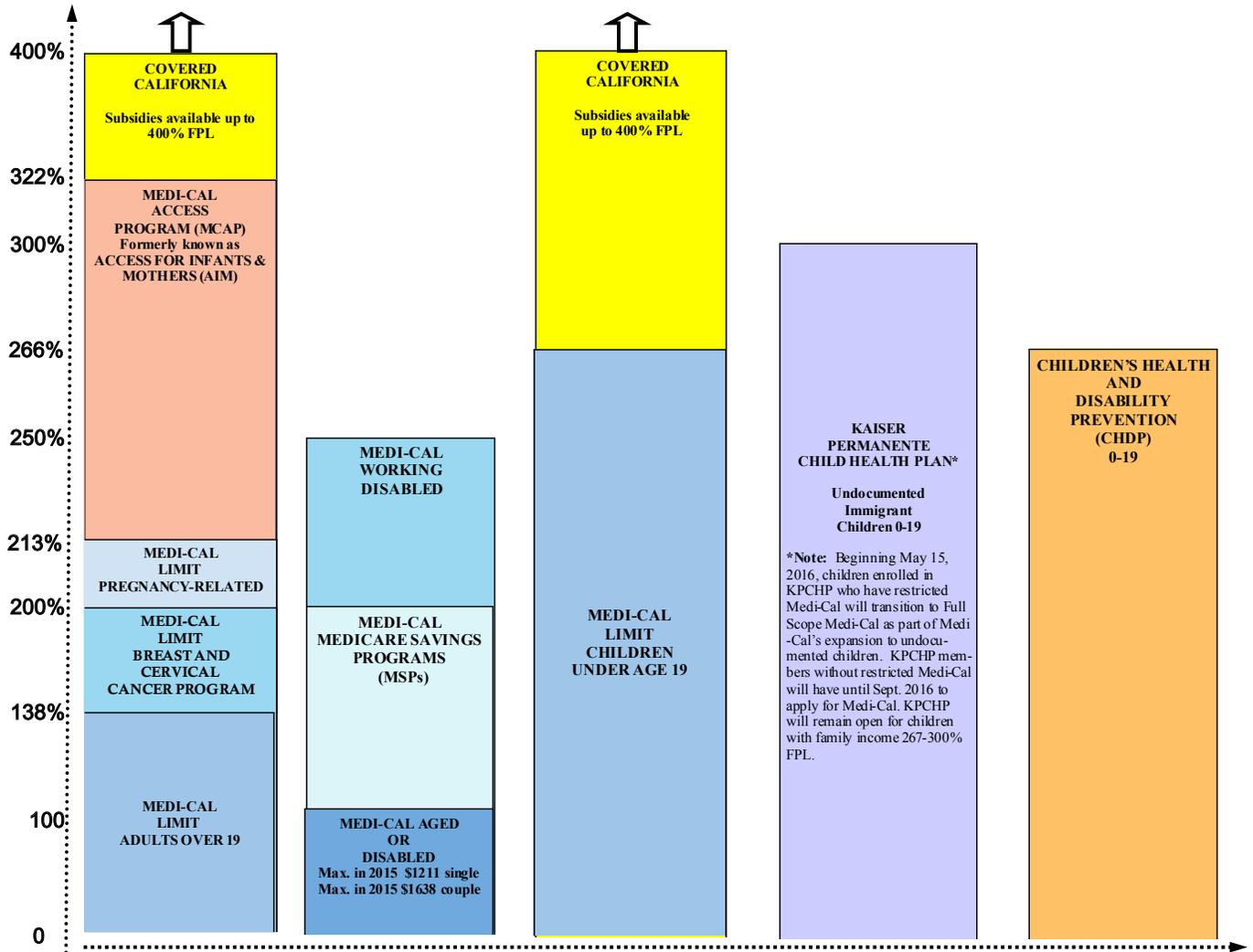


# Appendix A: 2016 Health Coverage Income Guidelines



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# Appendix B: Immigration Barriers to Applying for Health Coverage Programs

Many immigrants are reluctant to apply for health coverage programs because they are concerned that by doing so, they may harm their or their family members' immigration status or lead to deportation. These fears are often based on misinformation or myths, and may not be specifically identified as the reason they do not want to apply.

## **A. Confidentiality/Use of Immigration Status**

Immigrants may be concerned that notifying Medi-Cal or Covered California that some members of the family do not have lawful status will result in deportation of those family members. Advocates should emphasize that information used to apply for health coverage programs is not shared with Immigration & Customs Enforcement (ICE).<sup>1</sup> Information provided when applying for coverage should only be required of applicants and used for purposes of determining eligibility.<sup>2</sup>

## **B. Public Charge**

Immigrants who are lawfully present may raise a concern about harming their current immigration status or their chances of becoming a citizen later if they receive government benefits and are then considered a “public charge” by immigration authorities.<sup>3</sup> The “public charge” test by USCIS affects most, but not all, immigrants who are waiting to get their green card or who are applying for a visa.<sup>4</sup> Some groups, such as refugees, asylees, or victims of domestic violence or trafficking, are

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1. See ICE Memo, October 2013, available at <http://www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf>
  2. 42 C.F.R. § 435.907(e)(1); 45 C.F.R. 155.315(i); 45 C.F.R. § 155.260(a)(1)
  3. See USCIS fact sheet, available at <http://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>.
  4. The “public charge” test is used by the USCIS to determine whether an individual seeking LPR status or visa status may be likely to become in the future “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.” USCIS reviews numerous factors – such as education, skills, health, in addition to receipt of public benefits, such as CalWORKS. Based on the totality of the circumstances test, USCIS will determine who may become a public charge and can deny the individual’s application for a visa or LPR status.

exempt from the public charge test when they apply for their green card. Immigrant families in which the applicants are naturalized U.S. citizens, lawful permanent residents or are U.S. citizen children of immigrant parents are not subject to the public charge test. Additionally, U.S. Citizenship and Immigration Services does permit immigrants subject to the public charge test to receive most health care or nutrition benefits without counting those against them.<sup>5</sup> The one exception is receipt of long-term care services, which will be counted against the individual subject to the public charge test.<sup>6</sup>

### **C. Sponsor Liability**

Most immigrants who have a green card (Lawful Permanent Resident status) were required to have a family member or employer sponsor them in their immigration application.<sup>7</sup> Sponsors sign a contract with USCIS to agree to be financially responsible for the immigrant. If a sponsored immigrant receives government benefits, that government agency can require the sponsor to pay back the benefits received.<sup>8</sup> However, sponsor liability does not apply if the applicant: a) is not required to have a sponsor;<sup>9</sup> b) is a naturalized citizen; c) has worked 40 quarters; or d) is the US citizen child of the sponsored immigrant.<sup>10</sup> In addition, sponsors are not

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5. See <http://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet> on the USCIS website for the official guidelines regarding public charge. For additional materials on public charge, visit the National Immigration Law Center's webpage on Public Charge at <https://www.nilc.org/pubcharge.html>.
  6. *Id.* Individuals who are eligible for Medi-Cal long-term care are likely to have little resources and high health risks, which are additional factors that would also make them more likely to be considered a public charge.
  7. See "Affidavit of Support," USCIS, available at <http://www.uscis.gov/green-card/green-card-processes-and-procedures/affidavit-support>. See *also*, "Sponsored Immigrants and Benefits in California," National Immigration Law Center, October 2006, available at <https://www.nilc.org/sponsoredimms&bens-ca.html>.
  8. A sponsor's household income may also be counted when a sponsored immigrant applies for certain government benefits. Sponsor deeming is not applicable for Medi-Cal or Covered California and premium tax credits.
  9. For a list of immigrants who are not required to have a sponsor, see "Consolidation of Policy Regarding USCIS Form I-864, Affidavit of Support (AFM Update AD06-20)," U.S. Citizenship and Immigration Services interoffice memo, (June 27, 2006), pg. 5, available at [www.uscis.gov/USCIS/Laws/Memoranda/Static\\_Files\\_Memoranda/Archives%201998-2008/2006/affsuppafm062706.pdf](http://www.uscis.gov/USCIS/Laws/Memoranda/Static_Files_Memoranda/Archives%201998-2008/2006/affsuppafm062706.pdf).
  10. See *also* "Sponsored Immigrants and Benefits in California," National Immigration Law Center, October 2006, available at <https://www.nilc.org/sponsoredimms&bens-ca.html>.

held liable if a sponsored immigrant incurs out-of-pocket health expenses (unless the sponsor signs a provider's financial liability forms), receives only restricted scope Medi-Cal services, or receives earned benefits (e.g., a pension, Social Security) or tax credits – such as Covered California premium tax credits. Finally, government agencies must tell applicants if they will be asking for reimbursement from the sponsor and only after it creates a procedure for doing so, can they collect from the sponsor.<sup>11</sup> Currently, DHCS has no procedure to collect sponsor reimbursement for Medi-Cal, MCAP, or other health-related benefits.<sup>12</sup>

#### **D. Other Barriers**

Often recent events in the community such as a federal immigration raid, anti-immigrant stories in the media, or misinformation may deter eligible immigrants from applying for Medi-Cal or other health coverage. In addition, lack of language access or cultural competency and lack of literacy in their own language may also deter immigrants from seeking coverage for their family.

Most importantly, advocates should strongly advise against providing false information on an application for health coverage. Some immigrants may believe a social security number is required for everyone in the family to apply and provide a false social security number on the application. This could be considered fraud and could lead to problems with law or immigration enforcement. If other immigrants learn of this, they may mistakenly believe that applying for coverage was the cause of the problem, rather than the providing of false information. Thus, advocates should to explain when a social security number is required or only voluntary.

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11. See “Affidavits of Support on Behalf of Immigrants: Final Rule,” 71 FR 35732 (June 21, 2006), available at [www.gpo.gov/fdsys/pkg/FR-2006-06-21/pdf/06-5522.pdf](http://www.gpo.gov/fdsys/pkg/FR-2006-06-21/pdf/06-5522.pdf).

12. See “Sponsored Immigrants and Benefits in California,” National Immigration Law Center, October 2006, available at: <https://www.nilc.org/sponsoredimms&bens-ca.html>. Covered California is private health insurance and tax credits are not considered a public benefit subject to sponsor liability. However, sponsors could be held liable for Medi-Cal if DHCS chooses to seek reimbursement from them in the future, but any reimbursement requested would only be the amounts incurred after that decision is in place, not retroactively. Note this is different from Medi-Cal estate recovery, which applies regardless of immigration or citizenship status.

# Appendix C: Comparison of Covered California and Medi-Cal Fair Hearings Processes\*

Covered California	Medi-Cal
<b>Timelines</b>	
<ul style="list-style-type: none"> <li>Appeal within 90 days of receipt of eligibility determination notice (45 C.F.R. § 155.520(b), Welf. &amp; Inst. Code (WIC) § 10951(a), 10 CCR § 6606 (c))</li> </ul>	<ul style="list-style-type: none"> <li>Same (42 C.F.R. § 431.221(d), WIC § 10951)</li> </ul>
<ul style="list-style-type: none"> <li>Informal resolution process included in statute and regulations (45 C.F.R. § 155.535, Gov't Code § 100506.4(g), 10 CCR § 6612)</li> </ul>	<ul style="list-style-type: none"> <li>Informal resolution process included in statute and CDSS Manual (Gov't Code § 100506.4(g)(1); MPP, 22-073.23)</li> </ul>
<ul style="list-style-type: none"> <li>Notice of hearing 15 days prior to the hearing (Gov't Code § 100506.4(h)(2), 10 CCR § 6614(b))</li> </ul>	<ul style="list-style-type: none"> <li>Same (Gov't Code § 100506.4(h)(2))</li> </ul>
<ul style="list-style-type: none"> <li>Statement of position to appellant at least 2 business days prior to hearing (Gov't. Code § 100506.4(h)(1); 10 CCR § 6612(e)(2); ACL 14-14, p. 14)</li> </ul>	<ul style="list-style-type: none"> <li>Same (Gov't. Code § 100506.4(h)(1); WIC § 10952.5)</li> </ul>
<ul style="list-style-type: none"> <li>Decision due 90 days from the date appeal is made (Gov't. Code § 100506.4(h)(7), 10 CCR § 6618(b)(1))</li> </ul>	<ul style="list-style-type: none"> <li>Same (42 C.F.R. § 431.244(f); Gov't. Code § 100506.4(h)(7))</li> </ul>
<ul style="list-style-type: none"> <li>Covered California Director may alternate the decision (WIC § 10959 per Delegation Order 15-100)</li> </ul>	<ul style="list-style-type: none"> <li>DHCS Director may alternate the decision (WIC § 10959)</li> </ul>

\* Adapted from 2014 Health Consumer Alliance Chart

Covered California	Medi-Cal
<b>Post-Decision Options</b>	
<ul style="list-style-type: none"> <li>• Appeal to HHS within 30 days of decision (45 C.F.R. § 155.520 (c), Gov't. Code § 100506.4 (b) &amp; (k))</li> </ul>	<ul style="list-style-type: none"> <li>• Request for rehearing within 30 days of receiving decision (WIC § 10960)</li> </ul>
<ul style="list-style-type: none"> <li>• Seek judicial review via CCP § 1094.5 writ petition (Gov't. Code § 100506.4 (l), 10 CCR § 6618(a)(8))</li> </ul>	<ul style="list-style-type: none"> <li>• Same (WIC § 10962)</li> </ul>
<b>Expedited Decisions</b>	
Sources: 45 C.F.R § 155.540(a), Gov't. Code § 100506.4(a)(2); 10 CCR § 6616(a); and ACL 14-14, pp. 14-15	Sources: Gov't. Code § 100506.4(a)(2); ACL 13-40; ACL 14-14
<ul style="list-style-type: none"> <li>• “[T]here is immediate need for health services because a standard appeal could seriously jeopardize the appellant’s life, health or the ability to attain, maintain or regain maximum function”</li> </ul>	<ul style="list-style-type: none"> <li>• Same</li> </ul>
<ul style="list-style-type: none"> <li>• Request goes to Affordable Care Act Bureau in DSS State Hearings Division</li> </ul>	<ul style="list-style-type: none"> <li>• Request goes to Presiding Judge of Regional Office of State Hearings Division</li> </ul>
<ul style="list-style-type: none"> <li>• Decision to expedite must be made within 3 days of request</li> </ul>	<ul style="list-style-type: none"> <li>• Presiding Judge can decide to expedite through 3-way call, often immediately upon request</li> </ul>
<ul style="list-style-type: none"> <li>• Hearing must be held within 10 days of request</li> </ul>	<ul style="list-style-type: none"> <li>• Same</li> </ul>
<ul style="list-style-type: none"> <li>• Decision must be issued within 5 days of record closure</li> </ul>	<ul style="list-style-type: none"> <li>• Same</li> </ul>

Covered California	Medi-Cal
<b>Other Distinctions</b>	
<ul style="list-style-type: none"> <li>Covered California is the respondent</li> </ul>	<ul style="list-style-type: none"> <li>County is the respondent</li> </ul>
<ul style="list-style-type: none"> <li>Person filing the appeal is “appellant” (ACL 14-14, pp. 1, 2)</li> </ul>	<ul style="list-style-type: none"> <li>Person filing appeal is “claimant”</li> </ul>
<ul style="list-style-type: none"> <li>Issue(s) must be “valid” to be appealed (42 C.F.R. § 155.520(a) (4) and (c), 10 CCR § 6602(c))</li> </ul>	<ul style="list-style-type: none"> <li>"Any action or inaction" (WIC § 10950)</li> </ul>
<ul style="list-style-type: none"> <li>Eligibility pending appeal (“continuing enrollment”) – appellant may request 90 days after NOA if agree to pay premium (45 C.F.R. §155.525, 10 CCR § 6608, ACL 14-14. pp. 7 – 8)</li> </ul>	<ul style="list-style-type: none"> <li>Aid pending must be within 20 days of the NOA or before negative action takes effect (42 C.F.R. §§ 431.230, 431. 231(c) &amp; (d); 22 CCR § 51014.2(a))</li> </ul>

# Appendix D: Where to Go for Help – A Resource List

## **A. Eligibility Issues**

1. For someone to help with an application for Medi-Cal and Covered California find Certified Enrollment Entities at [www.coveredca.com/get-help/local/](http://www.coveredca.com/get-help/local/).
2. Those with a Medi-Cal eligibility issue can contact the county social services office in their county for assistance.
3. Those with a Covered California eligibility issue can contact the Covered California Service Center for assistance at (800) 300-1506. Go to [www.coveredca.com/get-help/contact/](http://www.coveredca.com/get-help/contact/) for a list of designated numbers for the other languages. Covered California also has a Live Chat function at [coveredca.custhelp.com/app/chat/chat\\_launch](http://coveredca.custhelp.com/app/chat/chat_launch).
4. For issues with the Medi-Cal Access Program (MCAP) for pregnant women, call MCAP at (800) 433-2611.
5. To file a fair hearing for Medi-Cal or Covered California submit a request for a hearing to the Department of Social Services in one of these ways:
  - To the State Hearings Division at fax number (916) 651-5210 or (916) 651-2789.
  - Request a Hearing Online: <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>
  - By phone: (800) 952-5253 (Voice) / (800) 952-8349 (TDD)
  - To the county welfare department at the address shown on the Notice of Action.
  - To the California Department of Social Services, State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, California 94244-2430.

## **B. Service Issues (such as problems accessing care or a billing issue)**

1. For questions about or problems with a health plan contact the health plan member service number for assistance.
2. For issues that cannot be resolved with the health plan or for questions about health plans contact the California Department of Managed Health Care Help Center at (888) 466-2219 or online at [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov).

3. For help switching Medi-Cal health plans or for problems with Medi-Cal health plans contact the Medi-Cal Ombudsman at (888) 452-8609 or [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov).

### **C. Consumer Advocacy**

1. For help with an individual health care issue call the Health Consumer Alliance statewide line at (888) 804-3536 or visit [www.healthconsumer.org](http://www.healthconsumer.org).
2. For specialized help for those with Medicare call HICAP (the Health Insurance Counseling & Advocacy Program) ([www.cahealthadvocates.org/](http://www.cahealthadvocates.org/)) at (800) 434-0222.
3. Disability Rights California ([www.disabilityrightsca.org](http://www.disabilityrightsca.org)) offers patient-rights advocacy, legal advice, representation, and other services with physical, psychiatric, and developmental disabilities at (800) 776-5746.
4. LawHelpCalifornia.org - referral information for California legal aid organizations, bar certified lawyer referral services and court services.
5. The American Bar Association's Lawyer Referral & Information Service at [www.americanbar.org/groups/lawyer\\_referral.html](http://www.americanbar.org/groups/lawyer_referral.html) and Consumer's Guide to Legal Help.
6. HospitalBillHelp.org - if you live in California and have problems related to a hospital bill, or need to find a hospital where you can get a fair price, this web site can help you understand your rights and options.
7. California Hospital Free and Discount Payment Programs: find out if you qualify for free or discounted care at a hospital near you.
8. Dial 2-1-1 information for California counties: community services in your county.

# Appendix E: Useful Links

## 1. Department of Health Care Services

- Main Webpage: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)
- DHCS Organizational Chart and Contact Information:  
[www.dhcs.ca.gov/Pages/AboutUs.aspx](http://www.dhcs.ca.gov/Pages/AboutUs.aspx)
- All County Welfare Directors Letters (ACWDLs) and Medi-Cal Eligibility Division Information Letters (MEDIL): [www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx)
- All County Welfare Directors Letters Master Index (subject matter index; unfortunately last updated in 2010):  
[www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLMasterIndex.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLMasterIndex.aspx)
- County Operations Resources (resources DHCS distributed to counties to aid in understanding new MAGI and ACA rules):  
[www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/CO\\_Call\\_Log.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/CO_Call_Log.aspx)
- Stakeholder Engagement Page (information about various stakeholder groups):  
[www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/CSP.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/CSP.aspx)
- Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters: [www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx)
- Medi-Cal Eligibility and Procedure Manual (somewhat out of date):  
[www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/MedEligProcManual.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/MedEligProcManual.aspx)
- Medi-Cal Provider Manuals (useful in finding specific information on which services are covered):  
[files.medi-cal.ca.gov/pubsdoco/manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp)
- Medi-Cal Access Program  
[mcap.dhcs.ca.gov/](http://mcap.dhcs.ca.gov/)

## 2. Covered California

- Consumer website to start the single streamlined application (CalHEERS) and certain consumer documents such as appeal requests and FAQs:

[www.coveredca.com](http://www.coveredca.com)

- California Health Benefit Exchange page to access Board meetings and materials, current regulations, and stakeholder meetings:

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

## 3. Department of Managed Health Care

DMHC regulates health plans, including many Medi-Cal health plans, and handles disputes regarding access to care or failure to cover for services for the plans it regulates. The website also contains full text of the Knox Keene Health Care Service Plan Act and regulations:

[dmhc.ca.gov](http://dmhc.ca.gov)

The webpage [dmhc.ca.gov/FileaComplaint](http://dmhc.ca.gov/FileaComplaint) redirects to the page with information on filing plan complaints or independent medical reviews for medical service denials.

## 4. County Medical Services Program

CMSP provides county-level health services for the remaining uninsured to the 35 rural counties that contract with it:

[www.cmspcounties.org](http://www.cmspcounties.org)

## 5. Hospital Fair Pricing

Find hospital fair pricing policies and applications at: [www.oshpd.ca.gov/hid/products/hospitals/fairpricing/](http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/)

## 6. Additional Advocate Materials

### a. Health Consumer Alliance

The HCA webpage, [www.healthconsumer.org](http://www.healthconsumer.org), has advocate guides and consumer fact sheets on many health topics for low-income consumers.

### b. Western Center on Law & Poverty

The WCLP webpage, [www.wclp.org](http://www.wclp.org), has healthcare practice tips, state budget and legislative updates, issue papers, and other healthcare advocates.

### c. National Health Law Program

The NHeLP webpage, [www.healthlaw.org](http://www.healthlaw.org), has advocate guides to many aspects of Medicaid and managed care, as well as other programs.

Two especially helpful publications:

- Advocate's Guide to MAGI – in depth explanation of MAGI household and income calculation rules: [www.healthlaw.org/publications/agmagi](http://www.healthlaw.org/publications/agmagi)
- The Advocate's Guide to the Medicaid Program – definitive guide to Medicaid (from a federal perspective). Latest edition pre-ACA, but still very helpful: [www.medicaidguide.org](http://www.medicaidguide.org).

### d. Center for Budget Policy and Priorities

CBPP has a Health Reform Beyond the Basics webpage which is a good resource for understanding MAGI households, tax reconciliation, and other implementation of the Affordable Care Act at the federal level (some resources are specific to the federal marketplace rather than California: [www.healthreformbeyondthebasics.org](http://www.healthreformbeyondthebasics.org)

### e. National Immigration Law Center

NILC offers California-specific information on immigrant access to public benefits programs at [www.nilc.org/benefitsca](http://www.nilc.org/benefitsca).

### f. California Advocates for Nursing Home Reform

CANHR offers in-depth information on Medi-Cal long term care, nursing homes, and the Medi-Cal estate recovery rules at [www.canhr.org](http://www.canhr.org).

**g. Disability Rights California**

DRC has information on access to health care benefits for persons with disabilities, including mental health treatment, responsibilities of providers and plans to offer accessible services, and information on dual eligibility for Medi-Cal and Medicare: [www.disabilityrightsca.org/pubs/PublicationsIndex.htm](http://www.disabilityrightsca.org/pubs/PublicationsIndex.htm)

**h. Maternal and Child Health Access**

MCHA offers useful materials to advocates on programs for pregnant women and children in its section “Training Materials.” Some of the materials are Los Angeles county specific: [www.mchaccess.org/training\\_materials.htm](http://www.mchaccess.org/training_materials.htm)

**i. Consumers Union**

CU has information for California consumers on choosing Covered California health plans and understanding premium tax credits in its research library at [consumersunion.org/research-policies/](http://consumersunion.org/research-policies/) . (Expand the section on “health” and choose “California.”)