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16 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

17 **FOR THE COUNTY OF LOS ANGELES**

19 THADDEUS MONCRIEF, CAROL)
NORTHERN, HILDA RODRIGUEZ, and ST.)
20 JOHN'S WELL CHILD AND FAMILY)
CENTER,)

21 Plaintiffs and Petitioners,)

22 v.)

23 COUNTY OF LOS ANGELES, LOS)
24 ANGELES COUNTY DEPARTMENT OF)
PUBLIC SOCIAL SERVICES, SHERYL L.)
25 SPILLER, in her capacity as Director, Los)
Angeles County Department of Public Social)
26 Services, and DOES 1 through 10,)

27 Defendants and Respondents.)

Case No.

**ASSIGNED FOR ALL PURPOSES
TO:**

**PETITION FOR WRIT OF MANDATE
(CODE CIV. PROC. 1085) AND
COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF**

Date:

Time:

Dept.

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ORIGINAL FILED
Superior Court of California
County of Los Angeles

DEC 21 2016

Sherri R. Carter, Executive Officer/Clerk
By: Judi Lara, Deputy

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1 **I. INTRODUCTION**

2 1. Medi-Cal provides medically necessary health care, including life-sustaining medical
3 supplies and medications, to low-income people in Los Angeles County. For many of these individuals,
4 Medi-Cal health care coverage can be the difference between life and death. Yet the County of Los
5 Angeles (“the County”) knowingly and unlawfully terminates Medi-Cal benefits for thousands of people
6 in Los Angeles County by failing to timely process annual Medi-Cal renewal forms in accordance with
7 the law. These beneficiaries have supplied all the information necessary to renew their Medi-Cal
8 eligibility but, through no fault of their own, they are stuck in a backlog and the County’s failure to
9 follow the requirements imposed by law results in their coverage being terminated anyway. As a result,
10 the affected individuals—including low-income children, pregnant women, and adults with serious
11 health conditions—are left without medical care or medication for weeks and sometimes months.
12 Without court intervention, unlawful terminations will continue, and low-income Medi-Cal beneficiaries
13 languishing in the renewal backlog will continue to lose their health care coverage.

14 2. The mandates of state law are clear. Respondents, the County, its Department of Public
15 Social Services (“DPSS”) and current Director, Sheryl L. Spiller (“Spiller”) “shall perform
16 redeterminations for Medi-Cal beneficiaries every 12 months and shall promptly redetermine eligibility”
17 upon receipt of information about changes in a beneficiary’s circumstances that may affect eligibility.
18 Welf. & Inst. Code § 14005.37(a); 22 C.C.R. § 50189. Respondents “shall assign Medi-Cal eligibility
19 staff in sufficient numbers so that any applicant or beneficiary in need of eligibility services shall be
20 provided with those services.” 22 C.C.R. § 50105. “Medi-Cal eligibility shall continue during the
21 redetermination process” until Respondents make “a specific determination based on facts clearly
22 demonstrating that the beneficiary is no longer eligible for Medi-Cal benefits under any basis and due
23 process rights . . . have been met.” Welf. & Inst. Code § 14005.37(d). Respondents have, and continue
24 to, unlawfully terminate Medi-Cal coverage in violation of these legal duties for thousands of eligible
25 beneficiaries each month.

26 3. State law also mandates that Respondents send timely notice to Medi-Cal beneficiaries of
27 the failure to submit redetermination information, and the availability of the 90-day cure period, prior to
28

1 terminating their Medi-Cal benefits. Welf. & Inst. Code § 14005.37(f)(3), (g)(3); *see also* 22 C.C.R. §
2 50179(c). Respondents violated and continue to violate this law by failing to send such notices to Medi-
3 Cal beneficiaries in Los Angeles County.

4 4. When Medi-Cal beneficiaries do not provide all of the information necessary to
5 redetermine their eligibility, California law provides a 90-day cure period, during which time if the
6 beneficiary submits the required information, “termination shall be rescinded as though the form were
7 submitted in a timely manner.” Welf. & Inst. Code § 14005.37(i). Respondents have violated and
8 continue to violate this law as well.

9 5. Medi-Cal beneficiaries are among California’s poorest residents. A single adult without
10 dependents is eligible for Medi-Cal only if she earns less than \$1,367 per month. In addition, some
11 Medi-Cal beneficiaries only qualify if they have less than \$2000 in savings or other assets. Given their
12 limited incomes and resources, Medi-Cal beneficiaries have few, if any, alternate means to pay for
13 treatment for urgent, critical health care needs. Many beneficiaries stuck in Respondents’ renewal
14 backlog are sick or have serious chronic health conditions and urgently need medical care or
15 prescription medications. Because of Respondents’ continued failure to meet their ministerial duties
16 regarding Medi-Cal renewals, many beneficiaries have their Medi-Cal unexpectedly terminated and are
17 stuck in the renewal backlog for many months.

18 6. For example, Petitioner Thaddeus Moncrief is paraplegic and relies on Medi-Cal for his
19 colostomy pouches, catheters, wheelchair, and extensive medical services. He timely submitted his
20 redetermination paperwork but nevertheless had his Medi-Cal benefits unlawfully terminated after
21 Respondents failed to process his paperwork on time. As a result, Mr. Moncrief was wrongfully denied
22 Medi-Cal coverage for three months, during which time he exhausted his catheters and colostomy
23 pouches, was denied prescriptions for his medications and supplies, and was denied necessary repairs for
24 his wheelchair. Similarly, Petitioner Hilda Rodriguez relies on Medi-Cal to treat her kidney failure.
25 Despite submitting her Medi-Cal renewal paperwork on time, benefits for Ms. Rodriguez and her family
26 were unlawfully terminated. While Ms. Rodriguez’s Medi-Cal remained inactive, she was ineligible for
27 a life-saving kidney transplant, and endured severe stress from the constant threat that her twice-weekly
28 dialysis treatments would stop.

1 7. Respondents' delayed processing of Medi-Cal renewal forms disproportionately impacts
2 disabled beneficiaries. Disabled petitioners Thaddeus Moncrief and Carol Northern were unable to
3 redress unlawful terminations via phone calls to the County, as permitted by law. Instead, Respondents
4 require all disabled beneficiaries to return renewal forms through the mail, in contrast to many non-
5 disabled beneficiaries who do not need to submit paper forms. Due to Respondents' unlawful conduct,
6 Medi-Cal beneficiaries with disabilities endure longer eligibility lapses. Respondents' unlawful Medi-
7 Cal terminations also result in significant deductions from Social Security payments for many disabled
8 beneficiaries. As a result, Respondents' unlawful practices disparately impact disabled beneficiaries in
9 violation of the law. *See* Gov't Code § 11135.

10 8. Respondents' unlawful delays and Medi-Cal terminations also place undue burden on the
11 organizations that care for Los Angeles County's poorest residents, who, without Medi-Cal, cannot pay
12 for their health care. Petitioner, nonprofit St. John's Well Child and Family Center ("St. John's") offers
13 free and low cost medical, dental, and mental health services for thousands of patients, almost half of
14 whom use Medi-Cal. Due to Respondents' unlawful processing delays, many of St. John's patients have
15 had their Medi-Cal benefits unlawfully terminated, and remain in Respondents' renewal backlog. As a
16 result, St. John's has lost millions of dollars in uncompensated patient visits and in staff hours spent
17 helping patients get their Medi-Cal benefits reinstated. In addition, because of Respondents' unlawful
18 processing delays, St. John's has been forced to divert resources away from providing critical medical
19 care to their patients as more fully described below. Every month, Respondents' policies and practices
20 deprive thousands of Medi-Cal beneficiaries of access to health care and violate beneficiaries' due
21 process right to adequate notice. These acts and omissions have the direct effect of depriving
22 beneficiaries of critical health coverage to which they are entitled. Petitioners seek a peremptory writ of
23 mandate and/or declaratory and injunctive relief to stop Respondents from unlawfully terminating
24 beneficiaries from Medi-Cal during the renewal process. Respondents must fully comply with their
25 legal duties to promptly process annual redeterminations both before terminations and during the 90-day
26 cure period and properly notify beneficiaries of their rights.

II. PARTIES

A. Plaintiffs and Petitioners

9. Petitioner Thaddeus Moncrief is a resident of Lancaster in Los Angeles County. He relies on Medi-Cal, Medicare and monthly Social Security income of approximately \$1,200 due to his long-term disabilities. Mr. Moncrief is paraplegic, and requires colostomy pouches, catheters, and other extensive medical services to meet his medical needs. In May 2016, he timely submitted his Medi-Cal renewal paperwork. In June or July, his health plan notified him that he was no longer eligible to receive coverage because Respondents had terminated his benefits. After Mr. Moncrief repeatedly called Respondents to get his benefits reinstated, they asked him to resubmit his paperwork. Even after Mr. Moncrief resubmitted his paperwork, Respondents still failed to reinstate Medi-Cal. Mr. Moncrief ran out of catheters and colostomy pouches in July and he was denied prescriptions for his medications and supplies. Without colostomy supplies, he was afraid to leave his house. He was also denied necessary repairs for his wheelchair, which rendered the wheelchair dangerous to use and left him largely homebound. In August, Mr. Moncrief learned that Medicare would deduct Medicare premium payments from his limited Social Security income because he no longer had Medi-Cal. This resulted in a \$400 deduction in September followed by a deduction of over \$100 each month thereafter. Only after Mr. Moncrief obtained legal assistance did Respondents reactivate his Medi-Cal. He endured several weeks without medications and sanitary colostomy supplies, and he is still waiting for the wheelchair repairs he needs so that he is not confined to his house. Mr. Moncrief has a direct beneficial interest in Respondents' performance of their legal duties alleged herein. He also has a beneficial interest as a citizen since this lawsuit involves questions of public right and seeks to enforce public duties.

10. Petitioner Carol Northern is a resident of Palmdale in Los Angeles County. She is disabled and receives Social Security income. She has relied on Medi-Cal for health care coverage since 2005, and Medicare since 2004. Ms. Northern has a hole in her heart, which requires multiple medications, oxygen, and nitric oxide to help her breathe. She also has a blood disease, pulmonary arterial hypertension, and chronic swelling in her left leg. Ms. Northern *twice* timely submitted her annual redetermination paperwork, first in February and then again in April 2016, when Respondents claimed they had not received it. Respondents unlawfully terminated her Medi-Cal on May 31, 2016.

1 Ms. Northern did not, however, learn she no longer had Medi-Cal until August 9, 2016, when she went
2 to obtain regular blood work to monitor her Factor V Leiden diagnosis, which can cause dangerous,
3 abnormal blood clots. At that time, her doctors could not bill Medi-Cal because it had been terminated.
4 Ms. Northern called Respondents' customer service line multiple times, but the phone lines were busy,
5 disconnected, or contained automatic messages telling her to call back later. When she finally reached a
6 County worker, the worker instructed her to resubmit her renewal forms. Ms. Northern called her health
7 plan, her eligibility worker, and other County workers to reinstate her benefits. Finally, a County
8 supervisor admitted to Ms. Northern that Respondents had received her renewal packet on April 19,
9 2016, but the packet had not been processed. Due to being left in the backlog without Medi-Cal, Ms.
10 Northern experienced daily panic attacks that exacerbated her breathing problems. After Respondents
11 terminated her coverage, Medi-Cal stopped paying for Ms. Northern's monthly Medicare premiums. As
12 a result, hundreds of dollars were deducted from her Social Security income from July through August
13 of 2016, and she could not pay her rent on time. Ms. Northern's Medi-Cal was reinstated more than two
14 months after Respondents' unlawful termination, only with the help of legal services, and only after Ms.
15 Northern faced eviction and had to use excess oxygen and nitric oxide to deal with the stress and panic
16 attacks that Respondents' actions caused. Ms. Northern has a direct beneficial interest in Respondents'
17 performance of their legal duties alleged below. Ms. Northern also has a beneficial interest as a citizen
18 since this lawsuit involves questions of public right and seeks to enforce public duties.

19 11. Petitioner Hilda Rodriguez is a resident of Montebello in Los Angeles County. Ms.
20 Rodriguez and her family have been on Medi-Cal since October 2012. She has end-stage renal disease
21 and is fighting to receive a life-saving kidney transplant. Ms. Rodriguez needs dialysis treatments twice
22 per week and depends on blood pressure medication. To remain eligible for a kidney transplant, Ms.
23 Rodriguez must attend annual wellness appointments and maintain continuous Medi-Cal eligibility. In
24 mid-September, Ms. Rodriguez timely submitted her redetermination forms in person at one of
25 Respondents' offices. One week later, Respondents terminated Medi-Cal for Ms. Rodriguez, her
26 husband, and her two daughters. When she returned to the county social services office, one of
27 Respondents' employees admitted to Ms. Rodriguez that she had submitted the correct paperwork but
28 the system was backlogged. Because of her lapse in benefits, Ms. Rodriguez became ineligible for a

1 life-saving kidney transplant. She feared her dialysis center would deny the twice weekly appointments
2 she needs to survive. Respondents reactivated Medi-Cal for Ms. Rodriguez and her family only after
3 legal services attorneys intervened on their behalf. She has paid taxes within one year before the
4 commencement of this action. Ms. Rodriguez has a direct beneficial interest in Respondents'
5 performance of their legal duties alleged below. She also has a beneficial interest as a citizen since this
6 lawsuit involves questions of public right and seeks to enforce public duties.

7 12. Petitioner St. John's is a network of 13 nonprofit federally-qualified health centers and
8 school-based and mobile clinics in Los Angeles County offering free and low cost medical, dental, and
9 mental health services for over 85,000 patients each year. More than 45 percent of St. John's patients
10 use Medi-Cal. Respondents have unlawfully terminated Medi-Cal for thousands of St. John's patients
11 even though they submitted timely renewal information. As a result, St. John's has lost millions of
12 dollars in funding for uncompensated patient visits, forcing them to ration their offered health care.
13 They have reallocated staff time, paid overtime, and hired temporary employees to assist the thousands
14 of patients unlawfully terminated from Medi-Cal due to Respondents' renewal backlog. St. John's
15 struggles to manage the short-term and long-term harm to patients' health wrought by Respondents'
16 unlawful Medi-Cal terminations. Though St. John's can provide some primary care services to these
17 patients, it cannot provide specialty care for cancer, diabetes, and hypertension, most prescription drugs,
18 dental services, and diagnostics for those who have been terminated from Medi-Cal benefits. These
19 services matter: approximately 34 percent of St. John's patients require specialty care referrals, and each
20 week hundreds of patients are being deprived of these medical services as a result of Respondents'
21 unlawful conduct. Due to Respondents' renewal backlog, St. John's enrollment staff is forced to spend
22 many hours trying to resolve backlog issues, diverting resources away from helping patients in need of
23 medical care. Since Respondents' Medi-Cal renewal backlog began, St. John's was forced to shutter
24 mammography and X-Ray services at two clinic sites. St. John's has paid taxes within one year before
25 the commencement of this action. In addition, St. John's has a direct beneficial interest in Respondents'
26 performance of their legal duties alleged below. St. John's also has a beneficial interest as a citizen
27 since this lawsuit involves questions of public right and seeks to enforce public duties.

1 **B. Respondents and Defendants**

2 13. Respondent County of Los Angeles is charged with providing services to residents of Los
3 Angeles County, including social services administered by Respondent Los Angeles County Department
4 of Public Social Services.

5 14. Respondent Los Angeles County Department of Public Social Services is the agency
6 responsible for administering the federal Medicaid program in Los Angeles County, which is known as
7 Medi-Cal in California.

8 15. Respondent Sheryl L. Spiller is DPSS's current Director. Respondent Spiller is sued in
9 her official capacity.

10 **III. LEGAL FRAMEWORK**

11 **A. The Medi-Cal Program**

12 16. Medi-Cal is a joint federal and state program providing comprehensive health coverage to
13 low-income people. Welf. & Inst. Code §§ 14000 *et seq.*¹

14 17. Respondent County of Los Angeles receives state funding to provide social services,
15 including Medi-Cal, to the residents of Los Angeles County. *See* § 10001.

16 18. Respondent DPSS is the agency responsible for administering and supervising Medi-Cal
17 eligibility determinations in Los Angeles County. *See* § 10800.

18 19. Respondent Sheryl L. Spiller, as the director of DPSS, is charged with administering the
19 Medi-Cal program and is responsible for "administering and enforcing the provisions of [the] Code
20 pertaining to public social services under the regulations of the department and the State Department of
21 Health Services. [She] shall abide by all lawful directives of the department and the State Department of
22 Health Services[.]" § 10802.

23 20. Respondents have a mandatory ministerial duty under §§ 10800 and 11000 to administer
24 Medi-Cal fairly and equitably so as to realize the stated objectives of the program.

25 21. Respondents are responsible for administering the Medi-Cal program pursuant to
26 applicable laws and regulations, including those governing annual redeterminations. *See* §§ 10800,
27

28 ¹ Hereafter, all citations are to the Welfare and Institutions Code unless otherwise indicated.

1 14005.37.

2 22. Respondents are bound to ensure that aid is “administered and services [are] provided
3 promptly and humanely[.]” § 10000. In addition, DPSS must “secure for every person the amount of
4 aid to which he is entitled.” § 10500.

5 23. For beneficiaries with Medicare and Medi-Cal, the California Department of Health Care
6 Services pays monthly Medicare Part B premiums under the California Medicare Buy-In Agreement
7 with the Social Security Administration. *See* 42 U.S.C. § 1395v(d)(1); 22 C.C.R. § 50773(a). Medicare
8 Part B covers physician health care services and other medically necessary services such as ambulance
9 services, diagnostics, and psychiatry services. 42 U.S.C. § 1395k(a); 42 C.F.R. §§ 410.10-410.78.

10 **B. Annual Redetermination**

11 24. Respondents “shall perform redeterminations for Medi-Cal beneficiaries every 12 months
12 and shall promptly redetermine eligibility” upon receipt of information about changes in a beneficiary’s
13 circumstances that may affect eligibility. § 14005.37(a); 22 C.C.R. § 50189 (“Persons or families
14 determined to be eligible for Medi-Cal shall have their eligibility redetermined at least once every 12
15 months.”).

16 25. “Medi-Cal eligibility shall continue during the redetermination process” until
17 Respondents make “a specific determination based on facts clearly demonstrating that the beneficiary is
18 no longer eligible for Medi-Cal benefits under any basis” and all due process rights are preserved.
19 § 14005.37(d); 42 C.F.R. § 435.930(b).

20 26. The redetermination process includes:

21 (a) an “*ex parte* review” to establish eligibility based upon all information available
22 to Respondents without contacting the beneficiary. § 14005.37(e).

23 (b) a request for additional information, only if Respondents need it from the
24 beneficiary, using prepopulated forms, which must be provided to the beneficiary 60 days before
25 the annual redetermination date. §§ 14005.37(f)(1), (f)(5)(B). The redetermination form is not
26 required unless the county cannot establish eligibility during the *ex parte* review.

27 § 14005.37(f)(1).

28 (c) an opportunity for the beneficiary to provide the requested information to the

1 county any time prior to the annual redetermination date. §§ 14005.37(f)(1)(A)-(B); *see also* All
2 County Welfare Directors Letter (ACWDL) 14-18 at pp. 1-9 (Apr. 8, 2014); ACWDL 14-35 at
3 pp. 2-3 (Sept. 29, 2014).

4 27. When a Medi-Cal beneficiary submits requested information prior to the termination
5 date, Respondents' process requires them to electronically scan the paperwork and mark it received.
6 Then, Respondents must rescind any pending Medi-Cal eligibility termination before the beneficiary
7 loses coverage in the following month. Medi-Cal Eligibility Division Information Letter (MEDIL) 15-
8 22E at p. 1 (Jan. 27, 2016).

9 28. After they manually input the beneficiary's renewal information into their computer
10 system, Respondents run an automated process to determine whether the beneficiary remains eligible for
11 Medi-Cal. If the beneficiary is found eligible for continued Medi-Cal, then Respondents must issue a
12 Notice of Action ("NOA") confirming ongoing coverage. §§ 14005.37(e)(2).

13 29. If the beneficiary has not responded and an *ex parte* review cannot establish eligibility for
14 any health program, then Respondents must issue a NOA terminating benefits and informing the
15 beneficiary that she may reinstate her Medi-Cal benefits if she provides the missing information within
16 90 days of termination. §§ 14005.37(f)(3), (i), (j), (o); ACWDL 14-11 (Mar. 19, 2014).

17 30. A beneficiary who does not respond to the written request for information after all the
18 redetermination steps have been followed will be terminated from the Medi-Cal program following the
19 provision of timely notice. § 14005.37(f)(3).

20 **C. The 90-Day Cure Period**

21 31. If a beneficiary is terminated during the redetermination process, Respondents must
22 reinstate Medi-Cal if the beneficiary provides the necessary information within 90 days of termination
23 (the "90-day cure period"). § 14005.37(i).

24 32. In these circumstances, the termination "shall be rescinded as though the form were
25 submitted in a timely manner." § 14005.37(i).

26 **D. Prohibited Disability Discrimination**

27 33. As an agency receiving state funding, Respondents are prohibited from discriminating
28 against any individual on the basis of mental and physical disability. Gov't Code § 11135.

1 **E. Action to Enjoin Illegal Expenditure of Public Funds**

2 34. California law expressly provides to individual taxpayers a private right of action to
3 obtain a judgment that restrains and prevents any illegal expenditure of funds by a government
4 jurisdiction to which the individual has paid taxes in the past year, or if the taxpayer has been assessed
5 or is liable to pay a tax. Code Civ. Proc. § 526a.

6 35. Respondents collect taxes from Los Angeles County residents. Gov't Code § 25202. In
7 addition, Respondents expend funds granted by the State in administering Medi-Cal in Los Angeles
8 County. § 10001.

9 **IV. STATEMENT OF FACTS**

10 36. Respondents have a policy and practice of unlawfully discontinuing Medi-Cal eligibility
11 for thousands of beneficiaries due to their delay in complying with their obligation to process annual
12 redetermination submissions. Respondents also have a policy and practice of failing to restore Medi-Cal
13 eligibility for thousands of beneficiaries during the 90-day cure period. More than 90 days after
14 termination, Respondents fail to restore Medi-Cal thereby causing beneficiaries to incur additional
15 medical expenses and suffer delays in reinstating Medi-Cal coverage for which they are eligible.
16 Respondents' actions violate the timing requirements of § 14005.37 and related regulations.

17 37. Between January and September 2016, Respondents' own data indicate that they failed to
18 timely scan 24,525 renewal submissions. Scanning renewal submissions is a necessary initial step in
19 processing. Moreover, each renewal submission may correspond to a single individual or a larger
20 household with multiple individuals.

21 38. Respondents terminate Medi-Cal eligibility during annual renewals at a far higher rate
22 than other counties in California. According to data from the California Department of Health Care
23 Services for March through August 2016, Respondents had a much lower percentage of continued Medi-
24 Cal eligibility during renewals compared to all other 57 counties. For example, in June 2016, only 32.7
25 percent of Respondents' processed renewals resulted in continued Medi-Cal eligibility versus greater
26 than 80 percent for most other counties. Respondents have also admitted that as recently as October
27 2016, a backlog of 12,700 terminated cases existed despite these beneficiaries' submission of timely
28 renewal information.

1 39. All three individual petitioners and a significant number of the beneficiaries whom
2 Respondents have placed in the renewal backlog have submitted, in a timely manner, all of the
3 information required to continue their Medi-Cal eligibility without interruption. However, Respondents
4 fail to continue their Medi-Cal eligibility pending a complete evaluation of their redetermination
5 information, in violation of § 14005.37 and related regulations.

6 40. Respondents also do not permit Petitioners and other beneficiaries to submit
7 redetermination information via the Internet and telephone, as required by § 14005.37 and Government
8 Code § 11135. Instead, Respondents require Petitioners and other beneficiaries to submit
9 redetermination information via mail and in-person office visits.

10 41. As with petitioners Thaddeus Moncrief and Carol Northern, Respondents fail to issue
11 timely and adequate notice of Medi-Cal eligibility terminations, contrary to the requirements in state
12 law.

13 42. On information and belief, Medi-Cal benefits remain inactive pending redetermination
14 for thousands of beneficiaries. Moreover, Respondents, unable to timely process renewals to-date, are
15 not prepared to face the over 200,000 renewals due at the end of December. Respondents have failed to
16 comply with their duties set forth herein, thereby inflicting harm upon Petitioners and thousands of
17 beneficiaries currently in the renewal backlog, and will inflict harm on thousands at the end of each
18 successive month due to Respondents' policy and practice of delayed redetermination processing.

19 43. Respondents are violating their ministerial duties under the laws set forth herein by, *inter*
20 *alia*, (a) failing to timely process annual Medi-Cal redeterminations in compliance with § 14005.37 and
21 related regulations, (b) failing to issue adequate and timely notices of action, and (c) unlawfully
22 terminating Medi-Cal eligibility for thousands of eligible Los Angeles County residents.

23 **V. CAUSES OF ACTION**

24 **First Cause of Action**

25 **(Code of Civil Procedure § 1085 – Violation of Welf. & Inst. Code § 14005.37; 22 C.C.R. § 50189)**

26 **Failure to Timely Redetermine Eligibility**

27 44. Petitioners reallege and incorporate by reference each and every allegation contained in
28 the above paragraphs as though fully set forth herein.

1 45. Respondents have repeatedly failed and continue to fail to complete the redetermination
2 process promptly and every 12 months as required, and to comply with their legal duties articulated in §
3 14005.37, including:

4 (a) Timely redetermining Medi-Cal eligibility during the annual redetermination
5 process. § 14005.37(a).

6 (b) Ensuring Medi-Cal eligibility continues uninterrupted during the redetermination
7 process until they reach a specific determination, based on facts that clearly demonstrate that the
8 beneficiary is no longer eligible, and due process rights are guaranteed. § 14005.37(d).

9 (c) Accepting redetermination information from beneficiaries via the Internet, by
10 mail, by telephone, in person, and through other electronic means. §§ 14005.37(f), (q), (r).

11 (d) Rescinding terminations for beneficiaries found eligible after submitting required
12 information within 90 days of discontinuance, and treating the submissions as if they were
13 submitted in a timely manner. § 14005.37(i).

14 46. As Respondents have breached their ministerial duties set forth in § 14005.37, Petitioners
15 are entitled to a writ of mandate under Code of Civil Procedure § 1085 ordering Respondents to stop
16 unlawfully terminating Medi-Cal benefits, and to stop delaying the processing of eligibility information
17 submitted during the 90-day cure period.

18 47. Petitioners have no plain, speedy, and adequate remedy in the ordinary course of the law.
19 Unless this Court grants the relief requested, Respondents will continue to fail and refuse to perform
20 their legal duties. No money damages or other legal remedy could adequately compensate the
21 Petitioners and others for the hardship caused by Respondents' failure to perform their legal duties.

22 **Second Cause of Action**

23 **(Code of Civil Procedure § 1085 – Violation of Welf. & Inst. Code § 14005.37; 22 C.C.R. § 50179)**

24 **Failure to Send Proper Notice Prior to Negative Actions**

25 48. Petitioners reallege and incorporate by reference each and every allegation contained in
26 the above paragraphs as though fully set forth herein.

27 49. Respondents have a duty to send timely and accurate notices to beneficiaries at least ten
28 days before the date of any action proposed to terminate, discontinue, or suspend Medi-Cal eligibility.

1 22 C.C.R. § 50179(a), (d).

2 50. Respondents must issue notices that include the reason the action is being taken,
3 information or action necessary to reestablish eligibility during the 90-day cure period, among other
4 information needed to guarantee due process. *See* 22 C.C.R. § 50179(c).

5 51. Respondents must not terminate Medi-Cal eligibility due to a beneficiary's failure to
6 submit timely redetermination information until after a timely notice is sent. *See* § 14005.37(f)(3),
7 (g)(3).

8 52. Respondents have breached their duty to inform all Medi-Cal beneficiaries of the
9 information and action necessary to comply with the redetermination process prior to termination and to
10 reestablish Medi-Cal benefits after termination, by failing to provide notification to beneficiaries of
11 pending discontinuances and the 90-day cure period.

12 53. Since Respondents have breached these duties, Petitioners are entitled to a writ of
13 mandate under Code of Civil Procedure § 1085 ordering Respondents to stop their unlawful practice of
14 failing to provide timely and adequate notice.

15 54. Petitioners have no plain, speedy and adequate remedy in the ordinary course of the law.
16 Unless this Court grants the relief requested, Respondents will continue to fail and refuse to perform
17 their legal duties. No money damages or other legal remedy could adequately compensate the
18 Petitioners and others for the hardship caused by Respondents' failure to perform their legal duties.

19 **Third Cause of Action**

20 **(Code of Civil Procedure § 1085 – Violation of Welf. & Inst. Code §§ 10000, 10500)**

21 **Failure to Humanely and Promptly Administer Benefits to Which Applicants Are Entitled**

22 55. Petitioners reallege and incorporate by reference each and every allegation contained in
23 the above paragraphs as though fully set forth herein.

24 56. Petitioners are entitled to a writ of mandate under Code of Civil Procedure § 1085
25 enjoining Respondents' failure to administer the Medi-Cal program promptly and humanely in a way
26 that complies with the law. § 10000. Respondents have also failed to administer the Medi-Cal program
27 in a way that secures for every person "the amount of aid to which he is entitled" and "without
28 attempting to elicit any information not necessary to carry out the provisions of law applicable to the

1 program” as required by § 10500.

2 57. Respondents have unlawfully terminated Medi-Cal eligibility, and delayed restoring
3 eligibility, after failing to properly process annual redetermination information submitted prior to
4 discontinuance and during the 90-day cure period. § 10000. By terminating aid for Medi-Cal
5 beneficiaries who submit timely redetermination information that clearly establishes their continued
6 eligibility, and failing to restore eligibility during the 90-day cure period, Respondents impermissibly
7 deprive those beneficiaries the aid to which they are entitled. § 10500. Further, Respondents require
8 beneficiaries to resubmit redetermination information that they already submitted, in an effort to elicit
9 unnecessary and duplicative information. *Id.*

10 58. Petitioners have no plain, speedy and adequate remedy in the ordinary course of the law.
11 Unless this Court grants the relief requested, Respondents will continue to fail and refuse to perform
12 their legal duties. No money damages or other legal remedy could adequately compensate the
13 Petitioners and others for the hardship caused by Respondents’ failure to perform their legal duties.

14 **Fourth Cause of Action**

15 **(Code of Civil Procedure § 1085 – Violation of Gov’t Code § 11135)**

16 **Unlawful Disability Discrimination**

17 59. Petitioners reallege and incorporate by reference each and every allegation contained in
18 the above paragraphs as though fully set forth herein.

19 60. Petitioners are entitled to a writ of mandate under Code of Civil Procedure § 1085
20 enjoining Respondents’ discriminatory treatment of its beneficiaries on the basis of disability. *See* Gov’t
21 Code § 11135.

22 61. Respondents’ policy and practice of refusing to accept redetermination information via
23 telephone or redetermination packets and supporting documentation via Internet has a disparate impact
24 on Medi-Cal beneficiaries with disabilities. Respondents’ policy and practice denies Medi-Cal
25 beneficiaries with disabilities their full and equal access to the Medi-Cal program. Respondents’
26 method of processing annual eligibility redeterminations, though facially neutral, has a discriminatory
27 and disparate impact on persons with disabilities, including Petitioners Thaddeus Moncrief and Carol
28 Northern.

62. Petitioners have no plain, speedy and adequate remedy in the ordinary course of the law. Unless this Court grants the relief requested, Respondents will continue to fail and refuse to perform their legal duties. No money damages or other legal remedy could adequately compensate the Petitioners and others for the hardship caused by Respondents' failure to perform their legal duties.

Fifth Cause of Action

(Code of Civil Procedure § 1085 – Violation of Cal. Const. Art. I, § 7)

Failure to Provide Due Process

63. Petitioners reallege and incorporate by reference each and every allegation contained in the above paragraphs as though fully set forth herein.

64. Respondents have a legal duty to comply with the requirements of due process of law under Article I, § 7 of the California Constitution in their administration of the Medi-Cal program.

65. Petitioners have private, dignitary and property interests in receiving the Medi-Cal eligibility to which they are entitled and adequate and timely and proper notice of pending discontinuances before they occur, and of the 90-day cure period to restore their Medi-Cal benefits. These interests are affected by Respondents' failure to properly redetermine Medi-Cal eligibility and to send proper notices.

66. Erroneous deprivation of Petitioners' interests in continuing their Medi-Cal eligibility and receiving medical services is certain in the absence of Respondents' compliance with their duties set forth in the above paragraphs.

67. There is no governmental interest in failing to timely process redeterminations and provide Petitioners with adequate notice prior to being terminated from Medi-Cal, let alone any interest that outweighs Petitioners' private, dignitary and property interests in receiving continued eligibility and such notice.

68. Respondents' failure to timely process redeterminations and provide adequate notice violates due process and is contrary to law.

1 **Sixth Cause of Action**

2 **(Violation of Code Civ. Proc. § 526a)**

3 **Relief for Illegal Expenditure of Public Funds**

4 **Claimed by Petitioners Hilda Rodriguez and St. John's**

5 69. Petitioners reallege and incorporate by reference each and every allegation contained in
6 the above paragraphs as though fully set forth herein.

7 70. Petitioners, who, within one year before the commencement of this suit, have paid a tax
8 within and to the County of Los Angeles, or have been assessed for or liable to pay a tax, have been
9 substantially affected by these illegal expenditures.

10 71. Respondents have expended public funds in the promulgation and implementation of the
11 unlawful policies and practices described above.

12 72. Respondents' unlawful conduct, unless and until enjoined by order of this Court, will
13 cause great and irreparable injury to petitioners in that respondents will continue to make illegal
14 expenditures.

15 **REQUEST FOR RELIEF**

16 Wherefore, the Petitioners request the following relief:

17 1. A peremptory writ of mandate (§ 1085) prohibiting Respondents from:

18 (a) Terminating Medi-Cal eligibility for beneficiaries who submit timely
19 redetermination information until Respondents ensure all submitted information is processed in
20 compliance with the laws and regulations fully set forth herein;

21 (b) Delaying the restoration of Medi-Cal eligibility for beneficiaries who submit
22 redetermination information within the 90-day cure period;

23 (c) Refusing to accept beneficiary redetermination information via the Internet and
24 telephone; and

25 (d) Failing to send adequate and timely notices regarding the redetermination process
26 in compliance with the laws and regulations fully set forth herein.

27 2. Issue a temporary restraining order and preliminary and permanent injunction prohibiting
28 Respondents, their agents, successors, employees, and those acting in concert therewith

1 from:

2 (a) Terminating Medi-Cal eligibility for beneficiaries who submit timely
3 redetermination information until Respondents ensure all submitted information is processed in
4 compliance with the laws and regulations fully set forth herein; and

5 (b) Delaying the restoration of Medi-Cal eligibility for beneficiaries who submitted
6 timely redetermination information, both prior to termination and within the 90-day cure period.

7 3. Grant declaratory relief declaring the Respondents' actions in the following areas are a
8 violation of state law, and state regulations:

9 (a) Terminating Medi-Cal eligibility for beneficiaries who submit timely
10 redetermination information until Respondents ensure all submitted information is processed in
11 compliance with the laws and regulations fully set forth herein;

12 (b) Delaying the restoration of Medi-Cal eligibility for beneficiaries who submit
13 redetermination information within the 90-day cure period;

14 (c) Refusing to accept beneficiary redetermination information via the Internet and
15 telephone; and

16 (d) Failing to send adequate and timely notices regarding the redetermination process
17 in compliance with the laws and regulations fully set forth herein.

18 4. An order for Respondents to pay for costs for this lawsuit;

19 5. An order for Respondents to pay for attorneys' fees as allowed by law; and

20 6. For such other and further relief that the Court deems just and necessary.

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David M. Kane

DATED: December 21, 2016

Attorneys for Petitioners
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HILDA RODRIGUEZ and ST. JOHN'S WELL
CHILD AND FAMILY CENTER

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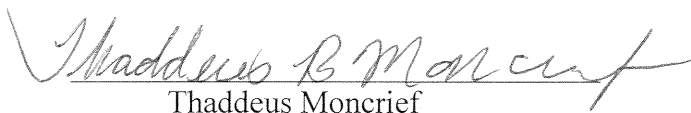
Telephone: (213) 487-7211

Facsimile: (213) 487-0242

VERIFICATION

I am a petitioner and plaintiff in this action and have read the Petition for Writ of Mandate (Code Civ. Proc. 1085) and Complaint for Declaratory and Injunctive Relief. The factual allegations stated therein are true of my own knowledge, except as to those matters stated on information and belief and, as to those matters, I believe them to be true.

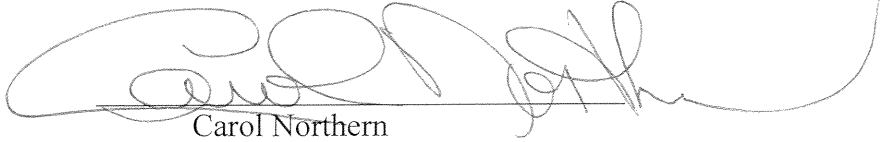
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed in Lancaster, California on December 20, 2016.


Thaddeus Moncrief

VERIFICATION

I am a petitioner and plaintiff in this action and have read the Petition for Writ of Mandate (Code Civ. Proc. 1085) and Complaint for Declaratory and Injunctive Relief. The factual allegations stated therein are true of my own knowledge, except as to those matters stated on information and belief and, as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed in Palmdale, California on December 20, 2016.




Carol Northern

VERIFICATION

I am a petitioner and plaintiff in this action and have read the Petition for Writ of Mandate (Code Civ. Proc. 1085) and Complaint for Declaratory and Injunctive Relief. The factual allegations stated therein are true of my own knowledge, except as to those matters stated on information and belief and, as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed in Montebello, California on December 20, 2016.

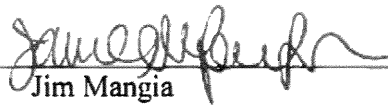


Hilda Rodriguez

VERIFICATION

I am the President and CEO of St. John's Well Child and Family Center, which is a petitioner and plaintiff in this action. I have read the Petition for Writ of Mandate and Complaint for Declaratory and Injunctive Relief. The factual allegations stated therein are true of my own knowledge, except as to those matters stated on information and belief and, as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed in Los Angeles, California on December 20, 2016.

A handwritten signature in cursive script, appearing to read "Jim Mangia", is written over a horizontal line.

Jim Mangia
President and CEO
St. John's Well Child & Family Center