MISSION STATEMENT
To help people affected by HIV/AIDS, substance use, or mental health issues better realize opportunities by providing integrated legal, social, and health services that address the broad range of social risk factors that impact wellness and limit potential.

OUR POSITION
We provide underserved populations with a unique set of integrated services including emergency financial assistance for short-term stability; legal representation for access to necessary income and healthcare benefits; and residential treatment, housing, and employment training for longer-term social rehabilitation.

OUR VALUES
WE HAVE A LONG HISTORY OF IMPROVING LIVES IN SAN FRANCISCO. With a combined 115-year history of service, we are deeply rooted in the San Francisco community, continually fighting for social and economic justice for our city’s low-income and disabled populations.

WE SERVE THE WHOLE PERSON. We welcome everyone who walks through our door, we treat them with respect and dignity, and we work tirelessly to help them realize their potential.

WE GET RESULTS. We make a direct – and lasting – impact on the lives of our clients.

OUR BELIEF
We believe everyone deserves an advocate and an opportunity.

WELCOME
It is hard to imagine that PRC’s Equal Access to Healthcare Program (EAHP) has just completed its fourth year of service. We are delighted to share our program’s accomplishments over the past year. EAHP continues to carry out our mission to help San Francisco residents living with HIV overcome healthcare barriers so they have access to the most appropriate treatment to meet their individual circumstances.

As the needs of our clients and community partners have evolved, our program has also grown and adapted to meet their changing needs. Looking at the number of clients and community partners served since our first year, we are struck by the growth that has occurred and our impact within the community. In our first year, we served a total of 268 clients, providing legal advocacy and representation to 50 clients and consultation and advice to 218 clients. We delivered consultation and advice to 32 community providers and conducted 13 outreach events. Four years later, in 2017 we served over 700 clients. Among those served, 201 clients received legal advocacy and representation and 367 clients and 61 community providers received consultation and advice. We also conducted 28 outreach events. Many clients seek our services over and over again when faced with the challenges of managing their healthcare issues. We are proud to play a part in making sure that all of our clients have access to the best healthcare options to address their particular situation.

EAHP continues to provide direct services to clients through consultation and representation, and works hard to foster partnerships within the community. We are always looking to support and train community members so that they can better understand and access the services they need to stay healthy. Our trainings for service providers empower our community partners to better serve their clients.

This report is not just meant to display our accomplishments, but to further encourage clients to be their own best advocates. This year, the report focuses on eligibility for Medi-Cal programs, health care options for undocumented persons, and important changes to Medi-Cal and ADAP/ODA-HIPP programs.

We would like to thank our community partners and the friends who continue to support our mission. We want to expressly thank SF Department of Public Health, Gilead Sciences, Inc., and Elizabeth Taylor AIDS Foundation/Macy’s for sponsoring our work.

Chuan Teng, Esq.
Managing Legal Director
Beth Mazie, Esq.
Supervising Attorney
**PATH TO MEDI-CAL PROGRAM ELIGIBILITY**

Medi-Cal is a health coverage program that pays medical expenses for low-income people and is one of the major pathways to healthcare access for EAHP clients. Medi-Cal pays for doctor visits, labs, hospital stays, prescription drugs, and other medical services. There are many types of Medi-Cal programs through which people may qualify for coverage. Here, we describe eligibility criteria for the most common Medi-Cal programs that EAHP clients qualify for.

**MODIFIED ADJUSTED GROSS INCOME (MAGI)**

Medi-Cal uses Modified Adjusted Gross Income to determine financial eligibility for this program.

**ELIGIBILITY REQUIREMENTS:**
- Between the ages of 19-64
- California resident and lawfully present in the U.S.
- MAGI at or below $1,397/month (individual) or $1,893/month (couple) in 2018
- Not enrolled in or eligible for Medicare
- There are NO resource limits for this program

**TIP:** IF YOU ARE DISABLED AND NOT ELIGIBLE FOR OTHER MEDI-CAL PROGRAMS BECAUSE YOU HAVE TOO MANY RESOURCES, ASK MEDI-CAL TO SCREEN YOU FOR MAGI ELIGIBILITY.

**SUPPLEMENTAL SECURITY INCOME (SSI) LINKED**

Individuals who qualify for SSI are automatically eligible for this Medi-Cal program.

**ELIGIBILITY REQUIREMENTS:**
- Currently receiving SSI benefits or previously received SSI benefits
- Meet Social Security’s definition of disability, blindness, or age (65+)
- Total countable income that is less than the SSI/SSP maximum benefit amount ($910.72 in 2018)
- Have less than $2,000 (individual) or $3,000 (couple) in assets

**TIP:** IF YOU ARE ON SSI-LINKED MEDI-CAL AND YOU GO BACK TO WORK, YOU MAY BE ABLE TO KEEP YOUR MEDI-CAL COVERAGE IF YOUR GROSS EARNINGS ARE LESS THAN $36,738 (2017). IF YOUR GROSS EARNINGS ARE OVER THIS AMOUNT, YOU MAY STILL BE ABLE TO KEEP YOUR MEDI-CAL THROUGH THE 250% WORKING DISABLED PROGRAM (SEE FOLLOWING PAGE).

**AGED & DISABLED PROGRAM (A&D)**

This program covers people who are 65+, blind, or disabled. Individuals enrolled in A&D and also enrolled in Medicare may receive help paying for their Medicare Part B and Part D premiums.

**ELIGIBILITY REQUIREMENTS:**
- Meet Social Security’s definition of disability, blindness, or age (65+)
- Total countable income less than $3,429/month (couple) in 2018
- Have less than $2,000 (individual) or $3,000 (couple) in assets

**TIP:** IF AN APPLICANT'S COUNTABLE INCOME IS ABOVE THE INCOME LIMIT FOR THIS PROGRAM, BUYING LOW-COST PRIVATE HEALTH INSURANCE, SUCH AS A DENTAL OR VISION POLICY, MAY HELP REDUCE COUNTABLE INCOME TO QUALIFY FOR A&D.

**250% WORKING DISABLED PROGRAM (250% WDP)**

People who are disabled and working may be eligible for this program. This program also helps pay for Medicare Part B and Part D premiums for people who also have Medicare.

**ELIGIBILITY REQUIREMENTS:**
- Meet Social Security’s definition of disability
- Working and earning income (no minimum hours or earnings required)
- Total countable income less than $2,529/month (individual) or $3,629/month (couple) in 2018
- Have less than $2,000 (individual) or $3,000 (couple) in assets
- Beneficiaries must pay a monthly premium calculated using a sliding scale based on income. Monthly premiums range from $20-$250

**TIP:** THERE ARE HELPFUL EXCLUSIONS FOR WHAT IS CONSIDERED “COUNTABLE INCOME” AND “ASSETS” FOR THIS PROGRAM. FOR INSTANCE, DISABILITY BASED INCOME IS EXCLUDED FROM THE CALCULATION OF COUNTABLE INCOME AND IRS-APPROVED RETIREMENT FUNDS ARE NOT COUNTED AS ASSETS FOR THIS PROGRAM.

**AGED, BLIND AND DISABLED—MEDICALLY NEEDED WITH SHARE OF COST**

This program is available to people who are 65+, blind, or disabled and whose countable income exceeds the limits for other programs. Beneficiaries of this program must incur a certain amount out-of-pocket medical expenses, known as a Share of Cost (SOC), before Medi-Cal will pay for medical expenses.

**ELIGIBILITY REQUIREMENTS:**
- Meet Social Security’s definition of disability, blindness, or age (65+)
- Have less than $2,000 (individual) or $3,000 (couple) in assets

**TIP:** PEOPLE ON THIS PROGRAM WHO HAVE MET THEIR SOC AND ALSO HAVE MEDICARE MAY RECEIVE HELP PAYING MEDICARE PART B AND D PREMIUMS.

**“P R C IS A LEADER HELPING MANY. IT MAKES GETTING LOST IN A BIG COMPLICATED WORLD EASIER TO MANEUVER THROUGH AND GIVES CLIENTS A POSITIVE DIRECTION AND NEEDED SERVICES TO KEEP CLIENTS HEALTHY. IT SAVES PEOPLE’S LIVES.”** - PAUL

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**“YOUR STAFF & ORGANIZATION GO ABOVE AND BEYOND TO HELP PEOPLE. I AM HAPPY THAT I CAN CONTACT YOU ANY TIME AND YOU WILL TRULY CARE TO HELP ME. YOU HAVE MADE ME FEEL LIKE THERE ARE GOOD PEOPLE OUT THERE THAT CARE ABOUT ME AND MY FAMILY.”** - JEAN

**“I COULD NOT FIGHT MY HEALTH ISSUES AND DISABILITY NEEDS WITHOUT PRC ON MY SIDE HELPING TO MAKE SENSE OF ALL THE ISSUES AT HAND AND ULTIMATELY GETTING ME THE BEST CARE AVAILABLE THAT OTHERWISE WOULD HAVE BEEN LOST IF I WAS LEFT TO MY OWN MEANS.”** - DENNIS

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**TIPS TO AVOID COVERAGE PITFALLS**

Notify Medi-Cal of Changes

Changes to your address, family size, and income may affect your eligibility for Medi-Cal benefits. You are required to report changes to your local county Medi-Cal office within 10 days of a change. Examples of other changes that must be reported include: marriage or divorce, having a child, obtaining other health coverage, change in citizenship status, and incarceration or release from incarceration.

**Retrospective Medi-Cal**

Typically, Medi-Cal coverage starts on the first day of the month of application. However, retrospective Medi-Cal may be available to pay for medical expenses incurred up to three months before applying for the program.

**Managed Care**

Medi-Cal provides healthcare by contracting for services through established systems and networks of care. In San Francisco, the two managed care plans are San Francisco Health Plan and Anthem Blue Cross. With some exceptions, you must choose a health plan within 30 days of enrolling in Medi-Cal. Make sure that any provider you see accepts the plan you select.

**Appeals basic timelines**

- If you have a complaint about your benefits/services or your eligibility for a program/service was denied, you may file a request for fair hearing.
- You have 90 days to request a hearing after receipt of a Notice of Action (NOA).
- Your benefits will continue pending review (APP) if you file the hearing request within 10 days of the NOA.
- How to Request a State Hearing:
  - Complete the Request for State Hearing on the back of the NOA and submit it to the county Medi-Cal office.
  - California Department of Social Services State Hearings Division, or the State Hearings Division at fax number 916-651-5210 or by phone to 1-800-952-5263.

**OTHER PATHWAYS TO COVERAGE**

**COVERED CALIFORNIA**

Although Medi-Cal is a common track to coverage for many, it is not the only route. For some, Covered California can be the best option for health coverage. Normally, you must sign up for a Covered California plan during open enrollment. However, if your income goes up or you have another life event that changes your circumstances, you may be eligible for a special enrollment period to enroll in a Covered California plan.

**MEDICARE**

A federal health insurance program administered by the Social Security Administration that provides health care for the aged, blind, and disabled. You become eligible after you have been receiving Social Security Disability Insurance (SSDI) benefits for 24 months or when you turn 65.

**AVENUES TO HEALTH COVERAGE FOR UNDOCUMENTED IMMIGRANTS**

At 7.1% in 2017, California now has the lowest rate of uninsured individuals in the nation. This is in large part due to the expansion of Medi-Cal programs. Unfortunately, the majority of uninsured individuals are undocumented immigrants who are not eligible for full-scope Medi-Cal. In California, undocumented immigrants do still have several healthcare access options.

**Restricted Scope (Emergency) Medi-Cal**

This program is available to undocumented and other immigrants who are not eligible for full-scope Medi-Cal due to immigration status. It offers very limited coverage for emergency care, pregnancy and postpartum care, tuberculosis, and renal dialysis.

**NOTE:** Deferred Action for Childhood Arrivals (DACA) recipients are eligible for Full-Scope Medi-Cal benefits as long as they meet all program eligibility requirements.

**Full Scope Medi-Cal for All Children**

All children qualify for full-scope Medi-Cal regardless of immigration status as long as they meet all other eligibility requirements.

**Healthy San Francisco**

Healthy San Francisco is available to county residents with no other insurance coverage. To qualify, an individual must have a household income under $60,700 per year, be over age 18, must not be eligible for Medi-Cal or Medicare, and must be uninsured for at least 90 days. There is a sliding scale fee for coverage.

**Private Health Insurance Plans**

Private health insurance plans may be purchased directly through an insurance carrier regardless of immigration status. These plans may be expensive and are subject to open enrollment periods.

**Student Health Plans**

Immigration status is generally not questioned when students apply for student health plans, and the plans are affordable.

**AIDS Drug Assistance Program (ADAP)**

ADAP helps people living with HIV and AIDS access medication.

**General Eligibility:**

- California resident
- HIV
- 18 years of age or older
- MAGI not more than $60,700/year (individual)
- Lacks private insurance that covers the full cost of medications and does not qualify for any, full-scope Medi-Cal program

**OA-HIPP**

OA-HIPP pays for health insurance premiums and out-patient medical out-of-pocket costs for California residents enrolled in ADAP.

**General Eligibility:**

- Not enrolled in Medicare or any free, full-scope Medi-Cal program
- Have a comprehensive health insurance plan with prescription drug benefits

**Office of AIDS Health Insurance Premium Payment (OA-HIPP)**

Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program

OA-HIPP pays for health insurance premiums for ADAP clients with:
- Employer-based health coverage
- Medi-gap plans
For more information, please contact your enrollment advisor.

**INTERCOUNTRY TRANSFERS (ICT’S)**

Effective June 1, 2017, changes have been made to Medi-Cal’s intercountry transfer process that makes transfers between counties more efficient. Upon moving, a Medi-Cal beneficiary may notify either the county from which they have moved or their new county of residence. The change may be reported in person, in writing, over the phone, or online. The county must initiate ICT within 7 business days of the notice of new residence.

**DENTI-CAL CHANGES**

Effective January 1, 2018, adult dental benefits have been fully restored for Medi-Cal recipients with full scope coverage. The following major services are now covered:

- Exams and x-rays
- Cleaning (prophylaxis)
- Fluoride treatment
- Fillings
- Pre-fabricated Crowns (resin and stainless steel only)
- Laboratory processed crowns
- Extractions
- Root Canals in front and back teeth
- Full and Partial dentures, denture adjustments, repairs and relines
- Periodontics (Scaling and Root Planing)
- Other medically necessary dental services

Denti-Cal continues to cap services at $1,800 per year, although some services do not count towards this cap and additional services may be covered if medically necessary.

Find out more about Denti-Cal benefits by visiting https://www.denti-cal.gov or calling Denti-Cal at 1-800-322-6384.

**ADAP/OA-HIPP OFFERS NEW PAYMENT PROGRAMS**

The OA-HIPP program has expanded. It is now pays premiums and out-patient medical out-of-pocket costs for ADAP clients with:

- Employer based health coverage
- Medi-gap plans
For more information, please contact your enrollment advisor.

**Notes:**

- Other medically necessary dental services
- Denti-Cal continues to cap services at $1,800 per year, although some services do not count towards this cap and additional services may be covered if medically necessary.
- Find out more about Denti-Cal benefits by visiting https://www.denti-cal.gov or calling Denti-Cal at 1-800-322-6384.

**ADAP/OA-HIPP OFFERS NEW PAYMENT PROGRAMS**

The OA-HIPP program has expanded. It is now pays premiums and out-patient medical out-of-pocket costs for ADAP clients with:

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**Office of AIDS Health Insurance Premium Payment (OA-HIPP)**

OA-HIPP pays for health insurance premiums for ADAP clients with:
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- Medi-gap plans
For more information, please contact your enrollment advisor.

**Community Clinics, Medical and Dental Schools**

For those who are uninsured, there are some clinics that provide treatment regardless of immigration and health insurance status. These include San Francisco City Clinic and San Francisco Free Clinic.
TRACY FREDLEY, ESQ. is a Staff Attorney in the Equal Access to Healthcare Program. Prior to joining PRC, she was supervising attorney at the University of Kansas School of Law – Medical Legal Partnership Clinic at KU Medical Center. There she worked with healthcare professionals to combat social determinants of health for low-income individuals and families. Tracy also worked in private practice for several years, representing the underserved population, and as counsel to the Kansas State Medical Board.

KENDALL HOLBROOK, ESQ., is a Staff Attorney in the Equal Access to Healthcare Program. She is dedicated to working with clients to advise them about available resources and find solutions to healthcare access issues. Kendall graduated from the University of San Diego School of Law in 2013, concentrating her studies on public interest law. She previously worked as an attorney advocating on behalf of community and environmental justice groups.

COLLIN HOOVER is the Legal Assistant for the Equal Access to Healthcare Program. He contributes to the EAHP team by taking initial inquiries for the program, preparing for training and outreach events, and assisting the advocates and attorneys as needed. He earned his Bachelor's in Economics with a Music Minor from the University of Puget Sound in Tacoma, Washington, focusing his research on poverty in industrializing countries. He deeply understands the importance and necessity of stable healthcare access.

LISA KOHLI, ESQ. is a Staff Attorney in the Equal Access to Healthcare Program. She appreciates the opportunity to help clients navigate through various programs to ensure they have appropriate healthcare coverage. Lisa graduated from the Indiana University School of Law and was previously a staff attorney in a medical-legal partnership within Indiana Legal Services.

BETH MAZIE, ESQ. is the Supervising Staff Attorney in the Equal Access to Healthcare Program. Beth was previously a Staff Attorney at Rubicon Legal Services in the Social Security disability advocacy program. She has worked as a supported living specialist for Golden Gate Regional Center, as an attorney at Disability Rights Education and Defense Fund, and as a volunteer at Community Alliance for Special Education. She is currently a volunteer mediator with Community Boards. She is committed to empowering people to learn about access resources and benefits that enable them to stabilize and improve their lives.

CHUAN TENG, ESQ., is the Managing Legal Director of the Benefits Counseling Program at PRC. She was previously the Supervising Attorney in the Equal Access to Healthcare Program and worked at the National League of Cities on issues related to Medi-Cal and the Children’s Health Insurance Program. She was a health access attorney at Bay Area Legal Aid and a staff attorney in PRC’s Benefits Counseling Program.

KARINA PALOMERA is a bilingual benefits advocate in the Equal Access to Healthcare Program. Karina most enjoys working on Medi-Cal related cases and believes healthcare access is a basic human right, not a privilege. Karina graduated from UC Davis in 2011. Previously, she worked for a nonprofit that assisted disabled agriculture workers and as a case manager at a homeless shelter.

THE EQUAL ACCESS TO HEALTHCARE PROGRAM IS MADE POSSIBLE BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH. ADDITIONAL SUPPORT IS PROVIDED BY GILEAD SCIENCES, INC., ELIZABETH TAYLOR AIDS FOUNDATION / MACY’S.

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