

# Member Handbook

## Family Mosaic Project

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What you need to know about your benefits

Family Mosaic Project Combined Evidence of Coverage (EOC) and Disclosure Form

2023 – Northern California – San Francisco



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)).  
Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

# Other languages and formats

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## Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. We provide written translations from qualified translators. Call 1-415-206-7600 (TTY 1-415-206-7680 or 711). Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

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## Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-415-206-7600 (TTY 1-415-206-7680 or 711). The call is toll free.

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## Interpreter services

Family Mosaic Project provides oral interpretation services

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from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic and cultural services and help are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call 1-415-206-7600 (TTY 1-415-206-7680). The call is toll free.

**English Tagline**

ATTENTION: If you need help in your language call 1-800-224-7766 (TTY: 1-855-266-4584). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-224-7766 (TTY: 1-855-266-4584). These services are free of charge.

**العربية الشعار**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-224-7766 (TTY: 1-855-266-4584). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-224-7766 (TTY: 1-855-266-4584). هذه الخدمات مجانية.

**Հայերեն պիտակ (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-224-7766 (TTY: 1-855-266-4584): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք 1-800-224-7766 (TTY: 1-855-266-4584) : Այդ ծառայություններն անվճար են.

**ប្រាសាទល់ជាភាសាខ្មែរ (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-224-7766 (TTY: 1-855-266-4584) ។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស



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សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-224-7766 (TTY: 1-855-266-4584)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### **简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-800-224-7766 (TTY: 1-855-266-4584)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-224-7766 (TTY: 1-855-266-4584)。这些服务都是免费的。

### **(Farsi)**

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با مطلب به زبان فارسی-1 800-224-7766 (TTY: 1-855-266-4584) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-224-7766 (TTY: 1-855-266-4584) تماس بگیرید. این خدمات رایگان ارائه می شوند.

### **हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-224-7766 (TTY: 1-855-266-4584) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-224-7766 (TTY: 1-855-266-4584) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-224-7766 (TTY: 1-855-266-4584). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-224-7766 (TTY: 1-855-266-4584). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-800-224-7766 (TTY: 1-855-266-4584) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-224-7766 (TTY: 1-855-266-4584) へお電話ください。これらのサービスは無料で提供しています。

### **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-224-7766 (TTY: 1-855-266-4584)



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번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-224-7766 (TTY: 1-855-266-4584) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ເທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ຫາເບີ 1-800-224-7766 (TTY: 1-855-266-4584). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໄຕເຟິມໃຫຍ່ ໃຫ້ໃຫ້ຫາເບີ 1-800-224-7766 (TTY: 1-855-266-4584). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-224-7766 (TTY: 1-855-266-4584). 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 1-800-224-7766 (TTY: 1-855-266-4584). 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 1-800-224-7766 (TTY: 1-855-266-4584). ਅਪਾਰਜ਼ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-224-7766 (TTY: 1-855-266-4584). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-224-7766 (линия TTY: 1-855-266-4584). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-224-7766 (линия TTY: 1-855-266-4584). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-224-7766 (TTY: 1-855-266-4584). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-224-7766 (TTY: 1-855-266-4584). Estos servicios son gratuitos.



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## **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-224-7766 (TTY: 1-855-266-4584). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-224-7766 (TTY: 1-855-266-4584). Libre ang mga serbisyong ito.

## **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-224-7766 (TTY: 1-855-266-4584) นอกจากนี้  
ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-224-7766 (TTY: 1-855-266-4584) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-224-7766 (TTY: 1-855-266-4584). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-224-7766 (TTY: 1-855-266-4584). Ці послуги безкоштовні.

## **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-224-7766 (TTY: 1-855-266-4584). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-224-7766 (TTY: 1-855-266-4584). Các dịch vụ này đều miễn phí.



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# Notice of non-discrimination

Discrimination is against the law. Family Mosaic Project follows State and Federal civil rights laws. Family Mosaic Project 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.

Family Mosaic Project provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Family Mosaic Project Monday through Friday, 8:30am – 5:00pm, 1-415-206-7600. Or, if you cannot hear or speak well, please call 1-415-206-7680 or 711 to use the California Relay Service.

## **HOW TO FILE A GRIEVANCE**

If you believe that Family Mosaic Project 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



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## Notice of non-discrimination

disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Office of Cultural Competence. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact between Monday through Friday by calling 1-415-255-3426. Or, if you cannot hear or speak well, please call 1-888-484-7200 or 711 to use the California Relay Service. We are open M-F, 8:30AM-5:00PM.
- **In writing:** Fill out a complaint form or write a letter and send it to:
  - Behavioral Health Access Center (BHAC)
  - 1380 Howard Street, 1<sup>st</sup> floor
  - San Francisco, CA 94103
  - 1-415-503-4730 or 1-800-750-2727
  - TDD: 1-888-484-7200
- **In person:** Visit an officer of the Day at BHAC and say you want to file a grievance.
  - Behavioral Health Access Center (BHAC)
  - 1380 Howard Street, 1<sup>st</sup> floor
  - San Francisco, CA 94103
  - 1-415-503-4730 or 1-800-750-2727
  - TDD: 1-888-484-7200
- **Electronically:** Family Mosaic Project's website at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp> for additional information.

## **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:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.



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In writing: 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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto: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: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697** or 711 to use the California Relay Service.
- 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 <http://www.hhs.gov/ocr/office/file/index.html>.



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- Electronically: Visit the Office for Civil Rights Complaint Portal at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_confirmation.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_confirmation.jsf)



Call member services at 1-415-206-7600 (TTY 1-415-206-7680 or 711). Family Mosaic Project is here Monday through Friday, 8:30am-5:00pm. The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

# Welcome to Family Mosaic Project!

Thank you for joining Family Mosaic Project. Family Mosaic Project is a health plan for people who have Medi-Cal. Family Mosaic Project works with the State of California to help you get the mental health services you need. Family Mosaic Project was part of a National pilot study funded by the Robert Wood Johnson Foundation from 1990-1995 to develop an intensive care management wraparound model of care. Family Mosaic Project was one of eight demonstration sites accepted for funding. In 1996, Family Mosaic Project entered into a contract with the Department of Health Care Services (DHCS) to explore capitation and develop a capitation rate per member. Family Mosaic Project has had a contract with DHCS since that time and have continued to provide Wraparound Services to children who are eligible for specialty mental health services.

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## Member Handbook

This Member Handbook tells you about your coverage under Family Mosaic Project. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Family Mosaic Project. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Family Mosaic Project rules and policies and based on the contract between Family Mosaic Project and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from member services.

Call 1-415-206-7600 (TTY 1-415-206-7680 or 711) to ask for a copy of the contract between Family Mosaic Project and DHCS. You may also ask for another copy of the



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

## Welcome to Family Mosaic Project!

Member Handbook at no cost to you or visit the Family Mosaic Project website at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp> to view the Member Handbook. You may also request, at no cost, a copy of the Family Mosaic Project non-proprietary clinical and administrative policies and procedures, or how to access this information on the Family Mosaic Project website.

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## Contact us

Family Mosaic Project is here to help. If you have questions, call 1-415-206-7600 (TTY 1-415-206-7680 or 711). Family Mosaic Project is here Monday through Friday, 8:30am and 5:00pm. The call is toll free.

You can also visit online at any time at

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>.

Thank you,

Family Mosaic Project  
1309 Evans Avenue  
San Francisco, CA 94124



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>



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# 1. Getting started as a member

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## How to get help

Family Mosaic Project wants you to be happy with your health care. If you have any questions or concerns about your care, Family Mosaic Project wants to hear from you!

## Member services

Family Mosaic Project member services is here to help you. Family Mosaic Project can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats

If you need help, call 1-415-206-7600 (TTY/TDD 1-415-206-7680 or 711). Family Mosaic Project is here Monday through Friday, 8:30am - 5:00pm. The call is toll free. You can also visit online at any time at

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp> .

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## Who can become a member

You qualify for Family Mosaic Project because you qualify for Medi-Cal and live in San Francisco County. You are also under the age of 18, multiple system involvement (Human Service Agency, Juvenile Probation or Child Crisis), and experience chronic



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp) is here [Monday through Friday, 8:30am-5:00pm](https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

and acute mental health risks. You may also qualify for Medi-Cal through Social Security because you are receiving SSI/SSP. Social Security Administration, 1098 Valencia Street, San Francisco, CA 94110 1-800-772-1213.

## Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office. Find your local office at [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

## Identification (ID) cards

As a member of Family Mosaic Project, you will get a Family Mosaic Project ID card. You must show your Family Mosaic Project ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here are sample BIC and Family Mosaic Project ID card to show you what yours will look like:

<b>FAMILY MOSAIC PROJECT</b>	Please refer to your Medi-Cal Providers manual, which states that
<b>CAPITATED MENTAL HEALTH MED-CAL PLAN</b>	<b>Family Mosaic Capitation Plan is a non-comprehensive plan that does not cover medical or prescription services.</b>
SUBSCRIBER:	<b>Psychiatric Emergency Services:</b> Call Comprehensive Child
DOB:	Crisis Service@ (415) 970-3800 or 911.
FMP CAPITATION EFFECTIVE DATE:	<b>Routine Mental Health Care:</b> Call your FMP Case Manager or their supervisor at (415)206-7600.
<b><u>MEDICAL &amp; MEDICATION SERVICES FOR THE ABOVE NAMED</u></b>	



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:1-415-206-711)). [Family Mosaic Project](http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp) is here [Monday through Friday, 8:30am-5:00pm](http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

**SHOULD BE BILLED DIRECTLY TO FEE-FOR-SERVICE MEDI-CAL**

FAMILY MOSAIC PROJECT  
DEPARTMENT OF PUBLIC HEALTH,  
COMMUNITY BEHAVIORAL  
HEALTH SERVICE  
CITY AND COUNTY OF SAN  
FRANCISCO

**Customer Service Department:** Monday-Friday, 8:30a.m.-5:00p.m.

Send mental health claims to 1309 Evans Ave, SF, CA 94124-1705.

**Notice to Providers:** Possession of this card does not guarantee eligibility. To confirm eligibility call (415) 206-7600.

Fax (415)206-7630

If you do not get your Family Mosaic Project ID card within a few weeks after your enrollment date, or if your card is damaged, lost or stolen, call member services right away. Family Mosaic Project will send you a new card for free. Call 1-415-206-7600 (TTY 1-415-206-7680 or 711).

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## Ways to get involved as a member

Family Mosaic Project wants to hear from you. Each month, Family Mosaic Project has meetings to talk about what is working well and how Family Mosaic Project can improve. Members are invited to attend. Come to a meeting!

### Family Mosaic Project Consumer Advisory Board

Family Mosaic Project has a group called Consumer Advisory Board. This group is made up of 10 members. Joining this group is voluntary. The group talks about how to improve Family Mosaic Project policies and is responsible for:

- Quarterly meetings
- Services, feedback and planning
- Assisting with hiring policies

If you would like to be a part of this group, call 1-415-206-7600 (TTY 1-415-206-7680 or 711).



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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# 2. About your health plan

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## Health plan overview

Family Mosaic Project is a health plan for people who have Medi-Cal in this service area: San Francisco County. Family Mosaic Project works with the State of California to help you get the health care you need.

You may talk with one of the Family Mosaic Project member services representatives to learn more about the health plan and how to make it work for you. Call 1-415-206-7600 (TTY 1-415-206-7680 or 711).

## When your coverage starts and ends

When your child enrolls in Family Mosaic Project, you should receive a Family Mosaic Project member ID card within two weeks of enrollment. Please show this card every time you go for any services under the Family Mosaic Project.

While your child is receiving mental health services covered by the Family Mosaic Project Health Plan, her/his physical health care and prescription medications are covered by Fee-For-Service Medi-Cal.

You may ask to end your Family Mosaic Project coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov). You can also ask to end your Medi-Cal.

Family Mosaic Project must end your coverage if:

- Your child moves out of the county or is detained
- Your child has met his/her plan of care goals
- Your child is in a residential facility



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or 711). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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## How your plan works

Family Mosaic Project is a managed care mental health plan contracted with DHCS. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. Family Mosaic Project works with psychiatrists, therapists and other mental health care providers in the Family Mosaic Project service area to give mental health care to you, the member.

Family Mosaic Project will tell you how Family Mosaic Project works, how to get the mental health care your child needs, how to schedule provider appointments, and how to access other mental health services.

To learn more, call 1-415-206-7600 (TTY 1-415-206-7680) or 711. You can also find member service information online at

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project-FAQ.asp>

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## Changing health plans

You may leave Family Mosaic Project and join another health plan at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) or 711 to choose a new plan. You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday.

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project-FAQ.asp>

It takes about 30 days to process your request to leave Family Mosaic Project. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077) or 711.

If you want to leave Family Mosaic Project sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

You may ask to leave Family Mosaic Project in person at your local county health and human services office. Find your local office at [www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx) or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). You may also contact member services at 1-415-206-7649 (TTY 1-415-206-7680 or 711).

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## Continuity of care

If you now see providers who are not in the Family Mosaic Project network, in certain cases you may be able to keep seeing them for up to 12 months or longer. Providers in the Family Mosaic network need prior approval for services.

To learn more about continuity of care and eligibility qualifications, call Member Services at 1-415-206-7600 (TTY 1-415-206-7680 or 711).

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## Costs

### Member costs

Family Mosaic Project serves children under the age of 18 who qualify for Medi-Cal. Family Mosaic Project members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, see "Benefits and services."

### How a provider gets paid

Family Mosaic Project pays providers in these ways:

- Capitation payments
  - Family Mosaic Project pays for services from a set amount of money received every month for each member. This is called a capitation payment. Family Mosaic Project decides on how to manage payment for services rendered.
  - To learn more about how Family Mosaic Project pays providers, please contact us at the number below.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>



## Asking Family Mosaic Project to pay a bill

If you get a bill for a covered service, call member services right away at 1-415-206-7649 (TTY 1-415-206-7680) or 711.

If you pay for a service that you think Family Mosaic Project should cover, you can file a claim. Use a claim form and tell Family Mosaic Project in writing why you had to pay. Call 1-415-206-7649 (TTY 1-415-206-7680) to ask for a claim form. Family Mosaic Project will review your claim to decide if you can get money back. If services rendered fall within your coverage through Family Mosaic, you are eligible for full reimbursement. If your bill has yet to be paid Family Mosaic will work with the billing partner to resolve your claim.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here Monday through Friday, 8:30am-5:00pm. The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

# 3. How to get care

## Getting mental health care services

The Family Mosaic Project is committed to working with you to provide comprehensive mental health services that meet your family's needs. Our services are provided with dignity and respect and our goals are simple. We want to keep youth in schools, out of trouble, and safe at home with their families and caregivers.

It is well known that youth thrive best in their natural homes and communities. Family Mosaic Project partners with families and communities in San Francisco in order to promote permanency and stability for youth at risk of out-of-home placements. Our program seeks to achieve the following goals for youth and families:

- Stabilize home environments
- Improve functioning in homes, schools and communities
- Create and improve permanent relationships amongst family members and identified natural supports
- Collaborative and efficient relationships with families and community partners

### Family Mosaic Wraparound Principles:

- **Family Voice and Choice:** The family makes the decisions about services, family and goals.
- **Team-Based:** The Wraparound team consists of individuals agreed upon by the



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family.

- **Natural Supports:** The Wraparound team seeks out participation from caring family and community members.
- **Collaboration:** Team members work together in developing, implementing, monitoring and evaluating the Wraparound plan.
- **Community-Based:** The Wraparound team implements services that are accessible and convenient to the family.
- **Individualized:** The team develops a family-tailored plan to address the goals identified by the family and team members.
- **Strength-Based:** The Wraparound plan builds on the strengths, knowledge and skills of the family.
- **Persistence:** Despite challenges, the team works together until the Wraparound goals have been met.
- **Outcome-Based:** Family and team goals are observed and measured throughout the Wraparound process.

The Wraparound process helps caring individuals involved with your family work together towards a common goal. At the beginning, a Care Coordinator and Behavioral Support Counselor will be assigned to your family. Your Care Coordinator and Behavioral Support Counselor will be your primary partners throughout the Wraparound process and will help organize all of your team meetings. In one of the initial meetings, ways to make sure that your child and family can succeed at home, school and in the community will be identified.

**Care Coordinator:** This is the point person for the Wraparound team. He or she coordinates all team meetings, oversees services, and monitors the Wraparound plan.

**Behavioral Support Counselor:** This person provides mentoring, coaching and behavioral interventions based on the Wraparound plan. He or she also helps connect the family with local resources in the community.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

**Caregiver/Parent Partners:** This person provides support and brief counseling to parents and caregivers.

**Natural Supports:** These are individuals who have been identified by the family to be part of the team. They can be people from the extended family, church, community, or anyone else who can help support the family during the Wraparound process.

**Providers:** These are professionals who temporarily serve an important role for the family. They may be individuals from the school district, Department of Human Services, and/or Department of Juvenile Probation. A doctor, psychiatrist, and/or public health nurse may also be part of the Wraparound team.

Together, you and your Wraparound team will decide on what services would be helpful for your family. Some of the services that Wraparound provide include:

- Case Management
- Behavioral Interventions
- Skill Building
- Medication Support
- School Support
- Safety Planning
- Individual Therapy
- Family Therapy
- Vocational Therapy
- Linkage to Resources

### **Initial health assessment (IHA)**

Family Mosaic Project will conduct an assessment within 30 days to determine medical necessity and a plan of care within 45 days to recommend services.

### **Psychiatric Emergency care**

For psychiatric emergency care, call **911** or call Child Crisis at 1-415-970-3800. For emergency care, you do **not** need pre-approval (prior authorization).

Psychiatric emergency care is a 5150 evaluation to determine if your child meets criteria to be hospitalized due to danger to self and/or danger to others.




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Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

## Sensitive care

### *Minor consent services*

You can see a doctor without consent from your parents or guardian for the following types of care:

Outpatient mental health care for:

- Sexual or physical abuse
- When you may hurt yourself or others
- Pregnancy
- Family planning
- Sexual assault
- HIV/AIDS testing (only minors 12 years or older)
- Sexually transmitted infections preventions, testing and treatment (only minors 12 years or older)
- Drug and alcohol abuse

The doctor or clinic does not have to be part of the Family Mosaic Project network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, you can call 1-415-206-7600 (TTY 1-415-206-7680 or 711).

Family Mosaic Project will not send information about getting sensitive services to parents or guardians. Please refer to the “Notice of Privacy Practices” section for information about how to request for confidential communications related to sensitive services.

## Where to get care

You will get most of your care from your Family Mosaic Project team. The services will be provided in your home, in the community, in the schools and/or our offices.

### Out-of-network or Out-of-service area

Out-of-network providers are those that do not have an agreement to work with Family Mosaic Project. Except for emergency mental health care, you may have to pay for care



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

from providers who are out of the network. If you need covered mental health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call 1-415-206-7600 (TTY 1-415-206-7680) or 711.

If you are outside of the Family Mosaic Project service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call (1-415-206-7600) (TTY 1-415-206-7680 or 711). Family Mosaic Project's service area is the City and County of San Francisco.

For emergency care, call **911** or go to the nearest emergency room. Family Mosaic Project covers out-of-network emergency mental health care. If you travel to Canada or Mexico and need emergency mental health services requiring hospitalization, Family Mosaic Project will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, Family Mosaic Project will **not** cover your care.

## Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call at 1-415-206-7649 (TTY 1-415-206-7680 or 711). Tell Family Mosaic Project the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by Family Mosaic Project for any covered service.

If you get a bill or are asked to pay a co-pay when you feel you shouldn't have to, you can also file a claim form. You will need to tell Family Mosaic Project in writing why you had to pay for the item or service. Family Mosaic Project will read your claim and decide if you can get money back. For questions or to ask for a claim form, call member services at 1-415-206-7649 (TTY 1-415-206-7680 or 711).

## Pre-approval

For all services, your Care Coordinator will review and obtain a signature from the parent/legal guardian on the Plan of Care before starting planned services. This is



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>



called asking for prior authorization, prior approval, or pre-approval. It means that Family Mosaic Project must make sure that the mental health services are medically necessary or needed.

### Timely access to care

Appointment Type	Must Get Appointment Within
Intake appointments that do not require pre-approval	48 business hours
Non-urgent appointments	As needed
Non-urgent specialist	As needed
Non-urgent mental health provider (non-physician)	As needed
Telephone wait times during normal business hours	1 minute
Child Crisis Services	24/7 services – No more than 30 minutes



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here Monday through Friday, 8:30am-5:00pm. The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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# 4. Benefits and services

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## What your health plan covers

This section explains all your covered services as a member of Family Mosaic Project. Your covered services are free if they are medically necessary. Care is medically necessary if it is reasonable and necessary to protect life, keeps you from becoming seriously ill or disabled, or reduces pain from a diagnosed disease, illness or injury.

Family Mosaic Project offers these types of services:

- Case Management
  - Behavioral Interventions
  - Skill Building
  - Medication Support
  - School Support
  - Safety Planning
  - Individual Therapy
  - Family Therapy
  - Vocational Therapy
  - Linkage to Resources
- 

## Medi-Cal benefits



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

## Mental health services

The plan covers:

- **Specialty mental health services**
  - County mental health plans provide Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries who meet medical necessary criteria. SMHS may include the following inpatient and outpatient services:
    - Outpatient services:
      - Mental health services (assessments, plan development, therapy, rehabilitation, and collateral)
      - Medication support services
      - Day treatment intensive services (for 30 days)
      - Crisis intervention services
      - Crisis stabilization services
      - Targeted case management services
      - Therapeutic behavioral services
      - Intensive care coordination (ICC)
      - Intensive home-based services (IHBS)
    - Residential services:
      - Crisis residential treatment services
    - Inpatient services:
      - Acute psychiatric inpatient hospital services
      - Psychiatric inpatient hospital professional services
      - Psychiatric health facility services
  - For help finding more information on SMHS provided by the county mental health plan, you can call the county. To locate all counties toll-free telephone numbers online, visit <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>



Call member services at 1-415-206-7600 (TTY 1-415-206-7680 or 711). Family Mosaic Project is here Monday through Friday, 8:30am-5:00pm. The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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## What your health plan does not cover

### Other services you can get through Fee-For-Service (FFS) Medi-Cal

Family Mosaic Project only covers specialty mental health services. All other Medi-Cal services not covered by Family Mosaic Project are covered through FFS Medi-Cal. To learn more, call member services at 1-415-206-7649 (TTY 1-415-206-7680 or 711).

### ***Covered dental services***

Medi-Cal covers some dental services for children up to age 21. Including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at <https://www.dental.dhcs.ca.gov>.

### Services you cannot get through Family Mosaic Project

There are some services that Family Mosaic Project will not cover, including:

- California Children's Services (CCS)

Read each of the sections below to learn more. Or call member services 1-415-206-7649 (TTY 1-415-206-7680 or 711).



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or 711). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

### **California Children's Services (CCS)**

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If your PCP believes your child has a CCS condition, he or she will be referred to the CCS program.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition.

Family Mosaic Project does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns



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Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

- Severely crooked teeth

The State pays for CCS services.

To learn more about CCS, call member services at 1-415-206-7649 (TTY 1-415-206-7680) and at [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs)

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## Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Organ and tissue donation

Read each the sections below to learn more about other programs and services for people with Medi-Cal.

### Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ and tissue donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at [organdonor.gov](http://organdonor.gov).

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## Coordination of benefits

Family Mosaic Project offers services to help you coordinate your mental health care needs at no cost to you. Family Mosaic Project's network is within the City and County of San Francisco only. If you have questions or concerns about your health or the health of your child, call member services at 1-415-206-7649 (TTY 1-415-206-7680).



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:1-415-206-711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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# 5. Rights and responsibilities

As a member of Family Mosaic Project, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of Family Mosaic Project.

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## Your rights

Family Mosaic Project members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, and member rights and responsibilities.
- To receive fully translated written member information in you preferred language, including all grievance and appeals notices.
- To make recommendations about Family Mosaic's member rights and responsibilities policy.
- To be able to choose a primary care provider within Family Mosaic Project's network.
- To participate in decision making 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 received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.
- To get no-cost written member-informing materials in other formats (such as braille, large-size print and 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 receive information on available treatment options and alternative, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive 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 Family Mosaic Project, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside Family Mosaic Project's network pursuant to the federal law.

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## Your responsibilities

Family Mosaic Project members have these responsibilities:

You will be asked to help develop a team and make decisions with that team. You will be asked to help identify your family's strengths and needs. You and your team will consider a variety of actions to meet needs. Your Wraparound plan will change



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>



regularly. You and your team will get an opportunity to evaluate whether your plan is getting to the results or outcomes you want. You should attend meetings to assist in developing Treatment Plans of Care. You should notify your Care Coordinator immediately if you encounter issues or changes with your coverage. You should bring your health plan card to all medical and mental health appointments.

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### Notice of privacy practices

A STATEMENT DESCRIBING Family Mosaic Project POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Members who may consent to receive sensitive services are not required to obtain any other member's authorization to receive sensitive services or to submit a claim for sensitive services. Family Mosaic Project will direct communications regarding sensitive services to a member's alternate designated mailing address, email address, or telephone number or, in the absence of a designation, in the name of the member at the address or telephone number on file. Family Mosaic Project will not disclose medical information related to sensitive services to any other member without written authorization from the member receiving care. Family Mosaic Project will accommodate requests for confidential communication in the form and format requested, if it is readily producible in the requested form and format, or at alternative locations. A member's request for confidential communications related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications.

Family Mosaic Project must insert information on how an enrollee may request confidential communications pursuant to Civil Code section 56.107 subdivision (b). Note: Family Mosaic Project may require members to make requests for confidential communications in writing or by electronic transmission.

The Full Notice of HIPAA Privacy Practices can also be found at:

<https://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAPolicies.asp>



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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## Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

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## Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services Family Mosaic Project provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. Family Mosaic Project will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

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## Notice about Estate Recovery

The Medi-Cal program must seek repayment from estates of certain deceased



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

members for Med-Cal benefits received on or after their 55<sup>th</sup> birthday. Repayment includes fee-for-service and managed care premiums and capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was in inpatient in a nursing facility or was receiving home and community-based services. Repayments cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS estate recovery website at <http://dhcs.ca.gov/er> or call 1-916-650-0590.

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## Notice of Action

Family Mosaic Project will send you a Notice of Action (NOA) letter any time Family Mosaic Project denies, delays, terminates or modifies a request for mental health services. If you disagree with the plan's decision, you can always file an appeal with Family Mosaic Project. When Family Mosaic Project sends you a NOA it will inform you of all rights you have if you disagree with a decision we made.

### ***Contents in Notices***

If Family Mosaic Project bases denials, delays, terminations, or changes in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action Family Mosaic Project intends to take.
- A clear and concise explanation of the reasons for Family Mosaic Project's decision.
- How Family Mosaic Project came to their decision. This should include the criteria Family Mosaic Project] used.
- The medical reasons for the decision. Family Mosaic Project must clearly state how the member's condition does not meet the criteria or guidelines.

### ***Translations***

Family Mosaic Project is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

The fully translated notice must include the medical reason for Family Mosaic Project's decision to reduce, suspend, or stop a request for health care services.

If your preferred language is not available Family Mosaic Project is required to offer verbal assistance in your preferred language so that you can understand the information you receive.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). Family Mosaic Project is here Monday through Friday, 8:30am-5:00pm. The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

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# 6. Reporting and solving problems

There are two kinds of problems that you may have with Family Mosaic Project:

- A **complaint** (or **grievance**) is when you have a problem with Family Mosaic Project or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with our decision not to cover or change your services

You can use the Family Mosaic Project grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact Family Mosaic Project first to let us know about your problem. Call us between 8:30am and 5:00pm at member services at 1-415-206-7649 (TTY 1-415-206-7680) to tell us about your problem. This will not take away any of your legal rights. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at 1-888-HMO-2219 (TTY 1-877-688-9891 or 711) or visit the DMHC website at <https://www.dmhc.ca.gov>.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. to 5:00 p.m. at 1-888-452-8609.



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call member services at 1-415-206-7649 (TTY 1-415-206-7680 or 711).

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.

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## Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from Family Mosaic Project or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call Family Mosaic Project at member services at 1-415-206-7649 (TTY 1-415-206-7680) between 8:30-5:00. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call Family Mosaic Project member services at 1-415-206-7649 (TTY 1-415-206-7680) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Grievance Officer  
Officer of Quality Management  
1380 Howard Street 2<sup>nd</sup> Floor  
San Francisco, CA 94103

Our front office will have complaint forms available.

- **Online:** Visit Family Mosaic Project website. Go to <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

If you need help filing your complaint, we can help you. We can give you free language services. Call member services at 1-415-206-7649 (TTY 415-206-7680).

Within 5 days of getting your complaint, we will send you a letter letting you know we



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

received it. Within 30 days, we will send you another letter that tells you how we resolved your problem.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at member services at 1-415-206-7649 (TTY 1-415-206-7680). We will make a decision within 72 hours of receiving your complaint.

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## Appeals

An appeal is different from a complaint. An appeal is a request for Family Mosaic Project to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date Family Mosaic Project says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

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

- **By phone:** Call Family Mosaic Project at member services at 1-415-206-7649 (TTY 1-415-206-7680) between 8:30 a.m. and 5:00 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call Family Mosaic Project at member services at 1-415-206-7649 (TTY 1-415-206-7680) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Behavioral Health Access Center (BHAC)

1380 Howard Street, 1<sup>st</sup> floor



Call member services at [1-415-206-7600](tel:1-415-206-7600) (TTY [1-415-206-7680](tel:1-415-206-7680) or [711](tel:711)). [Family Mosaic Project](#) is here [Monday through Friday, 8:30am-5:00pm](#). The call is toll free. Or call the California Relay Line at 711. Visit online at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

San Francisco, CA 94103

Our front office will have appeal forms available.

- **Online:** Visit Family Mosaic Project website. Go to <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>

If you need help filing your appeal, we can help you. We can give you free language services. Call 1-415-206-7649 (TTY 1-415-206-7680).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-415-206-7649 (TTY 1-415-206-7680). We will make a decision within 72 hours of receiving your appeal.

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## What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from Family Mosaic Project telling you that we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC and an outside reviewer who is not part of Family Mosaic Project will review your case. DMHC's toll-free telephone number is 1-888-466-2219 and the TTY line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov>.

You will not have to pay for a State Hearing or an IMR.

You can ask for both a State Hearing and an IMR at the same time. If you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. But if you ask for a State Hearing first, and the hearing has already happened, you



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cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below will provide you with more information on how to ask for a State Hearing or an IMR.

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### Independent Medical Reviews (IMR) with the Department of Managed Health Care

An IMR is when an outside reviewer who is not related to the health plan reviews your case. If you want an IMR, you must first file an appeal with Family Mosaic Project. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing so if you want an IMR and a State Hearing file your complaint as soon as you can. Remember, if you ask for a State first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger, or the request was denied because treatment was considered experimental or investigational.

The paragraph below will provide you with information on how to request an IMR. Note that the term "grievance" is talking about both "complaints" and "appeals."

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure Family Mosaic Project made the correct decision when you appealed its denial of services. Family Mosaic Project has to comply with DMHC's IMR and review decisions.

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 1-415-206-7649 (TTY 1-415-206-7680). Please 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



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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-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site [www.dmhca.gov](http://www.dmhca.gov) has complaint forms, IMR application forms and instructions online.

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### State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with Family Mosaic Project and you are still not happy with the decision, or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and the member gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the California Department of Social Services CDSS Public Response Unit at **1-800-952-5253** (TTD **1-800-952-8349**).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:  
California Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 09-17-37  
Sacramento, CA 94244-2430  
[www.cdss.ca.gov](http://www.cdss.ca.gov)

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-415-206-7649 (TTY 1-415-206-7680).

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At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. Family Mosaic Project must follow what the judge decides.

If you want the CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. The CDSS must make a decision no later than 3 business days after it gets your complete case file the Family Mosaic Project.

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## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else

Fraud, waste and abuse by a person who gets benefits includes:

- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Contact:



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DPH Office of Compliance & Privacy Affairs

Toll-Free Hotline: 855-729-6040 OR [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)

Controller's Office Whistleblower Program

City and County of San Francisco

1-415-554-7500 OR [whistleblower@sfgov.org](mailto:whistleblower@sfgov.org) OR you may file online at

[www.sfgov.org/whistleblower](http://www.sfgov.org/whistleblower)

For additional information, please visit

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/Family-Mosaic-Project.asp>



Call member services at 1-415-206-7600 (TTY 1-415-206-7680 or 711).

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# 7. Important numbers and words to know

## Important phone numbers

- Family Mosaic Project member services 1-415-206-7649 (TTY 1-415-206-7680)
- Family Mosaic Project Program director 1-415-206-7606
- Child Crisis 1-415-970-3800

## Words to know

**Active labor:** The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm health and safety of the woman or unborn child.

**Acute:** A medical condition that is sudden, requires fast medical attention and does not last a long time.

**American Indian:** An individual, defined at Title 25 of the U.S.C. sections 1603(13), 1603(28), 1679(a) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian Health Care providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization–I/T/U) or through referral under Contract Health Services.

**Appeal:** A member's request for Family Mosaic Project to review and change a decision made about coverage for a requested service.

**Benefits:** Health care services and drugs covered under this health plan.

**California Children's Services (CCS):** A Medi-Cal program that provides services for children up to age 21 with certain diseases and health problems.



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**California Health and Disability Prevention (CHDP):** A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

**Case manager:** Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

**Chronic condition:** A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

**Clinic:** Clinic is a facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP) or other primary care facility.

**Community-based adult services (CBAS):** Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

**Complaint:** A member's verbal or written expression of dissatisfaction about Family Mosaic Project, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

**Continuity of care:** The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months without a break in service, if the provider and Family Mosaic Project agree.

**Coordination of Benefits (COB):** The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

**Copayment:** A payment you make, generally at the time of service, in addition to the insurer's payment.

**Coverage (covered services):** The health care services provided to members of Family Mosaic Project, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this EOC and any amendments.

**DHCS:** The California Department of Health Care Services. This is the State office that



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oversees the Medi-Cal program.

**Disenroll:** To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

**DMHC:** The Department of Managed Health Care. This is the State office that oversees managed care health plans.

**Durable medical equipment (DME):** Equipment that is medically necessary and ordered by your doctor or other provider. Family Mosaic Project decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

**Early and periodic screening, diagnosis and treatment (EPSDT):** A federal program to help find and prevent the health problems of Medi-Cal children from birth to 21 years of age. In California, this program is called the Child Health and Disability Prevention (CHDP) program.

**Emergency medical condition:** A medical or psychiatric (mental) condition with such severe symptoms, such as active labor (see definition above) or severe pain, that someone with a reasonable layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

**Emergency Care:** An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically Necessary services needed to make you clinically stable within the capabilities of the facility.

**Emergency medical transportation:** Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

**Enrollee:** A person who is a member of a health plan and receives services through the plan.

**Excluded services:** Services that are not covered by Family Mosaic Project; non-covered services.



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**Family planning services:** Services to prevent or delay pregnancy.

**Federally Qualified Health Center (FQHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

**Fee-For-Service (FFS):** This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bills Medi-Cal directly for the services you got.

**Follow-up care:** Regular doctor care to check a patient’s progress after a hospitalization or during a course of treatment.

**Formulary:** A list of drugs or items that meet certain criteria and are approved for members.

**Fraud:** An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

**Grievance:** A member’s verbal or written expression of dissatisfaction about Family Mosaic Project, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

**Habilitation services and devices:** Health care services that help you keep, learn or improve skills and functioning for daily living.

**Health Care Options (HCO):** The program that can enroll you in or disenroll you from the health plan.

**Health care providers:** Family Mosaic Project network providers must have a license to practice in California and give you a service Family Mosaic Project covers.

You usually need a referral from your PCP to see a specialist. Your PCP must get pre-approval from the Family Mosaic Project before you get care from the specialist.

**Health insurance:** Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

**Hospital:** A place where you get inpatient and outpatient care from doctors and nurses.

**Hospital outpatient care:** Medical or surgical care performed at a hospital without admission as an inpatient.

**Hospitalization:** Admission to a hospital for treatment as an inpatient.



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**Inpatient care:** When you have to stay the night in a hospital or other place for the medical care you need.

**Long-term care:** Care in a facility for longer than the month of admission.

**Managed care plan:** A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. Family Mosaic Project is a managed care plan.

**Medically necessary (or medical necessity):** Reasonable and necessary types of service to protect life; keep the patient from getting seriously ill or disabled; or reduce severe pain through the diagnosis or treatment of disease, illness or injury.

**Medicare:** The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

**Member:** Any eligible Medi-Cal beneficiary enrolled with Family Mosaic Project who is entitled to receive covered services.

**Mental health services provider:** Licensed individuals who provide mental health and behavioral health services to patients.

**Network:** A group of doctors, clinics, hospitals and other providers contracted with Family Mosaic Project to provide care.

**Network provider (or in-network provider):** See “Participating provider” below.

**Non-covered service:** A service that Family Mosaic Project does not cover.

**Non-formulary drug:** A drug not listed in the drug formulary.

**Non-participating provider:** A provider not in the Family Mosaic Project network.

**Out-of-area services:** Services while a member is anywhere outside of the service area.

**Out-of-network provider:** A provider who is not part of the Family Mosaic Project network.

**Outpatient care:** When you do not have to stay the night in a hospital or other place for the medical care you need.

**Outpatient mental health services:** Outpatient services for members with mild to



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moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

**Participating hospital:** A licensed hospital that has a contract with Family Mosaic Project to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by Family Mosaic Project's utilization review and quality assurance policies or Family Mosaic Project's contract with the hospital.

**Participating provider (or participating doctor):** A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with Family Mosaic Project to offer covered services to members at the time a member receives care.

**Physician services:** Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

**Plan:** See managed care plan.

**Pre-approval (or prior-authorization):** Your PCP must get approval from Family Mosaic Project before you get certain services. Family Mosaic Project will only approve the services you need. Family Mosaic Project will not approve services by non-participating providers if Family Mosaic Project believes you can get comparable or more appropriate services through Family Mosaic Project providers. A referral is not an approval. You must get approval from Family Mosaic Project.

**Premium:** An amount paid for coverage; cost for coverage.

**Prescription drug coverage:** Coverage for medications prescribed by a provider.

**Prescription drugs:** A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

**Preferred drug list (PDL):** A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.



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**Primary care:** See Routine care.

**Primary care provider (PCP):** The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need Ob/Gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/Gyn
- Federally Qualified Health Center or Rural Health Clinic
- Nurse practitioner
- Physician assistant
- Clinic

**Prior authorization (pre-approval):** A formal process requiring a health care provider to get approval to provide specific services or procedures.

**Provider Directory:** A list of providers in the Family Mosaic Project network.

**Psychiatric emergency medical condition:** A mental disorder where the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Psychiatric emergency services may include moving a member to a psychiatric unit inside a general hospital or to an acute psychiatric hospital. This move is done to avoid or lessen a psychiatric emergency medical condition. In addition, the treating provider believes the move would not result in making the member's condition worse.

**Public health services:** Health services targeted at the population. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.



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**Qualified provider:** Doctor qualified in the area of practice appropriate to treat your condition.

**Referral:** When your PCP says you can get care from another provider. Some covered care and services require a referral and pre-approval. You do **not** need a referral from your PCP for these services:

- Emergency care
- Ob/Gyn care from providers in the Family Mosaic Project network
  - The prevention or treatment of pregnancy, including birth control, emergency contraceptive services, pregnancy tests, prenatal care, abortion and abortion-related procedures.
- Sensitive services
  - The screening, prevention, testing, diagnosis, and treatment of sexually transmitted infections and sexually transmitted diseases.
  - The diagnosis and treatment of sexual assault or rape, including the collection of medical evidence about the alleged rape or sexual assault.
  - The screening, prevention, testing, diagnosis, and treatment of the human immunodeficiency virus (HIV).
- Family planning care
- Outpatient professional behavioral health services

**Routine care:** Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

**Sensitive services:** Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

**Serious illness:** A disease or condition that must be treated and could result in death.

**Service area:** The geographic area Family Mosaic Project serves. This only includes the City and County of San Francisco.

**Specialist (or specialty physician):** A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to see a specialist.

**Specialty mental health services:**



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- Outpatient services:
  - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
  - Medication support services
  - Day treatment intensive services
  - Day rehabilitation services
  - Crisis intervention services
  - Crisis stabilization services
  - Targeted case management services
  - Therapeutic behavioral services
  - Intensive care coordination (ICC)
  - Intensive home-based services (IHBS)
  - Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services
- Inpatient services:
  - Acute psychiatric inpatient hospital services
  - Psychiatric inpatient hospital professional services
  - Psychiatric health facility services

**Triage (or screening):** The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

**Urgent care (or urgent services):** Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.



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