

Senate Bill No. 175

\_\_\_\_\_  
Passed the Senate August 30, 1988

\_\_\_\_\_  
*Secretary of the Senate*

\_\_\_\_\_  
Passed the Assembly August 29, 1988

\_\_\_\_\_  
*Chief Clerk of the Assembly*

\_\_\_\_\_  
This bill was received by the Governor this \_\_\_\_\_  
day of \_\_\_\_\_, 1988, at \_\_\_\_\_ o'clock \_\_\_\_ M.

\_\_\_\_\_  
*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to amend Sections 14083 and 16704 of, to add Section 11104.1 to, and to repeal and add Section 14007.5 of, the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

## LEGISLATIVE COUNSEL'S DIGEST

SB 175, Maddy. Medi-Cal: aliens.

Existing law provides for the Medi-Cal program pursuant to which public assistance recipients and other low-income persons are eligible for health care benefits, including specified outpatient services, and specifies otherwise eligible aliens may receive Medi-Cal services upon certifying they are in the country legally and allowed to remain indefinitely.

This bill would, instead, specify that all aliens shall be eligible for Medi-Cal benefits, whether federally funded or state funded, to the same extent as permitted under a specified federal law. It would provide certain limited Medi-Cal emergency services to aliens who do not meet certain requirements, as specified, under the Medi-Cal program, provided they are otherwise eligible for Medi-Cal services. It would make various statements of intent concerning the provision of Medi-Cal services, including pregnancy-related services, to aliens under recently enacted federal law.

Under existing law, each county is required to determine the eligibility of persons for Medi-Cal.

This bill, by revising the criteria for those determinations and by adding new administrative responsibilities, would impose a state-mandated local program.

Existing law provides that the California Medical Assistance Commission shall negotiate contracts with hospitals for the provision of inpatient hospital services under the Medi-Cal program, with these contracts to be binding upon the State Department of Health Services.

Existing law further provides that the commission shall

consider various factors in negotiating these contracts.

This bill would, in addition, require the commission to take into consideration, when negotiating these contracts, the cost of providing complex emergency services, as specified.

This bill would require the Director of Health Services to adopt emergency regulations to implement this bill.

This bill would also require, as a condition of eligibility for Medi-Cal benefits, a declaration in writing, under penalty of perjury, stating whether or not the individual is a citizen or national of the United States or an alien. By establishing a crime, this requirement would result in a state-mandated local program.

This bill would require the State Department of Health Services to administer a county reimbursement program for certain losses of Medi-Cal revenue due to the initial implementation of its provisions. It would specify that payment by the department to a county under these provisions be made from the General Fund upon appropriation by the Legislature.

This bill would also prohibit the State Department of Social Services and State Department of Health Services from taking certain sanctions in specified instances against a county for errors in eligibility determinations under the AFDC, Food Stamps, or Medi-Cal programs based on citizenship or immigration status.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates which do not exceed \$500,000 statewide and other procedures for claims whose statewide costs exceed \$500,000.

This bill would provide that for certain costs no reimbursement is required by this act for a specified reason.

However, the bill would provide that, if the Commission on State Mandates determines that this bill contains other costs mandated by the state, reimbursement for those costs shall be made pursuant to

Attachment 1

those statutory procedures and, if the statewide cost does not exceed \$500,000, shall be payable from the State Mandates Claims Fund.

This bill would appropriate \$10,000,000 from the General Fund to the State Department of Health Services for disproportionate share hospitals, and would appropriate \$5,000,000 to the department for distribution to primary care clinics which serve persons who will be transferred from the Medi-Cal program pursuant to this bill.

The bill would appropriate \$37,500 from the General Fund and \$112,500 in federal matching funds from the Federal Trust Fund to the State Department of Health Services for the 1987-88 fiscal year for the purposes of the provisions of this bill.

The bill would declare that it is to take effect immediately as an urgency statute.

Appropriation: yes.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

(a) The State of California has a compelling interest in providing medical care to aliens entitled to new Medicaid (Medi-Cal in California) benefits under recently enacted federal legislation. Both the Immigration Reform and Control Act of 1986 (IRCA) (Public Law 99-603) and the Omnibus Budget Reconciliation Act of 1986 (OBRA) (Public Law 99-509) extend new benefits to aliens.

(b) Current state law prohibits the payment of Medi-Cal benefits to aliens who are not found to be lawful permanent or color-of-law residents by the Immigration and Naturalization Service. This has required county hospitals, trauma centers, emergency clinics, and other medical providers to render emergency medical care to illegal aliens without the benefit of federal or state reimbursement.

(c) OBRA allows Medi-Cal coverage of undocumented aliens who are otherwise eligible for Medi-Cal. It provides federal financial participation in

the costs of emergency medical care provided to such aliens. Adoption of enabling state legislation to implement OBRA in California is necessary to maximize the amount of federal financial participation available to the state, and to authorize Medi-Cal reimbursement to county hospitals, emergency clinics, trauma centers, and other providers who currently render unfunded emergency care to undocumented aliens.

(d) IRCA provides for impact assistance grant funds to cover costs attributed to newly legalized amnesty aliens. Adoption of enabling state legislation to implement IRCA in the Medi-Cal program is necessary to provide the care these aliens are entitled to and to maximize the amount of federal financial participation available to the state.

(e) Current state law does not conform to the scope of medical benefits available to certain aliens as mandated by IRCA and OBRA. IRCA provides emergency care and pregnancy-related services to amnesty aliens who are otherwise eligible for Medi-Cal but who are not aged, blind, disabled, or children under 18. Similarly, OBRA provides emergency care to aliens who are otherwise eligible for Medi-Cal but who are not permanent or color-of-law United States residents.

(f) (1) All aliens otherwise eligible for Medi-Cal program services shall be eligible only for the scope of services their specific alien status entitles them to under federal law. In implementing this intent, the State Department of Health Services shall develop policies and procedures and take action to assure that those aliens having medical needs for long-term care services or renal dialysis services shall be considered “permanently residing under color of law” for the purpose of determining their eligibility for Medi-Cal. The department’s definition of “permanently residing under color of law” shall conform to federal statute, and shall take into account the policy and practice of the federal Department of Health and Human Services, Health Care Financing Administration, for the purpose of obtaining federal financial participation in the Medi-Cal program and ensuring that every alien entitled to benefits under federal law shall be eligible for Medi-Cal coverage to the

fullest extent to which federal financial participation is authorized by federal law.

(2) The State Department of Health Services shall report to the Legislature on an annual basis the number of Medi-Cal beneficiaries currently receiving long-term care or renal dialysis services who are subsequently denied continuation of Medi-Cal coverage because they have not been designated as aliens permanently residing under color of law (PRUCOL) as recognized by the United States Department of Health and Human Services for the purpose of federal financial participation.

(3) If aliens, who are receiving long-term care or renal dialysis services under the Medi-Cal program are subsequently denied full-scope Medi-Cal benefits because they have not qualified as permanently residing under color of law, they shall have the appeal rights and entitlement to continuation of benefits set forth in Chapter 7 (commencing with Section 10950) of Part 2 of Division 9 of the Welfare and Institutions Code. If, after exhausting those appeal rights, continuation of the alien's full-scope Medi-Cal coverage is not granted, the alien shall be eligible only for continuation of long-term care and renal dialysis services. Aliens shall be eligible for that continuation of long-term care or renal dialysis coverage only if otherwise eligible for Medi-Cal aside from alien status.

(g) IRCA provides Medicaid coverage to amnesty aliens for pregnancy-related services, whereas OBRA provides Medicaid coverage for emergency labor and delivery. To the extent these definitions may differ, it is the state's intent to assure access to appropriate pregnancy-related care for all eligible aliens. This care is critical to the health of expectant mothers and their unborn children. Therefore, the State of California shall pay, through the Medi-Cal program, for the same level of pregnancy-related services for aliens covered under OBRA as it does for those amnesty aliens under IRCA. Medi-Cal coverage shall be provided for these pregnancy-related services, including postpartum services, as defined in Section 14005.3 of the Welfare and Institutions Code, as added by Chapter 570 of the Statutes

of 1987. Furthermore, the state shall petition Congress to clearly reconcile coverage under IRCA and OBRA to assure full range of pregnancy-related services for all eligible aliens.

(h) The State Department of Health Services shall develop data, using existing sources and timeframes whenever possible, relating to persons who qualify for Medi-Cal services under Section 14007.5 of the Welfare and Institutions Code and are eligible for services under OBRA or IRCA. The data shall summarize, for both OBRA and IRCA aliens, the number of eligible aliens, dollars expended by aid code, and dollars expended by claim type. This data shall be included as part of the normal fiscal planning estimates provided to the legislative fiscal committees pursuant to Section 14100.5 of the Welfare and Institutions Code.

(i) Current state law requires all aliens to certify that they belong to one of four alien statuses. This certification is forwarded to the Immigration and Naturalization Service for verification. Many undocumented aliens who would qualify for Medi-Cal emergency services upon implementation of OBRA would be reluctant to apply for such services for fear that the forwarding of their statutorily mandated certification to the Immigration and Naturalization Service would result in their deportation. In order to maximize aliens' access to emergency medical care, and the federal financial participation for such care, it is necessary to repeal such law.

(j) To the extent that the Secretary of the Health and Welfare Agency determines that sufficient State Legalization Impact-Assistance Grant funds are available to the state for these purposes, the state shall use part of its State Legalization Impact-Assistance Grant allocation to reimburse counties for the costs of providing medical assistance to indigent eligible legalized aliens.

(k) The Legislature recognizes the breadth of the problem of uncompensated and undercompensated care facing California health care providers. This measure addresses one component of that problem.

SEC. 1.5. Section 11104.1 is added to the Welfare and

Institutions Code, to read:

11104.1. The State Department of Social Services and the State Department of Health Services shall not take any compliance, disallowance, penalty, or other regulatory action against a county, as long as the United States Department of Health and Human Services has not taken any compliance, disallowance, penalty, or other action against the state, with respect to any error in the county's determination to make an individual eligible for benefits under the Aid to Families with Dependent Children, Food Stamps, and Medi-Cal programs based on citizenship or immigration status, under any of the following circumstances:

(a) The county has determined the eligibility based on a verification of satisfactory immigration status by the Immigration and Naturalization Service.

(b) The county was required by federal law to provide the applicant or recipient a reasonable opportunity to submit documentation.

(c) The county was required by federal law to wait for the response of the Immigration and Naturalization Service to the county's request for official verification of the immigration status of the individual.

(d) A fair hearing process was required pursuant to federal law.

SEC. 2. Section 14007.5 of the Welfare and Institutions Code is repealed.

SEC. 3. Section 14007.5 is added to the Welfare and Institutions Code, to read:

14007.5. (a) Aliens shall be eligible for Medi-Cal, whether federally funded or state-funded, only to the same extent as permitted under federal law and regulations for receipt of federal financial participation under Title XIX of the Social Security Act, except as otherwise provided in this section.

(b) In accordance with Section 1903(v)(1) of the federal Social Security Act (42 U.S.C. Sec. 1396b(v)(1)), and except as otherwise provided in this section, an alien shall only be eligible for the full scope of Medi-Cal benefits, including, but not limited to, renal dialysis and long-term care, if the alien has been lawfully admitted for

permanent residence, or is otherwise permanently residing in the United States under color of law.

For purposes of this section, aliens “permanently residing in the United States under color of law” shall be interpreted to include all aliens residing in the United States with the knowledge and permission of the Immigration and Naturalization Service and whose departure the Immigration and Naturalization Service does not contemplate enforcing and with respect to whom federal financial participation is available under Title XIX of the Social Security Act.

(c) Any alien whose immigration status has been adjusted either to lawful temporary resident or lawful permanent resident in accordance with the provisions of Section 210, 210A, or 245A of the federal Immigration and Nationality Act, and who meets all other eligibility requirements, shall be eligible only for care and services under Medi-Cal for which the alien is not disqualified pursuant to those sections of the federal act.

(d) Any alien who is otherwise eligible for Medi-Cal services, but who does not meet the requirements under subdivision (b) or (c), shall only be eligible for care and services that are necessary for the treatment of an emergency medical condition of the alien and for medically necessary pregnancy-related services. For purposes of this section, the term “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following:

- (1) Placing the patient’s health in serious jeopardy.
  - (2) Serious impairment to bodily functions.
  - (3) Serious dysfunction to any bodily organ or part.
- It is the intent of this section to entitle eligible individuals to all inpatient and outpatient services that are necessary for the treatment of an emergency medical condition as certified by the attending physician or other appropriate provider and in the same manner as administered under Section 51056 of Title 22 of the California Code of Regulations. Covered services include continuation of

medically necessary inpatient hospital services and followup care, as determined by the department, which is directly related to the emergency.

(e) Each county department shall require, as a condition of eligibility for Medi-Cal benefits, a declaration in writing by the individual (or, in the case of an individual who is a child, by the child's caretaker relative or legal guardian on his or her behalf), under penalty of perjury, stating whether or not the individual is a citizen or national of the United States or an alien. In order to be eligible for benefits under subdivision (b) or (c), an individual who declares that he or she is an alien must present alien registration documentation or other proof of satisfactory immigration status from the Immigration and Naturalization Service. Aliens who meet all other program requirements but who lack documentation of alien registration or other proof of satisfactory immigration status from the Immigration and Naturalization Service shall be provided a reasonable opportunity to submit such evidence. Such reasonable opportunity shall be 30 calendar days or the time it actually takes the county to process the Medi-Cal application, whichever is longer. While such reasonable opportunity is being provided, the county department shall process the individual's application for medical assistance in a manner conforming to its normal processing procedures and timeframes.

(f) The county department shall grant only the Medi-Cal benefits set forth in subdivision (d) to any individual who, after 30 calendar days or the time it actually takes the county to process the Medi-Cal application, whichever is longer, has failed to submit documents constituting reasonable evidence indicating a satisfactory immigration status for Medi-Cal purposes, or who is reported by the Immigration and Naturalization Service to lack a satisfactory immigration status for Medi-Cal purposes. If an alien has been receiving Medi-Cal benefits based on eligibility established prior to the effective date of this section and such individual, upon redetermination of eligibility for benefits, fails to submit documents constituting reasonable evidence

indicating a satisfactory immigration status for Medi-Cal purposes, the county department shall discontinue the Medi-Cal benefits, except for the care and services set forth in subdivision (d). The county department shall provide adequate notice to the individual of any adverse action and shall accord the individual an opportunity for a fair hearing if he or she requests one.

(g) To the extent permitted by federal law and regulations, an alien applying for services under subdivisions (b) and (c) shall be granted eligibility for the scope of services to which he or she would otherwise be entitled if, at the time the county department makes the determination about his or her eligibility, the alien meets either of the following:

(1) Has not had a reasonable opportunity to submit documents constituting reasonable evidence indicating satisfactory immigration status.

(2) Has provided documents constituting reasonable evidence indicating a satisfactory immigration status, but the county department has not received timely verification of the alien's immigration status from the Immigration and Naturalization Service.

The verification process shall protect the privacy of all participants. An alien's immigration status shall be subject to verification by the Immigration and Naturalization Service, to the extent required for receipt of federal financial participation in the Medi-Cal program.

(h) If an alien does not declare status as a lawful permanent resident or alien permanently residing under color of law, or as an alien legalized under Section 210, 210A, or 245A of the federal Immigration and Nationality Act (P.L. 82-414), Medi-Cal coverage under subdivision (d) shall be provided to the individual if he or she is otherwise eligible.

(i) If an alien subject to this section is not fluent in English, the county department shall provide an understandable explanation of the requirements of this section in a language in which the alien is fluent.

SEC. 4. Section 14083 of the Welfare and Institutions Code is amended to read:

14083. The factors to be considered by the negotiator in negotiating contracts under this article, or in drawing specifications for competitive bidding, include, but are not limited to, all of the following:

- (a) Beneficiary access.
- (b) Utilization controls.
- (c) Ability to render quality services efficiently and economically.
- (d) Demonstrated ability to provide or arrange needed specialized services.
- (e) Protection against fraud and abuse.
- (f) Any other factor which would reduce costs, promote access, or enhance the quality of care.
- (g) The capacity to provide a given tertiary service, such as specialized children's services, on a regional basis.
- (h) Recognition of the variations in severity of illness and complexity of care.
- (i) Existing labor-management collective bargaining agreements.
- (j) The situation of county hospitals and university medical centers contracting with counties for provision of health care to indigent persons entitled to care under Section 17000, which are burdened to a greater extent than private hospitals with bad debts, indirect costs, medical education programs, and capital needs.
- (k) The special circumstances of hospitals serving a disproportionate number of Medi-Cal beneficiaries and patients who are not covered by other third-party payers.
- (l) The costs of providing complex emergency services, including the costs of meeting and maintaining state and local requirements for trauma center designation.

SEC. 5. Section 16704 of the Welfare and Institutions Code is amended to read:

16704. Funds from the County Health Services Fund shall be allocated to the governing body of each county, the City of Berkeley, the City of Long Beach, the City of Pasadena, and each existing local health district annually in accordance with the following procedures:

- (a) The allocation of the amount determined in subdivision (a) of Section 16702 and one-third of the

amount in paragraphs (2), (3), and (4) of subdivision (c) of Section 16702 shall be made to each governing body of each local jurisdiction upon submission of the plan and budget as required by Section 16700. These funds shall be expended for county health services and public health services for cities as defined in paragraph (5) of subdivision (b).

(b) The allocation of the amounts up to the maximum determined in subdivisions (b), (c), and (d) of Section 16702 shall be made upon application by the governing body of each local jurisdiction and upon signing of an agreement between the governing body and the State Director of Health Services. In the agreement, (1) all local jurisdictions shall agree to expend funds in an aggregate amount at least equal to the total amount designated in the plan and budget submitted pursuant to Section 16700; (2) counties shall agree to net county costs for county health services of county funds in the same amount as the funds requested under this subdivision pursuant to subdivision (b) of Section 16702; (3) counties shall agree to expend one dollar (\$1) of county funds for every three dollars (\$3) of state funds requested pursuant to subdivision (d) of Section 16702; (4) the City of Berkeley shall agree to expend three dollars (\$3) of city funds for every one dollar (\$1) of state funds requested pursuant to paragraph (2) of subdivision (c) of Section 16702; and (5) all local health districts shall agree to expend two dollars (\$2) of district funds for every one dollar (\$1) of state funds requested pursuant to paragraph (3) of subdivision (c) of Section 16702. Funds requested pursuant to subdivision (d) and paragraph (3) of subdivision (c) of Section 16702 shall be expended only for public health services. The City of Long Beach and the City of Pasadena shall agree to expend the allocations received pursuant to paragraph (4) of subdivision (c) of Section 16702 only for public health services, exclusive of animal control and paramedic services.

(c) (1) The allocation of funds appropriated pursuant to subdivisions (c) and (d) of Section 16703 shall be made upon application by the county board of supervisors. The application shall be in a form and in accordance with

procedures and format established by the department. The board shall assure that it will expend such funds only for the health services specified in Sections 14132 and 14021 provided to persons certified as eligible for such services pursuant to Section 17000. Unless the county has entered into a contract with the department under Section 16709 which is effective either for an entire fiscal year, including the 1983-84 fiscal year, or is effective for the period commencing October 1, 1983, and ending on June 30, 1984, the board shall also assure that it will incur no less in net costs of county funds for county health services in any fiscal year than the amount required to obtain the maximum allocation under Section 16702. These assurances shall be incorporated in the agreement specified in subdivision (b). In no event shall such funds be expended for costs of services specified in county Short-Doyle plans which are in excess of the 125 percent limitation specified in Section 5705.1.

(2) A county may reduce the amount of net costs of county funds for county health services required pursuant to paragraph (1) of subdivision (c) to the extent such reduction has been permitted pursuant to the provisions of Section 16705 or 16705.5, provided that, for fiscal year 1982-83 only, the provisions of Section 16705 shall not be operative, except for counties which received approval for reductions pursuant to this section in prior fiscal years.

(3) Any person whose income and resources meet the income and resource criteria for certification for services pursuant to Section 14005.7 other than for the aged, blind, or disabled, shall not be excluded from eligibility for services to the extent that state funds are provided. Such persons may be held financially liable for these services based upon the person's ability to pay. A county may not establish a payment requirement which would deny medically necessary services. This section shall not be construed to mandate that a county provide any specific level or type of health care service or to preclude a county from utilizing its own forms for the purpose of identifying persons eligible for county health care services. The Board of Control shall not honor any claims

by a local agency for reimbursement of costs under this section. The provisions of this paragraph shall become inoperative if a court ruling is issued which decrees that the provisions of this paragraph mandate that additional state funds be provided and which requires that additional state reimbursement be made to counties for costs incurred under this paragraph. This paragraph shall be operative only until June 30, 1985, unless a later enacted statute extends or deletes that date.

(d) The agreement shall provide for reports of expenditures and information and shall constitute a contractual obligation. The State Director of Health Services shall not have the authority to disapprove the county health services plan or to require the additional expenditure of county, city, or district funds for health services beyond that required by this section and Section 16707.

(e) The local jurisdiction shall act in general accordance with the plan and budget submitted pursuant to Section 16700.

(f) Notwithstanding any other provision of this part, there shall be no increase in the amount of county funds required pursuant to paragraph (2) of subdivision (b) as a result of the implementation of paragraphs (4), (5), and (6) of subdivision (c) of Section 16702.

SEC. 6. Eligibility for the California Children's Services shall not be adversely affected by any provision of this act.

SEC. 7. Sections 2 and 3 of this act shall become operative the first day of the calendar month following the effective date of this act.

SEC. 8. The sum of thirty-seven thousand five hundred dollars (\$37,500) is hereby appropriated from the General Fund, and one hundred twelve thousand five hundred dollars (\$112,500) in federal matching funds is hereby appropriated from the Federal Trust Fund, to the State Department of Health Services for the 1987-88 fiscal year for purposes of implementing this act.

SEC. 9. The State Director of Health Services shall adopt regulations implementing this act, excluding Section 4, as emergency regulations in accordance with

Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, emergency regulations adopted by the State Department of Health Services in order to implement this act shall not be subject to the review and approval of the Office of Administrative Law. These regulations shall become effective immediately upon filing with the Secretary of State.

SEC. 10. It is the intent of the Legislature to protect counties providing health care services to aliens from incurring net losses of Medi-Cal revenue as a result of the initial implementation of this act relating to aliens' eligibility for Medi-Cal. To carry out this intent, the following shall apply:

(a) A county providing health care services to aliens may file with the State Department of Health Services an application, together with supporting documentation, showing the amount of Medi-Cal revenue the county received for the 1986-87 fiscal year for providing services to aliens who were not lawful permanent residents or otherwise permanently residing in the United States under color of law, including aliens who have been legalized under Section 210, 210A, or 245A of the federal Immigration Reform and Control Act of 1986 (IRCA) (Public Law 99-603). This revenue shall be referred to as the county's proposed base year alien Medi-Cal revenue. The application shall be filed no later than 90 days following the effective date of this act. The State Department of Health Services shall verify the application and documentation submitted by the county and shall establish the county's final base year alien Medi-Cal revenue.

(b) A county whose final base year alien Medi-Cal revenue has been established by the State Department of

Health Services may file with the state department a claim for an offset in any shortfall in the county's annual alien Medi-Cal revenue for the 1988-89 and 1989-90 fiscal years, as compared to the county's base year alien Medi-Cal revenue. A county's annual alien Medi-Cal revenue shall be the annual Medi-Cal revenue received by the county for the 1988-89 or 1989-90 fiscal years for providing services to aliens who are not lawful permanent residents or otherwise permanently residing in the United States under color of law, including aliens who have been legalized under Section 210, 210A, or 245A of IRCA. A county's claims for a revenue shortfall offset under this section shall be filed no later than October 31, 1989, for the 1988-89 fiscal year and October 31, 1990, for the 1989-90 fiscal year, and shall include documentation supporting the county's computation of its annual alien Medi-Cal revenue.

(c) The state department shall verify a county's claims under this section and, except as otherwise provided in this section, shall pay the county an amount equal to the net revenue shortfall between the county's base year alien Medi-Cal revenue and the county's annual alien Medi-Cal revenue. If payments are required by this section, they shall be made from the General Fund and shall be appropriated for this purpose by the Legislature.

(d) The State Department of Health Services may proportionately reduce a county's payments under this section if the department determines that the county's net shortfall in its annual alien Medi-Cal revenue was due, in whole or in part, to a reduction in the level of health care services provided by the county, or due to a reduction in the number of aliens seeking health care through the Medi-Cal program at county facilities who are otherwise eligible for Medi-Cal, including those aliens who do not actually apply for Medi-Cal.

SEC. 11. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for those costs which may be incurred by a local agency or school district because this act creates a new crime or infraction, changes the definition of a crime or infraction, changes the penalty for a crime or

infraction, or eliminates a crime or infraction.

However, notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed five hundred thousand dollars (\$500,000), reimbursement shall be made from the State Mandates Claims Fund.

SEC. 12. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to allow the state to implement fully the federal Immigration Reform and Control Act and the federal Omnibus Reconciliation Act of 1986 to allow the approximately 220,000 persons in this state who are impacted by those laws to obtain their medical care under Medi-Cal, it is necessary that this act take effect immediately.

OBRA/IRCA ALIEN ENTITLEMENTS

ATTACHMENT 2

FEDERAL LAW	ALIEN CLASS	DOCUMENTATION	AID CODE	BENEFITS AVAILABLE UNDER MEDICAL
OBRA (PL 99-509)	Undocumented	None or inadequate	58	Emergency care and pregnancy-related services
OBRA	Persons filing for temporary resident status under IRCA (No legal resident status)	I-688A (Red-Work Authorization)	58	Emergency care and pregnancy-related services
OBRA	Visitors, students, etc.	Temporary Visas	58	Emergency care and pregnancy-related services
IRCA (PL 99-603)	Amnesty (245A) not ABD or child under 18. Temporary or permanent resident status, limited services for 5 years	I-688 (Green-Temporary Resident Status) I-551 (Permanent) Class-W16, W26, W36	52	Emergency care and pregnancy-related services
IRCA	SAWs (210), RAWs (210A), not ABD or child under 18. Temporary or permanent resident status, limited services for 5 years	I-688 (Temporary) I-551 (Permanent) Class-S16, S26, R16	57	Emergency care and pregnancy-related services
IRCA	Amnesty (245A) who are ABD or child under 18. Temporary or permanent resident status	I-688 (Temporary) I-551 (Permanent) Class-W16, W26, W36	51	Full scope
IRCA	SAWs (210), RAWs (210A) who are ABD or child under 18. Temporary or permanent resident status	I-688 (Temporary) I-551 (Permanent) Class-S16, S26, R16	56	Full scope
IRCA	Cuban-Haitian (Status Pending (212)	I-94 (Arrival-Departure Record)	**	Full scope
IRCA	Pre-1972 Registry (249) or Cuban-Haitian with permanent resident status	I-551 (Permanent)	**	Full scope

\*\* Will not have special alien aid code. Use current aid codes.

OBRA/IRCA ALIEN ENTITLEMENTS

FEDERAL LAW	ALIEN CLASS	DOCUMENTATION	AID CODE	BENEFITS AVAILABLE UNDER MEDI-CAL
IRCA	Amnesty (245A), SAWS (210), and RAWS (210A). Work authorization, temporary or permanent resident status	I-688A or I-688	50	County Medical Services Program (CMSP) (Non-Medi-Cal)

MEDI-CAL NOTICE OF ACTION  
RESTRICTION OF BENEFITS  
TO EMERGENCY MEDICAL AND  
PREGNANCY-RELATED SERVICES

COUNTY STAMP

CASE NAME: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_  
DISTRICT: \_\_\_\_\_  
RESTRICTION OF BENEFITS FOR: \_\_\_\_\_  
\_\_\_\_\_  
(names)

Effective \_\_\_\_\_ you will begin receiving a Medi-Cal card each month  
(month)  
which will allow you to receive only emergency medical and pregnancy-related  
services as benefits of the Medi-Cal program.

An emergency medical condition is one which is unforeseen and, if not  
immediately diagnosed and treated, would lead to disability or death. The  
emergency must be certified by a physician or other appropriate medical  
provider (in accordance with Section 51056 of Title 22 of the California Code  
of Regulations). The Department of Health Services may review the provider's  
decision that an emergency existed and that certain follow-up treatment  
services were medically justified.

Pregnancy-related services include care of the mother and child beginning the  
first of the month during which the pregnancy was verified and continuing for  
60 days after the pregnancy ended.

You will receive a restricted-services Medi-Cal card because you are an alien  
who:

- Is not legally present in the United States according to information  
received from the Immigration and Naturalization Service.
- Lacks documentary proof from the Immigration and Naturalization Service of a  
satisfactory immigration status for Medi-Cal purposes.
- Has been admitted to the United States as a nonimmigrant for a limited  
period of time.
- Has been legalized in accordance with Sections 210, 210A or 245A of the  
Immigration and Nationality Act and you are 18 to 64 years of age and not  
blind or disabled.
- Applied for full benefits but has been found to be eligible only for Medi-  
Cal services restricted to emergency medical and pregnancy-related care.  
(Full benefits are denied; restricted services are granted).

This action is required by Section 14007.5 of the Welfare and Institutions Code  
and California Code of Regulations, Title 22, Section(s) \_\_\_\_\_

If you have questions about this action, please write or telephone. We will answer you over the telephone, in writing, or will make an appointment to see you in person.

You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 239 P

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION  
DENIAL/DISCONTINUANCE  
OF RESTRICTED BENEFITS

CASE NAME: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_  
DISTRICT: \_\_\_\_\_  
DENIAL/DISCONTINUANCE FOR: \_\_\_\_\_  
\_\_\_\_\_  
(names)

We have reviewed all the information available to us about your circumstances and find that:

- Your application for Medi-Cal benefits restricted to emergency medical care and pregnancy-related services dated \_\_\_\_\_ has been denied.
- Your eligibility to receive Medi-Cal emergency and pregnancy-related services will be discontinued effective the last day of \_\_\_\_\_  
(month)

The reason for this denial/discontinuance is:

- You did not return your completed RECORD OF HEALTH CARE COSTS form for \_\_\_\_\_ and so did not receive a restricted-services Medi-Cal card. We will assume that you wish to have your eligibility for emergency medical and pregnancy-related services discontinued unless you request a RECORD OF HEALTH CARE COSTS for \_\_\_\_\_  
(month)  
from this office by \_\_\_\_\_. If we do not hear from you, \_\_\_\_\_  
(date)  
your eligibility will be discontinued effective the last day of \_\_\_\_\_  
(month)

This action is required by Section 14007.5 of Title 22 of the Welfare and Institutions Code and the California Code of Regulations, Title 22, Section(s) \_\_\_\_\_

If you have any questions about this action or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer you over the telephone, in writing, or will make an appointment to see you in person. Please be aware that this action is based on the circumstances you reported to us, and that if your circumstances change, you may reapply at any time.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

COUNTY STAMP

MEDI-CAL NOTICE OF ACTION  
CHANGE FROM RESTRICTED SERVICES  
TO FULL BENEFITS

CASE NAME: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_  
DISTRICT: \_\_\_\_\_  
APPROVAL FOR: \_\_\_\_\_  
\_\_\_\_\_  
(names)

Effective \_\_\_\_\_, you are now eligible to receive all the  
(month)  
services covered by the Medi-Cal program rather than just services restricted  
to treatment of an emergency medical condition or pregnancy care. This  
change in scope of benefits results from the fact that:

- [ ] Proof has been received from the Immigration and Naturalization Service  
that you are an alien who has a satisfactory immigration status for  
Medi-Cal purposes.
- [ ] You are an alien legalized in accordance with Section 210, 210A or 245A  
of the Immigration and Nationality Act who is now aged, blind or  
disabled.

You will receive a full-coverage Medi-Cal card soon. Always present this  
card to the doctor or any other Medi-Cal provider when requesting medical  
services.

- [ ] Since your income exceeds the amount allowed for living expenses, you  
have a share of cost to pay or obligate toward your medical care. Your  
share of cost is \$\_\_\_\_\_ beginning \_\_\_\_\_. Your share  
(date)  
of cost was computed as follows:

	Month 1	Month 2	Month 3
Gross Income	\$_____	\$_____	\$_____
Net nonexempt income	\$_____	\$_____	\$_____
Maintenance need	\$_____	\$_____	\$_____
Excess income	\$_____	\$_____	\$_____
Share of cost	\$_____	\$_____	\$_____

- [ ] Enclosed is a RECORD OF HEALTH CARE COSTS for \_\_\_\_\_. Please  
(month)  
follow the instructions on the reverse side of that form. If your  
medical expenses exceed your share of cost for any period, a full-  
coverage Medi-Cal card will be issued to you after the form has been  
completed and approved.



MEDI-CAL NOTICE OF ACTION  
 APPLICATION FOR RETROACTIVE  
 EMERGENCY MEDICAL AND PREGNANCY-  
 RELATED SERVICES

COUNTY STAMP

CASE NAME: \_\_\_\_\_  
 CASE NUMBER: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_  
 APPROVAL/DENIAL FOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (names)

We have reviewed all the information available to us about your circumstances and find that you are entitled to emergency medical and pregnancy-related services as explained below.

An emergency medical condition is one which is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related services include care of the mother and child beginning the first of the month during which the pregnancy was verified and continuing for 60 days after the pregnancy ended.

You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for \_\_\_\_\_. A Medi-Cal card will be mailed to you soon.  
 (month)

You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for \_\_\_\_\_. However, since your income was more than the amount allowed for living expenses, you must pay or obligate a share of the cost of your medical care.  
 (month)

	Month 1	Month 2	Month 3
	_____	_____	_____
Gross Income	\$ _____	\$ _____	\$ _____
Net nonexempt income	\$ _____	\$ _____	\$ _____
Maintenance need	\$ _____	\$ _____	\$ _____
Excess income	\$ _____	\$ _____	\$ _____
Share of cost	\$ _____	\$ _____	\$ _____



COUNTY STAMP

MEDI-CAL NOTICE OF ACTION  
 APPROVAL FOR EMERGENCY MEDICAL  
 AND PREGNANCY-RELATED SERVICES

CASE NAME: \_\_\_\_\_  
 CASE NUMBER: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_  
 APPROVAL FOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (names)

Your application for Medi-Cal emergency and pregnancy-related services has been approved. Your eligibility will entitle you to receive emergency medical care and pregnancy-related services as certified by your Medi-Cal physician or other appropriate provider and subject to approval by the state.

An emergency medical condition is one which is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related services include care of the mother and child beginning the first of the month during which the pregnancy was verified and continuing for 60 days after the pregnancy ended.

You are entitled to receive Medi-Cal benefits restricted to emergency care and pregnancy-related services beginning the first day of \_\_\_\_\_ . You will receive a Medi-Cal card \_\_\_\_\_ soon. Always (month) present this card to your doctor or any other Medi-Cal provider when you are requesting medical services.

Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$ \_\_\_\_\_ beginning \_\_\_\_\_ . Your (month) share of cost was computed as follows:

	Month 1	Month 2	Month 3
	_____	_____	_____
Gross Income	\$ _____	\$ _____	\$ _____
Net nonexempt income	\$ _____	\$ _____	\$ _____
Maintenance need	\$ _____	\$ _____	\$ _____
Excess income	\$ _____	\$ _____	\$ _____
Share of cost	\$ _____	\$ _____	\$ _____

Enclosed is a RECORD OF HEALTH CARE COSTS for each of the months listed. Please follow the instructions on the reverse side of that form. When each form has been completed and approved, a restricted-services Medi-Cal card will be issued to you for that particular month.

You must bring or mail verification of the following items by \_\_\_\_\_ or your eligibility for emergency care and pregnancy-  
(date)  
related Medi-Cal benefits will be discontinued effective the last day of  
\_\_\_\_\_  
(month)

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Your application has been approved only for \_\_\_\_\_ because:  
(month)

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This action is required by California Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Title 22, Section(s) \_\_\_\_\_

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\_\_\_\_\_  
(Eligibility Worker)                      (Phone)                      (Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

## OUR HEARING RIGHTS

### Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid     Food Stamps

### Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Toll free: 1-800-952-5253

If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child Support:** The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they do collect child support for you, they will keep doing so unless you tell them writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask.

**Public Access:** If you ask for a hearing, the State Hearing Office will set up a public hearing. You will have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 950)

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid     Food Stamps     Medi-Cal  
 Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will bring this person to the hearing to help me (name and address, if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

Date: \_\_\_\_\_

STATEMENT OF CITIZENSHIP, ALIENAGE AND IMMIGRATION STATUS

Name of applicant \_\_\_\_\_

Name of person acting for applicant (if applicant is a child, incapable, incompetent or deceased) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Date \_\_\_\_\_

SECTION A: CITIZENSHIP AND ALIEN STATUS

All persons applying for Medi-Cal must state whether they are citizens or nationals\* of the United States or aliens.

I, \_\_\_\_\_, state that the above-named applicant is:

a citizen or national of the United States

an alien

\* Nationals are persons who, though not citizens, owe permanent allegiance to the United States. Permanent residents of American Samoa and Swain's Island are nationals of the United States.

IF THE ABOVE-NAMED APPLICANT IS A U.S. CITIZEN OR NATIONAL, SKIP SECTIONS B, C, AND D, AND COMPLETE SECTION E.

SECTION B: MEDI-CAL BENEFITS TO ALIENS

Aliens may receive either full program benefits or benefits restricted to emergency and pregnancy-related services depending on their immigration status.

Full benefits may be received only by aliens whose status has been verified as being one of the following:

- o Lawful permanent residents.
- o Conditional resident aliens.
- o Aliens permanently residing in the U.S. under color of law.
- o Aliens who have been granted amnesty who are also aged (65 or older), children under 18, blind or disabled.

The following aliens may receive only restricted benefits:

- o Undocumented aliens.
- o Aliens who have been granted amnesty who are also 18 to 64 years old and not blind or disabled.
- o Nonimmigrants with unexpired visas (students, visitors, etc.) or unexpired parole status.

SECTION C: SCOPE OF BENEFITS REQUESTED AND AMNESTY ALIEN STATUS

1. The applicant is applying for:
  - Full Medi-Cal benefits
  - Restricted Medi-Cal benefits (emergency and pregnancy-related services only)
  - Other (explain) \_\_\_\_\_
2. Has the applicant been granted amnesty?
  - Yes
  - No
3. If yes, under which section (210, 210A or 245A) of the Immigration and Nationality Act? (The number is on the front of the I-688 Temporary Resident Card) \_\_\_\_\_. The applicant is now:
  - a lawful temporary resident whose card was issued on this date \_\_\_\_\_
  - a lawful permanent resident

SECTION D: VERIFICATION OF IMMIGRATION STATUS

All aliens who have been granted amnesty or who apply for full program benefits must have their immigration status verified by the Immigration and Naturalization Service (INS) before they can be certified eligible for benefits. To assist us with this process, please provide the following information:

1. Social Security number \_\_\_\_\_
2. Alien Registration number and/or Alien Admission (INS Form I-94) number \_\_\_\_\_
3. Date the applicant first entered the U.S. \_\_\_\_\_
4. Applicant's name when he/she first entered the U.S. \_\_\_\_\_

5. Of what country is the applicant a citizen? \_\_\_\_\_
6. Where was the applicant born? \_\_\_\_\_

In addition, all aliens must present alien registration or admission documents which indicate their present immigration status. If you do not have these documents with you or if they are unreadable, you have 30 days during which to bring them in to us or to present replacements (or replacement application receipts) issued by INS. If none of the alien registration documents contains the applicant's photograph, you must show us an identity document which establishes that the applicant is the person named on the immigration documents. Until the applicant meets these requirements, he/she will receive a restricted services Medi-Cal card for only emergency and pregnancy-related services.

COMPLETE SECTION E IF THE APPLICANT WISHES FULL PROGRAM BENEFITS  
OR IF HE/SHE HAS BEEN GRANTED AMNESTY

SECTION E

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant signature		Date
Print name		
Person Acting for Applicant: signature	Relationship	Date
Print name		
Witness (If Applicant Signed With Mark)		Date
Signature	Print name	
Person Helping Applicant Complete Form	Address	Date
Signature	Print name	
EW Signature	County	Date
Print name		

FOR COUNTY USE ONLY	
Action taken:	
<input type="checkbox"/> None necessary	
<input type="checkbox"/> SAVE primary verification performed	Date _____
<input type="checkbox"/> Document Verification Request (INS Form G-845) and copies of alien registration documents sent to INS	Date _____
List names and INS form numbers of documents copied and placed in case file.	
_____	
_____	
_____	
_____	
_____	
<input type="checkbox"/> Person referred to INS to obtain replacements of documents or adjustment of immigration status	Date _____

INSTRUCTIONS FOR USE OF THIS FORM

This form must be completed for every Medi-Cal applicant or beneficiary.

Whenever possible, the named applicant should complete, sign and date this form. If this is not possible because the applicant is a child, incapable, incompetent or deceased, the same person who signs the MC210 must complete this form.

Ensure that the applicant supplies all appropriate information.

County Use Only Section: The county worker should enter the requested information, check the applicable boxes, date and sign the form as indicated.

IRCA aliens can be identified from codings on their alien registration documents. Temporary Resident Cards (INS form I-688) contain the Immigration and Nationality Act section number on the front of the card: INA 210 = special agricultural worker (SAW), INA 210A = replenishment agricultural worker (RAW), INA 245A = pre-82 entrant. Alien registration receipt cards (INS form I-551) contain this information as one of the following codings in the "class" blank on the front of the card: S16 or S26 = SAW; R16 = RAW; W16, W26, or W36 = pre-1982 entrant.

If an alien applicant is not an amnesty alien/special agricultural worker and he or she is not applying for full benefits, immigration status should not be verified. Such applicants, if otherwise eligible, should be issued restricted-services Medi-Cal cards without further delay.

Persons claiming to be citizens who list a birthplace outside of the United States should be required to present documents which establish that they have been naturalized, have derived U.S. citizenship or are American Indians born in Canada.

If a secondary SAVE verification is necessary, copy all printed sides of the documents the alien presents and be sure that the copies you send to INS are readable.

Applicants have 30 days from the date of application to submit documents which establish a satisfactory immigration status for Medi-Cal purposes. An application receipt for replacement copies of lost, stolen or mutilated documents or documentary proof of an adjustment of immigration status to lawful permanent resident or PRUCOL status shall be considered to meet this requirement.