



EQUAL ACCESS TO HEALTHCARE PROGRAM  
2022/2023 ANNUAL REPORT

# Solving the Benefits Puzzle



# DEAR FRIENDS,

After another year of strengthening our connection with clients and community, we are honored to share this report and our accomplishments with you. It has been a challenging time to say the least. While the worst of COVID-19 appears to be behind us, our community continues to reckon with the loss of loved ones as well as the fear and anxiety about new or recurring threats to our well-being. We take great pride in the Equal Access to Healthcare Program (EAHP) as we continue meeting our clients' needs through counseling, committed advocacy, and community outreach.

During the past year, California's Public Health State of Emergency came to an end, resulting in the removal or unwinding of different safeguards that were in place to ensure uninterrupted Medi-Cal coverage. Knowing that this policy change puts the most vulnerable members of our community at risk of losing their healthcare coverage, the EAHP team launched an expansive campaign to inform and educate community members about how to maintain coverage. PRC staff has reached out to clinics, caseworkers, and other community partners to provide training regarding the Continuous Coverage Unwinding and options for clients who may no longer be eligible for Medi-Cal. In addition to conducting numerous trainings, EAHP also co-presented, along with the California Department of Public Health Office of AIDS, to the statewide cohort of enrollment workers for the AIDS Drug Assistance Program (ADAP). These efforts reminded existing and new statewide colleagues of the expertise PRC has to offer in maintaining a client's access to healthcare.

Starting with last year's report, we have included updates on PRC's disability benefits advocacy in addition to our healthcare access work. We continue to believe economic stability goes hand-in-hand with healthcare maintenance. To that end, we thought it was important to summarize how employment can affect disability income. For many of our clients who receive disability income, the thought of joining the workforce can be overwhelming. Specifically, the uncertainty about Social Security's various rules and personal fears about losing benefits may prevent people from pursuing worthwhile employment opportunities. Hopefully this synopsis, in combination with PRC's monthly workshops, can alleviate some of that anxiety.

Our work would not be possible without our talented and dedicated staff who work tirelessly to improve the lives of our clients. We are profoundly grateful to our community partners and friends who support PRC's mission. In particular, we would like to 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.



Ron Kurlaender  
Senior Supervising Attorney



Jason Cinq-Mars  
Managing Legal Director

## 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.



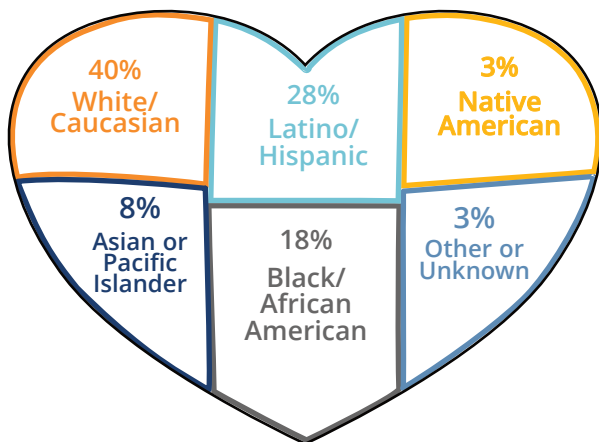
# 2022/2023 Services and Accomplishments

## Top Five Presenting Issues

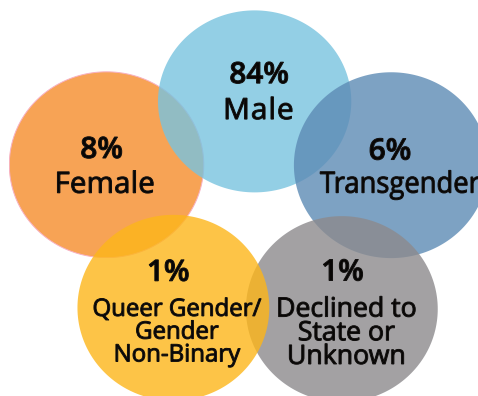
- 1 ADAP
- 2 MAGI Medi-Cal
- 3 Medicare
- 4 Non-MAGI Medi-Cal
- 5 Navigation to resources or benefits

## Characteristics of Clients

### ETHNICITY



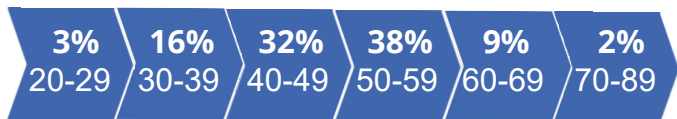
### GENDER



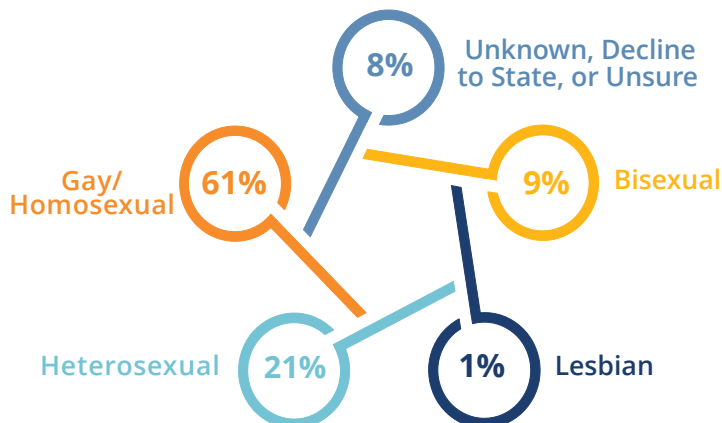
**\$174,667**  
Total Monthly Benefits Awarded

**\$3,436,667**  
Total Retroactive Benefits Awarded

### AGE



### SEXUAL ORIENTATION



## Serving Our Community

**PRC 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. The Equal Access to Healthcare Program 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. In addition to health care access, the Legal Advocacy unit at PRC helps clients preserve and obtain income by representation at the administrative levels on medical determination of public disability benefits, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI).

# Medi-Cal Unwinding

During the Covid-19 Public Health Emergency (PHE) Medi-Cal halted most negative actions to benefits, regardless of eligibility issues such as income increases, age restrictions, or household size changes. With the conclusion of the PHE, Medi-Cal is returning to its pre-pandemic determination requirements and conducting eligibility reviews for individuals.

This means people will once again have to qualify annually and can have their benefits terminated due to eligibility issues such as income or family size. This process began in April 2023 and will continue until everyone on Medi-Cal has been reviewed.

Medi-Cal will take the following steps in re-determining a beneficiary's eligibility:

1. Medi-Cal will internally review beneficiaries to decide if they automatically qualify to continue their benefits.
2. If benefits are not automatically renewed, Medi-Cal will send notices requesting the completion of redetermination forms. These notices and documents should be in large, yellow envelopes.
3. Medi-Cal will make multiple attempts to contact beneficiaries, but if they do not respond to the form requests within 60 days Medi-Cal will terminate their benefits.
4. If benefits are terminated, Medi-Cal will automatically place people in a Covered California health plan that will go into effect when beneficiaries opt in or, if needed, the healthcare plan premium payments are made.
5. Additionally, Medi-Cal coverage termination opens up a 60-day special enrollment period in which someone can find his or her own private insurance plan to transition to.

NOTE: It is vitally important that people on Medi-Cal keep their contact information updated and watch for any notices to stay on top of this process.

## Plan Changes for Medi-Medi Enrollees

Beginning in 2023, the provision of Medi-Cal for San Franciscans who are dual eligible for Medicare and Medi-Cal changed from Medi-Cal Fee-For-Service to Medi-Cal Managed Care. This change created some anxiety and confusion, particularly around the effect on access to primary care providers. Fortunately, this change should not negatively impact anyone's access to healthcare or require them to change doctors.

### Dual Eligibility for Medicare and Medi-Cal

The federal government provides two health insurance programs: Medicare and Medicaid. (Medi-Cal is California's Medicaid program.) Medicare is health

insurance for people who are 65 or above, disabled, or with end-stage renal disease. Medi-Cal is health insurance for people with limited income and resources. For people who are dual eligible for Medicare and Medi-Cal (Medi-Medi enrollees), Medi-Cal is responsible for services and items not covered under Medicare, including payment of Medicare copays, deductibles, and coinsurance.

### Medi-Cal Fee-For-Service

Prior to January 2023, Medi-Cal Fee-For-Service was a program where Medi-Medi enrollees obtained services from healthcare providers who individually agreed to participate in the Medi-Cal program.

### Medi-Cal Managed Care

Under Medi-Cal Managed Care, managed care plans coordinate all Medi-Cal benefits using a network of affiliated providers. Managed care plans may also provide extra benefits including coordination of long-term services, transportation to and from medical appointments, and special equipment and supplies. For Medi-Medi enrollees, Medicare benefits and providers do not change. Medi-Cal continues to be responsible for services and items not covered under Medicare. The managed care plan assumes the role previously performed by DHCS in the administration of Medi-Cal benefits, including payment of Medicare copays, deductibles, and coinsurance.

Specifically, managed care plans will not assign a primary care physician. Physician services are a Medicare benefit. Medi-Medi enrollees can continue to see their Medicare providers. Those providers do not need to be affiliated with a managed care plan's network. Providers will continue to submit primary claims to Medicare who will then submit a secondary claim to the managed care plan.

### Medi-Cal Managed Care Plans in San Francisco

The two managed care plans available in San Francisco are the San Francisco Health Plan (SFHP) and Anthem Blue Cross. At the beginning of the year, Medi-Medi Enrollees either selected or were automatically enrolled in one of these plans. It is important to know that you can enroll in or change plans at any time.

Information about the plans can be obtained from:

**DHCS (800) 430-4263**

<https://www.healthcareoptions.dhcs.ca.gov/>

**SFHP (415) 547-7800**

<https://www.sfhp.org/programs/medi-cal/benefits/>

**Anthem Blue Cross (800) 407-4627**

<https://mss.anthem.com/california-medicaid/benefits/medi-cal-plan-benefits.html>

Contact PRC's EAHF team at (415) 777-0333 or the Health Insurance Counseling and Advocacy Program (HICAP) at (415) 677-7520 with any questions.

# Understanding ADAP

The California Office of AIDS (COA) is the state agency responsible for coordinating California's response to HIV/AIDS. Part of the COA's responsibility is administering the AIDS Drug Assistance Program (ADAP). ADAP programs play a critical role in ensuring that lower income people living with HIV/AIDS have access to the medications they need to manage their condition and live healthy, fulfilling lives. They cover antiretroviral medications as well as drugs used to treat opportunistic infections or other conditions common in people living with HIV/AIDS. Additionally, they help eligible individuals pay for health insurance premiums, including, in some situations, insurance assistance for spouses.

To be eligible for ADAP, individuals must:

- Be a resident of California
- Be 18 years of age or older
- Have a positive HIV/AIDS diagnosis
- Have a Modified Adjusted Gross Income (MAGI) of not more than 500% of the Federal Poverty Limit (In 2023: \$72,900 for an individual or \$98,600 for a couple)
- Be ineligible for full scope Medi-Cal, or another third-party payer

PRC has certified ADAP Enrollment Workers on staff to assist eligible San Francisco residents with initial enrollment and maintaining program eligibility.

## COA Insurance Assistance Programs

COA also covers the cost of health insurance premiums through the Health Insurance Premium Payment (HIPP) Program. HIPP covers health insurance premium payments under three different programs:

**1. Office of AIDS Health Insurance Premium Payment (OA-HIPP)** - COA can cover up to \$1,938 per month in combined insurance premiums (medical, dental, and vision-combo insurance plans) or stand-alone medical or dental plans. Vision plans are not covered unless included in a medical or dental plan. OA-HIPP also pays for out-patient Medical Out-of-Pocket (MOOP) costs that count towards a medical plan's annual out-of-pocket maximum.

**2. Employer Based Health Insurance Premium Payment (EB-HIPP)** - For individuals covered by employer-based healthcare, COA will cover up to \$1,938 per month of an employee's share of their health care premium. Vision plans are only covered if included in medical or dental premiums. To qualify, an individual must be employed by an employer offering comprehensive health care coverage and that employer must sign an EB-HIPP Participation Agreement.

**"I don't know how I could have done this without PRC. I am grateful. PRC's help changed my life for the better."**

**- EAHP and CARE Client**

## 3. Medicare Premium Payment Program (MPPP)

For individuals enrolled in Medicare, COA will cover up to \$1,938 per month towards Part C and/or Part D premiums, Part B MOOP expenses, Medigap Supplemental Plan premiums, and Part D and Medigap combined premiums. Dental and Vision policies are not covered. Additionally, individuals receiving Low-income Subsidy/Extra Help can receive assistance with drug co-pays in a Part D benchmark plan, but are not eligible for MOOP or Medigap assistance.

## What's New with COA Programs in 2023

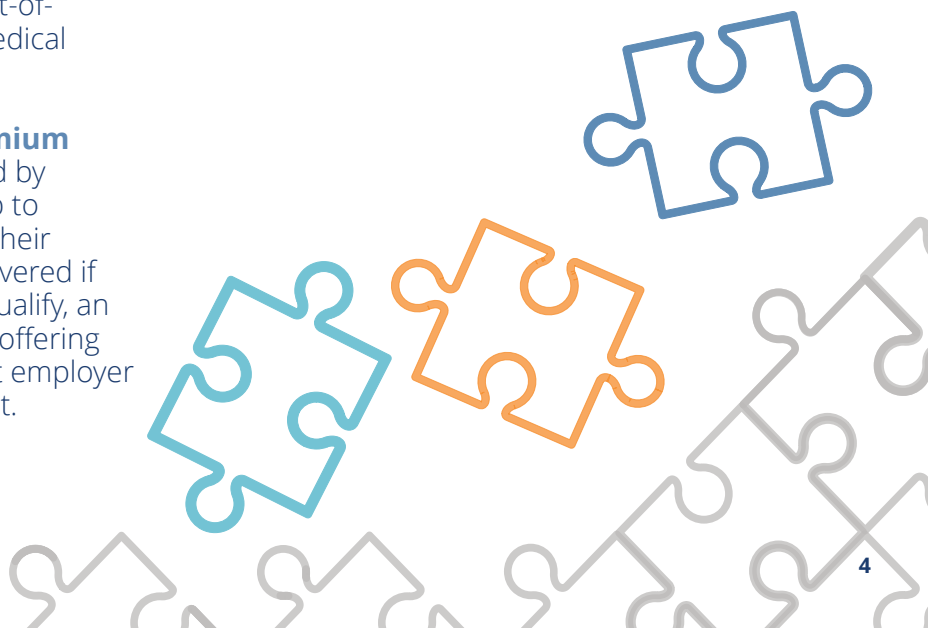
Expanded assistance for individuals on Medicare. COA will now pay for Part C and Part D premiums, Medigap premiums, and Part B MOOP. COA does not cover late enrollment penalties, Part A or Part B premiums, or standalone dental or vision policies.

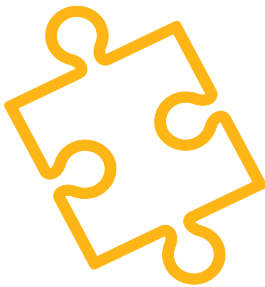
San Franciscans can use their 2021 income for ADAP renewals processed before the extended tax deadline of October 16, 2023.

Proof of diagnosis is now only required for initial enrollment in ADAP.

## Renewing ADAP

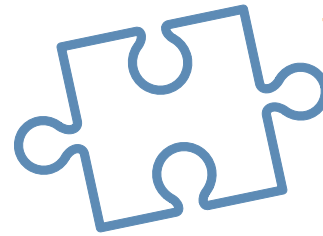
ADAP requires an annual renewal with verification of residency, income, and insurance. This renewal must be completed annually within a 45-day window preceding the participant's birthday. If not completed, ADAP benefits will cease. Temporary extensions can be granted if an individual is having difficulty obtaining necessary documentation in time, but it is vitally important that individuals contact their enrollment worker and renew on time to avoid interruptions of their benefits.





"PRC SF is one of the most important and much needed resources to have in SF."

- EAHP and CARE Client



## Can I Work While Receiving SSI/SSDI?

**Yes!** If you have been found disabled by the Social Security Administration (SSA) and are looking into earning extra income, you can work while receiving your benefits. Employment can be a great way to supplement your monthly income, however, it is important to understand the rules at the outset.

The first step is to understand what kind of benefit you are receiving. Social Security Disability Insurance (SSDI) is a disability benefit based on one's qualifying work history while Supplemental Security Income (SSI) is reserved for individuals with limited income and resources. If you are not sure what you receive, look at your most recent letter from SSA and it should say at the top which program you are enrolled in. It is possible to get both.

### If I receive SSI benefits, what happens when I work?

For SSI recipients, **any** income you earn affects your benefits, but working may still provide more money in your pocket. Your SSI monthly benefit amount is reduced by your Countable Income which includes both Unearned Income and Earned Income.

**Unearned Income** is anything you receive that can be used for food or shelter that you did not earn, i.e. cash, checks, or "gifts" such as food or shelter. SSA will reduce your check - dollar for dollar - by the amount of unearned income you received in that month. The first \$20 you receive each month is excluded, i.e., SSA does not deduct it.

**EXAMPLE:** If you receive \$1,000 from non-work activity such as a gift or inheritance, Social Security will subtract \$980 from that month's check.

**Earned Income** is limited to actual wages from a job or net earnings from self-employment. Rather than reducing your monthly amount nearly dollar for dollar, SSA will reduce your check by only about half the amount of what you earn from work. The first \$65 you earn each month is excluded and if you don't have any unearned income, you get to use the \$20 unearned income exclusion previously mentioned.

The formula for earned income deductions is:

Total amount of earned income minus exclusion, all divided by two. This is the amount SSA will remove from your next month's check.

**EXAMPLE:** You work and earn \$1,000 in a month, and your only income comes from your earnings and your SSI.

$\$1,000 - \$85 \text{ (the \$65 and \$20 exclusions)} = \$915$

$\$915 \text{ divided by } 2 = \$457.50$

SSI payment would be reduced by \$457.50

You can see that even with the reduction, your total income is higher than your SSI benefit by itself.

### Will work affect my SSI linked Medi-Cal coverage?

If you stopped receiving an SSI payment because your income was too high, remember that California does not allow Medi-Cal to simply drop you without replacement medical coverage. Furthermore, your SSI linked Medi-Cal coverage will continue, even after your SSI payments stop, so long as your annual income in 2023 does not surpass \$56,758.

### What if I try to work, but I am not ready?

**Tell SSA immediately and your SSI payment should return to the full amount.** If it has been less than five years since your SSI completely stopped due to your earnings, you can apply for an **Expedited Reinstatement (EXR)** and request Statutory Benefit Continuation while SSA decides whether you have improved medically. With this request, your benefits can continue for up to six months while your case is reviewed. If there is no medical improvement, then your benefits will be reinstated. If you have medically improved, your benefits will stop, and you will need to appeal or file a new application.



## If I receive SSDI disability benefits, what happens to me if I try working?

Unlike SSI, Social Security does not reduce SSDI monthly payments as soon as work begins. Instead, you are afforded what SSA calls a Trial Work Period (TWP).

The TWP lets you ease back into working a little at a time while keeping ALL your SSDI and Medicare benefits. Anytime you gross \$1,050 or more in a single month, you will use up one of your nine months of TWP. Those nine TWP months can be spread out over a few years, but once they are gone, the rules change. You enter what's called an Extended Period of Eligibility (EPE) which lasts for three years. During the EPE, when you earn more than the Substantial Gainful Activity (SGA) limit, you are not entitled to receive any SSDI benefits. Staying aware of SGA each year is really important! SGA for 2023 is \$1,470 per month.

There is a ONE-TIME-ONLY grace period. The very first time you earn over SGA during your EPE, you will receive SSDI for that month and for the next two months.

If, during that three-year EPE, your monthly gross again drops below SGA, let SSA know right away. They should reinstate your monthly benefits. However, you must report the next time you earn over SGA as your benefits will stop again. If you do not report your income, it could result in an overpayment.

Once your benefits are reduced to zero due to your earnings being over SGA, you have five years in which you can request an EXR if you stop working.

## Will work affect my Medi-Care coverage?

If your Social Security disability benefits stop because of your earnings, and you still have a disability, your free Medicare Part A coverage will continue for at least 93 months after the 9-month TWP. After that, you can keep your Medicare Part A coverage by paying a monthly premium. If you have Medicare Part B coverage, you must continue to pay the premium unless you request to terminate the coverage in writing.

## What if I need help understanding all the rules?

It would be unusual if you DIDN'T need help understanding the bureaucratic jumble governing disability benefits and working! Fortunately, PRC offers a free workshop the last Thursday of every month, except for November and December.

As soon as you are considering returning to work, register for and attend the workshop. Once you have applied for a job, go to a second workshop. We invite you to come to the workshop again any time you need a refresher.

To register visit [www.prcsf.org/events/category/training/](http://www.prcsf.org/events/category/training/).

## Commonly Used Terms and Abbreviations

**ADAP:** AIDS Drug Assistance Program

**DHCS:** Department of Health Care Services

**EB-HIPP:** Employer Based Health Insurance Premium Payment

**EPE:** Extended Period of Eligibility - The three-year period following the end of your TWP where if you earn over SGA you are not entitled to receive any SSDI benefits.

**EXR:** Expedited Reinstatement - The option to request that your benefits start again without having to complete a new application if your SSDI or SSI benefits end because of excessive earnings. While SSA determines whether you can receive benefits again, you may receive provisional (temporary) benefits for up to 6 months.

**MAGI:** Modified Adjusted Gross Income

**MPPP:** Medicare Premium Payment Program

**OA-HIPP:** Office of AIDS Health Insurance Premium Payment

**SSA:** Social Security Administration

**SSI:** Supplemental Security Income

**SSDI:** Social Security Disability Insurance

**SGA:** Substantial Gainful Activity - A level of work activity and earnings that Social Security considers in assessing disability. A monthly threshold amount is set by Social Security each year. In 2023 this amount is \$1,470.

**TWP:** Trial Work Period - The period of nine non-consecutive months during a 60-month span in which an SSDI recipient can attempt to re-enter the workforce while continuing to receive SSDI payments. In 2023, a trial work month is any month with total earnings over \$1,050.

### 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  
Bill Stewart, Esq., Senior Staff Attorney  
Liz Pickell, MEd., Senior Benefits Advocate  
Charlie Fagan, Esq., Staff Attorney  
Dawei Wang, Esq., Staff Attorney  
Jacob Kanawai Cabrinha, Esq., Staff Attorney  
James Sloat, Esq., Staff Attorney  
Olga Dombrovskaya, Esq., Staff Attorney  
Tracy Wu, JD, Benefits Advocate  
Negin Mohajeri, Esq., Paralegal  
Alisa Jackson, Supervising Legal Assistant  
Abie Madaki, Legal Assistant  
Mari LaRose, Legal Assistant  
Tricia Frost, Legal Assistant  
Josephine Mendoza, Administrative Assistant  
Dawn Evinger, Communications Coordinator

### Executive Leadership Team

Chuan Teng, Esq., Chief Executive Officer  
John Fostel, MA, Chief Clinical Officer  
Marc Gannon, MSW MBA, Chief Operating Officer  
Tasha Henneman, EdD, Chief of Policy and Government Affairs  
Leo Levenson, Consulting Chief Financial Officer  
Beth Mazie, Esq., Chief Programs Officer  
Randi Paul, Chief Development Officer  
Jessica Winterrowd, LMFT, Associate Chief Clinical Officer

### Board of Directors

Brian Schneider, President  
Tim Schroeder, Treasurer  
Josh Frieman  
Nelson Gonzalez  
Ryo Ishida  
Jacques Michaels  
Michael Niczyporuk  
Zack Papilion  
Darren Smith  
Nichole Wiley

### Advisory Board

Michael F. Bell  
Michael S. Bernick, Esq.  
James Carter  
Karl H. Christiansen, Esq.  
Ryan McKeel  
David Stith  
Donna Sachet  
Gary Virginia  
Daryl Walker

## EAHP Staff and Contributors



### 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.



### Ryan Leong, Esq. Supervising Attorney

Ryan believes that healthcare 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.



### Liz Pickell, MEd. Senior Benefits Advocate

Liz first worked on behalf of people living with HIV as a new Master's graduate in 1992. She came to San Francisco 20 years ago and is very thankful to be using her "nerd skills" at PRC. She feels lucky to support those living with disabilities by winning SSA Disability benefits for as many people as possible.



### Tracy Wu, JD Benefits Advocate

Tracy was born and raised in San Francisco. Driven by a passion for giving back and paying it forward, Tracy has actively sought opportunities to uplift and empower low-income, marginalized communities. Tracy obtained her B.A. from UC Berkeley and J.D. from Golden Gate University School of Law.



### 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.



### James Sloat, Esq. Staff Attorney

James, a San Francisco resident for 23 years, is passionate about ensuring equitable access to healthcare for all. Specifically focused on people living with HIV/AIDS in the San Francisco community, he works tirelessly to help clients access affordable and quality healthcare. James transitioned into law after graduating from Wayne State University Law School in Detroit, Michigan.



### Mari LaRose, Legal Assistant

Mari is originally from Colombia and has first-hand experience of being unable to access legal aid. A survivor of domestic violence, Mari pursued a second career as a paralegal and started helping low-income, Spanish-speaking, immigrant women escape abusive relationships. At PRC, she continues her dedicated work, grateful to be part of the EAHP team, providing access to healthcare for those in need.

170 9th Street  
San Francisco, CA 94103  
(415) 777-0333  
(415) 777-1770 FAX

[www.prcsf.org](http://www.prcsf.org)  
[f /positiveresource](https://www.facebook.com/positiveresource)  
[@prc\\_sf](https://twitter.com/prc_sf)  
[in company/prc-sf](https://www.linkedin.com/company/prc-sf)

The Equal Access to Healthcare Program is made possible by the San Francisco Department of Public Health. Additional support is provided by the California Department of Public Health, Gilead Sciences, Inc., ViiV Healthcare's Positive Action Community Grant Program, Venable Foundation, and Janssen Therapeutics.