STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

SEP 15 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88-66

SUBJECT: OBRA/IRCA PROCEDURES - SB 175

REFERENCE: ACWDLs 87-35, 87-55, 87-56, 88-21, 88-28, 88-45, 88-47, 88-59, 88-68, and 88-70.

This letter describes the recently enacted State legislation (Attachment 1) regarding aliens eligible for Medi-Cal benefits under the federal Omnibus Budget Reconciliation Act of 1986 (OBRA) and the federal Immigration Reform and Control Act of 1986 (IRCA). It also explains county action required to implement OBRA and IRCA. Separate All County Welfare Directors Letters (ACWDLs) deal with MEDS information and changes (ACWDL 88-70), the County Medical Services Program, the Systematic Alien Verification for Entitlements (SAVE) (ACWDL 88-68), Registry Aliens (Pre-1972 entrants) and Cuban-Haitian Entrants (ACWDL 87-55).

DESCRIPTION OF STATE LAW CHANGES

SB 175 is operative October 1, 1988. It makes the following Medi-Cal program changes:

- Extends full-scope benefits to IRCA aliens (those with a valid I-688, Temporary Resident Card), who are aged, blind, disabled (ABD), or under 18 years of age.

- Extends restricted benefits (emergency care and pregnancy-related services, including prenatal and postpartum care) to OBRA aliens (those who are undocumented, have inadequate or expired documentation, or a temporary visa), to IRCA aliens with an I-688A, Work Authorization Card, and to IRCA aliens with an I-688 who are 18 to 64 years old and not blind or disabled (e.g. children 18 to 21 years old and AFDC-MN adults) for a five-year period beginning on the date the alien was granted lawful temporary residence (I-688).

- Requires the State/counties to seek Permanently Residing Under Color of Law (PRUCOL) status from the Immigration and Naturalization Service (INS) for undocumented aliens who need long-term care (LTC) or renal dialysis services.

- Gives the customary appeal rights to undocumented aliens currently receiving LTC or renal dialysis services under Medi-

Cal whom INS subsequently finds not to be PRUCOL. If these aliens lose a PRUCOL-related appeal and are otherwise Medi-Cal eligible, they will be entitled to LTC and renal dialysis services in addition to emergency care and pregnancy-related services.

- Eliminates the CA6 process and provides that the State may implement a new alien status verification system based on federal regulations (the SAVE system).

- Requires all applicants to declare citizenship or alienage status.

- Gives undocumented aliens 30 days, or the period of time it actually takes the county department to process the Medi-Cal application, whichever is longer, to obtain documentation of satisfactory immigration status (SIS).

All OBRA and IRCA aliens must be <u>otherwise eligible</u> for Medi-Cal. See the chart in Attachment 2 which displays OBRA/IRCA criteria and entitlements.

POLICY AND PROCEDURES

<u>Regulation Changes</u>

We are revising Medi-Cal regulations to reflect the new law. We are deleting California Code of Regulations (CCR) Sections 50303, 50304, 50305, 50310 and 50311 while amending or adding others. CCR Sections 50321 through 50338 continue to be operational. Except for OBRA aliens and IRCA aliens with only an I-688A, applicants for and beneficiaries of Medi-Cal must continue to meet the citizenship/alienage requirements in CCR Section 50301. Until the regulations change, follow the procedures in this letter.

<u>Notice Of Action</u>

You must send a notice of action (NOA) whenever the scope of benefits changes from full to restricted or vice versa. As you know, the NOA must be adequate. If the change is from full to restricted scope, the action is adverse and the NOA must be timely also, i.e., sent ten or more days before the benefit reduction. Also, keep in mind that when you grant restricted benefits to an alien who applied for full benefits, you are taking a grant and a denial action simultaneously and the notice should reflect that. Sample NOAs are included in Attachment 3. You may photocopy them or generate them through your system until we distribute printed stock to you.

Consent of Disclosure

Prior to a secondary SAVE verification for IRCA aliens only, (those with either the I-688A or the I-688), a Consent of Disclosure which authorizes INS to provide alien status information to the Medi-Cal agency determining eligibility must be signed. See ACWDL 88-68 for more information on this.

Statement of Citizenship/Alienage Status

Effective October 1, 1988, all applicants and beneficiaries must indicate on form MC 13 (Attachment 4) whether they are U.S. citizens or aliens. Aliens must state what level of Medi-Cal benefits they want, i.e. full or restricted. To receive full benefits, each applicant/beneficiary must declare his/her citizenship/alienage status and sign the form under penalty of perjury. If an alien simply states on the form that he/she is undocumented or that he/she has a nonimmigrant temporary visa or an I-688A, and requests only restricted benefits, he/she does not have to sign the form under penalty of perjury. Until you receive a supply of the form, photocopy the attached.

Current beneficiaries must fill out the MC 13 form at redetermination, when there is an alienage/citizenship status change (e.g. from temporary to permanent residence status), as the case comes to your attention, or by November 30, 1988, whichever occurs first. Until then, you do not have to reduce their benefits, but you must track them on MEDS now. For future continuing cases, the form must be completed any time an alien status change is reported whether or not it affects eligibility, and when the beneficiary requests a different level of benefits. Unless the alien reports such a change or wants an increase in benefits from restricted to full scope, he/she does not have to complete a citizenship/alienage statement form if one is already on file.

Native-Born and Naturalized Citizens

If an applicant or beneficiary claims U.S. citizenship and no evidence conflicts with that claim, citizenship verification is not required and you may grant full benefits. But if you have any doubt about the claim, ask the person to present documents which prove U.S. citizenship before granting full benefits. Claims to U.S. citizenship by persons born outside the U.S. must be verified. For example, an alien declares herself to be a U.S. citizen, but indicates that she was born in Holland. She must provide satisfactory evidence of naturalization or derived U.S. citizenship such as documents issued by the American Embassy or by INS. Normally this documentation is accepted and placed in the case file if it appears valid. If you are unsure about a document's

authenticity, call one of our policy analysts. Do not try to verify U.S. citizenship through SAVE. The SAVE system cannot be used for that purpose. (See Procedures Section 7D for a discussion of American Indians born in Canada).

Undocumented Aliens

You are prohibited from using SAVE to verify the immigration status of undocumented or nonimmigrant (temporary visitor) aliens who want only restricted benefits. All other aliens, however, must have their immigration status verified through SAVE. This includes undocumented aliens claiming SIS, undocumented aliens applying for full benefits, all IRCA aliens regardless of the level of benefits they request or the card they show (I-688 or I-688A), and all lawful permanent resident or PRUCOL aliens. If at a later date an undocumented alien receiving restricted benefits provides proper documentation which is verified through SAVE, you may issue retroactive and current full benefits if the alien is otherwise eligible.

Applicants Declaring SIS - With Documentation

For otherwise eligible alien applicants who claim SIS and request full benefits, ask for documentation of SIS. Once SIS has been verified through SAVE, grant full benefits for retroactive and current months. Grant restricted benefits when SAVE does not confirm SIS; when amnesty has not been granted; or, if amnesty was granted, when the alien is 18 to 64 years old and not blind or disabled.

Applicants Declaring SIS - No Documentation

Alien applicants for full benefits who claim to have SIS but cannot prove it must obtain proper documentation of SIS as soon as possible. Once these applicants provide such documentation, proceed as indicated in the preceding paragraph: verify SIS through SAVE and grant the appropriate level of benefits.

Example: On October 15, an applicant declares SIS but has lost her documentation. If she is otherwise eligible, she may be issued a restricted-benefit card for current months of eligibility. By November 9, she presents documentation of SIS and the county verifies through SAVE that she had SIS effective May 1978, with no expiration date. Full benefits may now be issued for October, November and subsequent months. Under the same circumstances, if the documentation expires two years later, full benefits would not be issued after the expiration month.

Beneficiaries Declaring SIS - With Documentation

Existing beneficiaries who have documentation of SIS already on file are entitled to full benefits while SAVE verification is in process. For cases that you have tracked, you must have all aliens fill out the MC 13 by November 30, 1988; for cases that you have not, by the next annual redetermination, or when the case comes to your attention, whichever occurs first. In any event, if SAVE confirms SIS and the beneficiary is otherwise eligible for full benefits, no action is required other than to adjust the aid code when necessary. If SAVE does not verify SIS, or if the beneficiary is not eligible for full benefits (because he/she is an IRCA alien 18 to 64 years old and not blind or disabled), change the aid code as soon as possible, and send a timely NOA and reduce benefits effective no later than December 31, 1988.

Beneficiaries Declaring SIS - No Documentation

Some existing beneficiaries may claim SIS but have no documentation to prove it. (For example, an alien may be receiving benefits because good cause had been found in the past for failure to attend an INS interview under the old CA6 system.) For cases that you have tracked, notify these aliens orally or in writing by November 30, 1988 that they must obtain INS documentation of SIS within 30 days, and note your actions in the case file. For cases that you have not tracked, complete the above actions by the next redetermination, or when the cases come to your attention, whichever occurs first. In any event, if you receive such documentation within thirty days, proceed as indicated in the preceding paragraph. If you do not, reduce their benefits effective no later than January 31, 1989 for cases that you have tracked. For cases that you have not tracked, reduce their benefits as soon as possible, but no later than one month after the alien's failure to provide documentation. The benefit reduction affects even aliens made eligible before October 1988 because of a hearing decision. If a court order is involved, call us. If you receive documentation after thirty days and you have already reduced their benefits, proceed as indicated above for documented alien applicants (i.e., use SAVE and increase benefits to full scope if appropriate).

If you receive proof of SIS more than one year after the benefits were reduced and SAVE validates SIS for all or part of the retroactive period over one year, issue the letter usually sent to providers to allow late billing of the Medi-Cal program.

Benefits for Temporary Visa Holders

Alien applicants with unexpired temporary visas are ineligible for benefits before October 1, 1988, but may be eligible for emergency and pregnancy-related services afterward. This means you may

simultaneously deny benefits for the months preceding October 1988 and grant restricted benefits thereafter.

Determining State Residency of Temporary Visa Holders

To determine whether an alien with an unexpired temporary visa meets the California residency requirements, follow the existing rules in CCR Section 50320: The applicant must be either: (1) physically present with a stated intent to remain in California; or, (2) living in California, not receiving medical assistance from another state, and having entered the State with a job commitment or to seek employment. Continue to apply CCR Sections 50321 - 50338 for absences from the State, and for out-of-state placements. CCR Section 50313, Legal Entry for a Limited Period will be reworded to say that otherwise eligible temporary visitor aliens (nonimmigrants) may only receive restricted services.

Aliens Now Receiving LTC or Renal Dialysis Benefits

Otherwise eligible aliens who are (1) undocumented, temporary visitors, or IRCA 18 to 64 years old who are not blind or disabled, and (2) receiving long-term care or dialysis benefits on October 1, 1988 must continue to receive full benefits. You will be required to seek PRUCOL status from INS for the undocumented ones. We expect to make available to you a revised version of INS form G-845, so that you can request INS to determine PRUCOL status. We are currently discussing the use of this form with INS. We will tell you how to use it and what to do about undocumented aliens who are currently receiving long-term care or renal dialysis services but would normally only receive restricted benefits (i.e. undocumented aliens, temporary visitors, and IRCA aliens 18 to 64 years old who are not blind or disabled).

Undocumented Alien Applicants Who Need LTC or Renal Dialysis Services

New applicants or previously discontinued beneficiaries who are undocumented, need LTC or renal dialysis services, and declare SIS must present proof of SIS. Until they do, they are only eligible for benefits restricted to emergency and pregnancy-related services. (Most renal dialysis services are emergency ones; most LTC services are not). If you receive documents which appear to establish SIS and verify them through SAVE, proceed as indicated for documented applicants.

Aid Paid Pending (APP)

If you simultaneously grant an alien applicant full benefits for a month(s) preceding October 1988 and restricted benefits for months thereafter, there is no APP upon a timely hearing request contesting the level of benefits granted since APP only applies to adverse

actions. In this case, the disputed county action is a grant of benefits, although restricted, rather than a reduction of existing benefits. APP would apply if you reduced existing benefits and the beneficiary requested a hearing before the effective date of the action.

Alien Verification and Benefit Entitlement

To replace the repealed CA6 process and to verify the immigration status of aliens, we will implement the federally mandated SAVE system on October 1, 1988. Information on how the SAVE system operates is in ACWDLs 88-59 and 88-68.

One rule to remember about what level of benefits is appropriate for alien applicants is this: Full benefits may not be granted while the alien is obtaining documentation or while SAVE is verifying SIS. There is no longer presumptive eligibility for full Medi-Cal benefits. Conversely, restricted benefits may be granted while SAVE verification is in process or while an alien is obtaining documentation of SIS, provided that he/she is otherwise eligible. (Use the OBRA aid code for aliens who are undocumented, temporary visitors, or whose documentation consists of an I-688A, which proves only that they applied for amnesty. Use the IRCA aid codes for aliens with an I-688). Once SIS is established and verified through SAVE, you should grant full benefits and adjust the aid code for past and present months. This is done for aliens previously thought to be undocumented and for I-688A holders who have been granted amnesty provided that they are otherwise eligible to full benefits. (Remember, however, that you should not increase the benefits of verified IRCA aliens who are 18 to 64 years old and not blind or disabled). Issue full benefits for current and previous months once SIS is established and verified for aliens who received restricted benefits but were otherwise eligible for full benefits. Certain aliens could thus be issued two cards for the same month. For example, you would issue restricted-benefit cards to an undocumented alien for as many months as it took him/her to obtain documentation of SIS and you to verify it through SAVE. You would then issue full benefits cards, and update the alien's codes on MEDS for each of those months in which he/she is otherwise eligible. (Refer to ACWDL 88-70 for MEDS procedures.)

Retroactive Benefits For Months Prior to October

A current applicant's benefits for months prior to October 1988 should be granted or denied according to the regulations and procedures which were in effect at the time. SAVE procedures and restricted benefit rules do not apply to those months. Thus, all alien applicants requesting benefits for months preceding October 1988 must complete a CA6. Send the CA6 to INS only for aliens who cannot provide proper documentary proof of SIS. If an alien is

otherwise eligible, you may issue him/her full-scope Medi-Cal cards while INS verification of the CA6 information is pending. Temporary visitor aliens with unexpired nonimmigrant visas are the exception; they are altogether ineligible prior to October 1988 and, thus, cannot benefit from the CA6 procedure.

For months after the operative date of the law, the new rules apply as discussed above.

Example 1: An undocumented alien applies for Medi-Cal on October 10, declares SIS, and requests retroactive benefits for August and September. Use the CA6 procedure for these two months only and the MC 13 for subsequent months. If the applicant refuses to sign the CA6, deny retroactive benefits. If the CA6 is signed, send it to INS. While the CA6 is being processed by INS and if the applicant is otherwise eligible, grant full benefits for August and September. Simultaneously, grant restricted benefits for October. On the other hand, if INS returns the CA6 before you complete the eligibility determination without an indication of SIS, the alien would be ineligible for August and September and entitled to only restricted benefits from October on. You would not use SAVE if, for October and subsequent months, the undocumented alien only wanted restricted benefits.

Example 2: A 66 year old amnesty alien with an I-688 applies on October 10 for current and retroactive benefits for August and September. For the months of October onward, verify SIS through SAVE and grant the full benefits to which an aged IRCA alien is entitled. For August and September, follow the old CA6 procedure: If there is no question about the documentation presented, place the CA6 in the case file. If the documentation is questionable, have the alien's CA6 certification verified by INS. In either case, the alien is entitled to full benefits for the retroactive months, subject to the same qualifications cited in Example 1.

<u>Applicants/Beneficiaries With a CA6 Pending at INS on 10/01/88</u>

Have these aliens fill out a MC 13 form stating their alienage and the level of benefits desired. If the application has not been acted on yet, follow preceding instructions. Apply the CA6 procedure for the months of eligibility before October, and the new rules from October on. See the sections titled "Undocumented Aliens" and "Applicants Declaring SIS- No Documentation". If you have already approved the application, follow the instructions under "Beneficiaries Declaring SIS - No Documentation."

Example 1: An undocumented alien woman aged 67 applied for current and retroactive benefits on September 12, before the new law became effective. The county sent INS a CA6 on September 23. It also required her to fill out a MC 13 on October 5. The alien indicated

undocumented status and asked for restricted benefits only. By October 7, the county had determined that she was otherwise eligible. INS had not yet returned the CA6 to the county. Therefore, on the same day, the county granted this undocumented alien full benefits for those months during which the old CA6 procedure was in effect (June, July, August and September), and restricted benefits for October and subsequent months.

Example 2: Same facts, except that on October 5 the alien claimed to have SIS and wanted full benefits. The county told her to obtain documentation from INS within 30 days if she wanted to receive full benefits from October forward. On October 11 INS returned the CA6 to the county noting that she failed to appear for an interview to determine her immigration status. On October 13 the county determined that she did not have good cause for her failure to appear at the interview. On that day it issued a NOA denying benefits for June, July, August and September under the authority of the old CA6 regulations, and simultaneously granted restricted benefits for October. If the alien later shows proof of SIS for October, the county will then issue a card for that month for the full scope of benefits.

Social Security Numbers

Undocumented aliens and nonimmigrant temporary visa holders are not required to have a social security number (SSN) to be eligible for restricted Medi-Cal benefits. Follow current procedures for dealing with unknown SSNs. These aliens are also exempt from the Income Eligibility Verification System; however, manual income verification is still required to determine their eligibility.

If you have policy questions, call Tom Dickson at (916) 324-4961, ATSS 8-454-4961; or Elaine Bilot at (916) 323-4124, ATSS 8-473-4124. For systems-related questions, call your State MEDS Liaison. We will issue other ACWDLs as necessary in response to your questions.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachments
Expiration Date: 1 Year

Senate Bill No. 175

Passed the Senate August 30, 1988

_____

Secretary of the Senate

Passed the Assembly August 29, 1988

_____

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day of _____, 1988, at _____ o'clock ___M.

_____

Private Secretary of the Governor

CHAPTER ____

An act to amend Sections 14083 and 16704 of, to add Section 11104.1 to, and to repeal and add Section 14007.5 of, the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 175, Maddy. Medi-Cal: aliens.

Existing law provides for the Medi-Cal program pursuant to which public assistance recipients and other low-income persons are eligible for health care benefits, including specified outpatient services, and specifies otherwise eligible aliens may receive Medi-Cal services upon certifying they are in the country legally and allowed to remain indefinitely.

This bill would, instead, specify that all aliens shall be eligible for Medi-Cal benefits, whether federally funded or state funded, to the same extent as permitted under a specified federal law. It would provide certain limited Medi-Cal emergency services to aliens who do not meet certain requirements, as specified, under the Medi-Cal program, provided they are otherwise eligible for Medi-Cal services. It would make various statements of intent concerning the provision of Medi-Cal services, including pregnancy-related services, to aliens under recently enacted federal law.

Under existing law, each county is required to determine the eligibility of persons for Medi-Cal.

This bill, by revising the criteria for those determinations and by adding new administrative responsibilities, would impose a state-mandated local program.

Existing law provides that the California Medical Assistance Commission shall negotiate contracts with hospitals for the provision of inpatient hospital services under the Medi-Cal program, with these contracts to be binding upon the State Department of Health Services.

Existing law further provides that the commission shall

consider various factors in negotiating these contracts.

This bill would, in addition, require the commission to take into consideration, when negotiating these contracts, the cost of providing complex emergency services, as specified.

This bill would require the Director of Health Services to adopt emergency regulations to implement this bill.

This bill would also require, as a condition of eligibility for Medi-Cal benefits, a declaration in writing, under penalty of perjury, stating whether or not the individual is a citizen or national of the United States or an alien. By establishing a crime, this requirement would result in a state-mandated local program.

This bill would require the State Department of Health Services to administer a county reimbursement program for certain losses of Medi-Cal revenue due to the initial implementation of its provisions. It would specify that payment by the department to a county under these provisions be made from the General Fund upon appropriation by the Legislature.

This bill would also prohibit the State Department of Social Services and State Department of Health Services from taking certain sanctions in specified instances against a county for errors in eligibility determinations under the AFDC, Food Stamps, or Medi-Cal programs based on citizenship or immigration status.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates which do not exceed $500,000 statewide and other procedures for claims whose statewide costs exceed $500,000.

This bill would provide that for certain costs no reimbursement is required by this act for a specified reason.

However, the bill would provide that, if the Commission on State Mandates determines that this bill contains other costs mandated by the state, reimbursement for those costs shall be made pursuant to

Attachment 1

those statutory procedures and, if the statewide cost does not exceed $500,000, shall be payable from the State Mandates Claims Fund.

This bill would appropriate $10,000,000 from the General Fund to the State Department of Health Services for disproportionate share hospitals, and would appropriate $5,000,000 to the department for distribution to primary care clinics which serve persons who will be transferred from the Medi-Cal program pursuant to this bill.

The bill would appropriate $37,500 from the General Fund and $112,500 in federal matching funds from the Federal Trust Fund to the State Department of Health Services for the 1987–88 fiscal year for the purposes of the provisions of this bill.

The bill would declare that it is to take effect immediately as an urgency statute.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The State of California has a compelling interest in providing medical care to aliens entitled to new Medicaid (Medi-Cal in California) benefits under recently enacted federal legislation. Both the Immigration Reform and Control Act of 1986 (IRCA) (Public Law 99-603) and the Omnibus Budget Reconciliation Act of 1986 (OBRA) (Public Law 99-509) extend new benefits to aliens.

(b) Current state law prohibits the payment of Medi-Cal benefits to aliens who are not found to be lawful permanent or color-of-law residents by the Immigration and Naturalization Service. This has required county hospitals, trauma centers, emergency clinics, and other medical providers to render emergency medical care to illegal aliens without the benefit of federal or state reimbursement.

(c) OBRA allows Medi-Cal coverage of undocumented aliens who are otherwise eligible for Medi-Cal. It provides federal financial participation in

the costs of emergency medical care provided to such aliens. Adoption of enabling state legislation to implement OBRA in California is necessary to maximize the amount of federal financial participation available to the state, and to authorize Medi-Cal reimbursement to county hospitals, emergency clinics, trauma centers, and other providers who currently render unfunded emergency care to undocumented aliens.

(d) IRCA provides for impact assistance grant funds to cover costs attributed to newly legalized amnesty aliens. Adoption of enabling state legislation to implement IRCA in the Medi-Cal program is necessary to provide the care these aliens are entitled to and to maximize the amount of federal financial participation available to the state.

(e) Current state law does not conform to the scope of medical benefits available to certain aliens as mandated by IRCA and OBRA. IRCA provides emergency care and pregnancy-related services to amnesty aliens who are otherwise eligible for Medi-Cal but who are not aged, blind, disabled, or children under 18. Similarly, OBRA provides emergency care to aliens who are otherwise eligible for Medi-Cal but who are not permanent or color-of-law United States residents.

(f) (1) All aliens otherwise eligible for Medi-Cal program services shall be eligible only for the scope of services their specific alien status entitles them to under federal law. In implementing this intent, the State Department of Health Services shall develop policies and procedures and take action to assure that those aliens having medical needs for long-term care services or renal dialysis services shall be considered "permanently residing under color of law" for the purpose of determining their eligibility for Medi-Cal. The department's definition of "permanently residing under color of law" shall conform to federal statute, and shall take into account the policy and practice of the federal Department of Health and Human Services, Health Care Financing Administration, for the purpose of obtaining federal financial participation in the Medi-Cal program and ensuring that every alien entitled to benefits under federal law shall be eligible for Medi-Cal coverage to the

fullest extent to which federal financial participation is authorized by federal law.

(2) The State Department of Health Services shall report to the Legislature on an annual basis the number of Medi-Cal beneficiaries currently receiving long-term care or renal dialysis services who are subsequently denied continuation of Medi-Cal coverage because they have not been designated as aliens permanently residing under color of law (PRUCOL) as recognized by the United States Department of Health and Human Services for the purpose of federal financial participation.

(3) If aliens, who are receiving long-term care or renal dialysis services under the Medi-Cal program are subsequently denied full-scope Medi-Cal benefits because they have not qualified as permanently residing under color of law, they shall have the appeal rights and entitlement to continuation of benefits set forth in Chapter 7 (commencing with Section 10950) of Part 2 of Division 9 of the Welfare and Institutions Code. If, after exhausting those appeal rights, continuation of the alien's full-scope Medi-Cal coverage is not granted, the alien shall be eligible only for continuation of long-term care and renal dialysis services. Aliens shall be eligible for that continuation of long-term care or renal dialysis coverage only if otherwise eligible for Medi-Cal aside from alien status.

(g) IRCA provides Medicaid coverage to amnesty aliens for pregnancy-related services, whereas OBRA provides Medicaid coverage for emergency labor and delivery. To the extent these definitions may differ, it is the state's intent to assure access to appropriate pregnancy-related care for all eligible aliens. This care is critical to the health of expectant mothers and their unborn children. Therefore, the State of California shall pay, through the Medi-Cal program, for the same level of pregnancy-related services for aliens covered under OBRA as it does for those amnesty aliens under IRCA. Medi-Cal coverage shall be provided for these pregnancy-related services, including postpartum services, as defined in Section 14005.3 of the Welfare and Institutions Code, as added by Chapter 570 of the Statutes

of 1987. Furthermore, the state shall petition Congress to clearly reconcile coverage under IRCA and OBRA to assure full range of pregnancy-related services for all eligible aliens.

(h) The State Department of Health Services shall develop data, using existing sources and timeframes whenever possible, relating to persons who qualify for Medi-Cal services under Section 14007.5 of the Welfare and Institutions Code and are eligible for services under OBRA or IRCA. The data shall summarize, for both OBRA and IRCA aliens, the number of eligible aliens, dollars expended by aid code, and dollars expended by claim type. This data shall be included as part of the normal fiscal planning estimates provided to the legislative fiscal committees pursuant to Section 14100.5 of the Welfare and Institutions Code.

(i) Current state law requires all aliens to certify that they belong to one of four alien statuses. This certification is forwarded to the Immigration and Naturalization Service for verification. Many undocumented aliens who would qualify for Medi-Cal emergency services upon implementation of OBRA would be reluctant to apply for such services for fear that the forwarding of their statutorily mandated certification to the Immigration and Naturalization Service would result in their deportation. In order to maximize aliens' access to emergency medical care, and the federal financial participation for such care, it is necessary to repeal such law.

(j) To the extent that the Secretary of the Health and Welfare Agency determines that sufficient State Legalization Impact-Assistance Grant funds are available to the state for these purposes, the state shall use part of its State Legalization Impact-Assistance Grant allocation to reimburse counties for the costs of providing medical assistance to indigent eligible legalized aliens.

(k) The Legislature recognizes the breadth of the problem of uncompensated and undercompensated care facing California health care providers. This measure addresses one component of that problem.

SEC. 1.5. Section 11104.1 is added to the Welfare and

Institutions Code, to read:

11104.1. The State Department of Social Services and the State Department of Health Services shall not take any compliance, disallowance, penalty, or other regulatory action against a county, as long as the United States Department of Health and Human Services has not taken any compliance, disallowance, penalty, or other action against the state, with respect to any error in the county's determination to make an individual eligible for benefits under the Aid to Families with Dependent Children, Food Stamps, and Medi-Cal programs based on citizenship or immigration status, under any of the following circumstances:

(a) The county has determined the eligibility based on a verification of satisfactory immigration status by the Immigration and Naturalization Service.

(b) The county was required by federal law to provide the applicant or recipient a reasonable opportunity to submit documentation.

(c) The county was required by federal law to wait for the response of the Immigration and Naturalization Service to the county's request for official verification of the immigration status of the individual.

(d) A fair hearing process was required pursuant to federal law.

SEC. 2. Section 14007.5 of the Welfare and Institutions Code is repealed.

SEC. 3. Section 14007.5 is added to the Welfare and Institutions Code, to read:

14007.5. (a) Aliens shall be eligible for Medi-Cal, whether federally funded or state-funded, only to the same extent as permitted under federal law and regulations for receipt of federal financial participation under Title XIX of the Social Security Act, except as otherwise provided in this section.

(b) In accordance with Section 1903(v)(1) of the federal Social Security Act (42 U.S.C. Sec. 1396b(v)(1)), and except as otherwise provided in this section, an alien shall only be eligible for the full scope of Medi-Cal benefits, including, but not limited to, renal dialysis and long-term care, if the alien has been lawfully admitted for

permanent residence, or is otherwise permanently residing in the United States under color of law.

For purposes of this section, aliens "permanently residing in the United States under color of law" shall be interpreted to include all aliens residing in the United States with the knowledge and permission of the Immigration and Naturalization Service and whose departure the Immigration and Naturalization Service does not contemplate enforcing and with respect to whom federal financial participation is available under Title XIX of the Social Security Act.

(c) Any alien whose immigration status has been adjusted either to lawful temporary resident or lawful permanent resident in accordance with the provisions of Section 210, 210A, or 245A of the federal Immigration and Nationality Act, and who meets all other eligibility requirements, shall be eligible only for care and services under Medi-Cal for which the alien is not disqualified pursuant to those sections of the federal act.

(d) Any alien who is otherwise eligible for Medi-Cal services, but who does not meet the requirements under subdivision (b) or (c), shall only be eligible for care and services that are necessary for the treatment of an emergency medical condition of the alien and for medically necessary pregnancy-related services. For purposes of this section, the term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following:

(1) Placing the patient's health in serious jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction to any bodily organ or part. It is the intent of this section to entitle eligible individuals to all inpatient and outpatient services that are necessary for the treatment of an emergency medical condition as certified by the attending physician or other appropriate provider and in the same manner as administered under Section 51056 of Title 22 of the California Code of Regulations. Covered services include continuation of

medically necessary inpatient hospital services and followup care, as determined by the department, which is directly related to the emergency.

(e) Each county department shall require, as a condition of eligibility for Medi-Cal benefits, a declaration in writing by the individual (or, in the case of an individual who is a child, by the child's caretaker relative or legal guardian on his or her behalf), under penalty of perjury, stating whether or not the individual is a citizen or national of the United States or an alien. In order to be eligible for benefits under subdivision (b) or (c), an individual who declares that he or she is an alien must present alien registration documentation or other proof of satisfactory immigration status from the Immigration and Naturalization Service. Aliens who meet all other program requirements but who lack documentation of alien registration or other proof of satisfactory immigration status from the Immigration and Naturalization Service shall be provided a reasonable opportunity to submit such evidence. Such reasonable opportunity shall be 30 calendar days or the time it actually takes the county to process the Medi-Cal application, whichever is longer. While such reasonable opportunity is being provided, the county department shall process the individual's application for medical assistance in a manner conforming to its normal processing procedures and timeframes.

(f) The county department shall grant only the Medi-Cal benefits set forth in subdivision (d) to any individual who, after 30 calendar days or the time it actually takes the county to process the Medi-Cal application, whichever is longer, has failed to submit documents constituting reasonable evidence indicating a satisfactory immigration status for Medi-Cal purposes, or who is reported by the Immigration and Naturalization Service to lack a satisfactory immigration status for Medi-Cal purposes. If an alien has been receiving Medi-Cal benefits based on eligibility established prior to the effective date of this section and such individual, upon redetermination of eligibility for benefits, fails to submit documents constituting reasonable evidence

indicating a satisfactory immigration status for Medi-Cal purposes, the county department shall discontinue the Medi-Cal benefits, except for the care and services set forth in subdivision (d). The county department shall provide adequate notice to the individual of any adverse action and shall accord the individual an opportunity for a fair hearing if he or she requests one.

(g) To the extent permitted by federal law and regulations, an alien applying for services under subdivisions (b) and (c) shall be granted eligibility for the scope of services to which he or she would otherwise be entitled if, at the time the county department makes the determination about his or her eligibility, the alien meets either of the following:

(1) Has not had a reasonable opportunity to submit documents constituting reasonable evidence indicating satisfactory immigration status.

(2) Has provided documents constituting reasonable evidence indicating a satisfactory immigration status, but the county department has not received timely verification of the alien's immigration status from the Immigration and Naturalization Service.

The verification process shall protect the privacy of all participants. An alien's immigration status shall be subject to verification by the Immigration and Naturalization Service, to the extent required for receipt of federal financial participation in the Medi-Cal program.

(h) If an alien does not declare status as a lawful permanent resident or alien permanently residing under color of law, or as an alien legalized under Section 210, 210A, or 245A of the federal Immigration and Nationality Act (P.L. 82-414), Medi-Cal coverage under subdivision (d) shall be provided to the individual if he or she is otherwise eligible.

(i) If an alien subject to this section is not fluent in English, the county department shall provide an understandable explanation of the requirements of this section in a language in which the alien is fluent.

SEC. 4. Section 14083 of the Welfare and Institutions Code is amended to read:

14083. The factors to be considered by the negotiator in negotiating contracts under this article, or in drawing specifications for competitive bidding, include, but are not limited to, all of the following:

(a) Beneficiary access.

(b) Utilization controls.

(c) Ability to render quality services efficiently and economically.

(d) Demonstrated ability to provide or arrange needed specialized services.

(e) Protection against fraud and abuse.

(f) Any other factor which would reduce costs, promote access, or enhance the quality of care.

(g) The capacity to provide a given tertiary service, such as specialized children's services, on a regional basis.

(h) Recognition of the variations in severity of illness and complexity of care.

(i) Existing labor-management collective bargaining agreements.

(j) The situation of county hospitals and university medical centers contracting with counties for provision of health care to indigent persons entitled to care under Section 17000, which are burdened to a greater extent than private hospitals with bad debts, indirect costs, medical education programs, and capital needs.

(k) The special circumstances of hospitals serving a disproportionate number of Medi-Cal beneficiaries and patients who are not covered by other third-party payers.

(*l*) The costs of providing complex emergency services, including the costs of meeting and maintaining state and local requirements for trauma center designation.

SEC. 5. Section 16704 of the Welfare and Institutions Code is amended to read:

16704. Funds from the County Health Services Fund shall be allocated to the governing body of each county, the City of Berkeley, the City of Long Beach, the City of Pasadena, and each existing local health district annually in accordance with the following procedures:

(a) The allocation of the amount determined in subdivision (a) of Section 16702 and one-third of the

amount in paragraphs (2), (3), and (4) of subdivision (c) of Section 16702 shall be made to each governing body of each local jurisdiction upon submission of the plan and budget as required by Section 16700. These funds shall be expended for county health services and public health services for cities as defined in paragraph (5) of subdivision (b).

(b) The allocation of the amounts up to the maximum determined in subdivisions (b), (c), and (d) of Section 16702 shall be made upon application by the governing body of each local jurisdiction and upon signing of an agreement between the governing body and the State Director of Health Services. In the agreement, (1) all local jurisdictions shall agree to expend funds in an aggregate amount at least equal to the total amount designated in the plan and budget submitted pursuant to Section 16700; (2) counties shall agree to net county costs for county health services of county funds in the same amount as the funds requested under this subdivision pursuant to subdivision (b) of Section 16702; (3) counties shall agree to expend one dollar ($1) of county funds for every three dollars ($3) of state funds requested pursuant to subdivision (d) of Section 16702; (4) the City of Berkeley shall agree to expend three dollars ($3) of city funds for every one dollar ($1) of state funds requested pursuant to paragraph (2) of subdivision (c) of Section 16702; and (5) all local health districts shall agree to expend two dollars ($2) of district funds for every one dollar ($1) of state funds requested pursuant to paragraph (3) of subdivision (c) of Section 16702. Funds requested pursuant to subdivision (d) and paragraph (3) of subdivision (c) of Section 16702 shall be expended only for public health services. The City of Long Beach and the City of Pasadena shall agree to expend the allocations received pursuant to paragraph (4) of subdivision (c) of Section 16702 only for public health services, exclusive of animal control and paramedic services.

(c) (1) The allocation of funds appropriated pursuant to subdivisions (c) and (d) of Section 16703 shall be made upon application by the county board of supervisors. The application shall be in a form and in accordance with

procedures and format established by the department. The board shall assure that it will expend such funds only for the health services specified in Sections 14132 and 14021 provided to persons certified as eligible for such services pursuant to Section 17000. Unless the county has entered into a contract with the department under Section 16709 which is effective either for an entire fiscal year, including the 1983–84 fiscal year, or is effective for the period commencing October 1, 1983, and ending on June 30, 1984, the board shall also assure that it will incur no less in net costs of county funds for county health services in any fiscal year than the amount required to obtain the maximum allocation under Section 16702. These assurances shall be incorporated in the agreement specified in subdivision (b). In no event shall such funds be expended for costs of services specified in county Short-Doyle plans which are in excess of the 125 percent limitation specified in Section 5705.1.

(2) A county may reduce the amount of net costs of county funds for county health services required pursuant to paragraph (1) of subdivision (c) to the extent such reduction has been permitted pursuant to the provisions of Section 16705 or 16705.5, provided that, for fiscal year 1982–83 only, the provisions of Section 16705 shall not be operative, except for counties which received approval for reductions pursuant to this section in prior fiscal years.

(3) Any person whose income and resources meet the income and resource criteria for certification for services pursuant to Section 14005.7 other than for the aged, blind, or disabled, shall not be excluded from eligibility for services to the extent that state funds are provided. Such persons may be held financially liable for these services based upon the person's ability to pay. A county may not establish a payment requirement which would deny medically necessary services. This section shall not be construed to mandate that a county provide any specific level or type of health care service or to preclude a county from utilizing its own forms for the purpose of identifying persons eligible for county health care services. The Board of Control shall not honor any claims

by a local agency for reimbursement of costs under this section. The provisions of this paragraph shall become inoperative if a court ruling is issued which decrees that the provisions of this paragraph mandate that additional state funds be provided and which requires that additional state reimbursement be made to counties for costs incurred under this paragraph. This paragraph shall be operative only until June 30, 1985, unless a later enacted statute extends or deletes that date.

(d) The agreement shall provide for reports of expenditures and information and shall constitute a contractual obligation. The State Director of Health Services shall not have the authority to disapprove the county health services plan or to require the additional expenditure of county, city, or district funds for health services beyond that required by this section and Section 16707.

(e) The local jurisdiction shall act in general accordance with the plan and budget submitted pursuant to Section 16700.

(f) Notwithstanding any other provision of this part, there shall be no increase in the amount of county funds required pursuant to paragraph (2) of subdivision (b) as a result of the implementation of paragraphs (4), (5), and (6) of subdivision (c) of Section 16702.

SEC. 6. Eligibility for the California Children's Services shall not be adversely affected by any provision of this act.

SEC. 7. Sections 2 and 3 of this act shall become operative the first day of the calendar month following the effective date of this act.

SEC. 8. The sum of thirty-seven thousand five hundred dollars ($37,500) is hereby appropriated from the General Fund, and one hundred twelve thousand five hundred dollars ($112,500) in federal matching funds is hereby appropriated from the Federal Trust Fund, to the State Department of Health Services for the 1987–88 fiscal year for purposes of implementing this act.

SEC. 9. The State Director of Health Services shall adopt regulations implementing this act, excluding Section 4, as emergency regulations in accordance with

Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, emergency regulations adopted by the State Department of Health Services in order to implement this act shall not be subject to the review and approval of the Office of Administrative Law. These regulations shall become effective immediately upon filing with the Secretary of State.

SEC. 10. It is the intent of the Legislature to protect counties providing health care services to aliens from incurring net losses of Medi-Cal revenue as a result of the initial implementation of this act relating to aliens' eligibility for Medi-Cal. To carry out this intent, the following shall apply:

(a) A county providing health care services to aliens may file with the State Department of Health Services an application, together with supporting documentation, showing the amount of Medi-Cal revenue the county received for the 1986–87 fiscal year for providing services to aliens who were not lawful permanent residents or otherwise permanently residing in the United States under color of law, ncluding aliens who have been legalized under Section 210, 210A, or 245A of the federal Immigration Reform and Control Act of 1986 (IRCA) (Public Law 99-603). This revenue shall be referred to as the county's proposed base year alien Medi-Cal revenue. The application shall be filed no later than 90 days following the effective date of this act. The State Department of Health Services shall verify the application and document tion submitted by the county and shall establish the county's final base year alien Medi-Cal revenue.

(b) A county whose final base year alien Medi-Cal revenue has been established by the State Department of

Health Services may file with the state department a claim for an offset in any shortfall in the county's annual alien Medi-Cal revenue for the 1988–89 and 1989–90 fiscal years, as compared to the county's base year alien Medi-Cal revenue. A county's annual alien Medi-Cal revenue shall be the annual Medi-Cal revenue received by the county for the 1988–89 or 1989–90 fiscal years for providing services to aliens who are not lawful permanent residents or otherwise permanently residing in the United States under color of law, including aliens who have been legalized under Section 210, 210A, or 245A of IRCA. A county's claims for a revenue shortfall offset under this section shall be filed no later than October 31, 1989, for the 1988–89 fiscal year and October 31, 1990, for the 1989–90 fiscal year, and shall include documentation supporting the county's computation of its annual alien Medi-Cal revenue.

(c) The state department shall verify a county's claims under this section and, except as otherwise provided in this section, shall pay the county an amount equal to the net revenue shortfall between the county's base year alien Medi-Cal revenue and the county's annual alien Medi-Cal revenue. If payments are required by this section, they shall be made from the General Fund and shall be appropriated for this purpose by the Legislature.

(d) The State Department of Health Services may proportionately reduce a county's payments under this section if the department determines that the county's net shortfall in its annual alien Medi-Cal revenue was due, in whole or in part, to a reduction in the level of health care services provided by the county, or due to a reduction in the number of aliens seeking health care through the Medi-Cal program at county facilities who are otherwise eligible for Medi-Cal, including those aliens who do not actually apply for Medi-Cal.

SEC. 11. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for those costs which may be incurred by a local agency or school district because this act creates a new crime or infraction, changes the definition of a crime or infraction, changes the penalty for a crime or

infraction, or eliminates a crime or infraction.

However, notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed five hundred thousand dollars ($500,000), reimbursement shall be made from the State Mandates Claims Fund.

SEC. 12. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to allow the state to implement fully the federal Immigration Reform and Control Act and the federal Omnibus Reconciliation Act of 1986 to allow the approximately 220,000 persons in this state who are impacted by those laws to obtain their medical care under Medi-Cal, it is necessary that this act take effect immediately.

OBRA/IRCA ALIEN ENTITLEMENTS

FEDERAL LAW	ALIEN CLASS	DOCUMENTATION	AID CODE	BENEFITS AVAILABLE UNDER MEDI-CAL
OBRA (PL 99-509)	Undocumented	None or inadequate	58	Emergency care and pregnancy-related services
OBRA	Persons filing for temporary resident status under IRCA (No legal resident status)	I-688A (Red-Work Authorization)	58	Emergency care and pregnancy-related services
OBRA	Visitors, students, etc.	Temporary Visas	58	Emergency care and pregnancy-related services
IRCA (PL 99-603)	Amnesty (245A) not ABD or child under 18. Temporary or permanent resident status, limited services for 5 years	I-688 (Green-Temporary Resident Status) I-551 (Permanent) Class-W16, W26, W36	52	Emergency care and pregnancy-related services
IRCA	SAWs (210), RAWs (210A), not ABD or child under 18. Temporary or permanent resident status, limited services for 5 years	I-688 (Temporary) I-551 (Permanent) Class-S16, S26, R16	57	Emergency care and pregnancy-related services
IRCA	Amnesty (245A) who are ABD or child under 18. Temporary or permanent resident status	I-688 (Temporary) I-551 (Permanent) Class-W16, W26, W36	51	Full scope
IRCA	SAWs (210), RAWs (210A) who are ABD or child under 18. Temporary or permanent resident status	I-688 (Temporary) I-551 (Permanent) Class-S16, S26, R16	56	Full scope
IRCA	Cuban-Haitian (Status Pending (212)	I-94 (Arrival-Departure Record)	**	Full scope
IRCA	Pre-1972 Registry (249) or Cuban-Haitian with permanent resident status	I-551 (Permanent)	**	Full scope

** Will not have special alien aid code. Use current aid codes.

OBRA/IRCA ALIEN ENTITLEMENTS

FEDERAL LAW	ALIEN CLASS	DOCUMENTATION	AID CODE	BENEFITS AVAILABLE UNDER MEDI-CAL
IRCA	Amnesty (245A), SAWS (210), and RAWS (210A). Work authorization, temporary or permanent resident status	I-688A or I-688	50	County Medical Services Program (CMSP) (Non-Medi-Cal)

Attachment 3

MEDI-CAL NOTICE OF ACTION
RESTRICTION OF BENEFITS
TO EMERGENCY MEDICAL AND
PREGNANCY-RELATED SERVICES

COUNTY STAMP

CASE NAME: _____
CASE NUMBER: _____
DISTRICT: _____
RESTRICTION OF BENEFITS FOR:
_____
_____
(names)

Effective _____ you will begin receiving a Medi-Cal card each month
(month)
which will allow you to receive only emergency medical and pregnancy-related services as benefits of the Medi-Cal program.

An emergency medical condition is one which is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related services include care of the mother and child beginning the first of the month during which the pregnancy was verified and continuing for 60 days after the pregnancy ended.

You will receive a restricted-services Medi-Cal card because you are an alien who:

[] Is not legally present in the United States according to information received from the Immigration and Naturalization Service.

[] Lacks documentary proof from the Immigration and Naturalization Service of a satisfactory immigration status for Medi-Cal purposes.

[] Has been admitted to the United States as a nonimmigrant for a limited period of time.

[] Has been legalized in accordance with Sections 210, 210A or 245A of the Immigration and Nationality Act and you are 18 to 64 years of age and not blind or disabled.

[] Applied for full benefits but has been found to be eligible only for Medi-Cal services restricted to emergency medical and pregnancy-related care. (Full benefits are denied; restricted services are granted).

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s) _____
_____.

If you have questions about this action, please write or telephone. We will answer you over the telephone, in writing, or will make an appointment to see you in person.

You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

_____	_____	_____
(Eligibility Worker)	(Phone)	(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 239 P

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION
DENIAL/DISCONTINUANCE
OF RESTRICTED BENEFITS

CASE NAME: _____
CASE NUMBER: _____
DISTRICT: _____
DENIAL/DISCONTINUANCE FOR:
_____
_____
(names)

We have reviewed all the information available to us about your circumstances and find that:

[] Your application for Medi-Cal benefits restricted to emergency medical care and pregnancy-related services dated _____ has been denied.

[] Your eligibility to receive Medi-Cal emergency and pregnancy-related services will be discontinued effective the last day of _____.
(month)

The reason for this denial/discontinuance is:

[] You did not return your completed RECORD OF HEALTH CARE COSTS form for _____ and so did not receive a restricted-services Medi-
(month)
Cal card. We will assume that you wish to have your eligibility for emergency medical and pregnancy-related services discontinued unless you request a RECORD OF HEALTH CARE COSTS for _____
(month)
from this office by _____. If we do not hear from you,
(date)
your eligibility will be discontinued effective the last day of _____.
(month)

This action is required by Section 14007.5 of Title 22 of the Welfare and Institutions Code and the California Code of Regulations, Title 22, Section(s)_____.

If you have any questions about this action or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer you over the telephone, in writing, or will make an appointment to see you in person. Please be aware that this action is based on the circumstances you reported to us, and that if your circumstances change, you may reapply at any time.

(Eligibility Worker)	(Phone)	(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION
CHANGE FROM RESTRICTED SERVICES
TO FULL BENEFITS

CASE NAME: _____
CASE NUMBER: _____
DISTRICT: _____
APPROVAL FOR: _____
_____
_____
(names)

Effective _____ (month), you are now eligible to receive all the services covered by the Medi-Cal program rather than just services restricted to treatment of an emergency medical condition or pregnancy care. This change in scope of benefits results from the fact that:

[] Proof has been received from the Immigration and Naturalization Service that you are an alien who has a satisfactory immigration status for Medi-Cal purposes.

[] You are an alien legalized in accordance with Section 210, 210A or 245A of the Immigration and Nationality Act who is now aged, blind or disabled.

You will receive a full-coverage Medi-Cal card soon. Always present this card to the doctor or any other Medi-Cal provider when requesting medical services.

[] Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is $_____ beginning _____ (date). Your share of cost was computed as follows:

	Month 1	Month 2	Month 3
Gross Income	$_____	$_____	$_____
Net nonexempt income	$_____	$_____	$_____
Maintenance need	$_____	$_____	$_____
Excess income	$_____	$_____	$_____
Share of cost	$_____	$_____	$_____

[] Enclosed is a RECORD OF HEALTH CARE COSTS for _____ (month). Please follow the instructions on the reverse side of that form. If your medical expenses exceed your share of cost for any period, a full-coverage Medi-Cal card will be issued to you after the form has been completed and approved.

[] A full-coverage Medi-Cal card showing the share of cost will be mailed to you at your long-term care facility each month. The share of cost is to be paid or obligated to the facility each month.

[] You must bring or mail verification of the following items by _____ or eligibility for full-coverage Medi-Cal benefits
(date)
will be discontinued effective the last day of _____.
(month)

This action is required by California Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Title 22, Section(s)_____
_____.

_____	_____	_____
(Eligibility Worker)	(Phone)	(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 239 Q

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION
APPLICATION FOR RETROACTIVE
EMERGENCY MEDICAL AND PREGNANCY-
RELATED SERVICES

CASE NAME: _____
CASE NUMBER: _____
DISTRICT: _____
APPROVAL/DENIAL FOR:
_____
_____
(names)

We have reviewed all the information available to us about your circumstances and find that you are entitled to emergency medical and pregnancy-related services as explained below.

An emergency medical condition is one which is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related services include care of the mother and child beginning the first of the month during which the pregnancy was verified and continuing for 60 days after the pregnancy ended.

[] You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ (month). A Medi-Cal card will be mailed to you soon.

[] You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ (month). However, since your income was more than the amount allowed for living expenses, you must pay or obligate a share of the cost of your medical care.

	Month 1	**Month 2**	**Month 3**
	_____	_____	_____
Gross Income	$_____	$_____	$_____
Net nonexempt income	$_____	$_____	$_____
Maintenance need	$_____	$_____	$_____
Excess income	$_____	$_____	$_____
Share of cost	$_____	$_____	$_____

Enclosed is a RECORD OF HEALTH CARE COSTS for each of the months listed. Please follow the instructions on the reverse side of that form. When each form has been completed and approved, a restricted-services Medi-Cal card will be issued to you for that particular month..

[] You are entitled to receive Medi-Cal benefits restricted to emergency care and pregnancy-related services.

[] You are not eligible for Medi-Cal emergency care and pregnancy-related services for _____ because:
(month)

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s) _____
_____.

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

_____	_____	_____
(Eligibility Worker)	(Phone Number)	(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 239 S

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION
APPROVAL FOR EMERGENCY MEDICAL
AND PREGNANCY-RELATED SERVICES

CASE NAME: _____
CASE NUMBER: _____
DISTRICT: _____
APPROVAL FOR:
_____
_____
(names)

Your application for Medi-Cal emergency and pregnancy-related services has been approved. Your eligibility will entitle you to receive emergency medical care and pregnancy-related services as certified by your Medi-Cal physician or other appropriate provider and subject to approval by the state.

An emergency medical condition is one which is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related services include care of the mother and child beginning the first of the month during which the pregnancy was verified and continuing for 60 days after the pregnancy ended.

[] You are entitled to receive Medi-Cal benefits restricted to emergency care and pregnancy-related services beginning the first day of _____ (month). You will receive a Medi-Cal card soon. Always present this card to your doctor or any other Medi-Cal provider when you are requesting medical services.

[] Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is $_____ beginning _____ (month). Your share of cost was computed as follows:

	Month 1	Month 2	Month 3
Gross Income	$_____	$_____	$_____
Net nonexempt income	$_____	$_____	$_____
Maintenance need	$_____	$_____	$_____
Excess income	$_____	$_____	$_____
Share of cost	$_____	$_____	$_____

Enclosed is a RECORD OF HEALTH CARE COSTS for each of the months listed. Please follow the instructions on the reverse side of that form. When each form has been completed and approved, a restricted-services Medi-Cal card will be issued to you for that particular month.

[] You must bring or mail verification of the following items by _____ (date) or your eligibility for emergency care and pregnancy-related Medi-Cal benefits will be discontinued effective the last day of _____ (month).

_____

_____

_____

_____

[] Your application has been approved only for _____ (month) because:

_____

_____

_____

This action is required by California Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Title 22, Section(s) _____

_____.

_____	_____	_____
(Eligibility Worker)	(Phone)	(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 239 T

OUR HEARING RIGHTS

Ask For a State Hearing

T ght side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

Get Help

You can ask about your hearing rights or free legal aid at the state information number.

l toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

her Information

ild Support: The District Attorney's office will help you collect child pport even if you are not on cash aid. There is no cost for this help. If they w collect child support for you, they will keep doing so unless you tell them writing to stop. They will send you any current support money collected. ey will keep past due money collected that is owed to the county.

mily Planning: Your welfare office will give you information when u ask.

ar le: If you ask for a hearing, the State Hearing Office will set up a . . nave the right to see this file. The State may give your file the Welfare Department, the U.S. Department of Health and Human rvices and the U.S. Department of Agriculture. (W. & I. Code Section 950)

BACK 6

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

STATEMENT OF CITIZENSHIP, ALIENAGE AND IMMIGRATION STATUS

Name of applicant _____

Name of person acting for applicant (if applicant is a child, incapable, incompetent or deceased) _____

Relationship to applicant _____

Date_____

SECTION A: CITIZENSHIP AND ALIEN STATUS

All persons applying for Medi-Cal must state whether they are citizens or nationals* of the United States or aliens.

I, _____, state that the above-named applicant is:

[ ] a citizen or national of the United States

[ ] an alien

* Nationals are persons who, though not citizens, owe permanent allegiance to the United States. Permanent residents of American Samoa and Swain's Island are nationals of the United States.

IF THE ABOVE-NAMED APPLICANT IS A U.S. CITIZEN OR NATIONAL, SKIP SECTIONS B, C, AND D, AND COMPLETE SECTION E.

SECTION B: MEDI-CAL BENEFITS TO ALIENS

Aliens may receive either full program benefits or benefits restricted to emergency and pregnancy-related services depending on their immigration status.

Full benefits may be received only by aliens whose status has been verified as being one of the following:

- Lawful permanent residents.
- Conditional resident aliens.
- Aliens permanently residing in the U.S. under color of law.
- Aliens who have been granted amnesty who are also aged (65 or older), children under 18, blind or disabled.

The following aliens may receive only restricted benefits:

- Undocumented aliens.
- Aliens who have been granted amnesty who are also 18 to 64 years old and not blind or disabled.
- Nonimmigrants with unexpired visas (students, visitors, etc.) or unexpired parole status.

SECTION C: SCOPE OF BENEFITS REQUESTED AND AMNESTY ALIEN STATUS

1. The applicant is applying for:

   [ ] Full Medi-Cal benefits

   [ ] Restricted Medi-Cal benefits (emergency and pregnancy-related services only)

   [ ] Other (explain) _____

2. Has the applicant been granted amnesty?

   [ ] Yes

   [ ] No

3. If yes, under which section (210, 210A or 245A) of the Immigration and Nationality Act? (The number is on the front of the I-688 Temporary Resident Card) _____. The applicant is now:

   [ ] a lawful temporary resident whose card was issued on this date_____

   [ ] a lawful permanent resident

SECTION D: VERIFICATION OF IMMIGRATION STATUS

All aliens who have been granted amnesty or who apply for full program benefits must have their immigration status verified by the Immigration and Naturalization Service (INS) before they can be certified eligible for benefits. To assist us with this process, please provide the following information:

1. Social Security number_____

2. Alien Registration number and/or Alien Admission (INS Form I-94) number _____

3. Date the applicant first entered the U.S. _____

4. Applicant's name when he/she first entered the U.S._____

5. Of what country is the applicant a citizen? _____

6. Where was the applicant born? _____

In addition, all aliens must present alien registration or admission documents which indicate their present immigration status. If you do not have these documents with you or if they are unreadable, you have 30 days during which to bring them in to us or to present replacements (or replacement application receipts) issued by INS. If none of the alien registration documents contains the applicant's photograph, you must show us an identity document which establishes that the applicant is the person named on the immigration documents. Until the applicant meets these requirements, he/she will receive a restricted services Medi-Cal card for only emergency and pregnancy-related services.

COMPLETE SECTION E IF THE APPLICANT WISHES FULL PROGRAM BENEFITS OR IF HE/SHE HAS BEEN GRANTED AMNESTY

SECTION E

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant signature Print name		Date
Person Acting for Applicant: signature Print name	Relationship	Date
Witness (If Applicant Signed With Mark) Signature Print name		Date
Person Helping Applicant Complete Form Signature Print name	Address	Date
EW Signature Print name	County	Date

FOR COUNTY USE ONLY

Action taken:

_____ None necessary

_____ SAVE primary verification performed — Date_____

_____ Document Verification Request (INS Form G-845) and copies of alien registration documents sent to INS — Date_____

List names and INS form numbers of documents copied and placed in case file.

_____

_____

_____

_____

_____

Person referred to INS to obtain replacements of documents or adjustment of immigration status — Date_____

INSTRUCTIONS FOR USE OF THIS FORM

This form must be completed for every Medi-Cal applicant or beneficiary.

Whenever possible, the named applicant should complete, sign and date this form. If this is not possible because the applicant is a child, incapable, incompetent or deceased, the same person who signs the MC210 must complete this form.

Ensure that the applicant supplies all appropriate information.

County Use Only Section: The county worker should enter the requested information, check the applicable boxes, date and sign the form as indicated.

IRCA aliens can be identified from codings on their alien registration documents. Temporary Resident Cards (INS form I-688) contain the Immigration and Nationality Act section number on the front of the card: INA 210 = special agricultural worker (SAW), INA 210A = replenishment agricultural worker (RAW), INA 245A = pre-82 entrant. Alien registration receipt cards (INS form I-551) contain this information as one of the following codings in the "class" blank on the front of the card: S16 or S26 = SAW; R16 = RAW; W16, W26, or W36 = pre-1982 entrant.

If an alien applicant is not an amnesty alien/special agricultural worker and he or she is not applying for full benefits, immigration status should not be verified. Such applicants, if otherwise eligible, should be issued restricted-services Medi-Cal cards without further delay.

Persons claiming to be citizens who list a birthplace outside of the United States should be required to present documents which establish that they have been naturalized, have derived U.S. citizenship or are American Indians born in Canada.

If a secondary SAVE verification is necessary, copy all printed sides of the documents the alien presents and be sure that the copies you send to INS are readable.

Applicants have 30 days from the date of application to submit documents which establish a satisfactory immigration status for Medi-Cal purposes. An application receipt for replacement copies of lost, stolen or mutilated documents or documentary proof of an adjustment of immigration status to lawful permanent resident or PRUCOL status shall be considered to meet this requirement.

MC13 9/88