Attachment A

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Attorneys for Plaintiff

FILED
OCT 20 4 36 PM '88
CLERK, U.S. DISTRICT COURT
EASTERN DIST. OF CALIF.
AT SACRAMENTO
BY _____ DEPUTY

LODGED
OCT 1 6 1988
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

SALATIAL RUIZ, a minor, by DOLORES RUIZ, his guardian ad litem, on behalf of himself and all others similarly situated, Plaintiff, v. KENNETH KIZER, Director, Department of Health Services; DEPARTMENT OF HEALTH SERVICES, an Agency of the State of California, Defendants.	No. CIV S 88-1272 MLS ~~PROPOSED~~ ORDER FOR PRELIMINARY INJUNCTION Date: October 20, 1988 Time: 2:00 p.m. Before the Hon. Milton L. Schwartz

The Court having considered the evidence and argument of counsel, and it appearing to the Court that this is a proper case for issuance of a preliminary injunction, the following prohibitory injunction shall issue:

IT IS HEREBY ORDERED that, pending trial on the merits, defendants and respondents ("defendants"), and their agents, officers, employees and representatives, and all persons acting in concert or participating with them, including employees of county welfare departments, are hereby temporarily enjoined as follows. Such persons may not, as to aliens seeking Medi-Cal coverage and who are otherwise entitled to full-scope Medi-Cal benefits, delay, deny, reduce, or terminate full-scope Medi-Cal benefits on the basis that the Immigration and Naturalization Service (INS) has not verified that the individual has satisfactory immigration status. This means that:

(a) Defendants may not delay, deny, reduce, or terminate full-scope Medi-Cal benefits to applicants and current beneficiaries who are otherwise entitled to full-scope benefits and who claim satisfactory immigration status but have not had a reasonable opportunity to obtain documents.

(b) Defendants also may not delay, deny, reduce, or terminate full-scope Medi-Cal benefits to applicants and current beneficiaries who are otherwise entitled to full-scope benefits and whose status has not been verified by the INS.

IT IS FURTHER ORDERED that defendants will FORTHWITH ~~within twenty-four hours of the issuance of this Order or as soon thereafter as possible, by telegram or night letter,~~ notify the counties and county welfare directors ("counties") of this Order, and

instruct them to stop the implementation of, and rescind all delays or denials of Medi-Cal made pursuant to, the policies enjoined herein. ~~Counties shall be informed that, as to alien Medi-Cal applicants and current beneficiaries seeking full scope~~ benefits, counties shall not delay, deny, reduce, or terminate full-scope Medi-Cal benefits on the basis that the Immigration and Naturalization Service has not verified that the individual has satisfactory immigration status; counties may not delay, deny, reduce or terminate full-scope Medi-Cal benefits to applicants and current beneficiaries who are otherwise entitled to full-scope benefits and who claim satisfactory immigration status but have not had a reasonable opportunity to obtain documents; counties also may not delay, deny, reduce or terminate full-scope Medi-Cal benefits to applicants and current beneficiaries who are otherwise entitled to full-scope benefits ~~and whose status has not been verified by the INS.~~

IT IS FURTHER ORDERED that, as soon as practicable, defendants shall issue an All-County Letter ~~to the same effect,~~ Advising the Counties to comply with the above order, and defendants shall consult with plaintiff's counsel in the development of the All-County Letter.

IT IS FURTHER ORDERED that defendants shall train officials and employees of county welfare offices to comply with the provisions of this Order, and that defendants shall consult with plaintiff's counsel in the development of the applicable training materials.

IT IS FURTHER ORDERED that plaintiffs will be permitted to proceed in this matter without posting bond or any other security.

*

DATED: October 20, 1988

Pierson M. Hall
UNITED STATES DISTRICT JUDGE

* The SEPTEMBER 30, 1988 order for provisional class certification is continued in force and effect unless and until modified or decertified by further order.

PROOF OF SERVICE BY MAIL

I, Cynthia Gary, declare as follows:

I am a citizen of the United States, over tne age of 18 years and not a party to the within action and am employed at 1636 West Eighth Street, Suite 215, Los Angeles, California 90017.

On this date, I served by mail a copy of the attached PROPOSED ORDER FOR PRELIMINARY INJUNCTION upon the defendants herein, by placing it in the United States mail, express delivery, with postage thereon fully prepaid, addressed as follows:

Dennis Eckhart, Deputy Attorney General
California Attorney General's Office
1515 K Street, P.O. Box 944255
Sacramento, California 94244-2550

Gregory Hollows, Assistant U.S. Attorney
United States Attorneys Office
650 Capitol Mall
Sacramento, California 95814

I declare under penalty of perjury that the foregoing is true and correct and was executed this 17 day of October, 1988, at Los Angeles, California.

Cynthia Gary

CYNTHIA GARY

STEPHEN E. KUNFELDT
CONNIE DE LA VEGA
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1440 Broadway, Suite 700
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Butte Regional Office
P.O. Box 3728
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Chico, California 95927
(916) 345-9491

(See next page for other counsel)

Attachment B

Personally served 10/28/88 DKH

ENDORSED
FILED

OCT 27 1988

RENE C. DAVIDSON, County Clerk
By: Elaine Garcia, Deputy

SUPERIOR COURT OF CALIFORNIA,

COUNTY OF ALAMEDA

FATHER GEORGE CRESPIN, et al., Plaintiffs and Petitioners, -vs- KENNETH KIZER, et al., Defendants and Respondents.	CIVIL ACTION NO. 636715 [redacted] ORDER FOR PRELIMINARY INJUNCTION DATE: October 27, 1988 TIME: 2:00 p.m. DEPT: 19

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Attorneys for Alameda Health Consortium

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Attorney for Father George Crespin

The Court having considered the documents on file herein and the argument of counsel, and it appearing to the Court that this is a proper case for issuance of a preliminary injunction, the following prohibitory injunction shall issue:

IT IS HEREBY ORDERED that, pending trial on the merits, defendants and respondents ("defendants"), and their agents, officers, employees and representatives, and all persons acting in concert or participating with them, including employees of county welfare departments, are hereby restrained and enjoined from:

(1) Defining, covering or describing emergency services for purposes of restricted Medi-Cal benefits for aliens more narrowly than the definition stated in S.B. 175, Section 3, amending Welfare and Institutions Code Section 14007.5(d);

(2) Requiring any applicant for Medi-Cal coverage of only emergency medical or pregnancy related services to disclose information concerning his or her citizenship or immigration status or that of members of his or her family or household;

(3) Doing any of the following as to aliens seeking Medi-Cal coverage of long-term care or kidney dialysis services after October 1, 1988, and who did not receive Medi-Cal coverage of such services on that date:

(a) Failing to initiate verification (including secondary verification, if necessary) with the Immigration and Naturalization Service ("INS") of such persons' status as permanently residing in the United States under color of law ("PRUCOL"), or otherwise possessing satisfactory immigration status ("SIS");

(b) Failing to provide assistance in obtaining PRUCOL status, or other SIS, that is ordinarily given to aliens receiving Medi-Cal coverage of long-term care or kidney dialysis services on or before October 1, 1988;

(c) Denying full-scope Medi-Cal coverage on the basis of citizenship or immigration status while awaiting the outcome of INS verification and the completion of all applicable notice and hearing procedures;

(d) Denying coverage of medically necessary renal dialysis services or long-term care services for patients ultimately not found PRUCOL or otherwise possessing SIS, but who are otherwise eligible for Medi-Cal;

(4) Implementing All County Letters 88-66, 88-68, and related issuances directing implementation of S.B. 175, to the extent such documents are inconsistent with paragraphs (1) through (3), above. ~~without first promulgating appropriate emergency regulations~~.

IT IS FURTHER ORDERED that defendants will forthwith notify the counties and county welfare directors and Medi-Cal field offices and field office administrators of this Order, advise them to comply with it, and instruct them to stop the implementation of, and rescind all denials of Medi-Cal made pursuant to the policies enjoined herein.

IT IS FURTHER ORDERED that, as soon as practicable, defendants shall issue an All-County Letter and Field Instruction Notice to the same effect, and shall consult with plaintiffs' counsel in the development of these documents.

IT IS FURTHER ORDERED that, as soon as practicable,

defendants shall issue Provider Bulletins fully describing the Medi-Cal coverage and procedures affected by this Order.

IT IS FURTHER ORDERED that plaintiffs will be permitted to proceed in this matter without posting bond or any other security.

IT IS FURTHER ORDERED that a true and correct copy of this Order shall be served on defendants no later than 10/31/88, and a proof of service filed with the Court no later than 11/4/88.

DATED: 10/27/88

DAWN B. GIRARD

JUDGE OF THE SUPERIOR COURT

Abbreviated Case Name: CRESPIN v. KIZER

Case No.: CIV NO. 636715-6

PROOF OF PERSONAL SERVICE

I declare that:

I am a citizen of the United States and a resident of Sacramento County, California. I am over the age of eighteen years and not a party to the within above-entitled action. My business address is 515 - 12th Street, Sacramento, California 95814.

I personally served the within ORDER FOR PRELIMINARY INJUNCTION on the parties in said action, by personally delivering to and leaving with the following persons in the County of Sacramento, State of California, on the date set opposite their respective names, a true copy thereof, to-wit:

✓Kenneth Kizer, M.D., DHS Director, 714 P Street, Room 1253, Sacramento, CA 95814, on October 28, 1988;

Gray Davis, Controller, 300 Capitol Mall, 18th Floor, Sacramento, CA 95814, on October 28, 1988;

Elizabeth Whitney, Treasurer's Office, 915 Capitol Mall, Room 110, Sacramento, CA 95814, on October 28, 1988.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 28, 1988, at Sacramento, California.

Jackie Porter

JACKIE PORTER
Declarant

crespin2 jp

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print Name of Applicant: _____ Date: _____

Print Name of Person Acting for Applicant: _____ Relationship to Applicant: _____

Section A: Medi-Cal Benefits to Citizens and Aliens

U.S. citizens may receive full Medi-Cal benefits if they meet all other program requirements.

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

Federal and state law require that *full* benefits may be received only by aliens who are one of the following: lawful permanent residents; conditional resident aliens; aliens permanently residing in the U.S. under color of law (PRUCOL); 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 (emergency and pregnancy-related services): undocumented aliens; aliens who have been granted amnesty who are *not* aged, blind, disabled, or children under 18; nonimmigrants with unexpired visas (students, visitors, etc.) or unexpired parole status.

Section B: Scope of Benefits Requested

The applicant is applying for: ☐ Full Medi-Cal benefits ☐ Restricted Medi-Cal benefits (emergency and pregnancy-related services only).

☐ Other (explain): _____

IF THE ABOVE-NAMED APPLICANT IS REQUESTING ONLY RESTRICTED BENEFITS, SKIP SECTIONS C, D, AND E

Section C: Citizenship and Alien Status

1. I, _____, state that the above-named applicant is:

   ☐ A citizen or national of the United States* ☐ An alien.

   If the applicant is a citizen, where was he/she born? _____

   *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 YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION E.

2. Is the applicant a lawful permanent resident? ☐ Yes ☐ No

3. Is the applicant a conditional resident alien? ☐ Yes ☐ No

4. Has the applicant been granted amnesty? ☐ Yes ☐ No

5. 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: _____
   ☐ The applicant is now a lawful permanent resident.

6. If the applicant is an amnesty alien who is *not* aged, blind, disabled, or under 18 years of age, does he/she have another immigration status which would entitle him/her to full benefits? (Is the applicant, for example, a lawful permanent resident, conditional resident alien, or PRUCOL alien under one of the categories listed in question 7?) ☐ Yes ☐ No

   If yes, what is the other status? _____

7. If the applicant would qualify for full Medi-Cal benefits as a *PRUCOL alien*, indicate the status category which entitles him/her to that classification:

- ☐ A conditional entrant admitted to the United States before April 1, 1980
- ☐ An alien paroled into the United States, including Cuban/Haitian entrants
- ☐ An alien subject to an Order of Supervision
- ☐ An alien granted an indefinite stay of deportation
- ☐ An alien granted an indefinite voluntary departure
- ☐ An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved who is entitled to voluntary departure
- ☐ An alien who has properly filed an application for lawful permanent resident status
- ☐ An alien granted a stay of deportation for a specified period
- ☐ An alien granted asylum
- ☐ A refugee admitted to the U.S. since April 1, 1980
- ☐ An alien granted voluntary departure who is awaiting issuance of a visa
- ☐ An alien in deferred action status
- ☐ An alien who entered and has continuously resided in the U.S. since before January 1, 1972 who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry alien)
- ☐ An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- ☐ An alien granted withholding of deportation pursuant to INA Section 243(h)
- ☐ An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances.

Section D: Verification of Immigration Status

All alien applicants who request full program benefits must have their immigration status verified by the Immigration and Naturalization Service (INS). 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 INS-issued alien registration or other documents which indicate a satisfactory immigration status for Medi-Cal purposes. If you do not have these documents with you or if they are unreadable, bring us receipts issued by INS which show you have applied for replacements. You will have 30 days to do this, or until your application is ruled on, whichever is longer. 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 in the immigration documents.

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: _____

Person Acting for Applicant (Signature): _____ Date: _____

FOR COUNTY USE ONLY

EW Signature. _____ Date: _____

Print EW Name: _____ County: _____

Action taken:

- ☐ None necessary.
- ☐ SAVE primary verification performed. Date: _____
- ☐ Document Verification Request (INS Form G-845) and copies of INS-issued documentation of satisfactory immigration status sent to INS. Date: _____
- ☐ List INS documents, including INS form numbers (if any), copied and placed in the case file: _____
- ☐ Person referred to INS to obtain replacements of documents. Date: _____

INSTRUCTIONS
STATEMENT OF CITIZENSHIP, ALIENAGE AND
IMMIGRATION STATUS, FORM MC13

One of these forms must be completed for every Medi-Cal applicant or beneficiary. Make certain that the applicant, or an adult MFBU member acting on his or her behalf, supplies all appropriate information. In cases where the applicant is a child, incapable, incompetent or deceased, the same person who signs the MC210 must complete the MC13.

Pursuant to court order, persons who are requesting only restricted services are required to give their name but cannot be questioned about their status as a citizen or an alien. This is why such applicants do not complete Section C, D or E of the form. Applicants requesting restricted benefits, if otherwise eligible, should be issued restricted-services Medi-Cal cards without further delay.

A different procedure is used for applicants for full benefits. These persons are asked to state whether they are citizens or aliens. Those who indicate they are aliens and claim to have an immigration status that would entitle them to full benefits have 30 days (or the time it takes to determine their eligibility, whichever is longer) to present documentation of satisfactory immigration status (SIS), which means INS alien registration or other INS-issued documents. During this period, such applicants, if otherwise eligible, receive full Medi-Cal benefits. They also receive full benefits during the time it takes INS to either verify the claim to SIS or to report that it is not substantiated.

The requirement that applicants for full benefits must submit original documents which establish SIS shall be considered to be met if the alien presents an INS application receipt for replacement copies of lost, stolen or unreadable documents or INS-issued documentary proof of lawful permanent resident or PRUCOL status. In many cases, it will not be necessary to refer aliens to INS; you can, instead, simply ask them to bring in documents which they had left at home when they first applied.

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-1982 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.

Persons claiming to be U.S. citizens or nationals of the United States or to have a status which entitles them to full benefits who list a birthplace outside of the United States or its outlying possessions should be required to present documents which establish that they have been naturalized, have acquired or derived U.S. citizenship, are American Indians born in Canada, or are permanent nonimmigrants from Micronesia or the Marshall Islands. (See Procedures Section 7D).

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.