR CHILD HEALTHY.

Making sure that your child sees their doctor for well-child visits and vaccines is one of the best things you can do to keep your child and family safe. Vaccines protect against diseases like measles or whooping cough that easily spread and are especially harmful to babies and young children.

Well-Child Visits

At your well-child visit, you and your doctor will:

- Track growth and developmental milestones
- Discuss any concerns about your child's health
- Get vaccines to prevent illnesses

How often should you go?

Doctors recommend that children have checkups at these ages:



Well-Baby Visits

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months

Well-Child Visits

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Every year after age 3

COVID-19 Vaccines

The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccines for everyone six (6) months and older. Children five (5) years and older can get a booster shot.

COVID-19 vaccines protect people from getting very sick if they do get COVID-19. Children can safely receive other vaccines the same day they receive their COVID-19 vaccine. Visit [vaccines.gov](https://www.vaccines.gov) for more information about COVID-19 vaccines and where to get one.

To learn more about well-child visits and vaccines for children, please visit the "Well Care" page at www.alamedaalliance.org/live-healthy-library.

WHERE DO I GO FOR HEALTH CARE?



Here is a guide for choosing whether you should go to your doctor's office or clinic, urgent care, or the emergency room for help.

DOCTOR'S OFFICE OR CLINIC

For a common sickness, minor injury, or a routine health exam, the best place to get care is a doctor's office or clinic. Your doctor knows your health history and can help you manage your health over time.

ADVICE NURSE LINE

If you can't reach your doctor, you can call the Advice Nurse Line at no cost. Nurses can give you advice about common health concerns or help you decide where to go for care. The Advice Nurse Line is ready to help 24 hours a day, 7 days a week.

Advice Nurse Line (Toll-Free)

Medi-Cal: **1.888.433.1876**

Group Care: **1.855.383.7873**

URGENT CARE

Urgent care clinics can see you for an urgent health need within 48 hours. Your doctor or the Advice Nurse Line can help you decide whether urgent care is the best option and tell you where to find a clinic.

EMERGENCY

You can get care for almost all health issues at your doctor's office. You need emergency care if your health (or your unborn baby's health) could be in danger, or a body part or organ could be seriously harmed. For emergency care, please go to the nearest hospital ER (emergency room) or call **9-1-1**.

Tips for ER Visits:

1. Bring a list of your medicines and allergies to the ER.
2. After your ER visit, please call your doctor right away to let them know you were in the ER.
3. Go to your local pharmacy for any newly prescribed medicines.

For help with finding a clinic or getting transportation and language services at your health care visit, please call:

Alliance Member Services Department

Monday through Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**

MEMBER RIGHTS AND RESPONSIBILITIES



As a member of the Alliance, you have certain rights and responsibilities.

YOUR RIGHTS

These are your rights as a member of the Alliance:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
- To make recommendations about the Alliance's member rights and responsibilities policy.
- To be able to choose a primary care provider within the Alliance network.
- To have timely access to network providers.
- To participate in decision-making with providers regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To know the medical reason for the Alliance's decision to deny, delay, terminate, or change a request for medical care.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer, or limit services or benefits.
- To get no-cost interpreting services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.

MEMBER RIGHTS AND RESPONSIBILITIES

(CONTINUED FROM PAGE 25)

- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance and are still not happy with the decision, or if you did not get a decision on your appeal after **30 days**, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from the Alliance and change to another health plan in the county upon request.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside the Alliance's network pursuant to the federal law.



YOUR RESPONSIBILITIES

Alliance members have these responsibilities:

- Tell the Alliance and your doctors what we need to know (to the extent possible) so we can provide care.
- Follow care plans and advice for care that you have agreed to with your doctors.
- Learn about your health problems and help to set treatment goals that you agree with, to the degree possible.
- Work with your doctor.
- Always present your Alliance member ID card when getting services.
- Ask questions about any medical condition and make certain you understand your doctor's explanations and instructions.
- Give your doctors and the Alliance correct information.
- Help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Make and keep medical appointments and inform your doctor at least 24 hours in advance when an appointment must be canceled.
- Treat all Alliance staff and health care staff with respect and courtesy.
- Use the emergency room (ER) only in case of an emergency or as directed by your doctor.



NOTICE OF NONDISCRIMINATION

Discrimination is against the law. Alameda Alliance for Health (Alliance) follows State and Federal civil rights laws. The Alliance 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.

The Alliance provides:

- Aids and services to people with disabilities to help them communicate better at no cost, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Language services to people whose primary language is not English at no cost, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact:

Alameda Alliance for Health

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form.

To obtain a copy in one of these alternative formats, please call or write to:

Alameda Alliance for Health

1240 South Loop Road

Alameda, CA 94502

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

HOW TO FILE A GRIEVANCE

If you believe that the Alliance 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 the Alliance.

You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:**

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

- **In writing:** Fill out a complaint form or write a letter and send it to:

Alameda Alliance for Health

ATTN: Alliance Grievances and Appeals Department

1240 South Loop Road

Alameda, CA 94502

- **In person:** Visit your doctor's office or the Alliance and say you want to file a grievance.

- **Electronically:** Visit the Alliance website at **www.alamedaalliance.org**.

NOTICE OF NONDISCRIMINATION

(CONTINUED FROM PAGE 29)

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:**

California Department of Health Care Services (DHCS)

Phone Number: **1.916.440.7370**

People with hearing and speaking impairments (TRS): **711**

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

Deputy Director, Office of Civil Rights

California Department of Health Care Services

P.O. Box 997413, MS 0009

Sacramento, CA 95899-7413

Complaint forms are available at 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:**

U.S. Department of Health and Human Services, Office for Civil Rights

Toll-Free: **1.800.368.1019**

People with hearing and speaking impairments (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 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>.

LANGUAGE ASSISTANCE SERVICES

(CONTINUED FROM PAGE 31)

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.877.932.2738 (TTY: 1.800.735.2929)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1.877.932.2738 (TTY: 1.800.735.2929)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໂລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂຕໜ້າເບີ **1.877.932.2738 (TTY: 1.800.735.2929)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂຕໜ້າເບີ **1.877.932.2738 (TTY: 1.800.735.2929)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.877.932.2738 (TTY: 1.800.735.2929)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.877.932.2738 (TTY: 1.800.735.2929)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.877.932.2738 (TTY: 1.800.735.2929)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.877.932.2738 (TTY: 1.800.735.2929)**। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.877.932.2738 (линия TTY: 1.800.735.2929)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.877.932.2738 (линия TTY: 1.800.735.2929)**. Такие услуги предоставляются бесплатно.

ແທກໂລພາສາໄທ (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738 (TTY: 1.800.735.2929)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738 (TTY: 1.800.735.2929)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.877.932.2738 (TTY: 1.800.735.2929)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.877.932.2738 (TTY: 1.800.735.2929)**. Ці послуги безкоштовні.

LANGUAGE ACCESS

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話：**1.510.747.4567**。

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch Vụ Hội Viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.



ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please let us know by calling the Alliance Member Services Department at **1.510.747.4567**.

PROGRAM AND MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs?

Just fill out the **Alliance Wellness Program & Materials Request Form** on page **36**, check the programs or materials that you want, and send it to us. Programs and materials are at no cost to you as our Alliance member. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/live-healthy**.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters for health care visits and health plan documents in their language or other formats such as braille, audio, or large print. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567**.



QUALITY IMPROVEMENT PROGRAM

The Alliance Quality Improvement (QI) program helps improve care for our members. We look to see if you are getting regular exams, screenings, and tests that you need. We also find out if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we met our goals.

To learn more about our QI program goals, progress, and results, please visit www.alamedaalliance.org/members.

If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567**.

IMPORTANT PHONE NUMBERS

Service	Contact Number
Emergency	911
Poison Control	1.800.222.1222
Alameda County Social Services Medi-Cal Center	1.800.698.1118 or 1.510.777.2300
Medi-Cal Plan Enrollment/Changes	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	1.510.747.4500
Member Services Department Monday – Friday, 8 am – 5 pm	1.510.747.4567
Toll-Free	1.877.932.2738
People with hearing and speaking impairments (CRS/TTY)	711/1.800.735.2929

CARE SERVICES

Behavioral Health Care Services

Beacon Health Options	1.855.856.0577
Alameda County Behavioral Health Care Services (ACCESS)	1.800.491.9099

Dental Care Services

Medi-Cal Members: Denti-Cal	1.800.322.6384
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552

Vision Care Services

Medi-Cal Members: MARCH Vision Care	1.844.336.2724
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552

Nurse Advice Line

Medi-Cal Members	1.888.433.1876
Group Care Members	1.855.383.7873

CONNECT WITH US!



facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://instagram.com/alamedaallianceforhealth)



[@alameda-alliance-for-health](https://linkedin.com/company/alameda-alliance-for-health)



[@alamedaalliance](https://youtube.com/alamedaalliance)

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.

CLASSES & PROGRAM REFERRALS

- Asthma
- Breastfeeding Support
- CPR/First Aid
- Diabetes
- Diabetes Prevention Program (*prediabetes*)
- Healthy Eating, Exercise, and Weight
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking
- WW (*formerly Weight Watchers*)

For translators:
for Chinese and
Vietnamese
translations
please have
it say: "Asian
Smokers"
Outline

→ (please have *Kick It California* call me)

MEDICAL ID

- Choose one: Bracelet Necklace
- Asthma
 - Child Adult
 - Diabetes
 - Child Adult

WRITTEN MATERIALS

- Advance Directive (*medical power of attorney*)
- Alcohol and Other Substance Use
- Asthma
- Back Pain
- Birth Control
- Car Seat Safety
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Domestic Violence
- Healthy Eating, Exercise, and Weight
 - Child Adult
- Heart Health
- Parenting
- Pregnancy
- Preventive Care
- Quit Smoking
- Safety
 - Child Adult
- Sexual Health
- Stress and Depression
 - Child Adult

Name (self): _____
 Alliance Member ID Number: _____
 Child's Name (if applies): _____
 Child's Member ID Number: _____
 Age of Child: _____
 Address: _____
 City: _____ Zip Code: _____

Written Language: _____
 Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?

Please check all that apply:

- Phone: _____
- Email: _____
- Text: _____



To order, please complete this form on the member portal
 at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**