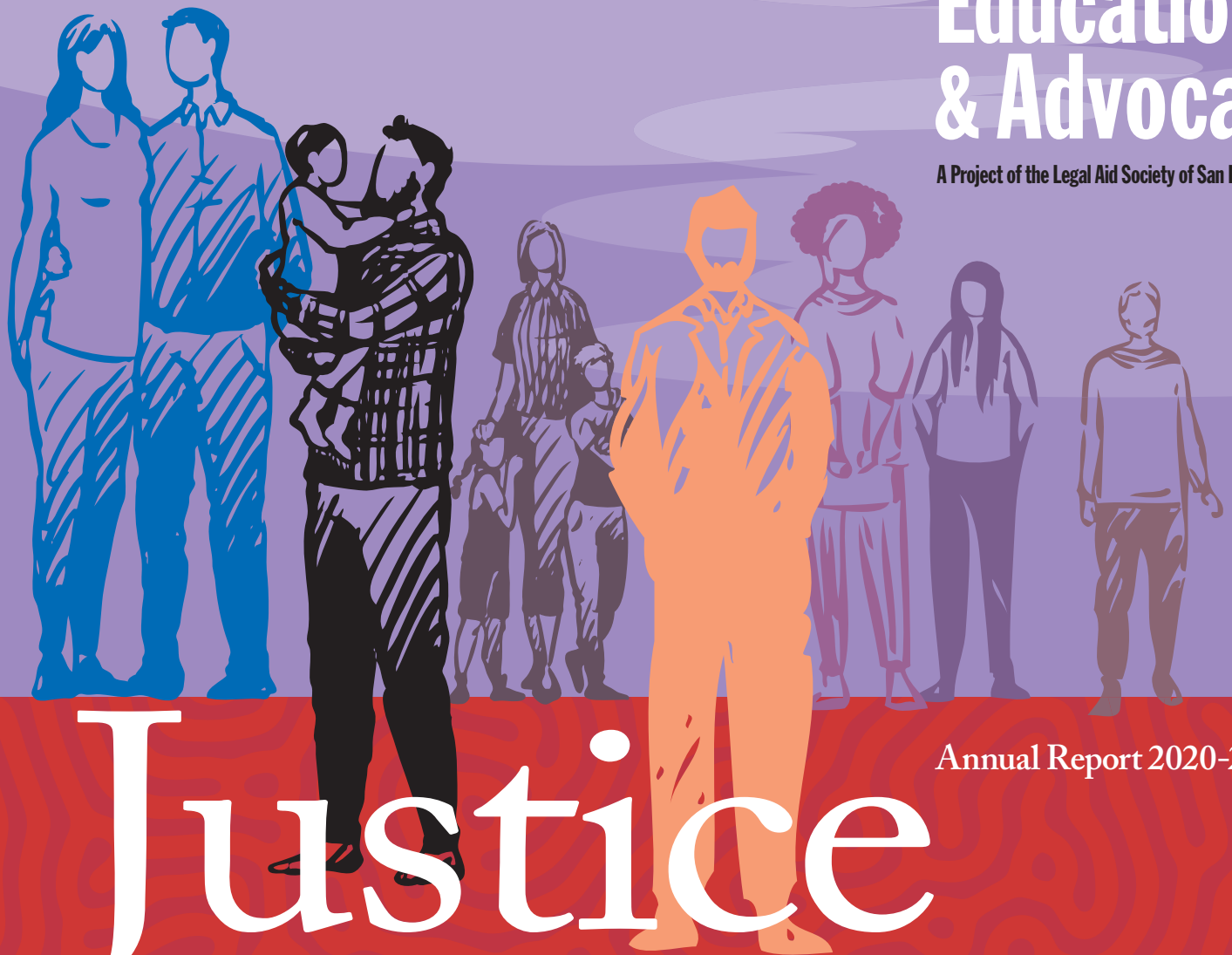


# Consumer Center for Health Education & Advocacy

A Project of the Legal Aid Society of San Diego



Annual Report 2020-2021

# Justice

Begins Here



The informed,  
empowered  
consumer is a  
healthier one.

Founded in 1999 to provide independent assistance to help consumers navigate complicated physical and behavioral health systems of care, the Consumer Center educates and empowers consumers so that they become and remain healthy.

**TABLE OF CONTENTS**

- 4 Introduction
- 6 Who We Are / How We Provide Services
- 8 Our Work
- 8 Eligibility and Access to Care
- 10 Outreach and Education
- 12 Medi-Cal
- 14 Covered California
- 16 Behavioral Health
- 18 CCI/Cal MediConnect Ombudsman
- 20 Advocacy for Seniors
- 22 Health Consumer Alliance Offices

**ADVISORY BOARD**

Jesus Ernesto Corrales  
Celeste Hunter  
Karen Luton  
Mike Phillips, Esq.  
George Scolari  
Ellen Stone  
John Sturm  
Thomas J. Warwick, Jr., Esq.

## INTRODUCTION

“Life’s most persistent and urgent question is, what are you doing for others?” – *Dr. Martin Luther King, Jr.*

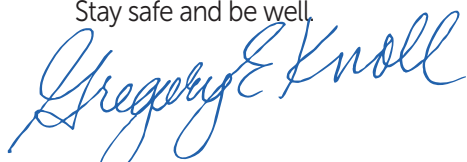
At the Legal Aid Society of San Diego (LASSD) and the Consumer Center for Health Education and Advocacy (Consumer Center), we are driven by the call to serve and help others. In the face of another unprecedented year of challenges, the staff of the Consumer Center continued to serve, to empower, and to advocate. We remain singularly focused on improving access to health coverage and services for all.

Even as the work continues, it is important to pause, take stock of our accomplishments, and thank all of you for joining us in this fight for the health of our community. Our incredible funders support enables us to remain sufficiently staffed to meet the needs of our community. The continued trust, engagement, and collaboration of our incredible stakeholders and partners enable the Consumer Center to pinpoint areas of individual need and simultaneously work together to address systemic issues. To all of you, we offer our appreciation.

We must also take stock of the road ahead, the work that must continue, and the goals still yet unrealized. Centering racial justice and equity into every aspect of our advocacy continues. Internally and externally, we must ensure that the Consumer Center is contributing to rooting out all forms of individual and structural racism and discrimination. LASSD also continues to educate and advocate for the removal of any and all barriers to COVID-19 vaccination, testing, treatment, and other related services.

On behalf of, and with great thanks to, the Consumer Center Advisory Board and staff, I’d like to thank you for your support. The Consumer Center remains ready to serve and answer the call.

Justice Begins Here.  
Stay safe and be well.



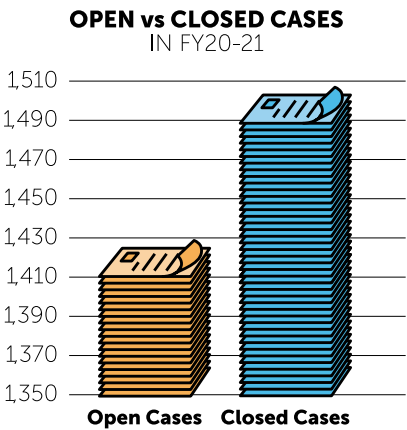
Gregory E. Knoll, Esq.  
CEO/Executive Director/Chief Counsel



# WHO WE ARE

The Consumer Center’s mission continues to focus on the education, assistance, and empowerment of low-income San Diegans to become and remain healthy. Our service model and our organization remain consumer-centered ensuring that we provide the highest quality direct consumer health advocacy services which are tailored to the needs of our individual consumers. Our staff of dedicated intake workers, advocates, and attorneys continues to represent the distinct language, race, and cultural communities of the people we serve. Finally, the Consumer Center’s core advocacy approach of translating lessons learned from our individual cases into systemic change continues to drive our local, state, and federal advocacy strategies.

During this last fiscal year (FY 20-21), we opened 1,422 cases and closed 1,499 cases. The Consumer Center directly advised or represented 2,435 people to resolve eligibility or service-related problems. Though the statewide moratorium on negative actions helped keep millions of individuals in Medi-Cal through the public health emergency (PHE), it also significantly decreased our services related to overcoming eligibility issues.



# HOW WE PROVIDE SERVICES

The Consumer Center strives to make quality advocacy services available for all consumers. While many of the outstation clinics have been limited by the PHE, consumers continue to be referred to us for assistance by our many community partners.

### OUR TOLL-FREE HOTLINE

Our hotline is staffed by trained advocates Monday through Friday, 9:00 am to 5:00 pm. In FY20-21, the Consumer Center updated its call center phone system to a cloud-based system. This allowed our employees to safely operate remotely during the pandemic while remaining responsive to customers’ calls and their requests for service.

### CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

The Consumer Center accommodates the needs of consumers to ensure our services remain accessible and convenient. We do this by hiring bilingual staff and using telephone interpretation services permitting consumers to be effectively served in over 200 languages, including the county threshold languages. We also use the California Relay Services, our own TTY line, and in-person American Sign Language interpreters on an as needed basis to communicate with clients.

## AGENCY AND PLAN APPEALS, INCLUDING HEARINGS

Our staff effectively and efficiently escalate individual cases through a variety of internal and external appeal procedures to achieve our clients' goals. Often within the same day of initiating a case, our staff can escalate a matter to the County of San Diego Health and Human Services Agency (HHSA), the appropriate state regulatory agency staff, or health plan liaisons to resolve our clients' issues. We also represent clients at hearings related to eligibility disputes and access to care barriers under the Medi-Cal, Covered California, and County Medical Services programs. Our attorneys received appeal cases from the toll-free hotline. Post-pandemic, we anticipate returning to our outreach clinic located within the county appeal office where administrative fair hearings are held.

## "ON-SITE" CLINICS SWITCH TO REMOTE, BUT CONTINUE TO SERVE

Our continued Medical Legal Partnership with Scripps Mercy Hospital in Hillcrest typically involves placement of our staff onsite within the Behavioral Health Unit (BHU) in order to provide accessible legal assistance. Due to safety concerns during the PHE, however, our staff provided high quality services to patients based on direct referrals from Scripps BHU and Patient Representative Services staff at Mercy and other Scripps facilities.

Similarly, our outreach clinic at the downtown Gary and Mary West Senior Wellness Center continued to provide services to low-income seniors through remote operations and in close partnership with Serving Senior staff. Our long-standing and well-regarded Cyber Café, an innovative computer learning center staffed with Consumer Center staff and volunteers, also had to go on hiatus this past year to ensure the safety of our participants, volunteers, and staff.

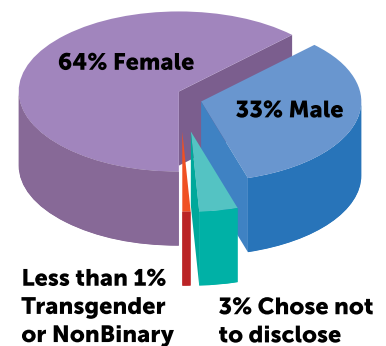
## FOR PROBLEMS OUTSIDE OUR SCOPE OF SERVICE

For those we are unable to serve, our advocates and attorneys make every effort to provide callers with referrals to any one of the other 12 legal teams at LASSD and/or appropriate service providers and organizations that can meet their needs. External referrals help consumers connect with a broad array of social and other service providers. These external referrals may include county, state, or federal agencies, 211 San Diego, case management, food support organizations, and other nonprofit agencies.

## CLIENT FEEDBACK

- "Thank you for treating me with dignity and respect."
- "Thank you so much. This agency is very helpful."
- "Awesome experience."

### CONSUMER GENDER



### AGE OF CONSUMERS SERVED



### RACIAL MAKE-UP OF CONSUMERS





## OUR WORK

# ELIGIBILITY & ACCESS TO CARE

The Consumer Center's services generally fall into two broad categories: assistance with eligibility and enrollment issues for coverage programs and assistance to consumers obtaining services and/or overcome access to care barriers. Our eligibility and enrollment services seek to ensure that consumers obtain and maintain benefit coverage programs for which they qualify. We work with San Diegans having difficulty navigating the application process or otherwise qualifying for Medi-Cal eligibility, County Medical Services, or Covered California with Advanced Premium Tax Credits.. Our staff will often resolve a consumer's concerns, questions, or eligibility problems within the first call to our office. Our expert staff help explain program rules and processes, while also working quickly to conduct immediate advocacy with HHSA.

During this last fiscal year, the most common issue arising in our eligibility work related to the ongoing moratorium on negative actions in the Medi-Cal program. This effective public health measure ensured that millions of Medi-Cal consumers remained in active Medi-Cal coverage during the pandemic. This allowed county staff to focus on processing new applications for vital coverage and the moratorium also ensured ongoing access to care during the worst public health crisis in over 100 years. Given that eligibility and enrollment work typically makes up nearly 70% of all Consumer Center's cases, the moratorium on negative actions substantially decreased the volume of calls and cases we received this last year. While the demand for individual case work ebbed, staff remained active with community education regarding these changes. Further, we led or collaborated on various systems advocacy efforts to ensure compliance with and/or improve the implementation of dozens of the "flexibilities" to eligibility rules with the aim of increasing access to coverage.

Despite the overall reduction of eligibility cases, the Consumer Center staff also continued helping individuals obtain necessary services from their coverage programs and managed care plans. The Consumer Center educates individuals on how to navigate their managed care plans and obtain needed care. We further helped consumers file grievances and appeal denials of services, equipment, or supplies whether the denial was issued by a managed care plan, county-funded behavioral health provider, or the state Medi-Cal program. We helped consumers assert their rights to second opinions or access an out-of-network specialist. We also helped defend consumers facing inappropriate billing practices.

Our staff redoubled our efforts to address health inequities in the LGBTQIA+ community, making further progress in educating providers, health plans, and state agencies about the need to update their materials to comply with SB 179, which established data collection for non-binary gender designations. Furthermore, AB 677 mandated the collection of voluntarily provided sexual orientation or gender identity (SOGI) data anytime that race/ethnicity information is obtained. Due to our efforts, along with those of the other HCA affiliate organizations, Department of Health Care Services (DHCS) has begun the process of revising its forms and materials to comply with SB 179. Also, starting September 2021, Medi-Cal Beneficiary Identification Cards will no longer include beneficiaries' gender markers. We continue to work with DHCS, providing feedback for draft interim instructions to county offices for inclusive beneficiary gender identification and data collection. DHCS is also in regular contact with HCA, providing updates on its progress to update their materials.

During the PHE, the Consumer Center ensured our partners and consumers remained up to date on the large number of additional flexibilities that federal and state agencies granted to managed care plans to ensure safe and ongoing access to care for their members. Going forward, we will continue to advocate for county, state, and federal agencies to permanently offer modifications to rules that helped people obtain easier access to coverage and care during the pandemic.

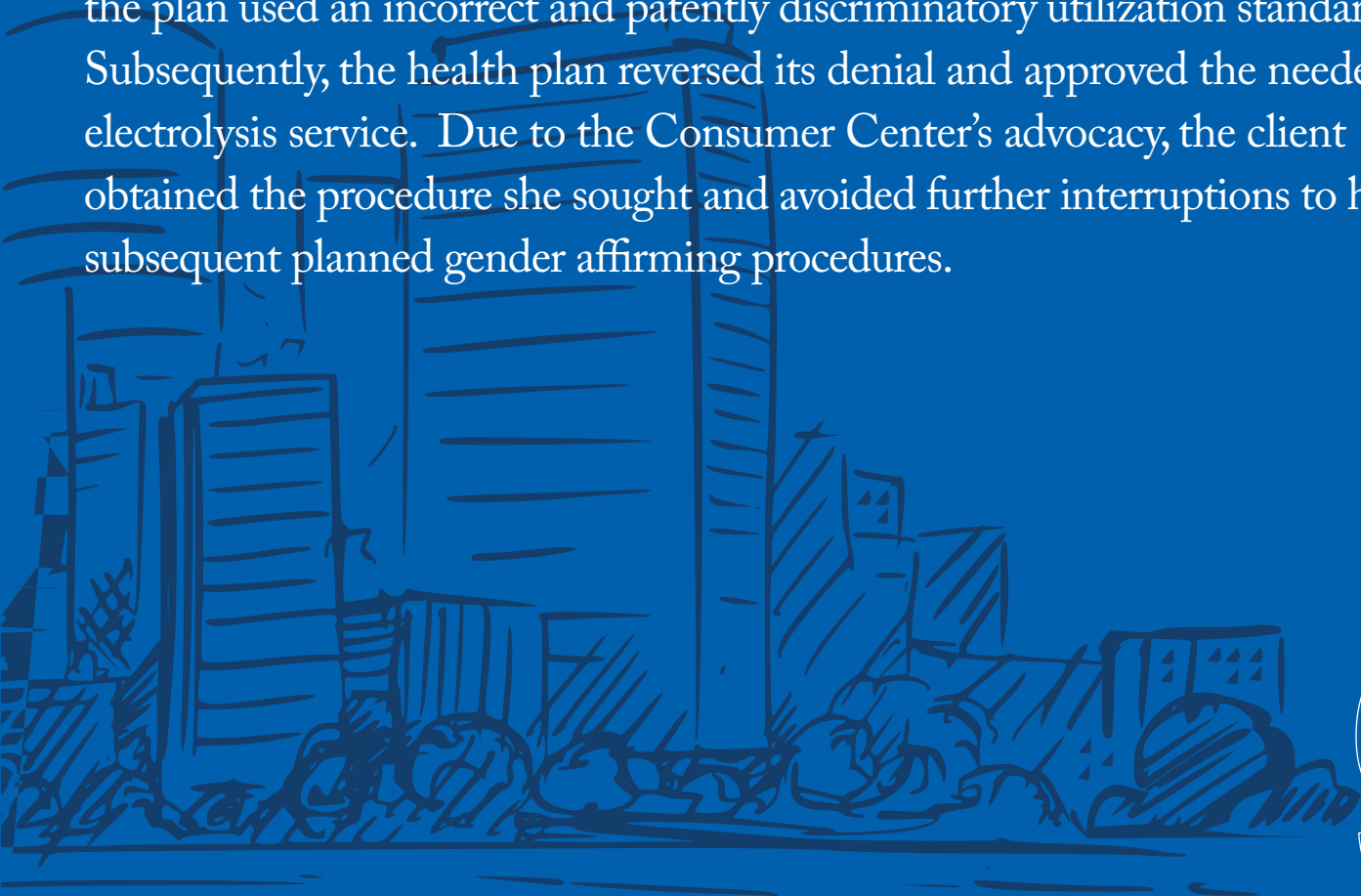




# Case Story

A patient seeking gender affirming care, specifically, electrolysis, contacted the Consumer Center after inappropriately being required to grow out her facial hair fully in order to prove she needed electrolysis. The patient lives and presents as female full time in her personal and professional life. Thus, the health plan's request would have forced her to out herself as a transgender, bib-binary, and intersex (TGI) individual to everyone in her daily life. Not only is this a discriminatory process because it fails to account for medical necessity, but the request also causes further trauma and exacerbates the underlying condition patient was seeking to address with electrolysis (gender dysphoria).

The Consumer Center opened a case immediately and assisted her with filing an internal plan appeal of the electrolysis denial. We successfully argued that the plan used an incorrect and patently discriminatory utilization standard. Subsequently, the health plan reversed its denial and approved the needed electrolysis service. Due to the Consumer Center's advocacy, the client obtained the procedure she sought and avoided further interruptions to her subsequent planned gender affirming procedures.



# OUTREACH & EDUCATION

Our outreach and community education strategy sought to raise awareness about the availability of the Consumer Center and our services, while also providing substantive training to stakeholder partners and consumers. In the past year, the Consumer Center prioritized several specific target populations and issues, including Black, Indigenous, and Persons of Color (BIPOC) and limited English proficient (LEP) consumers, immigrant communities, and individuals from the LGBTQIA+ community.

The Consumer Center prioritized engagement of BIPOC and LEP consumers as a part of our mission to improve the lives of underrepresented consumers, but also to help address the disproportionately higher incidences of COVID-19, hospitalizations, and deaths than their white and English-speaking counterparts. The Consumer Center's outreach efforts emphasized information about accessing vaccines, the COVID-19 Uninsured Program, and other PHE related pandemic flexibilities.

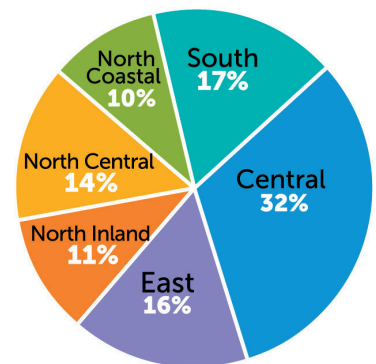
Reaching immigrant populations was a priority this year. The Consumer Center also prioritized reaching immigrant populations in this past year. In particular, the Consumer Center sought to improve community understanding of the previous administration's public charge rules, both their initial implementation and ultimate reversion to prior public charge standards. Whenever possible, we ask participants to give feedback about the presentations and materials. As in past years, our staff have received outstanding comments from consumers who attended our health education and advocacy workshops/trainings.

The Consumer Center also continued its established initiative to engage and serve gender non-binary and transgender consumers facing barriers to accessing medically necessary gender affirming care. The Consumer Center has either led or contributed to dozens of community education events and/or trainings on gender identity, TGI cultural competency, and advocating to overcome barriers receipt of gender affirming care.

To ensure we're continuing to improve our outreach materials and content, we seek evaluations from all consumer and community-based organization (CBO) partners for whom we provided presentations. Of the surveys received back, 98% reported increased knowledge about the services for which they are eligible, how to access services, and how to navigate the physical and behavioral health systems of care.

Likewise, 98% of CBO/professional staff who participated and returned an evaluation survey at our educational presentations reported increased knowledge about the physical and behavioral health benefits for which consumers are eligible for, and how to access them.

## CASES BY HHSA REGIONS



## SURVEY COMMENTS

- "Valuable Information"
- "Great presenter, very knowledgeable"
- "The presentation was very informative and presented very well"
- "The presentation was useful and provided a lot of important information that our organization will benefit from"



# MEDI-CAL

This past year has been marked by substantial changes to the Medi-Cal program due to the ongoing PHE. As referenced previously, the moratorium on negative actions has ensured beneficiaries maintained coverage and access to services during the pandemic. Further, DHCS and the federal Centers for Medicaid and Medicare Services (CMS) have both issued a dizzying array of COVID-19 related “flexibilities” that sought streamline access to coverage, the application process, and froze redeterminations. Throughout the year, the Consumer Center kept staff and community members abreast of these changes. We also maintained regular communications with HHSA Eligibility Division to confirm implementation of the guidance and, from our case experiences, flagged instances in which HHSA staff required additional training.

Substantively, Medi-Cal consumers reaching out to the Consumer Center most often required help with billing problems, especially relating to emergency and hospital related care. For these consumers, the staff helped educate consumers about their rights and billing providers regarding the myriad of prohibitions on billing Medi-Cal beneficiaries for covered services. Where plans failed to pay claims for covered services, the Consumer Center staff also filed internal grievances and external complaints to resolve the matter. Where providers failed to comply, the Consumer Center issued cease and desist letters, and then worked with LASSD’s experienced Consumer Protection Team to pursue additional remedies.

**M**edi-Cal beneficiaries also sought the assistance of the Consumer Center to overcome service denials. Our data shows that the most common service denial related to access to dental services from the state. In these cases, the Consumer Center represented consumers to overcome these denials and obtain needed services. As a result of our increased outreach and engagement efforts to non-binary and TGI individuals, the Consumer Center also provided assistance to consumers to overcome denials of care and other barriers to accessing gender affirming care. The Consumer Center found that those seeking gender affirming care faced a multitude of barriers including plan staff and providers who lacked cultural competency, significant delays and/or failures identifying specialists who provide gender affirming care, and insufficient networks for specific gender affirming care procedures. Staff also received additional cultural competency and substantive training this past year regarding gender affirming care cases.



## Case Story

A consumer that identifies as non-binary and uses she/her pronouns contacted our office when her Medi-Cal plan denied her physician's request for facial feminization surgery to treat gender dysphoria. The Medi-Cal plan improperly denied the request without conducting the appropriate medical necessity evaluation. Instead, the plan summarily deemed the procedure to be cosmetic. The Consumer Center quickly investigated the claim, collected medical evidence from the consumer's providers, and found that the client had already gone through the internal plan grievance process and had submitted a Department of Managed Health Care (DMHC) complaint and independent medical review (IMR). Armed with supporting medical evidence and the appropriate medical necessity standard, the Consumer Center submitted supplemental briefing and actively engaged the DMHC attorney investigating the case. Through the Consumer Center's advocacy, the DMHC issued a favorable decision overturning the plan's denial and approving requisite CT scans needed prior to the surgery.

# COVERED CALIFORNIA

Through a partnership between our statewide network, HCA, and Covered California, the Consumer Center provides consumer assistance counseling to Covered California applicants and enrollees. The Consumer Center receives direct referrals from Covered California call center representatives and its internal ombudsman program. Our staff often successfully resolve the most complicated Covered California enrollment, premium payment, and termination cases that consumers face. Additionally, our staff participate (along with other HCA partners) in monthly meetings with Covered California staff to identify problematic cases, trends, and systems issues impacting consumers.

There were multiple significant changes impacting consumers in 2020. The income limits for those who may qualify for advanced premium tax credits expanded up to 600% of the poverty level. Further, 2021 is the second year of a state mandate requiring individuals to have minimum essential coverage after the federal government eliminated its mandate at the end of 2019. Covered California also rolled out special enrollment periods to meet the needs of uninsured individuals during the PHE. The Consumer Center helped communicate these changes to consumers to ensure they were aware of their coverage options and the potential risks of not being covered. Finally, our staff and the HCA partners provided feedback to the Covered California ombudsman office regarding their promotional materials and scope of services.

**W**hile the number of Covered California cases we handled last year is a smaller percentage of our overall case load compared to Medi-Cal cases, they are often more complex and require significantly more staff time to resolve. Our staff helped consumers resolve initial eligibility problems, including technical problems with the online application system (CalHEERS). Consumer Center staff also worked to resolve ongoing eligibility problems related to changes in income, including how the eligibility system handled federal stimulus payments and Pandemic Unemployment Compensation.



## Case Story

A 39-year-old consumer with a Preferred Provider Organization (PPO) plan needed help with resolving bills from three appointments that his health plan classified as out-of-network. The consumer spoke with his health plan and the health care facility prior to the appointments and received assurances that the providers were within his health plan's-network. This was inaccurate, and the plan initially determined that the consumer was responsible for the bills. The Consumer Center filed a DMHC complaint on behalf of the consumer and negotiated with the providers to stop collections on the bills until DMHC responded to our complaint. In response to our complaint, DMHC staff communicated with the health plan which finally agreed to cover all three appointments as in-network. Our client avoided \$1,063 in medical bills as a result of the Consumer Center's advocacy on this case.



# BEHAVIORAL HEALTH

As the county-designated Patients' Rights Advocate for outpatient behavioral health services, our staff advocate for greater access to services and for clients to be treated with dignity and respect. Until COVID vaccinations became widely available, persons with a psychiatric condition or substance abuse disorder reported complying with the stay-at-home orders. Consumers told us that if they were in treatment pre-pandemic, they were reluctant to complain about their services as they felt there were no other options. Problems that also may have arisen during in-person services, including timeliness of appointments and violations of confidentiality, were mitigated through the availability of telehealth appointments.

From the perspective of our clients, care seemed to be less available during the height of the pandemic. Though this may not have been the case, clients repeatedly expressed these sentiments. COVID proved to be particularly difficult for individuals who were isolated, homeless, jobless, and disabled. Even before the PHE, clients would tell us that they were angry at providers for "not doing their job." Clients commented about staff being overwhelmed or having to frequently change providers. Staff turnover and shortage, though rarely the main point of a grievance, has always been a common underlying issue that was only exacerbated during COVID. With behavioral health supports and services more important than ever, the inability to meet expectations became more frustrating for consumers. Our advocates worked with providers to schedule timely appointments and overcome other barriers where possible.

Though providers have adjusted how they provide services, the quality, frequency, and consistency of services are still not at pre-pandemic levels. Many outpatient services are person-centered interactions. For example, organizational providers meet clients where they are at and clubhouses are a place for people to go to and interact. During the height of the pandemic, the in-person model of care delivery was restricted and forced providers to quickly adapt to increased telehealth services. Although these services improved over time, the impact of the providers' challenges were felt by the consumers.

Until recently, we received more mental health grievances than substance abuse disorder (SUD) grievances or appeals. This has been changing recently as programs have reopened and people are getting vaccinated. Among those helped throughout FY20-21, nearly one-third of the cases were opened for persons with a mental health disorder. LASSD's other legal teams assisted consumers with a mental health disorder in over 2,258 cases, mostly involving housing, health, and Supplemental Security Income (SSI) benefits. Almost 35% of our clients self-identified as having a mental health disorder.

This year, our staff opened 225 cases specifically to resolve grievances against agencies and providers as well as provide short-term case management services. We investigated grievances involving organizational providers and county-funded or county-operated providers as well as resolved appeals for denials and terminations of services. Staff also in addition, staff worked with health plans to resolve complaints involving non-county funded programs.

Our staff also includes behavioral health case managers whose primary responsibility is to provide supportive case management services and address medical and government benefit needs, and act as a liaison between the practice teams and community social services agencies. Given COVID, this has been a major challenge. Emergency flex funds were used to purchase needed groceries and clothes, household items, pay utility bills, and help pay for moving expenses for eligible clients. Prior to the public health emergency, we had a corporate Lyft account to help clients who have difficulty using public transportation. We hope to resume helping with transportation when it is deemed safe.

Although the overwhelming case management request was for assistance in finding safe and affordable housing, staff also helped clients connect to health care providers, sign up for benefits, and access behavioral health services. This year, we partnered with a variety of providers and government entities to connect 187 unique individuals to housing and services.



## Case Story

A 61-year-old client with multiple mental and physical health disabilities was referred to our team. The client struggled with his Section 8 housing recertification and was at risk of losing his Low-Income Housing Tax Credit Unit. The PHE coupled with an inexperienced housing case worker exacerbated the client's mental health symptoms, making it difficult for him to collect the documents needed to submit for his housing recertification. Our staff connected the client with a mental health clinician who provided telehealth support. Collaborating with LASSD's Housing Administrative Hearing Advocate, we obtained and submitted all the necessary documents for the recertification. We then utilized our emergency flex funds to vaccinate the client's service dog, which allowed the client to comply with his newly signed 15-month lease. These efforts resulted in preserving the client's Section 8 Voucher, maintaining his Low-Income Housing Tax Credit Unit, and avoiding potential homelessness. This is just one case example of how the Consumer Center holistically serves consumers through active collaboration with its case management team and LASSD's other specialized legal teams.

# CCI/CAL MEDICONNECT OMBUDSMAN (CMC)

The Consumer Center and LASSD continued our role as the lead contract agency for the statewide Cal MediConnect (CMC) Ombudsman Services Program (OSP). As such, the Consumer Center coordinates statewide ombudsman services through a contract with the DHCS. We cover all regions of the state participating in the CMC program through subcontracts with multiple HCA partners.

In this past year, CMC members and dual eligibles (i.e., those with both Medicare and Medi-Cal, who are potentially CMC eligible) sought our assistance for various reasons. Most often, CMC members sought assistance from the Consumer Center due to threats to their CMC enrollment related to a termination from Medi-Cal or a newly assigned Medi-Cal Share of Cost. Following the moratorium on negative actions during the PHE, we saw a decrease in these types of cases. Unfortunately, there were errors at the county level that led some beneficiaries to receive Medi-Cal negative actions. During the PHE, quick resolutions of problems were vitally important given the importance of maintaining access to care for consumers. The Consumer Center worked with County of San Diego on its implementation of COVID-19/PHE flexibilities in the administration of the Medi-Cal program. Specifically, Consumer Center advocates identified examples of negative action notices to consumers and negative actions on Medi-Cal cases. In addition to resolving the individual cases, the Consumer Center discussed these cases with county staff to ensure staff received additional training and to confirm that systems were not involved in these actions.

CMC members continued to contact us when they faced improper bills from providers, including balance billing and surprise billing. The Consumer Center staff helped educate providers on the rules and advocate against illegal billing practices.

**T**hroughout last year, the Consumer Center helped inform the changing landscape of coordinated coverage and care for dual eligibles. The Consumer Center's administrative advocacy with the DHCS in a special workgroup to address barriers to accessing Durable Medical Equipment (DME) led to the creation of best practices guidance shared with Medi-Cal managed care plans and CMC Plans.

In anticipation of the end of the CMC program and the implementation of CalAIM (California Advancing and Innovating Medi-Cal), the Consumer Center has been a statewide leader in terms of its representation of consumers and advocates experiences learned from the CMC demonstration. Consumer Center staff are actively contributing to the DHCS' Managed Long-Term Services and Supports and Duals Integration workgroup to ensure that the planned transition for CMC beneficiaries to Dual Special Needs Plans (D-SNPs) is smooth and carries over the best aspects of the CMC program. The Consumer Center anticipate continuing to play a role in advocating for dual eligibility beneficiaries and consumers in Medi-Cal Long Term Supports and Services (LTSS) plans throughout the CalAIM implementation.

# Case Story

A 42-year-old disabled dually eligible consumer needed help enrolling into a CMC plan. The Consumer Center staff advised the consumer on CMC eligibility rules and educated the consumer on how CMC plans work, then screened and advised the consumer on her eligibility. Since the consumer reported concerns about her ability to self-advocate and complete the health plan enrollment independently, Consumer Center staff contacted Health Care Options with the consumer and facilitated the consumer's enrollment into the chosen CMC plan. Afterwards, we confirmed the consumer's health plan enrollment in the state eligibility system.



# ADVOCACY FOR SENIORS

Our Health Advocacy Project (HAP), based at the Gary and Mary West Senior Wellness Center in downtown San Diego, helps low-income seniors with Medi-Cal and other cost-saving health programs. Due to the COVID shutdown, we assisted seniors throughout the county via phone throughout much of 2020 and the first half of 2021. Additionally, we also provided health advocacy services to seniors from a sidewalk clinic outside the Wellness Center. In July 2021, we anticipate resuming in-person meetings inside the center and reopening the Cyber Café.

**T**hrough our advocacy, we helped seniors access cost-saving health care programs such as In-Home Supportive Services (IHSS), which allows health-compromised individuals to receive services inside the home and stay independent as long as possible.

In addition to Medi-Cal, we also helped seniors understand the complexities of Medicare. Medicare is divided into four sections: Part A (hospital), Part B (non-hospital medical treatment), Part C (Medicare Advantage Plans), and Part D (pharmaceutical benefits). We advised consumers about how Medicare works with Medi-Cal. We also helped seniors with both Medicare and zero share of cost Medi-Cal avoid being balance-billed when providers failed to bill Medi-Cal for any balances left after Medicare has paid its share. Our consumer-centered approach and expert knowledge of seniors helped us establish credibility with those served at the Gary and Mary West Senior Wellness Center.



20



## Case Story

A couple contacted us for assistance with a Medi-Cal denial after they moved to San Diego from another state that has a slightly higher income limit. The husband worked around the clock as a full time caregiver for his wife who had Amyotrophic Lateral Sclerosis (ALS). We requested that the couple be reevaluated as separate households under Medi-Cal eligibility rules, while the wife applied for IHSS. The wife, whose income was less than the husband's income, then qualified for zero Share of Cost Medi-Cal and free IHSS services. She was awarded more than 150 IHSS hours of personal care, domestic, and other services per month. The husband was able to continue as her caregiver and is now able to take a break during the night while another provider assists his wife.

# Together we're making a difference in the health of California communities.

## HEALTH CONSUMER ALLIANCE OFFICES

### TOLL-FREE STATEWIDE: (888) 804-3536

#### **Fresno County**

Fresno Health Consumer Center  
Central California Legal Services  
2115 Kern Street, Suite 1  
Fresno, CA 93721  
(800) 675-8001

#### **Imperial County**

Health Consumer Center  
of Imperial Valley  
California Rural Legal  
Assistance, Inc.  
449 Broadway Street  
El Centro, CA 92243  
(877) 734-3258

#### **Kern County**

Kern Health Consumer Center  
Greater Bakersfield Legal Assistance  
615 California Avenue  
Bakersfield, CA 93304  
(800) 896-3203

#### **Los Angeles County**

Health Consumer Center  
of Los Angeles  
Neighborhood Legal Services  
of Los Angeles County  
13327 Van Nuys Boulevard  
Pacoima, CA 91331  
(800) 896-3203

#### **Orange County**

Community Legal Aid SoCal  
Health Consumer Action Center  
2101 North Tustin Avenue  
Santa Ana, CA 92705  
(800) 834-5001

#### **Sacramento, El Dorado, Placer, & Yolo Counties**

Legal Services of Northern California  
517 12th Street  
Sacramento, CA 95814  
(888) 354-4474

#### **San Diego County**

Consumer Center for Health  
Education and Advocacy  
Legal Aid Society of San Diego  
1764 San Diego Avenue  
San Diego, CA 92110  
(877) 734-3258

#### **Riverside & San Bernardino Counties**

Inland County Legal Services  
10565 Civic Center Drive, Suite 200  
Rancho Cucamonga, CA 91730  
(888) 455-4257

#### **San Francisco Bay Area**

Health Consumer Center  
Bay Area Legal Aid  
1735 Telegraph Avenue  
Oakland, CA 94612  
(510) 663-4744

#### **San Mateo County**

Health Consumer Center  
of San Mateo County  
Legal Aid Society  
of San Mateo County  
521 East Fifth Avenue  
San Mateo, CA 94402  
(800) 381-8898

### STATEWIDE SUPPORT

#### **National Health Law Program**

3701 Wilshire Boulevard, Suite 208  
Los Angeles, CA 90010  
(310) 204-6010

#### **Western Center on Law & Poverty**

3701 Wilshire Boulevard, Suite 208  
Los Angeles, CA 90010  
(213) 487-7211





# Thank you to our funders for supporting our mission.



**CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY**  
A project of the Legal Aid Society of San Diego

1764 San Diego Avenue  
San Diego, CA 92110  
(877) 734-3258  
Fax: (619) 471-2782

[www.lassd.org](http://www.lassd.org)