THE CONSUMER’S CHECKLIST FOR CALIFORNIA COUNTIES ON HEALTH COVERAGE AND CALFRESH:

How to Integrate Access, Modernize Service,

and Maximize Dual Participation

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California Family Resource Association
California Food Policy Advocates
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Los Angeles Regional Food Bank
San Francisco and Marin Food Banks
Western Center on Law and Poverty

Updated August 2013
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California is leading the country in the implementation of the Affordable Care Act (ACA) to expand access to health care coverage; it has the potential to do the same for human services. By integrating health care coverage with access to CalFresh’s nutrition assistance, California would provide consumers with both health care and food – in one seamless, modern customer-service experience. As a result, California would boost the health and well-being of millions of low-income people, further strengthen county services to consumers, and bring significant new federal funds to California.

The Consumer’s Checklist for Counties is intended to help California maximize dual participation in Medi-Cal and CalFresh among eligible families by:

- Urging counties, the consortia (CalWIN, C-IV, and LEADER), and the State to establish goals for dual participation in Medi-Cal and CalFresh by eligible consumers;
- Assisting counties to design the best plans for both deeper integration of Medi-Cal with CalFresh (and CalWORKs) and modernization of customer service, specifically towards the goal of Same Day Service for CalFresh;
- Promoting the development of statewide service standards for integrated and modernized CalFresh operations in all counties;
- Prioritizing SAWS functionality changes that facilitate county and consortia business practices to maximize dual participation and deliver Same Day Service;
- Advancing state and federal policy changes that support dual participation and modern, integrated consumer services; and
- Supporting the resources needed for this transformation.

The Checklist is inspired by the County Welfare Directors Association of California’s (CWDA) “Health Care Reform Implementation Guide” released in February 2013, and aims to serve as a complement to that resource.¹

The Consumer’s Checklist for Counties is produced by the Alliance to Transform CalFresh, an alliance of five state and two local groups united in the goal of increasing the CalFresh participation rate to 75% of eligible people by 2016. The members are: California Association of Food Banks (convener), California Family Resource Association, California Food Policy Advocates, Catholic Charities of California, Los Angeles Regional Food Bank, San Francisco and Marin Food Banks, and Western Center on Law and Poverty. Vital support of this work is also provided by our national partners in advocacy: the Center on Budget and Policy Priorities and the Food Research and Action Center. Funding for the Alliance to Transform CalFresh is provided by Kaiser Permanente, Sierra Health Foundation, the Food Research and Action Center, and MAZON: A Jewish Response to Hunger.

A. The Opportunity for Consumers: Greater Access and Service

Connecting and modernizing CalFresh along with the new health coverage system presents the greatest opportunity in years to increase CalFresh participation by millions of eligible Californians.

Health Insurance

When the ACA is implemented on January 1, 2014, millions more Californians will have access to health insurance, many for the first time.

For low-income people (below 138% of the federal poverty line, or about $33,000 for a family of 4) the numbers projected to be served by Medi-Cal are dramatic.ii

- Medi-Cal currently provides health insurance to 8.7 million (including those served by Healthy Families, which is now migrating to Medi-Cal).
- An additional 3.9 million will become eligible or are already eligible but are not yet enrolled.
- Up to 1.4 million (of that 3.9 million) are projected to enroll in Medi-Cal by 2019.

Middle-income Californians (about $89,000 for a family of 4) will be able to take advantage of tax subsidies to offset the purchase of coverage through the new state Health Exchange, known as Covered California. In addition, it will be easier for small employers and for all individuals to shop for and obtain health coverage through Covered California.

The majority of Californians will continue to receive their health coverage from their employers, with additional ACA protections to ensure continued, comprehensive coverage.

Nutrition Assistance

At the same time, millions of low-income Californians – currently 4.2 million individuals – receive CalFresh benefits.iii CalFresh - formerly “food stamps” and now known nationally as SNAP (Supplemental Nutrition Assistance Program) - is a federal nutrition program providing an average monthly benefit of $332 per household for groceries, via an electronic debit card. In recent years, CalFresh participation grew sharply in response to the recession and an additional 1 million Californians in need were able to receive assistance.

However, almost 4 million more Californians were still eligible for CalFresh, but not participating, as of FY2010; in fact, California’s participation rate that year was ranked the lowest among states by the United States Department of Agriculture (USDA).iv The improving economy has likely reduced the need for nutrition assistance somewhat, but the under-enrollment of significant numbers of qualified people remains an urgent challenge in California.
Most Californians participating in one program will be eligible to participate in the other – that is, have dual eligibility. Estimates from national experts are:

- A majority (63%) of Medi-Cal participants will be financially eligible for CalFresh.¹
- Almost all (more than 90%) of the CalFresh participants under 65 will be financially eligible for Medi-Cal.²

California’s baseline data for this metric -- before the expansion on Medi-Cal eligibility on January 1, 2014 included in the projection above -- are the following:

- 65% of those currently receiving Medi-Cal are participating in CalFresh (that is, of those receiving Medi-Cal based on income eligibility and not on categorical eligibility, like disability).
- Over 75% of those currently receiving CalFresh also receive Medi-Cal. Again, the expansion in Medi-Cal coverage eligibility on January 1, 2014 will make more CalFresh recipients, especially single adults, income-eligible for Medi-Cal.

Because an increasing number of Californians will be eligible for both Medi-Cal and CalFresh, there is a tremendous opportunity to deliver a more integrated and modern customer-service experience that will boost both programs’ effectiveness and efficiency in serving consumers. This dual eligibility, however, is not automatic from one program to another; individual eligibility determination for each program is still required. Therefore, the integration, modernization, and streamlining of both programs’ policies and processes is essential.

(Note that ACA has not changed how low-income seniors over 65 receive health coverage: they continue to receive health coverage through Medicare and Medi-Cal. Opportunities do exist to boost senior participation in CalFresh through in-reach to other senior programs and through different integration strategies with seniors’ existing health coverage, as several counties are pursuing.)

Additionally, a third program, CalWORKs (nationally, TANF, Temporary Assistance for Needy Families), provides modest cash grants for basic needs to the lowest-income children and their families, who then also automatically receive CalFresh and Medi-Cal. Income eligibility determination for CalWORKs should also remain integrated with Medi-Cal and CalFresh eligibility, to provide these families with seamless service and access to all three programs. (A second stage of enrollment for CalWORKs, the welfare-to-work plan for parents, will continue to require individualized services and is separate from the integration discussion.)

**Risks for Consumers**

The flipside of this great opportunity is the risk that a singular and intense focus on ACA implementation could lead to a new separation between Medi-Cal and CalFresh. Currently, these programs are typically handled by the counties via a joint application process (along with CalWORKs) and combined case management. With the launch of ACA, a separation could occur if different policies and protocols are established at the federal, state,
or county levels for Medi-Cal that do not incorporate CalFresh. Critically important is the new connection between Covered California and counties: both the interface between the CalHEERS and SAWS technology systems and the telephone “hand-off” between the Covered California and the counties’ call centers must be seamless. Additionally, the expected large volume of new health applicants could be overwhelming and lead to delays in processing human service applications while health applications are prioritized.

These ACA dynamics could unintentionally result in worse customer service and participation in CalFresh, at least in the short- or even medium-term. The worst case scenario would be one where people in need do not receive the human services assistance for which they qualify in a timely and accurate manner – or at all.

Integrated, excellent service, with the resources necessary to support increases in applications and assistance, is the key. This focus on integration is vital not only to maximize the success of the new health coverage options and the efforts to increase nutrition assistance in California. It is also necessary to prevent the real harm that could result otherwise: namely, confusion and lack of benefits for qualified, needy families, potentially significant errors, and costly inefficiencies in service.
B. The Benefits of Medi-Cal and CalFresh Integration for the Counties and the State

The 58 counties and the 3 consortia, CalWIN, C-IV, and LEADER, play the central role in delivering Medi-Cal and CalFresh to California’s low-income consumers. The strong momentum of ACA implementation provides an unprecedented opportunity – and essential new funding – to update and improve the consumer experience by investing in modernized, streamlined connections between Medi-Cal and CalFresh. While launching the expanded health coverage services by January 1, 2014 is an enormous task in and of itself, consumers are relying on the counties to continue to deliver Medi-Cal and CalFresh when they need it.

For counties to succeed, consumers are relying on Covered California to provide new doors and connections to county services and on the respective state and federal authorities to provide policies, protocols, and resources to support integrated and modernized service delivery.

Critical to county implementation are State and federal policies and practices that simplify and align program rules and the necessary resources to deliver excellent services: for CalFresh, the California Department of Social Services and the United States Department of Agriculture; for Medi-Cal, the California Department of Health Care Services and the United States Department of Health and Human Services.

In addition, partnership with Covered California – California’s State Health Exchange under ACA, which will manage the health coverage website and service center, administer the tax subsidies for consumers, and oversee the health coverage offerings – is essential to provide a “world-class” consumer experience to all Californians.

For each of these governmental partners, integrated and seamless dual-enrollment of eligible consumers provides a means to achieve many important goals in the new world of ACA.

Increased Nutrition Assistance

Strengthening the connection between enrolling in health coverage, especially Medi-Cal, and CalFresh is a powerful strategy to help people get additional resources for food and to boost California’s lagging CalFresh participation rates. California’s CalFresh enrollment grew steeply during the recession: the number of households served increased by 87% since 2007 and now totals more than 4 million people each month. Several counties, in response to that increased need and participation, took significant steps to modernize and improve their services; for example, Tulare, Placer and San Mateo, among others, now provide Same Day Service to a majority of consumers. Nonetheless, statewide participation was estimated by USDA at 55% of eligible people, as of FY2010, and is still behind other comparable states. As a result, nutrition needs in California are still unmet, even though benefits are available. The opportunity now is to better meet those needs by integrating CalFresh with the streamlined, modern service made possible – and indeed required – by health care reform. Consumers who have more points of entry (“doors”) and faster, high-quality service are more likely to get and keep the nutrition benefits they need.
Increased Health Care Coverage

The benefit of connection can also work the other way: families with low-incomes may be more likely to first seek food assistance, a daily need, and delay health coverage until a medical emergency. Almost all Californians who are eligible for CalFresh will, under the ACA expansion option enacted by California, also qualify for Medi-Cal. Providing those people who seek food assistance with health coverage at the same time can help both ACA and CalFresh reach their respective goals for participation and, ultimately, for health and wellness.

Improved Health Outcomes

The connections between health insurance and adequate, healthy food also work together to support better health outcomes: people who can afford adequate, healthy food can better prevent and manage such serious health conditions as diabetes and heart disease.\(^{vii}\)

New and Leveraged Funding for Efficient Services

A modernized connection makes fiscal sense. Improvements to automation that enhance service delivery for health coverage and also benefit other services, like CalFresh, are 90% funded by the federal government through the end of 2015 under the ACA.\(^{viii}\) This is a unique and unprecedented opportunity to invest in the infrastructure of government service, so more modern and efficient services can be provided.

Comprehensive Support for Families

Providing integrated service will help families get and keep all the services they need to thrive, in an efficient way. At a minimum, eligibility determination for CalFresh and CalWORKs should continue to be integrated with Medi-Cal. Other social services with some links to counties – such as child care subsidies administered by Alternative Payment programs or counties; WIC nutrition programs administered by local WIC agencies; and school meals administered by local school districts and already linked to CalFresh enrollment – present a second wave of opportunities to serve families in a seamless, efficient way.
Increased Local Spending and Boosts to the Economy

CalFresh benefits are 100% funded by the federal government and typically spent quickly in local grocery stores and farmers’ markets. Each CalFresh dollar generates $1.79 in economic benefit for food retailers, farmers, and the entire food sector, according to the USDA. Increased CalFresh participation also frees up limited family dollars for other basic needs and for additional spending which generates sales taxes. Boosting CalFresh participation to 100% would generate $4.7 billion in increased spending for the California economy: local amounts range from $53,000 in Amador, to $96 million in Santa Clara, to $993 million in Los Angeles County, according to the California Food Policy Advocates. What’s more, health coverage and better health outcomes support success at school and work, which in turn results in greater economic benefits for families, employers, government at all levels, and the larger economy.
C. The Shared Vision for Consumers and Customer Service

Common Ground: Goals for Consumers

Happily, many stakeholders share much common ground around the need to modernize and integrate, in order to increase access and service to all consumers.

Documents laying out new visions for consumers include:

- The County Welfare Directors Association of California (CWDA)’s “Are You Ready?: A Guide to Implementation of Health Care Reform for County Human Services Departments;”\textsuperscript{xvi}
- The Alliance to Transform CalFresh’s “Consumer Checklist for CalFresh” from June 2012;\textsuperscript{xiii}
- A series of sign-on letters on access from a group of state consumer advocates to the California Health Exchange Board (now Covered California);\textsuperscript{xiii} and
- Covered California’s six values, which list “consumer-focused” first.\textsuperscript{xiv}

The State has also taken the initiative to improve CalFresh access and service through the California Department of Social Services (CDSS).\textsuperscript{xv} Among other efforts, CDSS has:

- Led a “CalFresh ReFresh” initiative, in partnership with counties, labor, and advocates, to streamline state rules and regulations; standardize some county practices; and improve several aspects of customer service (for example, mandatory waiver of face-to-face interview and increased county options for telephonic signature, electronic notices, on-line case management, application assistor portals, and call centers).
- Co-hosted with CWDA and USDA a conference on “Modernizing CalFresh” in fall 2012;
- Created a new Assistant Director for Horizontal Integration position in early 2013; and
- Coordinated a report to the Legislature in spring 2013 on county plans to increase CalFresh participation.\textsuperscript{xvi}

Central to these stakeholder efforts to improve consumer service are three performance goals, well articulated by CWDA in their guide to health care reform:

- **Coordinated Service:** Consumers can tell their story once and be connected with all services for which they are qualified.
- **No Wrong Door:** Consumers can receive assistance with both health coverage and with nutrition, whether they apply directly to their county or via Covered California, and whether they apply in-person, by phone, online, or by mail/fax.
- **First Class Customer Service:** Consumers consistently receive fast, accurate, and respectful service, comparable to private sector standards, in multiple-languages and with disability accommodations.”
Building Blocks for Transformative Change in Customer Service

There is also a shared recognition that health care reform represents a “revolution” in service-delivery to consumers – and that the implementation work is incredibly large, highly complex, and rapidly moving. One implication of this scale of change is that the new systems will need to build in accountability and transparency – especially to consumers – in order to capture both successes and challenges and to adjust as necessary. This approach to managing major change is reflected in building blocks detailed by CWDA and their affiliated Child and Family Policy Institute of California in “A Framework for Advancing a Culture of Customer Service in Health and Human Services.”xvii These fundamentals of transformative change are also embedded throughout Alliance to Transform CalFresh advocacy with the California Department of Social Services (CDSS) and CWDA.

All agree that critical steps for counties seeking to deliver world class service to consumers include:

- Engage Leadership
- Set Performance Expectations or Goals
- Collect and Monitor Data
- Continuously Improve
- Ensure Adequate Resources to Meet the Goals

Both the consumer-focused goals and an approach to change that includes accountability to consumers are vital to achieve the vision of integrated, modernized, and excellent services to all Californians.
D. **The Case for a Statewide Standard of Same Day Service for CalFresh**

The Alliance to Transform CalFresh recommends that all 58 California counties and the CalWIN, C-IV, and LEADER consortia, in collaboration with the State and with the necessary fiscal resources, agree to a statewide standard of Same Day Service for CalFresh consumers. Further, we recommend that Same Day Service processes and policies be made operational as part of ACA implementation, as a key strategy to boost participation and achieve dual participation goals. We base this recommendation on impressive site visits to three California counties (Tulare, Placer, and San Mateo) and two Western states (Oregon, Washington), where the majority of consumers are receiving Same Day Service through a range of points of entry.

There are many compelling reasons for counties to move to Same Day Service via health care reform and for this standard to be established statewide:

**Same Day Service is Do-able.** Same Day Service is now being provided to the majority of applicants for CalFresh in Tulare, Placer and San Mateo Counties in California, as well as statewide in Oregon, Washington, Idaho, Hawaii, and New Mexico. Riverside and other California counties are moving to do so now, as detailed in local CalFresh participation plans prepared for CDSS in late 2012. Comprehensive culture change that targets improvements in business processes, policy simplification, and technology makes this possible.

**Triple Win for Consumers, Workers, and Program Performance.** Jurisdictions with Same Day Service report increases in participation and customer satisfaction; greater worker satisfaction; and improvement (or at least maintenance) of accuracy and other core program standards.

**Biggest Opportunity to Increase CalFresh Participation.** California has been working to increase stubbornly low CalFresh participation rates: the counties and State are already taking significant steps to increase CalFresh participation through policy changes (e.g. moving from quarterly to semi-annual reporting); outreach (e.g. targeting working families, seniors, and immigrants); and some individual county modernization efforts, supported by the State “CalFresh ReFresh” initiative and by consortia technology improvements. The next significant opportunity to boost participation is to set **statewide** standards to modernize and integrate CalFresh operations, so that California can achieve gains in participation on a scale similar to other states that have made this leap.

**New Service Standards in Health Coverage Pave the Way.** Medi-Cal will offer “real time” determination for those health applicants whose information can be verified electronically, via the new CalHEERs’ connections with the federal data hub (e.g. address, income, citizenship status). In addition, there will be statewide service standards established by the counties and State for applications received via Covered California, with additional resources to support those standards. CalFresh is currently differently situated: the eligibility determination systems for CalFresh, SAWS, will not have direct access to the federal data hub for electronic verifications; and there are not similar agreed-to statewide service standards, with new resources, for CalFresh. Nonetheless, some of the culture and system changes coming to Medi-Cal eligibility determination that promise to deliver faster service for at least some health applicants – for example, expanded use of electronic verifications, to reduce paperwork and delays for consumers and workers, and networked county call centers, so more workers are available to answer consumer calls -- can also be applied to CalFresh, in
order to speed eligibility determination for nutrition, too. What’s more, the lessons learned from the new Medi-Cal service standards can inform parallel improvements for CalFresh, to strengthen integration and boost participation.

Dramatic Increase in Consumers Seeking Aid will Continue to Pressure Current System and Workers to Reinvent. Millions more people will be seeking health coverage as of January 1, 2014, with open enrollment beginning October 1, 2013. Already, one million more people are receiving nutrition assistance than when then recession began. This increased need, amidst the recent tight budget times, has required new and more efficient ways to deliver excellent customer service. Counties and states that have successfully served more consumers during these intense economic and fiscal pressures have done so largely by transforming their customer-service business processes: for example, by moving to task-based management, so more workers are able to assist consumers with their initial application and with any on-going assistance; and by leveraging technology, so more consumers can apply or receive assistance online or by telephone. These innovations have helped pave the way for quicker eligibility determinations for consumers, including Same Day Service.
Part 2. Measuring Success: Dual Participation in Medi-Cal & CalFresh by All Eligible Consumers

A key measure of California’s success at integrating Medi-Cal and CalFresh will be consumer participation in both programs among those who are eligible.

A strong marker of successful integration will show up in each county’s data and the combined, statewide data on dual participation, as well as the overall CalFresh participation.

Checklist for Counties, Consortia, and the State:

- Set goals for dual participation after the January 1, 2014 Medi-Cal expansion and Covered California launch, building on the current baselines and engaging advocates and other stakeholders in a collaborative and on-going process to achieve these goals.
- Track dual participation at least quarterly to identify successful strategies and tackle challenges.
- Identify successful dual-enrollment and retention strategies and share those strategies with other counties, consortia, the State, and advocates.
- Identify gaps that need new strategies for integration or in-reach.
- Establish statewide standard practices and policies, based on proven strategies for achieving dual participation goals and supported by adequate resources.

Consumers will have the benefit of at least five points of entry, or “doors,” to apply for health coverage and then either directly apply for food or be connected to then apply for food. Each of these doors raises different issues for the counties and State to analyze – and, the Alliance would urge – to seek consensus around a statewide standard in order to ensure a seamless, first-class experience for all consumers in all counties. More detailed business flows are currently under development by the counties and the State; here is an overview from a consumer perspective:
A. Online Applications to Covered California

Consumer a) applies online to Covered California website (powered by CalHEERS, California Healthcare Eligibility, Enrollment, and Retention System) and b) indicates “yes” when asked if wants referral for CalFresh and CalWORKs.

Counties receive referral request, along with health application if Medi-Cal, sent electronically from Covered California to counties.

☑ Checklist for counties receiving referral from Covered California electronically:

- Cross-train workers receiving electronic applications in both Medi-Cal and CalFresh.
- Initiate electronic CalFresh application at same time as process electronic Medi-Cal application.
- To avoid consumers starting over and workers duplicating work, counties will need: 1) *Either* to have the information from the single application for health pre-populate the combined-program application, so only CalFresh’s (and CalWORKs’) additional questions will need to be asked; 2) *Or*, to use a new, simplified CalFresh (and CalWORKs) electronic application that incorporates information provided for health application and only seeks the additional information required by CalFresh (and CalWORKs). *Both of these tools would need to be developed, in partnership with the consortia and/or the State.*
- Stay in the communication channel the consumer requested for health application (e.g., by email, telephone).
- Offer telephone interview for CalFresh, as required.
- Maximize electronic verifications to the extent allowable. Seek approval to use electronically verified data for Medi-Cal (via CalHEERS connection to federal data hub) for CalFresh.
- Complete most CalFresh eligibility determinations with Same Day Service, by fully leveraging electronic applications, verifications, and signatures; telephonic interviews and signatures; and task management by workers.
Note: **Mailed or faxed applications to Covered California** will also include the question about requesting a referral for CalFresh and CalWORKs. These applications will be data-entered into CalHEERS at the service centers and then sent electronically to counties, just as online applications will be. Thus, they can be handled the same way by the counties as an online application to Covered California, from a consumer perspective.
B. Telephone Applications to Covered California

Consumer a) calls Covered California’s Service Centers and b) in the “quick sort” is identified as likely Medi-Cal eligible and is transferred to a county call center.

County (or networked consortia member county) receives the call transfer.

**Checklist for counties receiving telephone calls transferred from Covered California’s Service Center.**

- Cross-train workers receiving transferred telephone calls in both Medi-Cal and CalFresh.
- After processing the single application for health, initiate a CalFresh application, with the consumer’s consent, whether call answered by county of residence directly or by another county in the consortia telephone network. Do not transfer caller back to county of residence to initiate CalFresh application.
- To avoid consumers starting over and workers duplicating work, counties will need: 1) *Either* to have the information from the single application for health pre-populate the combined-program application, so only CalFresh’s (and CalWORKs’) additional questions need to be asked; 2) *Or*, to use a new, simplified CalFresh (and CalWORKs) electronic application that incorporates information provided for health application and only seeks the additional information required by CalFresh (and CalWORKs). *Both of these tools would need to be developed, in partnership with the consortia and/or the State.*
- Maximize electronic verifications to the extent allowable. Seek approval to use electronically verified data for Medi-Cal (via CalHEERS connection to federal data hub) for CalFresh.
- Complete telephone application for CalFresh during initial call and provide Same Day Service, by utilizing telephonic signatures (allowed in all counties under forthcoming guidance from CDSS) and telephone interviews (required to be offered in most cases) whenever possible.
C. In-person Applications to County

Consumer comes to their County Social Service office to apply for health coverage and/or to apply for CalFresh (and/or CalWORKs).

County provides in-person assistance and processes the application.

**Checklist for counties assisting in-person applicants:**

- Use the SAWS2Plus combined-program application – health coverage, CalFresh, CalWORKs – unless consumer requests an application for a single program only.
- Cross-train all workers assisting in-person applicants.
- Maximize electronic verifications to the extent allowable. Seek approval to use electronically verified data for Medi-Cal (via CalHEERS connection to federal data hub) for CalFresh.
- Complete most CalFresh eligibility determinations with Same Day Service, by fully leveraging task management (e.g. to conduct interview when the consume applies) and office redesigns.
D. Telephone Applications to County

*Consumer* calls their County Social Service office to apply for health and/or to apply for food (and/or cash).

*County* provides telephone assistance and processes the application.

**Checklist for counties receiving direct telephone calls.**

- Meet the same call standards for direct callers as required by transfers from direct callers to the Covered California’s Service Centers.
- Cross-train all workers receiving direct telephone calls on both programs.
- Use the SAWS2Plus combined-program application – health coverage, CalFresh, CalWORKs – with callers, unless consumer requests application for a single program only.
- Utilize the telephone network with other counties in consortia, which is required for those calls transferred from Covered California’s Service Centers, to provide faster service to all callers.
- Allow other counties who answer networked calls to initiate and complete CalFresh applications with callers, even though out of the consumer’s county of residence.
- Allow other counties who answer networked calls to connect to the database of the consumer’s county of residence, so the assisting county has full access to current and historic information on the consumer and does not need to do a “courtesy” application and inter-county transfer back to the county of residence.
- Maximize electronic verifications to the extent allowable. Seek approval to use electronically verified data for Medi-Cal (via CalHEERS connection to federal data hub) for CalFresh.
- Complete telephone application for CalFresh during initial call and provide Same Day Service, including telephonic signatures (allowed in all counties under forthcoming guidance from CDSS) and telephone interviews (required to be offered in most cases) whenever possible.
E. Online Applications to County

*Consumer* applies online via their county web site for health and/or food (and/or cash).

*County* receives the online application via their SAWS online applications.

✅ **Checklist for counties receiving online application via their SAWS online applications.**

- Transfer data in real time from SAWS online application to SAWS data systems – e.g., in an automated transfer.
- Allow consumer to continue communication with county in channel of choice, including email, telephone, mail, or in-person, as is current practice.
- Follow-up with consumer on all programs at same time and in same communication.
- Cross-train all workers working with online applicants.
- Maximize electronic verifications to the extent allowable. Seek approval to use electronically verified data for Medi-Cal (via CalHEERS connection to federal data hub) for CalFresh.
- Complete eligibility determination with Same Day Service standards (for example, for telephone interviews, with calls to consumers made the day the online application is submitted or call windows offered for consumers to call the county any day after the application is submitted.)

**Note:** *Mailed or faxed applications to the counties* will also need to be entered into the SAWS data systems. Thus, they can be handled the same way by the counties as online applications, from a consumer perspective.
F. Case Management

*Consumer* of Medi-Cal, CalFresh and CalWORKs will continue to receive case management services from their county.

*County* will manage the cases of all Medi-Cal consumers, regardless of door of entry, and will continue to manage all CalFresh and CalWORKs cases, too.

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**Checklist for counties managing Medi-Cal and CalFresh cases:**

**Overall Goal:** *Consumers hear from counties about both programs in all contacts.*

**Counties:**

- **In-reach:** Before roll-out of ACA on January 1, 2014, and regularly after implementation, identify likely eligible clients participating in one program and not the other, and do in-reach initiating applications for the other. *Note:* if dual participation rates fall below goals for implementation, and/or appear to not be fully achieved at initial enrollment, in-reach will be an even more essential strategy to reach back and enroll eligible people, while initial application integration is refined.

- **First Year Conversion of Existing Medi-Cal Consumers to MAGI (Modified Adjusted Gross Income) Calculation:** Screen Medi-Cal participants for CalFresh participation and, with consumer consent, initiate applications.

- **Communications:** Combine communications on Medi-Cal and CalFresh (and CalWORKS) so consumer receives one communication.

**Change Reports for Medi-Cal and CalFresh:** *Consumers’ reports of changes are applied to both programs.*

**Counties:**

- For change reports provided to Covered California (e.g. changes of address, income, family composition), receive updates into SAWS and apply to Medi-Cal as well as CalFresh, as allowable.
- For change reports provided to counties, apply new information to all programs, as allowable, and share updates with Covered California to ensure continuity of health coverage for families with mixed-eligibility status within a household or with changing health coverage eligibility.
Semi-Annual Reports for CalFresh: *Consumers’ required CalFresh reports are utilized to extend their Medi-Cal coverage.*

**Counties:**
- When the Semi-Annual Report is received by counties from consumers for CalFresh and CalWORKs, use that consumer information as an annual renewal for Medi-Cal and extend the Medi-Cal annual eligibility period an additional 12 months -- pending implementation of new state option to use CalFresh (SNAP) eligibility information for Medi-Cal eligibility determinations. This option has been offered to the states by the federal government; California budget trailer bill SBX1-1 (2013) authorized DHCS to seek any necessary federal waivers to do so; and DHCS is now moving to implement.
- Encourage the federal government to further align CalFresh and Medi-Cal by dropping the semi-annual report for CalFresh and moving to the same annual report cycle required by Medi-Cal.

Annual Re-certifications for CalFresh and Annual Renewals for Medi-Cal: *Consumers’ required annual contacts with counties are aligned and streamlined to insure needed services continue.*

**Counties:**
- Sync the annual dates for recertification/renewal and combine the needed communications for both programs, to the extent possible.
- At the annual recertification for CalFresh, screen for CalFresh participants under 65 *not* enrolled in Medi-Cal and, with consumer consent, initiate enrollment in health coverage.
- Reciprocally, at the annual renewal for Medi-Cal, screen for Medi-Cal participants under 65 *not* enrolled in CalFresh and seek to initiate, with consumer consent, a simplified CalFresh application.
- Generally, proactively reach out to CalFresh participants to complete the required annual certification in order to reduce “churn” in CalFresh. (Churn occurs when qualified participants lose eligibility for administrative reasons and then re-enroll within 90 days, costing the family needed benefits and wasting administrative resources.)
- Encourage the federal government to further align CalFresh and Medi-Cal by making the annual renewal process for both programs similar to the process for Medi-Cal.
  *(Compare: Medi-Cal annual renewal will be ex parte: county will initiate an administrative renewal, update with available electronic data, and give notice requiring consumer action only if there’s a change that would make consumer ineligible. A similar process could be approved by the federal government for CalFresh, in order to shift presumption from canceling benefits unless consumer confirms their need persists to continuing benefits unless consumer confirms changes that end their eligibility. This change, if approved, would allow for smoother integration of Medi-Cal and CalFresh and also reduce churn in CalFresh.)*
Part 4. Maximizing Other Opportunities to Improve Consumers’ Health, Nutrition and Well-Being

There are two other significant opportunities, outside of eligibility and enrollment for Medi-Cal and CalFresh, for counties to improve customer service, participation, and well-being. These efforts will likely take time to develop after ACA’s launch.

Outreach to Consumers

Consumers, beginning in late 2013, will receive outreach from two channels:

- **New** Health Application Assisters (providing application assistance for health) and Health Outreach programs (providing promotion and education for health).
- **Existing** SNAP Outreach workers (providing application assistance for CalFresh) and SNAP Education programs (providing promotion and education for CalFresh).

Consumers should receive information about both health insurance and food assistance through a contact with either channel. In some places, these outreach channels may be housed in the same community-based organization, such as a local food bank, Catholic Charity, or other non-profit, making a single communication with a family easier (although likely presenting some program administration challenges). In other places, the two outreach programs will be in different organizations and the risk of families receiving siloed communications is higher. Additionally, the funding for each channel currently requires separate claiming.

Opportunities for counties:

Counties can help coordinate and integrate all the health care and nutrition outreach in their area by connecting and meeting together with the major outreach leads in their county, to help insure that:

- Both outreach channels are equipped to help promote participation in both Medi-Cal and CalFresh.
- Both outreach channels are able to provide basic information about the other program.
- Both outreach channels are able to provide streamlined referrals to the other program’s application assisters.

Counties can also advise on needed statewide (and potentially federal) coordination and integration of these two channels going forward, particularly for standardized training and data tracking, simplified administration, and adequate compensation.
Connecting to Other Supports for Consumers

In addition to integration of Medi-Cal, CalFresh and CalWORKs, consumers should also be able to tell their story once and apply seamlessly for additional child and family supports available to help them thrive. Other programs can leverage connected technologies and revised business practices to modernize their consumer experience. Such programs connected to health and food would still maintain their targeted, individualized services – such as welfare-to-work plans in CalWORKs, child care placements in child care subsidies, and nutrition classes and counseling in WIC – but eligibility determinations could be streamlined and aligned.

Opportunities for counties and the State:

- **Child Care Subsidies.** Counties and the State, including the California Department of Education, can consider whether child care subsidies administered by counties and/or local Alternative Payment programs to families not participating in CalWORKs could be connected with Medi-Cal and CalFresh in some ways, so similar eligibility determinations aren’t duplicated for families.
- **WIC.** Counties and the State, including the California Department of Public Health, can consider whether deeper connections to their partner WIC agencies, already linked to MEDS (Medi-Cal Eligibility Database System), could boost enrollment in CalFresh and Medi-Cal and improve health outcomes.
- **Earned Income Tax Credit/Child Tax Credit.** Counties and the State can consider targeted promotion of the federal credits and local free tax assistance during tax season to likely eligible residents (i.e., residents with earned incomes participating in Medi-Cal and CalFresh), to increase their family income and well-being and help stimulate the local economy.
- **More Connections.** Counties and the State can identify other programs where bridges could be built between Medi-Cal and CalFresh, such as general assistance; housing and homelessness assistance; senior, disability, veterans’ and foster children programs; and more.

Again, counties and the State can also recommend to the federal government integration solutions they identify – especially where policy change or technology investments are needed – that will better serve all people.
Part 5. State and Federal Simplification and Alignment Essential

Counties are of course guided and bound by state and federal law, as well as the rules and regulations from the governing State agencies (CDSS for CalFresh, the Department of Health Care Services (DHCS) for Medi-Cal, and Covered California for the new Health Exchange) and the federal government (USDA for CalFresh and the U.S. Department of Health and Human Services (HHS) for Medi-Cal). Some of these recommended standards for customer service will require greater simplification of CalFresh and greater alignment between CalFresh and Medi-Cal from state and federal authorities. For example:

The federal government can:

- Align and simplify the household definitions for Medi-Cal (who’s on your tax return?) and SNAP/CalFresh (with whom do you eat?).
- Allow for annual reporting for SNAP/CalFresh participants, as with Medi-Cal participants, rather than the current requirement of at least semi-annual reports.
- Align and simplify the annual recertification process for SNAP/Cal-Fresh participants, to mirror the Medi-Cal annual renewal process.
- Allow for telephonic signatures for CalFresh to be verified by worker attestation, as they are in Medi-Cal.
- Allow human services applications housed in SAWS, such as SNAP/CalFresh and TANF/CalWORKs, to also access the new federal verification hub.
- Remove additional small but significant differences between the two programs that complicate alignment, such as the treatment of additional income (e.g., child support), additional expenses, or state options to exclude some former felons.

The State can:

- **California Health and Human Services Agency**: Establish and measure goals for dual participation in Medi-Cal and CalFresh.
- **California Department of Social Services & Department of Health Care Services**: Work with counties to establish statewide standards and protocols that best achieve dual participation for Medi-Cal and CalFresh.
- **Covered California**: Deepen the connection from Covered California to the counties to allow consumers seeking health coverage to not only receive a referral to CalFresh, as is currently planned, but also to seamlessly initiate an application for CalFresh.
- **California Department of Social Services**: Work with counties to establish statewide service standards and protocols to deliver Same Day Service for CalFresh, analogous to the service standards and protocols under development for Medi-Cal.

- **California Department of Social Services**: Consider developing a simplified application for CalFresh and CalWORKs, both paper and electronic, for county workers to use after first assisting a consumer with the single application for health; this simplified application would only ask for any additional data required by those two programs. The need for this new simplified application would be determined in coordination with county and consortia plans for SAWS to pre-populate the SAWS2Plus applications with information from the single application for health.

- **California Department of Health Care Services**: Maximize the new federal options that allow a consumer’s SNAP/CalFresh information to be used for their Medi-Cal application and reporting, with client’s consent.

- **California Legislature**: Support legislation and funding needed to align, connect, simplify, and modernize CalFresh and Medi-Cal.

- **California Department of Finance**: Adequately resource vital improvements in customer service, integration, and benefit levels for health coverage, nutrition, and basic needs assistance.
Part 6. Conclusion: Counties & State Making it Happen Statewide for All Consumers

County human service departments are the front lines providing food, health, and other essential assistance to millions of Californian in need each and every day. The success of both health care reform and efforts to boost CalFresh participation in California largely depends on their delivery of excellent service to even more consumers statewide. In turn, counties depend on the vital leadership of state and federal entities to simplify, standardize, and adequately resource their operations, in support of this excellent service.

<table>
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<tr>
<th>Checklist for counties and State to successfully meet the challenges and capitalize on the opportunities of health care reform for CalFresh consumers:</th>
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<tr>
<td>□ Set and measure local and statewide goals for dual participation in Medi-Cal and CalFresh by all eligible consumers.</td>
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<tr>
<td>□ Set and measure local and statewide goals for overall CalFresh participation.</td>
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<tr>
<td>□ Analyze and revise all business processes around eligibility to achieve these goals locally – advised by peers and expert consultants, with management, staff, and advocate collaboration – to move towards Same Day Service and increased participation rates in CalFresh.</td>
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<tr>
<td>□ Support standard county service levels and protocols across consortia and across the State, with the necessary resources, to achieve these participation goals statewide for all consumers.</td>
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<tr>
<td>□ Advocate to Federal leaders for federal policies that align and simplify CalFresh and Medi-Cal.</td>
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<tr>
<td>□ Advocate to State leaders for state policies that align and simplify CalFresh and Medi-Cal.</td>
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<td>□ Identify and be provided with the resources needed for this transformation.</td>
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Likewise, advocates for nutrition—from food banks, religious and social service groups, legal services, public policy organizations and more—are ready to deepen our partnership with county, state, and federal leadership to achieve these goals.

Together, we can succeed at these challenging but achievable goals and better serve all of California’s families with the health coverage and nutrition assistance needed to thrive.

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2 UC Berkeley Labor Center, “Medi-Cal Expansion Under the Affordable Care Act,” January 2013: [http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion.shtml](http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion.shtml)


5 Center on Budget and Policy Priorities, presentation, June 2013.


15 California Department of Social Services, “State Efforts to Improve the CalFresh Participation Rate,” March 2013: [http://www.cdsscounties.ca.gov/foodstamps/res/pdf/StateEffortsToIncreaseParticipation.pdf](http://www.cdsscounties.ca.gov/foodstamps/res/pdf/StateEffortsToIncreaseParticipation.pdf)
