

May 14, 2012

Diana Dooley, California Health Benefit Exchange Board Chair & Health and Human Services Agency Secretary

Peter Lee, California Health Benefit Exchange Executive Director

Janette Casillas, California Managed Medical Risk Insurance Board Executive Director

Toby Douglas, California Department of Health Care Services Director

Will Lightbourne, California Department of Social Services Director

Ron Chapman, California Department of Public Health Director

RE: Health Coverage and Human Services Integration

Dear Chair & Secretary Dooley, Executive Director Lee, Executive Director Casillas, Director Douglas, Director Lightbourne, and Director Chapman:

We, the under-signed California advocates, encourage the State to capitalize on the unprecedented opportunities presented in the Affordable Care Act (ACA) -- and especially the 90/10 federal/state funding match available through the end of 2015 -- to provide both health coverage and connections to wellness for all Californians by constructing a modern, efficient, and integrated health coverage enrollment system.

We understand the tremendous effort the State is currently undertaking to build an Eligibility, Enrollment & Retention System for Medi-Cal, Healthy Families, the Exchange, and connecting systems in a short timeframe and we appreciate that human services integration is just one element of this new system. We also recognize that the recent consideration of a "federal partnership" has significant implications for the system overall, as well as for human services integration. At the same time, we believe human services integration remains a crucial component of the new system if we are to fully realize our collective goal of connecting millions of Californians to coverage and improving health outcomes, especially for traditionally under-served populations.

In that context, we are writing at this point to urge that human services integration be included in the Level II grant California is intending to submit to the federal government by June 30, 2012 and in other plans for system design. We recommend that the State's plans commit to **three goals** for integration:

1. Protect the current connections between health and human services -- especially between Medi-Cal, CalFresh, and CalWORKs -- as the new systems are built.
2. Modernize those connections by the end of 2015, so consumers can seamlessly and quickly access CalFresh, CalWORKs, and WIC benefits after applying for health coverage -- and vice-versa, access health coverage after applying for CalFresh, CalWORKs, and WIC.
3. Expand or create two-way connections between health coverage and other health and wellness supports -- such as working family tax credits, child care and pre-school subsidies, In Home Supportive Services, and more -- in a targeted and phased manner.

We also would like to **request a meeting** with you and other stakeholders before the end of June where these proposals could be further discussed and developed, either in the context of a federal partnership or a state system. Finally, we're attaching **five more detailed recommendations** we have developed for human services integration, in the hopes they are helpful to you when you begin the deeper work in this area.

Thank you for your thoughtful consideration of this opportunity to connect more consumers to greater health and wellness, amidst the pressures and complexities of implementing ACA. We look forward to hearing from you shortly about these goals and our request for a meeting. You can contact us through: Kim McCoy Wade, Alliance to Transform CalFresh, kim@mccoywade.org, 415-531-3222 and Elizabeth Landsberg, Western Center on Law and Poverty, 916-282-5118, elandsberg@wclp.org.

Sincerely,

211 California
Alliance to Transform CalFresh
California Association of Food Banks
California Coverage & Health Initiatives
California Family Resource Association
California Food Policy Advocates
California Immigrant Policy Center
California Pan-Ethnic Health Network
California WIC Association
Catholic Charities of California United
Child Care Law Center
The Children's Partnership
National Health Law Program
United Ways of California
Western Center on Law and Poverty

Health Portal & Human Services Recommendations

1. Plan Now and Phase-In by Late 2015.

- *April-June 2012 Planning:* Most critically, include “horizontal integration” in the State’s Level II Exchange funding request to the federal government due June 2012 and in vendor work plans beginning now (e.g., IT, marketing, navigators).
- *By Late 2013 Pre-Enrollment:* Incorporate strategic pre-enrollment linkages, as envisioned by the CalHEERs solicitation, to help boost enrollment: for example, a) target uninsured recipients of human services, such as CalFresh, for enrollment in the new health coverage and b) explore connecting the first recipients of health coverage with additional benefits, such as the Earned Income Tax Credit and Child Tax Credit for tax year 2013.
- *By 2015 Implementation:* Maintain and build human services integration in phases, beginning by a) preserving now and modernizing by the end of 2015 the Medi-Cal connection with CalFresh and CalWORKs in the new system and b) also connecting with other vital health and wellness supports, such as WIC, EITC, child care, and more.

2. Provide Seamless Connections from Health to Human Services.

Allow Consumers -- *after* applying for health coverage assistance -- to continue and:

- A. *“Apply Now,”* which includes 4 elements: *i) preliminary eligibility message based on information provided on health application, ii) some optional additional questions, iii) application submission (including authorization of information sharing), and iv) interview scheduling.*
- CalFresh nutrition assistance
 - CalWORKs cash assistance (and related services, such as child care)
 - WIC nutrition program for women, infants & children (WIC) nutrition assistance
- B. *“Connect Here,”* which includes 4 elements: *i) preliminary eligibility message based on information provided on health application, ii) local referral, iii) general program information and on-line resources, and iv) a summary sheet for print-out.*
- Child Care subsidies (non CalWORKs)
 - Earned Income Tax Credit (EITC)/Child Tax Credit (CTC)
 - Low Income Heating & Energy Program (LIHEAP)
 - Housing and Homelessness Assistance
 - Emergency Food & Shelter Program (EFSP)
 - Supplemental Security Income for the aged, blind, and disabled (SSI)
 - In Home Supportive Services (IHSS)
 - Veteran’s Assistance, Head Start, and other targeted services identified by stakeholders.

3. Build Connections Throughout the New System. Integrate these health and wellness connections into *all* aspects of the new health care enrollment system, specifically:

- All “Doors,” including On-Line, By Phone, By Mail and In-Person: Include seamless connections, as detailed above, to Apply Now and to Connect Here.
 - *Service Centers*, and all Business Processes, supporting the “Doors:” Continue to coordinate case management for families served by Medi-Cal, CalWORKs and CalFresh and provide quality referrals for other programs.
 - *Navigators*: Facilitate connections to human services for those applicants who also seek or qualify for other human services.
 - *Branding & Marketing*: Evoke a broad meaning of health and wellness, beyond securing health insurance in the marketplace, to appeal to the widest audience. Engage diverse human services providers in outreach strategies.
4. “Open More Doors” for consumers who need health coverage but who *first* seek food or other emergency assistance.
- Enable *Integrated Human Services* that are able to receive applications from the health portal (e.g., CalFresh, CalWORKs, others) to, reciprocally, be able to use the information they receive from applicants seeking those programs first to then seamlessly apply for health coverage.
 - Incentivize those *Other Human Services* that are not integrated with the health portal to create specific, strategic connections from their programs to CalHEERS, to boost health enrollment and support retention effectively and efficiently.
 - Facilitate partnerships with *Navigators* and with other *Community Networks*, especially those connecting harder-to-reach populations with human services – including the CDPH’s Food Stamp Outreach contractors, 2-1-1 providers, United Ways, congregations, family resource centers, food banks, community action agencies, and more – so their respective service systems can also effectively and efficiently connect human-services consumers to the health portal.
5. Provide full access and robust consumer protections for California’s diverse populations of consumers. Specifically:
- Give consumers options: to seek (or decline) these additional connections to human services; to return to their health account at a later time to seek human services; and to allow consumers to seek human services before they have finished the health application.
 - Protect consumers’ confidentiality and privacy.
 - Always provide consumers access to live support and the ability to switch between communication channels (e.g. start online and finish in person or by phone).
 - Facilitate applications from mixed-status families seeking health coverage and human services for their citizen and otherwise-eligible family members.
 - Provide services in multiple languages through all communication channels.
 - Fully accommodate consumers with disabilities.
 - Follow transparent and accountable rules, processes, and outcomes.