

**Reopening the Doors
to Healthcare**

2021/2022 EAHP ANNUAL REPORT
EQUAL ACCESS TO HEALTHCARE PROGRAM

DEAR FRIENDS,

After a year of slowly re-opening and re-engaging our community in person, we are grateful to be able to share this report and our accomplishments with you. PRC's Equal Access to Healthcare Program (EAHP) has continued to adapt the ways in which we provide our services due to the ongoing COVID-19 Public Health Emergency. We have increased and re-evaluated our ability to provide remote and in person services with a steadfast focus on meeting the needs of our client community of San Francisco residents living with HIV. The EAHP team continues to vigorously advocate for our clients, and has worked diligently to connect with clients and keep them informed of the shifting landscape of healthcare access.

The unpredictable nature of the COVID-19 variants has driven the manner in which we provide our services. The lifting of some of the restrictions imposed by COVID-19 has allowed us to engage with more of our clients face-to-face, a facet of our practice that both clients and staff have been missing. EAHP has continued to focus on reaching out to underrepresented groups as well as working to reconnect with clients who may have fallen out of touch throughout the pandemic. Our team has continued to respond to inquiries from clients and the community about current and upcoming changes to healthcare programs and the potential unwinding of the Public Health Emergency (PHE).

The ongoing pandemic has also allowed us to re-examine the structure of our EAHP team. You will notice that this report includes not only updates on healthcare access, but also on disability benefits. With the understanding that income instability can limit a client's ability to access and remain in a healthcare program, staff are working with clients on a more holistic level to ensure that representation meets their individual needs. PRC has always accepted the client as a whole, and now our healthcare access and public benefits programs will more fully reflect that. This expands not only our client base and the services we can provide, but also allows us to encourage professional development within our team.

As our State and community approach the end of the COVID-19 Public Health Emergency, we find ourselves facing some significant changes in the availability of healthcare support and access. As California begins unwinding the regulations surrounding COVID-19, we will empower our community of clients and case managers to anticipate and face these changes with confidence. In this report, we focus on the available programs and the changes that will occur as the PHE lifts for Medi-Cal, Medicare, Covered California, and ADAP beneficiaries. We hope that with this foresight we can cultivate an understanding and comfort within our community to successfully manage these changes and to maintain a client's continuity of care.

It is an honor to work with so many agencies and frontline advocates who have taken and continue to take steps to ensure our community remains safe and connected during these unpredictable times. We are deeply grateful to our community and want to thank our community partners and friends who have continued to support our mission. We want to expressly thank the San Francisco Department of Public Health, the California Department of Public Health, Gilead Sciences, Inc., ViiV Healthcare's Positive Action Community Grant Program, Venable Foundation, and Janssen Therapeutics for their continued sponsorship of our work.



Jason Cinq-Mars,
Managing Legal Director



Ron Kurlaender,
Senior Supervising Attorney

PRC 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.

PRC Values

WE ASPIRE TO PROVIDE SERVICES THAT:

- Give clients the knowledge they need to make their own choices.
- Aid all clients in a culturally-appropriate way.
- Utilize a client-centered model, emphasizing one-on-one and group relationships.
- Are easy to access.

WE ASPIRE TO BE AN ORGANIZATION THAT:

- Is culturally competent and diverse across all levels, from volunteers to our staff to our board.
- Respects and seeks participation from all agency stakeholders, including people living with HIV, in all areas of the organization.
- Operates at all levels with accountability, honesty, and integrity.

WE ASPIRE TO MEET THE NEEDS OF ALL PEOPLE AFFECTED BY OR AT RISK FOR HIV, INCLUDING:

- People of any sexual orientation or gender identity.
- Immigrants, regardless of immigration status, and people with limited English proficiency.
- People who are (or who have been) incarcerated; ex-offenders; people with dependents; people of color; people with mental or physical disabilities, including the deaf and hard of hearing; women; youth; seniors; sex workers; active drug users; and people in recovery.

Top Five Presenting Issues

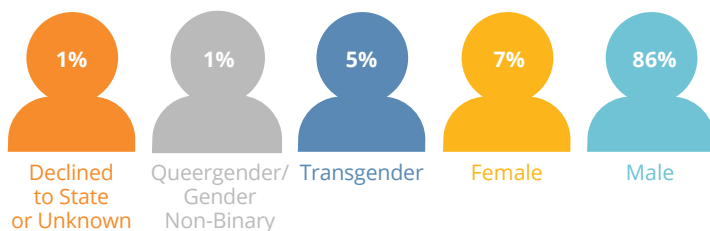
- 1 ADAP
- 2 Medicare
- 3 Non-MAGI Medi-Cal
- 4 MAGI Medi-Cal
- 5 Lack of Coverage - Insurance ending soon

Serving Our Community

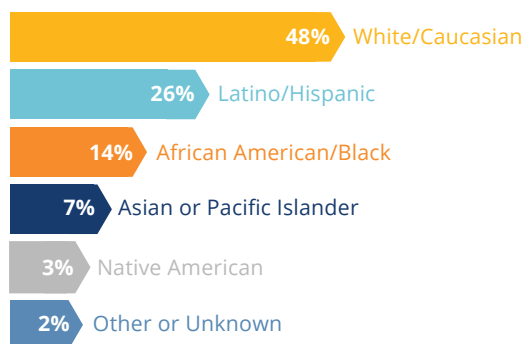
EAHP serves a diverse and multi-cultural clientele who share common concerns about how to obtain or maintain access to healthcare within a complex landscape. Clients seek our assistance in times of change. Many come to us when their access to healthcare is at risk, either due to a health coverage denial or denial for specific services. EAHP provides free legal advice, healthcare advocacy, and community trainings to help ensure beneficiaries and providers are aware of the options available so that they can maintain the best coverage to meet their individual needs.

Characteristics of Clients 2021/2022

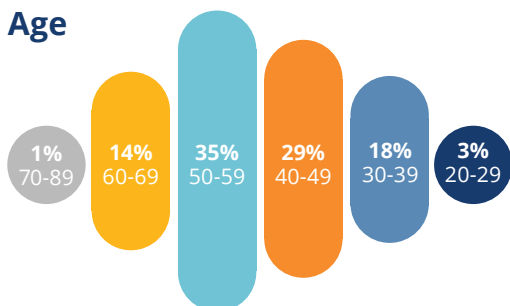
Gender



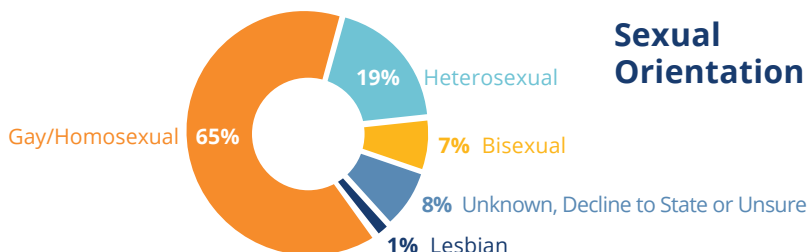
Ethnicity



Age



Sexual Orientation



Services and Accomplishments



359

Total Clients Served



102

Clients receiving intensive healthcare-related services



102

Clients receiving SSA Advocacy and/or Legal Representation



43

Clients receiving SSA Advocacy and/or Legal Representation with Favorable Decision



49

Clients with Closed Cases who Obtained, Preserved, or Increased Health Care Access



22

Community Providers Received Consultation and Advice



24

Outreach and Training Events Conducted

Major Changes in Medi-Cal Requirements

The State of California has made some significant changes to the Medi-Cal program in 2022.

- > As of May 1, 2022, eligibility for full-scope Medi-Cal has expanded to include adults who meet Medi-Cal eligibility requirements and are aged 50 or older, **regardless of immigration status**. If you are not already on restricted scope Medi-Cal, then you will need to complete and submit an application to qualify.
NOTE: While a social security number and/or immigration status may be requested, it is not required to complete the Medi-Cal application.
- > As of July 1, 2022, the State of California has increased the asset limit for non-MAGI (Modified Adjusted Gross Income) Medi-Cal programs. These include the Aged, Blind and Disabled Program; Medi-Cal with share of cost; the 250% Working Disabled Program; long-term care; and Medicare Savings Programs. The asset limit increased from \$2,000 for a single person and \$3,000 for couples to **\$130,000 for a single person plus \$65,000 for each additional family member**.

Medi-Cal Overview and Updates

Medi-Cal is a health coverage program that pays medical expenses for low-income residents of California. The Affordable Care Act (ACA or Obamacare) greatly expanded the number of people eligible for coverage to include most adults with limited income. Medi-Cal can pay for doctor visits, labs, hospital stays, prescription drugs, and other medical services. There are several Medi-Cal programs, but the following are the most common for PRC clients.

Modified Adjusted Gross Income (MAGI): Medi-Cal uses MAGI to determine financial eligibility for this program. To be eligible, a client needs to meet the following:

- MAGI Income at or below 138% of the Federal Poverty Level (FPL): \$1,564 per month for an individual or \$2,106 for a couple in 2022
- Be between the ages of 19 and 64
- California resident and/or lawfully present in the United States
 - Immigrants who are age 50 or over are also eligible, regardless of immigration status
- Not enrolled in or eligible for Medicare

NOTE: There are **NO** resource limits for this program.

Aged, Blind and Disabled Program: This program covers individuals who are 65 years old or over, blind, or disabled. Additional eligibility requirements include:

- Meeting Social Security's definition of disability, blindness, or age (65+)
- Monthly income at or below 138% of FPL: \$1,564 in countable monthly income for an individual or \$2,106 for a couple in 2022
- Meet resource limits: less than \$130,000 for an individual plus \$65,000 for each additional family member

NOTE: Individuals enrolled in this Medi-Cal program who are also enrolled in Medicare may receive help paying for their Medicare Part B and Part D premiums.

Supplemental Security Income/State Supplementary Payment (SSI/SSP) Linked Medi-Cal: Individuals who qualify for SSI are automatically eligible for this Medi-Cal program. Additional eligibility requirements include:

- Currently receiving SSI benefits or previously received SSI benefits
- Meet Social Security's definition of disability, blindness, or age (65+)
- Meet resource limits: less than \$2,000 for an individual or \$3,000 for a couple in assets

NOTE: In California, if you previously received SSI benefits, you may qualify for continued Medi-Cal eligibility under Section 1619(B) if you make less than \$54,082 in gross income per year in 2022.

250% Working Disabled Program: Individuals who are disabled and earning money from working may be eligible for this Medi-Cal program. Additional eligibility requirements include:

- Meeting Social Security's definition of disability
- Working and earning some income from work (no minimum hours or earnings required)
- Have countable income of no more than 250% of FPL: \$2,833 in countable monthly income for an individual or \$3,815 for a couple in 2022
- Meet resource limits: less than \$130,000 for an individual plus \$65,000 for each additional family member

NOTE: Disability benefits are **NOT** counted as income.



Additional Healthcare Options

Medicare is a federal health insurance program that provides insurance for seniors and disabled people who qualify for Social Security Disability Insurance (SSDI). Seniors qualify when they turn 65 years old and SSDI recipients qualify 24 months after becoming eligible.

Medicare consists of the following parts:

- Part A: Hospital stays, inpatient care, skilled nursing or hospice coverage
- Part B: Outpatient care, doctor's visits, labs, ambulance, therapy coverage
- Part C: Also known as "Medicare Advantage Plans," which are private health insurance plans that combine inpatient, outpatient, and prescription drug coverage in lieu of Parts A, B, and D
- Part D: Prescription drug coverage

Covered California is the health insurance marketplace administered by the state of California and established under the ACA. The exchange enables eligible individuals and small businesses to purchase private health insurance coverage at federally and state subsidized rates. Individuals with an annual income between \$18,755 and \$51,520 or couples with an annual income between \$25,268 and \$69,680 are eligible for premium assistance and cost sharing reductions. Find out more at coveredca.com.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers who lose their health benefits the right to choose to continue the same health benefits as those provided by their employers for limited periods of time. You must enroll in COBRA within 60 days after your health insurance policy with your employer ends. COBRA coverage can last up to 18 or 36 months depending on the event that caused the loss of insurance.

State Office of AIDS

AIDS Drug Assistance Program (ADAP) is a California program that helps residents living with HIV access their medications. The program covers not only antiretroviral medications for HIV, but also includes other medications for conditions common in people living with HIV. In order to qualify for ADAP an individual must:

- Be a current resident of California
- Have a positive HIV/AIDS diagnosis
- Be at least 18 years old
- Have an annual income that does not exceed 500% FPL (\$67,980 for an individual in 2022)
- Not be fully covered by Medi-Cal or other payers

Recent Changes in ADAP

ADAP has implemented new policies in response to the unwinding of COVID-19 restrictions:

- > There has been a return to stricter enforcement of enrollment documentation requirements as ADAP transitions from the temporary, more lenient documentation requirements from the height of the COVID-19 pandemic.
- > New attestation forms now allow enrollment workers to enroll clients who are unable to meet in person, cannot submit items electronically, and cannot mail items.
- > Recipients will no longer need to submit the semi-annual self-verification forms and will only have to re-enroll annually on their date of birth.
- > ADAP has discontinued allowing prescriptions to be mailed out of state and early refills.

State Office of AIDS Premium Assistance Programs

In addition to covering costs for medication, there are a number of other programs offered to assist individuals living with HIV pay for health coverage.

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

OA-HIPP pays for health insurance premiums and certain outpatient medical out-of-pocket costs for HIV positive California residents enrolled in ADAP. To be eligible for coverage individuals must: (1) Not be enrolled in Medicare or any free, full-scope Medi-Cal program and (2) Have a comprehensive health insurance plan with prescription drug benefits.

Employer Based Health Insurance Premium

Payment Assistance (EB-HIPP): EB-HIPP pays for health insurance premiums that an ADAP client is responsible for under their employer's health insurance. To be eligible for coverage individuals must: (1) Be employed by an employer that offers comprehensive health care coverage and (2) Have their employer sign an agreement form to participate.

Medicare Part D Premium Payment Program

Assistance (MDPP): MDPP pays for Medicare eligible, ADAP clients' Medicare Part D premiums and certain medical out-of-pocket costs. To be eligible for coverage individuals must: (1) Be enrolled in a Medicare Part D Prescription Drug Plan; (2) Not be receiving 100% assistance from Extra-Help or Low-Income Subsidy (LIS); and, (3) Not be receiving full-scope Medi-Cal.

Understanding Continuing Disability Reviews

For individuals that have previously been found disabled and are receiving SSI or SSDI, Social Security periodically reviews their medical impairments to determine if they continue to have a disabling condition or conditions that prevent them from working. If SSA determines the individual is no longer disabled, their monetary benefits and associated health coverage will stop. Nearly all SSI and SSDI recipients are subject to Continuing Disability Reviews (CDRs).

CDRs for HIV Positive Recipients

In the past, recipients who were approved for disability based on HIV/AIDS status were exempt from these reviews. However, in 2017 Social Security changed the way it reviews disability cases for individuals approved for benefits based on their HIV/AIDS status. As a result, people previously found to be disabled due to HIV/AIDS are no longer exempt from CDRs. It is important to know that one can still be approved in a CDR for any disabling condition, even one that was not the basis of their initial approval. For example, assume someone was initially approved for HIV ten years ago but their physical symptoms are now well controlled and less severe. In the intervening years, however, their depression and anxiety have worsened. As long as treatment records reflect that their most severe conditions (depression and anxiety) prevent gainful employment, their benefits should continue.

How to Stay Prepared (Avoiding Pitfalls)

The most important thing recipients can do is continue with treatment and stay in touch with providers. If you are not in treatment during a CDR, Social Security will likely ask you to attend a consultative examination or "CE". A CE is a one-time evaluation undertaken by an outside practitioner who contracts with Social Security to determine how your conditions would affect your ability to work. These examinations can be superficial and are often not an accurate reflection of how you are really doing. Social Security should only schedule CEs if you do not have a medical provider willing to conduct an evaluation. By staying in contact with your medical providers you can avoid being subject to a potentially unreliable evaluation that may ultimately harm your case.

Appealing Denials

If SSA determines that you are no longer disabled you will receive a notice that your benefits will end the month following your denial. You have 60 days to appeal the decision. However, CDR cases have a special provision that allow recipients to retain their benefits during the course of the appeal. If an individual wants cash and healthcare benefits continued during the time an appeal is being decided, **they must appeal within 10 days of receiving their denial and specifically ask for their benefits to continue during the appeal. This is called "Aid Paid**

Pending." Many individuals are not aware of this provision and lose their income and health insurance coverage as a result of the denial.

You may still request Aid Paid Pending after the 10 day deadline or appeal a Social Security denial past 60 days. However, you must put forth an explanation as to why the request is late. Social Security uses the term "good cause" to signify a valid reason. There is no set definition of "good cause," however some examples recognized by Social Security include: being seriously ill and incapable of appealing on time, having a death or serious illness in the family, not receiving the decision due to an incorrect address on file, or not understanding the appeal timeline due to physical, mental, or language limitations.

Some important reminders for CDRs:

- Continue to get treatment and report symptoms to your medical providers.
- Keep copies of anything you send to SSA and maintain a list of all the places that you received medical treatment.
- Be vigilant about checking your mail. The 10 day deadline to receive aid paid pending leaves little room for error.
- If you are working or have worked during the time period being evaluated, maintain records that reflect work completed including dates, hours, duties, and earnings.

Getting Help

Dealing with Social Security is often a frustrating and frightening process. Knowing the rules and speaking with an attorney or advocate is highly recommended. Please reach out to PRC or any other relevant agency as soon as you realize you are undergoing a CDR.

In-Person Options for Social Security Applicants and Recipients

Since the onset of the COVID-19 pandemic the public has been subject to office closures at Social Security field offices throughout the country. This has led to significant hardship as phone service was also unreliable. Furthermore, many recipients don't have reliable phone service or had issues that could only be resolved face to face. Fortunately, local Social Security offices are offering more in-person appointments and have resumed in-person service for people without an appointment. Despite expanded in-person service, claimants are still being encouraged to go online, call in, and schedule appointments in advance if possible.

In another positive development, Social Security Hearings are now being conducted in-person after a wait of more than two years. Except for those with medical exemptions, Administrative Law Judges have been required to offer in-person hearings since June 3, 2022. While claimants still have the option to appear via telephone or video, this is a victory for those who want to testify face to face.

Important Dates

ADAP re-certification: Annually on birthday

Medicare Part A and Part B enrollment: 65th birthday

SSDI linked Medicare: SSDI eligibility date + 24 months

Medi-Cal enrollment: Anytime

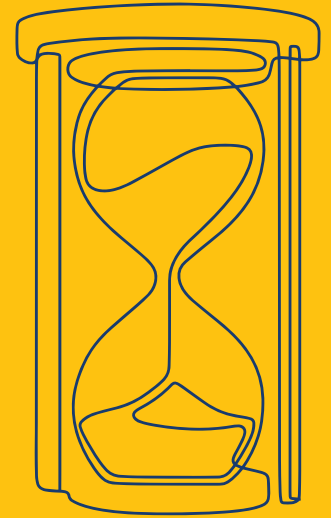
Medi-Cal Redetermination: Annually starting one year after initial enrollment

COBRA: Date of job loss + 60 days

Appealing denials from Social Security: 60 days or less from date of denial

Requesting Continuation of Benefits after CDR Denial (Aid Paid Pending):
10 days or less from date of denial

Open Enrollment begins for Covered California: November 1, 2022



“Very patient! When stress is high, they are calm! Thanks.”

– PRC Legal Advocacy Client

Commonly Used Terms and Abbreviations

SSA: Social Security Administration

SSI: Supplemental Security Income

SSDI: Social Security Disability Insurance

MAGI: Modified Adjusted Gross Income

ADAP: AIDS Drug Assistance Program

OA-HIPP: Office of AIDS Health Insurance
Premium Payment

CDR: Continuing Disability Review

FPL: Federal Poverty Level

Consultative Examination: A one-time medical or psychological evaluation used by Social Security to help determine whether a claimant is disabled

Aid Paid Pending: Continuance of financial and health insurance benefits following an appeal of a CDR denial

Good Cause: Term used to indicate a valid justification for a late appeal of a Social Security decision

SSP: State Supplementary Payment Program is the state program which augments SSI benefits.

“I am grateful for all you do! You have changed my life for the better.”

– PRC Legal Advocacy Client





James Sloat, Esq.
Staff Attorney

James earnestly believes everyone should have access to quality health care and is dedicated to helping people navigate the complexities of obtaining health insurance. James moved to San Francisco over 20 years ago after graduating from Wayne State University Law School in Detroit, Michigan. Prior to joining PRC, James worked in a variety of practice areas.



Ryan Leong, Esq.
Supervising Attorney

Ryan believes that health-care access is a fundamental human right and is grateful for the opportunity to help clients navigate the often-complex world of healthcare services. Ryan graduated from the University of San Francisco School of Law and was previously a private practice attorney, representing a wide variety of clients.



Ron Kurlaender, Esq.
Senior Supervising Attorney

Ron has been with PRC since 2012 where he has focused on Social Security disability advocacy for HIV positive clients and individuals living with mental illness. Prior to joining PRC he represented low-income and disabled individuals in the areas of housing, employment, and immigration law. Ron is a graduate of the University of California Santa Cruz and Hastings College of the Law.



Bill Stewart, Esq.
Senior Staff Attorney

Bill is a long-time resident of San Francisco, having spent decades living in, or near, the Castro. Bill followed his passion for helping fellow members of the LGBTQ+ and HIV+ communities by starting a second career in the law and by joining PRC's legal advocacy team.



Kelly Watkins, Esq.
Supervising Attorney

Kelly graduated from Santa Clara University School of Law with a specialization in Administrative Law. Growing up, she was surrounded by people who relied on Social Security Benefits (both retirement and disability), and saw firsthand the valuable financial protection they can provide. Kelly is grateful for the opportunity to advocate for those who, due to no fault of their own, are unable to work and thus require these valuable social insurance protections.



Jason Cinq-Mars, Esq.
Managing Legal Director

Jason firmly believes that maintaining an engaged legal team, focused on taking the time to help clients understand the legal process, is vital to client success. Jason is an Air Force veteran, obtained his MSA from Central Michigan University, and attended UC Davis, King Hall School of Law.



Legal Advocacy Team

Jason Cinq-Mars, Esq., Managing Legal Director
Ron Kurlaender, Esq., Senior Supervising Attorney
Kelly Watkins, Esq., Supervising Attorney
Ryan Leong, Esq., Supervising Attorney
William Stewart, Senior Staff Attorney
Elizabeth Pickell, Senior Benefits Advocate
Dawei Wang, Esq., Staff Attorney
Olga Dombrovskaya, Esq., Staff Attorney
Jacob Kanawai Cabrinha, Esq., Staff Attorney
Charlie Fagan, Esq., Staff Attorney
James Sloat, Esq., Staff Attorney
Negin Mohajeri, Paralegal
Alisa Jackson, Supervising Legal Assistant
Tricia Frost, Legal Assistant
Abie Madaki, Legal Assistant
Dawn Evinger, Communications Coordinator

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Daryl Walker



170 9th Street
San Francisco, CA 94103
T 415-777-0333
F 415-777-1770
www.prcsf.org

/positiveresource
 @prc_sf
 company/prc-sf

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