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Moving Towards 21st-Century Eligibility Determination: CalFresh and National Health Reform Legislation

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Modernizing CalFresh: Improving Program Performance, Processes & Participation

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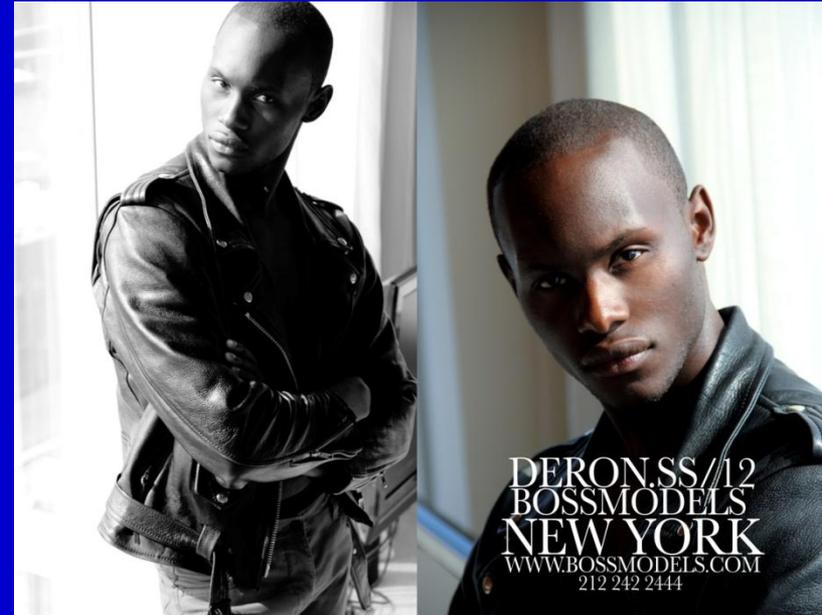
Outline

- I. Moving between models
- II. National health reform in a nutshell
- III. Questions for CalFresh



Part I.

MOVING BETWEEN MODELS



Traditional model of initial application

- Consumer role
 - ❖ Identify program
 - ❖ Complete paper application form
 - ❖ Document eligibility
 - ❖ Appear in person
- Government role
 - ❖ Process application accurately
 - ❖ Verify eligibility mostly based on consumer documentation, sometimes using external data matches as a later check



Traditional model of renewal

- Government role
 - ❖ Sends consumer a renewal form
 - ❖ If the form is completed and returned, accurately process the form and accompanying documents
- Consumer role
 - ❖ Complete form
 - ❖ Provide documents showing continued eligibility
 - ❖ Appear in person



Problems with traditional model

- Many eligible people do not enroll
 - ❖ Don't know about program for which they qualify
 - ❖ Don't complete forms properly
 - ❖ Don't provide requested documentation
 - ❖ Don't come for in-person visits
 - ❖ Don't renew eligibility
- Needless administrative expense
 - ❖ Agency must determine eligibility on its own, even if another agency has already evaluated the applicant, and even if third-party data could show eligibility
 - ❖ Consumers “churn” on and off program

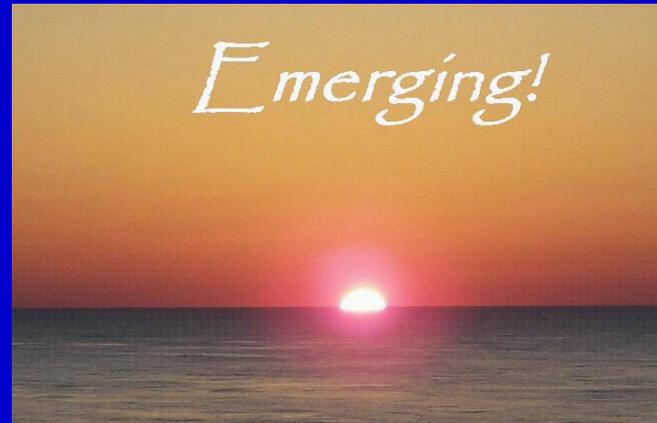


More problems

- Errors result from manual mistakes by caseworkers or consumers
 - ❖ State may risk federal error rate findings and consequent penalties
- Seeking and retaining benefits can interfere with employment
- But the problems were largely inevitable, given the available technology



An emerging model of 21st century eligibility determination



- Multiple methods for contacting and receiving information from clients, including phone and internet
- Programs routinely use data from other agencies and reliable, third-party sources to determine eligibility
 - ❖ Moves beyond the consumer-caseworker dyad
 - ❖ Breaks out of program silos
- Agencies proactively qualify eligible consumers, whenever possible
 - ❖ Moving beyond a largely passive role

Objectives

- Efficiency
 - ❖ A smaller percentage of program dollars are spent on administration
- Participation
 - ❖ A higher percentage of eligible consumers enroll
- Accuracy
 - ❖ Fewer eligibility errors
- Less red tape
 - ❖ Fewer risks to employment





II.

NATIONAL HEALTH REFORM IN A NUTSHELL: WHAT HAPPENS IN 2014?

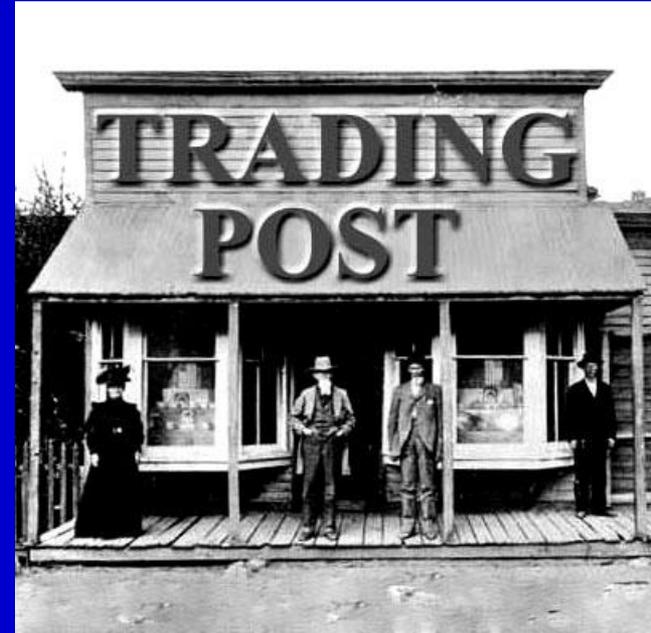
Eligibility: Medi-Cal under the Patient Protection and Affordable Care Act (ACA)

- Up to 138% of the federal poverty level (FPL), all citizens and qualified immigrants are eligible
 - ❖ No asset test
- Major increase in eligibility
 - ❖ Today
 - Childless adults may qualify for county programs
 - Parents covered up to 100 percent FPL (with asset test)
 - ❖ Enrollment is projected to increase by roughly 2 million people



Other insurance affordability programs

- New subsidies are projected to reach another 2 million Californians
 - ❖ Fully refundable, advanceable federal income tax credits up to 400% FPL
 - ❖ Out-of-pocket cost-sharing subsidies up to 250% FPL
- These subsidies are used in health benefits exchange (HBEX)
 - ❖ Serves multiple functions





Eligibility determination

- Modified adjusted gross income (MAGI) – new household definitions, income deductions
 - ❖ No MAGI for seniors, people with disabilities, etc.
- A common application form for all health programs
 - ❖ Can file with any agency, and eligibility for all programs is assessed (“No wrong door”)
 - ❖ Can file in person, online, or by phone, mail, or fax
 - ❖ A prepopulated form is presented to applicant for confirmation
 - ❖ The HBEX either assesses or determines Medi-Cal eligibility, at state option
- All health programs use a “shared eligibility service”
 - ❖ Data matches with federal and state data hubs
 - ❖ Eligibility is established if data matches are reasonably consistent with statements on the application
 - ❖ Only if such data matches fail to show eligibility is the consumer asked for documentation

Information technology (IT) investment

- 90% federal match is available for investments in Medi-Cal 's eligibility system
 - ❖ Funds available through 12/31/15
 - ❖ To qualify, consumer experience must be comparable to private sector
- 100% federal HBEX grants can be used for HBEX eligibility systems
 - ❖ Funds available through 12/31/14
- What if investments benefit both Medi-Cal and other programs?
 - ❖ Normally, costs are allocated among all programs
 - ❖ ***In this case, OMB issued a waiver—Medi-Cal will pay all costs of improving a common eligibility system***



Medi-Cal renewals

- Must renew “ex parte,” if possible
 - ❖ If data matches show eligibility, consumer is sent a notice describing the data and asking for corrections
 - ❖ Eligibility is determined based on the data unless the consumer offers a correction
- Consumer can provide missing information by phone, mail, in-person, electronic means





Eternal Order of the Magi

Renewing MAGI-based Medi-Cal

- Renewals once every 12 months
- If ex parte renewal impossible, state sends a prepopulated form showing all available information
 - ❖ State must give consumers at least 30 days to respond with needed corrections
 - ❖ Consumers must sign, but may do so electronically
 - ❖ “Second chance” renewals -- if state terminates for failure to return form, must give consumers at least 90 days to provide missing information without requiring a new application
- State cannot require in-person interview



III.

QUESTIONS FOR CAL-FRESH

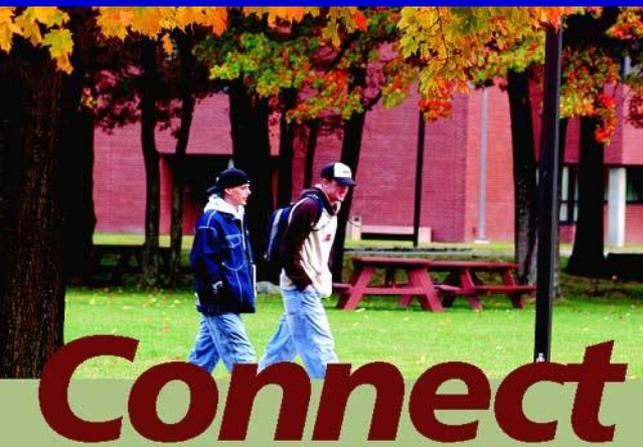


How can CalFresh reach eligible people as they apply for health coverage?

- Multi-program community-based outreach and enrollment
- One possible approach when people apply in the HBEX
 - ❖ When someone finishes the health application, ask them:
 - Would you like to have this information shared with the state to see if you qualify for help paying for food?
 - What is the best way to reach you? Email, text, phone, mail?
 - ❖ If the consumer consents, download the health application information (including verification) into the CalFresh eligibility records and begin the CalFresh eligibility determination process
 - ❖ Complete the remaining enrollment process
 - Use dynamic applications or pre-populated forms to lessen consumer burdens
 - Let the consumer opt out of in-person interviews
 - Give the consumer the option to seek CalFresh in the same session during which they complete the health application
 - Let the consumer finish later, but proactively contact them



How can CalFresh connect its clients to health coverage?



- Through data-matches, identify people who receive CalFresh but not Medi-Cal
 - ❖ Harder than it looks
- As much as possible, qualify them for Medi-Cal based on CalFresh records
 - ❖ Income eligibility should be automatic in most cases
 - ❖ Immigration status and citizenship will depend on the particular CalFresh household
- Will CMS allow auto-enrollment?
 - ❖ Will CMS require attestations?
 - ❖ Will CMS require consent to enrollment? If so, how can that be simplified?

How can CalFresh streamline and automate its procedures, in response to the ACA?



- Incorporate ACA data
 - ❖ When someone applies at social services office, consider starting with the health application engine – would that lessen CalFresh administrative costs? Reduce consumer burdens?
- Incorporate ACA methods
 - ❖ Streamline renewals?
 - “Second chance” renewals?
 - Ex-parte?
 - Longer eligibility periods?
 - Pre-populated forms?
 - ❖ Let consumer opt-out of in-person visits in favor of phone and on-line applications and renewals? Allow e-signatures?
 - ❖ Let applicants confirm available data, rather than estimate circumstances from scratch?
 - ❖ Limit documentation requests based on available data matches?
- Can caseworkers learn to treat health and CalFresh cases very, very differently?

How else can CalFresh and health coverage improve coordination?



- What investments in CalFresh IT would help Medi-Cal determine eligibility more effectively or efficiently?
 - ❖ If implemented by 12/31/15, can be funded entirely through 90/10 Medicaid match
- Electronic case records?
- Can renewals for both programs be coordinated?
 - ❖ When one program renews coverage, can that trigger a redetermination for the other program, so the family goes through the process once?
- What else?

Conclusion

- Broad movement across the country towards new, more streamlined methods of determining eligibility
- ACA implementation presents great opportunities for integrating health and human services to strengthen benefits access, efficiency, and program integrity
- Ruth Kennedy: “Simplification isn’t simple. But the juice is worth the squeeze.”

