



## Health Care Practice Tip – January 2025 Accessing Health Care After Surviving a Disaster

(Update from version originally published [September 2019](#) and [updated August 2021](#))



After disasters in California, survivors may need extra assistance to access health care. Fortunately, several consumer-friendly protections help survivors access the services, supplies, and care that they need. Read on for special rights and remedies available to survivors seeking prescription drugs, dental appliances, eyeglasses, hearing aids, medical supplies and equipment, physician and specialist care, eligibility and coverage, health plan enrollment changes, and more.

**Remember:** Covered California’s Certified Enrollment Counselors provide free Medi-Cal and Covered California application assistance. [Search online](#) for counselors by zip code and language.

### **Prescription Drugs, Medical Supplies and Equipment**

Whether survivors are insured or uninsured, rights and resources exist to help replace prescription drugs, as well as medical supplies and equipment that are lost or destroyed during disasters.

- **Uninsured survivors** can access prescription drugs and supplies via the Emergency Prescription Assistance Program (EPAP), which provides free refills with a prescription at participating pharmacies. The program is only available in federally-declared disaster areas and after California officials request that EPAP be activated.
  - To locate a participating pharmacy, call 855-793-7470 or visit <https://aspr.hhs.gov/EPAP/Pages/enrolledpharmacies.aspx>.
- **Insured survivors** can contact their prescribing providers, pharmacies, and/or managed care plans to request refills. To locate open pharmacies, visit: <https://www.healthcareready.org/rxopen> or call 1-800-977-2273.

- Medicare Part D Plans must lift certain limits (including quantity) for prescription drug benefits, and allow out-of-network access when drugs are unavailable from network pharmacies.<sup>1</sup>
  - Medi-Cal beneficiaries are entitled to at least a 72-hour fill of prescription drugs in an emergency situation, even when awaiting a TAR decision.<sup>2</sup>
  - Medi-Cal must approve or deny pharmacy Treatment Authorization Requests (TARs) within 24 hours.<sup>3</sup> Medi-Cal managed care plans must do the same.<sup>4</sup>
  - Medi-Cal beneficiaries may receive a 100-day supply of most prescription drugs and there may be special rules that allow exceeding the normal six-prescription limit.<sup>5</sup> After disasters, pharmacies and suppliers should dispense the full amounts of prescription drugs and equipment/supplies (overriding any ordinary limitations) so that Medi-Cal beneficiaries do not have to return.<sup>6</sup>
  - Medi-Cal members can receive replacement durable medical equipment (DME) and supplies “immediately.” For items that are out of stock, they must be provided as soon as possible.<sup>7</sup> Members should not have to wait for TAR approval before getting replacement equipment.
- **Health plans (including Covered California) regulated by the Departments of Managed Health Care (DMHC) and Insurance (DOI):** California law requires DMHC- and DOI-regulated health plans “to provide an enrollee who has been displaced or whose health may otherwise be affected” by a Governor-declared state of emergency or state-declared health emergency.<sup>8</sup>
    - DMHC and DOI may require plans to suspend prescription refill limitations, authorize replacement of medical supplies and equipment, and allow members to access (without prior authorization) out-of-network pharmacies if in-network options are unavailable or the disaster forced the member out of the area. Members cannot be charged anything more than their ordinary in-network cost-sharing.<sup>9</sup>
    - During recent disasters since 2019 and through 2025, some plans relaxed guidelines to allow members to access urgent care services from out-of-network doctors or hospitals.<sup>10</sup> Others warned members they may need to pay the full costs of prescription drugs at out-of-network pharmacies, but could request reimbursements later. Some plans offered more time for members to pay monthly premiums.
    - Please contact [Western Center](#) if you want to know how a health plan is providing prescription drugs and medical supplies to disaster survivors. (We have recent plan filings from past disasters to share).
  - **Employer-based health plans regulated by the U.S. Dept. of Labor:** If your employer-based health plan is not regulated by DMHC or DOI, it is likely an “ERISA” plan regulated by the U.S. Dept. of Labor. After a FEMA major disaster declaration with individual assistance provided, the Dept. of Labor may extend timelines for people to enroll in COBRA, and to appeal denials of care.<sup>11</sup> Visit the

Dept. of Labor's [website on disaster relief](#) for employees for more information.

- **Medi-Cal Dental:** Removable dental appliances (orthodontic retainers, space maintainers, partial and full dentures, and temporomandibular joint appliances) may be replaced under special expedited procedures. Claims for these appliances, exams, and radiographs should not require prior authorization, and limitations should not apply. DHCS (via Smile, California) should issue a Provider Bulletin with further details after a major disaster.<sup>12</sup>
  - These flexibilities should last for at least 12 months after the state declares a major disaster.
  - Even if beneficiaries reside in other counties, they can get appliances replaced if they were lost while they were temporarily in an impacted county.
- **American Red Cross:** In the immediate aftermath of a disaster, the American Red Cross can arrange for prescription refills and replacements for lost eyeglasses for those impacted by disaster, whether insured or not. Survivors can go to [redcross.org/get-help](https://www.redcross.org/get-help), call their [local Red Cross](#), or go to any open Red Cross disaster shelter to request assistance.
- **FEMA Other Needs Assistance (ONA)** provides grants for “necessary expenses and serious needs” caused by the disaster including medical and dental expenses not covered by primary health insurance (including if insurance denies or excludes coverage, or the survivor is uninsured).<sup>13</sup> Grants may be awarded to cover a broad array of medical and dental “costs,” plus “[r]epair or replacement of medical equipment.”<sup>14</sup> The maximum grant amount is adjusted annually for inflation.<sup>15</sup>
  - Survivors with disabilities or other access/functional needs can get more than the maximum grant amount to replace accessibility-related real and personal property damaged or destroyed by a disaster.<sup>16</sup>
  - For urgent needs, FEMA “Serious Needs Assistance” may provide a one-time \$770 payment (as of January 2025) to purchase “emergency supplies like water, food, first aid, breast-feeding supplies, infant formula, diapers, personal hygiene items or fuel for transportation.” You may also be able to use it for medical expenses.<sup>17</sup> You can ask FEMA for the most current maximum payment amount.
  - Help with funeral expenses may also be available, even for people living outside of federally-declared disaster areas.<sup>18</sup> During COVID-19, FEMA provided up to \$9,000 for each funeral.<sup>19</sup>
  - For medical and dental assistance, survivors do not need to first apply for a Small Business Administration loan (unlike for other assistance). Medical and dental assistance is also available for people who do not live within the declared disaster area.<sup>20</sup>
  - Apply for FEMA ONA at Disaster Recovery Centers, by calling (800) 621-3362 with interpretation services available, or at <https://www.disasterassistance.gov/>.

- Visit [Legal Aid Disaster Resource Center](#), the “[Figuring Out FEMA](#)” [guide](#), and the [California Disaster Legal Assistance Collaborative](#) for more information.

## **Physician & Specialist Care**

Survivors may need access to health care and medical appointments urgently during and after a disaster. Several protections require health plans and providers to make care available.

- **Emergency care:** Federal law prohibits hospitals from turning away pregnant people in labor and patients facing emergency medical conditions—no matter their insurance status.<sup>21</sup>
- **Dialysis:** Patients should first contact their regular dialysis center for help locating a replacement center. If their center is closed, a directory of major dialysis providers with phone numbers is available at the Kidney Community Emergency Response (KCER) website: <https://kcercoalition.com/en/patients/>.
  - HealthInsight and the Health Services Advisory Group (HSAG) contract with the federal government (CMS) to help patients locate dialysis centers following disasters. To find a new dialysis center, contact the hotline in your local area:
    - Network 18: The Southern California HealthInsight patient hotline at (800) 637-4767 (Monday to Friday, 8am to 4:30pm).
    - Network 17: The Northern California HSAG patient hotline at (800) 232-3773 (Monday to Friday, 8am to 5pm).
  - You may also access a dialysis center directory at: <http://www.dialysisunits.com/>.
- **Medi-Cal managed care plans:** If contracted providers are unavailable after a disaster, plans must still provide adequate provider networks, including by authorizing out-of-network care if no providers are available in network.<sup>22</sup> Timely access standards require plans to make available urgent care that does not require prior authorization within 48 hours (and within 96 hours when prior authorization is required), non-urgent physician appointments within 10 days, and specialty physicians within 15 days.<sup>23</sup>
- **Medicare Advantage Plans:** Medicare Advantage Plans must allow members to access out-of-network care after “a Presidential emergency declaration, a Presidential (major) disaster declaration, a declaration of emergency or disaster by a Governor, or an announcement of a public health emergency by the Secretary of Health and Human Services.”<sup>24</sup> Plans may also suspend some prior authorization requirements, and lower co-payments or other out-of-pocket costs.
- **Plans (including Covered California) regulated by the Departments of Managed Health Care (DMHC) and Insurance (DOI):** The California laws

described above for prescription drugs also require DMHC- and DOI-regulated health plans to make available to disaster survivors medically necessary physician and specialist care.<sup>25</sup>

- DMHC and DOI may require plans to extend time limits for prior authorizations and referrals, and allow members to access out-of-network providers if in-network options are unavailable or the disaster forced the member out of the area.<sup>26</sup>
  - DMHC-regulated plans must make available urgent care that does not require prior authorization within 48 hours (and within 96 hours when prior authorization is required), non-urgent physician appointments within 10 days, and specialty physicians within 15 days.<sup>27</sup>
  - Please contact [Western Center](#) if a regulated health plan is not meeting a survivor's needs. Western Center's health advocates can help make sure that DMHC and DOI are ensuring plans comply with these California laws.
- **Mental health:** During and after disasters, it is important to take care of our mental health. Several resources are available:
    - The federal government's year-round [Disaster Distress Helpline](#) is available for help: call or text (800) 985-5990. They also have a list of "[Coping Tips for Traumatic Events and Disasters](#)."
    - The [CalHOPE warm line](#) offers free emotional support to all Californians: English at (833) 317-HOPE (4673) and Spanish at (833) 642-7696. You can also [chat online](#).
    - For older adults, the Friendship Line provides free crisis intervention hotline and warmline emotional supports: (888) 670-1360.

### **Health-Related Housing and Environmental Resources for Medi-Cal Members**

Medi-Cal members may receive equipment and home modifications at no cost for health-related conditions exacerbated or caused by natural disasters such as earthquakes and other climate events like wildfires. Known as "community supports," these services are provided by Medi-Cal health plans as part of the CalAIM initiative. Medi-Cal members should contact health plans directly to access these services or work with their Medi-Cal providers to connect with these services.

Here is a list of some community supports that may be especially helpful after disasters:

- Asthma Remediation<sup>28</sup>
  - Included items: HEPA filtered vacuums, air filters, ventilation improvements, minor mold removal and remediation, asthma-friendly cleaning products and supplies, and more.
  - Eligibility: People with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test) for whom a licensed health care provider has documented

that the service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services.

- Lifetime maximum of \$7,500 with exceptions that may cover more
  - As of January 2025, [not all Medi-Cal plans](#) are providing these services so check with your health plan to see if they offer them.
- **Environmental Accessibility Adaptations (Home Modifications)**<sup>29</sup>
    - Included services: Any adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home without which the member would require institutionalization, including:
      - Repairs to return home to a habitable condition
      - Modifications such as wider doorways and ramps to assist movement within home and out of home
      - Installation of air vents
      - *Anything else that is needed* to ensure the health, welfare, and safety of the Medi-Cal member, or enable the member to function with greater independence in the home
    - Eligibility: People at risk for institutionalization in a nursing facility.
    - Lifetime maximum of \$7,500 with exceptions that may cover more
    - As of January 2025, most but [not all Medi-Cal plans](#) are providing these services so check with your health plan to see if they offer them.
- **Housing Supports**: a variety of housing-related services may be appropriate for disaster survivors, including the programs below. Check out the [full policy guide](#) for detailed descriptions and eligibility criteria.
    - Housing Transition Navigation Services
    - Housing Deposits
    - Housing Tenancy and Sustaining Services
    - Short-Term Post-Hospitalization Housing
    - Recuperative Care (Medical Respite)
    - Nursing Facility Transition/Diversion to Assisted Living Facilities
    - Community Transition Services/Nursing Facility Transitions to a Home

### **In-Home Supportive Services**

Medi-Cal recipients who receive In-Home Supportive Services (IHSS) may continue to receive assistance with their activities of daily living even if they have lost their primary residence or have evacuated.<sup>30</sup>

### **Eligibility & Coverage**

During and after a disaster, survivors may need help applying for Medi-Cal and Covered California, or just keeping their existing coverage. Medi-Cal's complex rules provide

several special protections, and Covered California’s enrollment and exemption policies acknowledge the needs of survivors.

### Medi-Cal Eligibility

- **Expedited applications:** Many disaster survivors may be newly eligible for Medi-Cal due to job loss and/or reduction in earnings. They may obtain expedited Medi-Cal through Hospital Presumptive Eligibility (60 days of immediate eligibility), Pregnancy Presumptive Eligibility, and Children’s Presumptive Eligibility.<sup>31</sup>
  - Locate a qualified Hospital Presumptive Eligibility provider list at <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx>.
  - Find a list of qualified Children’s Presumptive Eligibility providers at <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Childrens-Presumptive-Eligibility.aspx>.
  - Counties must “[e]xpedit[e] eligibility determinations, whenever possible, for any Medi-Cal applicant or beneficiary who has immediate medical needs.”<sup>32</sup> So you can advocate for a county to *immediately* process Medi-Cal applications for disaster survivors needing urgent coverage.
- **Relaxed application requirements:** After a disaster, Medi-Cal application requirements are less restrictive.
  - A signed affidavit, under penalty of perjury, can be used in place of requested verification documents including for residency (but not for citizenship and immigration status).<sup>33</sup> Signatures must be accepted by phone and electronically.<sup>34</sup>
  - As always, applicants are entitled to a “reasonable opportunity period” while they diligently search for citizenship and immigration status verification, during which counties must process their application and activate Medi-Cal if determined eligible (regardless of immigration proof).<sup>35</sup>
  - Applicants who are experiencing homelessness simply need to write that on their Medi-Cal application, and it will be sufficient to establish residency.<sup>36</sup>
- **Accelerated enrollment:** Many people can get immediate full-scope coverage when they apply for Medi-Cal at [CoveredCA.com](https://www.coveredca.com), by phone at (800) 300-1506, and when applying at counties. To qualify, you must be younger than age 65 and be eligible for Medi-Cal based on self-attested information. If you qualify, Medi-Cal will activate immediately and you can turn in any required verifications later. For more information, check out our [accelerated enrollment practice tip](#).
  - **Watch out:** Some people, especially those age 65 and older, will not qualify for accelerated enrollment. Use one of the expedited application options above instead.

- **Continuous eligibility:** Medi-Cal negative actions must be delayed during and after disasters when a beneficiary is unable to provide required documentation.<sup>37</sup> And counties may even retroactively reinstate Medi-Cal eligibility for survivors while they process signed affidavits or locate required documentation.<sup>38</sup>
  - Medi-Cal tells counties that they can keep Medi-Cal active beyond the regular eligibility period, allow members more time to submit requested information, and accept self-attestations.<sup>39</sup>
  - After the 2025 Los Angeles wildfires, Medi-Cal required counties to delay all manual discontinuances for failure to provide, and to immediately restore Medi-Cal without a gap in coverage for anybody who tells the county that they were affected by the wildfires. Members may simply verbally self-attest to being impacted by the wildfires.<sup>40</sup>
  - To get Medi-Cal protected or reactivated for a survivor, ask the county to pause the negative action or restore eligibility while the member gathers and submits what the county needs to complete case processing. Counties should also prioritize restoring Medi-Cal when it has been discontinued for recent disaster survivors.
  - Under special rules for the COVID-19 pandemic, Medi-Cal could only terminate for death, moves out of state, and voluntary request.<sup>41</sup>
  
- **MAGI excluded income:**
  - Charitable payments are exempt gift income.<sup>42</sup>
  - Insurance payments in “federal declared disaster areas are exempt.”<sup>43</sup>
  - Federal and state disaster payments (such as FEMA) are exempt.<sup>44</sup>
  
- **Non-MAGI excluded income and resources:**
  - Disaster assistance funds from federal, state, or local government agencies, or disaster assistance organizations [not defined, but presumably inclusive of charities and nonprofits], are permanently exempt from income and property counting. Interest earned on these funds is also exempt.<sup>45</sup>
  - Insurance payments (including funds received for the purchase of temporary housing) or in-kind replacement received from any source for purposes of repairing or replacing exempt property that is lost or damaged is exempt property in the month of receipt and for nine months from the date of receipt.<sup>46</sup> Counties may extend the exemption period for a total of 18 months if survivors show “good cause for why repair or replacement was not possible” – which is often the case when recovering from a disaster.<sup>47</sup> The exemption period can be extended for up to 30 total months for survivors of presidentially-declared disasters.<sup>48</sup>
  - Any cash that is not used to repair, replace, or contract for replacement or repair of exempt property may be considered property starting the month after the exemption period ends.<sup>49</sup>
  - **Remember:** As of January 1, 2024 Medi-Cal’s asset/property limit was eliminated. Medi-Cal no longer counts assets when deciding eligibility for coverage.



- **Medi-Cal monthly premiums:** As of July 2022, Medi-Cal no longer requires payment of monthly premiums.<sup>50</sup> If premiums ever return, DHCS will suspend collection of monthly premiums for the Medi-Cal Access Program (MCAP), Medi-Cal Access Infant Program (MCAIP), and Optional Targeted Low Income Children Program (OTLICP).<sup>51</sup> During COVID-19, DHCS also suspended premiums for the 250% Working Disabled Program. Counties must not discontinue beneficiaries for failure to pay monthly premiums during a disaster.<sup>52</sup> Also, you can advocate that counties suspend premium collections and related discontinuances during a reasonable recovery period, and allow credits and refunds for people who paid premiums when they could have been waived.
- **Inter-county transfers (ICTs):** For survivors displaced to a different county, no new Medi-Cal application is required. Instead, Medi-Cal beneficiaries can request an inter-county transfer if their permanent residence has changed.<sup>53</sup> Survivors who are displaced only temporarily can notify their Medi-Cal eligibility worker of their new address, and enroll in health plans in their temporary county of residence.<sup>54</sup> For health plan enrollments and disenrollments, beneficiaries may contact the DHCS Medi-Cal Managed Care Ombudsman at (888) 452-8609. Counties should assist beneficiaries with health plan changes, if needed.<sup>55</sup>
- **Access to county eligibility services:** County welfare offices must continue to provide Medi-Cal eligibility services during and after disasters “without delay.”<sup>56</sup> This includes in-person assistance during regular business hours, plus telephonic and internet access for Medi-Cal applications and renewals.<sup>57</sup>

### Covered California

- A declared state of emergency in California gives affected individuals a special enrollment period (SEP) to enroll in Covered California for 60 days after the date of the declaration of state of emergency.<sup>58</sup> Attestation is sufficient. No documentation is required to trigger the SEP.<sup>59</sup>
- Even after disaster special enrollment periods expire, people might still be able to enroll if they had to move, lost their job or income, lost their health insurance, or experienced [many other changes](#).<sup>60</sup>
- Tax filers may seek a hardship exemption from Covered California (“due to fire, flood, or other natural or human-caused disaster”) to avoid the individual mandate penalty for no coverage.<sup>61</sup>

### Health Plan Enrollment

Survivors may need to change their managed care plan enrollments, sometimes because disasters cause displacement. Fortunately, Medi-Cal, Medicare, and Covered California plan enrollees should be able to change their plan enrollment after disasters.

- **Medi-Cal managed care plans:** For expedited enrollment/disenrollment requests, contact the DHCS Medi-Cal Managed Care Division Ombudsman at (888) 452-8609.
- **Medi-Cal inter-county transfers (ICTs):** As described above, survivors should be disenrolled from out-of-county plans and allowed to enroll in managed care plans operating in beneficiaries' new counties of residence (even if they are only temporarily displaced).
- **Medicare managed care plans:** Medicare beneficiaries may change their Medicare Advantage Plans and Part D Plans during a Special Enrollment Period that lasts up until at least 60 days after the date FEMA designates as the end of the disaster's incident period.<sup>62</sup>
- **Covered California plans:** The declared state of emergency that creates a qualifying life event for a special enrollment period for affected individuals includes the right to change plans, as can moving to a new area with different plans.<sup>63</sup>

## Resources for Immigrants

Some of the local, state, and federal programs above (and others available after disasters) have special rules that apply to immigrants. Check out California's "[Guide to Disaster Assistance Services for Immigrant Californians](#)" (and [in Spanish](#)) for more information.

For resources about non-health disaster recovery topics, Morrison & Foerster LLP (MoFo) publishes and updates its "[Helping Handbook](#)" following most major California disasters. Western Center is available to support your health care advocacy during and after disasters. Please contact [Western Center](#) so we can help!

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<sup>1</sup> 42 C.F.R. § 423.124(a); [CMS Prescription Drug Benefit Manual](#), Chapter 5: Benefits and Beneficiary Protections (section 50.12). During COVID-19, CMS issued [special prescription drug guidance](#) consistent with these flexibilities.

<sup>2</sup> See Welf. & Inst. Code §§ 14133.37(b) (fee-for-service), 14185(a)(2) (Medi-Cal managed care).

<sup>3</sup> Welf. & Inst. Code § 14133.37(a).

<sup>4</sup> Welf. & Inst. Code § 14185(a)(1).

<sup>5</sup> 22 C.C.R. § 51313(b). During COVID-19, [DHCS relaxed the ordinary prior authorization requirements](#) when beneficiaries exceed six prescriptions in one month.

<sup>6</sup> Medi-Cal pharmacies may need to use Submission Clarification Code (SCC) 13 to override any ordinary limitations, such as "early refill" and "duplicate fill." Medi-Cal Rx, "[State of Emergency Override Activation: Submission Clarification Code 13](#)" (January 10, 2025); DHCS, "[Emergency and Disaster Assistance Information Questions & Answers](#)."

<sup>7</sup> DHCS Provider Bulletin, "[DME and Medical Supplies for Recipients Impacted by Wildfires](#)" (January 10, 2025).

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<sup>8</sup> Health & Saf. Code § 1368.7(a) (for DMHC-regulated plans, adding “whose health may otherwise be affected” and “health emergency” effective January 1, 2023); Ins. Code § 10112.95 (for DOI-regulated plans, adding the same).

<sup>9</sup> Health & Saf. Code § 1368.7(b); Ins. Code § 10112.95 (b). Check out [this consumer-friendly flyer from DMHC](#). For example, during the 2025 LA County fires, DMHC *required* plans to take these measures ([APL 25-001](#)).

<sup>10</sup> For example, check out [this Anthem Blue Cross notice](#) for the 2025 wildfires. Other health plans may post similar notices on their websites. In the 2025 LA County wildfires, DMHC *required* plans to allow members to access out-of-network providers if in-network providers were unavailable. ([APL 25-001](#)).

<sup>11</sup> For example, during Hurricanes Helene and Milton in late 2024, the Dept. of Labor took these steps and issued temporary guidance that applied in the FEMA major disaster declaration zone. [FAQs for Participants and Beneficiaries Impacted by Hurricane Helene or Hurricane Milton](#), U.S. Dept. of Labor (Nov. 7, 2024).

<sup>12</sup> For example, [Provider Bulletin Volume 41, Number 1 \(January 2025\)](#), “Disaster Assistance to Evacuated Members and Dental Offices Due to Palisades Fire”; [Provider Bulletin Volume 37, Number 17 \(July 2021\)](#), “Disaster Assistance to Evacuated Members and Dental Offices.”

<sup>13</sup> 42 U.S.C. §§ 5174(a), (e)(1); 44 C.F.R. §§ 206.119(b)(1), (c)(3); FEMA’s [Individual Assistance Program and Policy Guide](#) (IAPPG) Chapter 3, Section IV. FEMA is supposed to update its IAPPG no less than every three years, and last did so in May 2021. Because of known errors in past guides, it is best to always cross reference IAPPG content with federal laws and regulations.

<sup>14</sup> 44 C.F.R. § 206.119(c)(3).

<sup>15</sup> 42 U.S.C. § 5174(h). For major disasters declared starting October 1, 2024, the maximum amount is \$43,600. [Federal Register, Vol. 89, No. 84923](#) (Oct. 24, 2024), Docket ID FEMA-2024-0001. Be sure to check for updated maximum award limits each year.

<sup>16</sup> [FEMA’s IAPPG Chapter 3, Section IV at page 169](#) (May 2021).

<sup>17</sup> FEMA’s [“Frequently Asked Questions About FEMA Disaster Assistance”](#) (October 19, 2024).

<sup>18</sup> [FEMA’s IAPPG Chapter 3, Section IV at page 150-152](#) (May 2021).

<sup>19</sup> [FEMA Policy: COVID-19 Funeral Assistance Individuals & Households Program Policy \(Interim\) \(Version 2\) No. 104-21-0001](#) (June 29, 2021). FEMA even set up a [specialized hotline](#) and [developed a flyer](#).

<sup>20</sup> [FEMA’s IAPPG Chapter 3, Section I at pages 45 and 153](#) (May 2021).

<sup>21</sup> Emergency Medical Treatment & Labor Act (EMTALA), 42 U.S.C. § 1395dd.

<sup>22</sup> 42 C.F.R. § 438.206(b)(4).

<sup>23</sup> Welf. & Inst. Code § 14197. For more information on Medi-Cal managed care timely access requirements, see NHeLP’s [“Network Adequacy in Medi-Cal Managed Care \(Updated 2024\)”](#) (revised May 10, 2024).

<sup>24</sup> 42 C.F.R. § 422.100(m); [CMS Medicare Managed Care Manual](#), Chapter 4: Benefits and Beneficiary Protections (Section 150).

<sup>25</sup> Health & Saf. Code § 1368.7(a) (DMHC-regulated plans); Ins. Code § 10112.95 (DOI-regulated plans).

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- <sup>26</sup> Health & Saf. Code § 1368.7(b); Ins. Code § 10112.95(b).
- <sup>27</sup> 28 C.C.R. § 1300.67.2.2(c)(5). For a consumer-friendly flyer, see DMHC’s [Timely Access to Care fact sheet](#).
- <sup>28</sup> For complete details on Asthma Remediation services, see the [DHCS Medi-Cal Community Supports or In Lieu of Services \(ILOS\) Policy Guide \(July 2023\)](#) at 58-61. Note that these benefits under CalAIM are only authorized through 2026 and may expire unless extended.
- <sup>29</sup> For complete details on Environmental Accessibility Adaption (Home Modification) services, see the [DHCS Medi-Cal Community Supports or In Lieu of Services \(ILOS\) Policy Guide \(July 2023\)](#) at 50-53. Note that these benefits under CalAIM are only authorized through 2026 and may expire unless extended.
- <sup>30</sup> California Department of Social Services, [Guide to Disaster Assistance Services for Californians](#) at p. 4
- <sup>31</sup> [ACWDL 19-01](#) at p. 2.
- <sup>32</sup> [ACWDL 19-01](#) at p. 2.
- <sup>33</sup> [ACWDL 15-36](#); [MEDIL 17-16](#); 22 C.C.R. § 50167(c). For applicants who lack capacity, county eligibility workers may complete and sign an affidavit on behalf of the applicant. 22 C.C.R. § 50163(a)(3); [ACWDL 19-01](#) at p. 2.
- <sup>34</sup> See [ACWDL 21-12](#). DHCS only instructs counties to accept affidavits as “a last resort” when other proofs are unavailable. But you can argue that federal law allows accepting affidavits whenever an applicant or beneficiary wants to submit one. 42 C.F.R. § 435.952(c)(2)(i).
- <sup>35</sup> ACWDLs [19-01](#) at p. 2 and [09-27](#) at p. 3.
- <sup>36</sup> [MEDIL 17-16](#) at p. 2.
- <sup>37</sup> [ACWDL 19-01](#) at p. 3.
- <sup>38</sup> [ACWDL 19-01](#) at p. 3.
- <sup>39</sup> [MEDIL 25-02](#) at p. 1.
- <sup>40</sup> [MEDIL 25-03](#).
- <sup>41</sup> [MEDIL 20-25](#).
- <sup>42</sup> [ACWDL 15-36](#) at p. 2.
- <sup>43</sup> [ACWDL 15-36](#) at p. 3.
- <sup>44</sup> [ACWDL 15-36](#) at p. 3.
- <sup>45</sup> 22 C.C.R. §§ 50481, 50535.5; [ACWDL 92-08](#).
- <sup>46</sup> [Medi-Cal Eligibility Procedures Manual Article 9M-1](#).
- <sup>47</sup> [ACWDL 19-01](#) at p. 4.
- <sup>48</sup> [ACWDL 19-01](#) at p. 5.
- <sup>49</sup> [Medi-Cal Eligibility Procedures Manual Article 9M-1](#).
- <sup>50</sup> [ACWDL 22-14](#).
- <sup>51</sup> [ACWDL 19-01](#) at p. 4.
- <sup>52</sup> [ACWDL 19-01](#) at p. 4.
- <sup>53</sup> [ACWDL 19-01](#) at p. 5; [ACWDL 18-02E](#).
- <sup>54</sup> [ACWDL 18-02E](#) at p. 7; [MEDIL 15-32](#).
- <sup>55</sup> [ACWDL 18-02E](#) at p. 4.
- <sup>56</sup> 42 C.F.R. § 435.906; 22 C.C.R. § 50141.
- <sup>57</sup> [CDSS ACIN I-76-20 \(November 5, 2020\)](#). See also *Blanco v. Anderson* (9th Cir.

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1994) 39 F.3d 969, 974 (finding weekday office closures violated Medi-Cal promptness requirements); Welf. & Inst. Code § 14000.7 (assistance must be provided “in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who have limited English proficiency”); 22 C.C.R. § 50185(d) (counties must assist applicants and beneficiaries “as necessary”); 42 C.F.R. §§ 435.907, 435.916 (Medi-Cal applications and renewals must be accepted by internet, phone, mail, in-person, and electronic means).

<sup>58</sup> Consumers qualify for the SEP under the “exceptional circumstances” qualifying life event. 10 C.C.R. § 6504(a)(11)(D).

<sup>59</sup> 10 C.C.R. § 6504(d). Self-attestation is currently permissible for all special enrollment qualifying events, though enrollees may later be subject to a verification audit. *See id.* Even though no documentation or proof is required for a special enrollment period, Covered California may ask for some applicants to confirm they qualify. Covered California, “[Special Enrollment Period Verification Quick Guide for Certified Enrollers.](#)”

<sup>60</sup> All special enrollment periods are defined in 10 C.C.R. § 6504.

<sup>61</sup> 10 C.C.R. § 6914(c)(4)(F). California reinstated the individual mandate to have health coverage starting January 1, 2020.

<sup>62</sup> [CMS Memo](#) (August 9, 2018), “Emergency and Major Disaster Declarations by the Federal Emergency Management Agency (FEMA) – Special Enrollment Periods (SEPs), Termination of Coverage, and Payment Deadline Flexibilities, Effective August 9, 2018.”

<sup>63</sup> 10 C.C.R. § 6504(a)(9) and (a)(11)(D).