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Honorable Gavin Newsom Governor, State of California State Capitol Building Sacramento, CA 95814

## RE: MEDI-CAL: POLICY, AUTOMATION CONSIDERATIONS FOR CHANGES TO EXPAND ACCESS

The County Welfare Directors Association (CWDA) supports changes made by the Administration and Legislature to expand and improve access to the Medi-Cal program for millions of Californians. Here, we highlight specific implementation challenges related to two of these changes: the provision of continuous Medi-Cal coverage for children under age 5 and the Provide Access and Transforming Health initiative (part of the CalAIM waiver). CWDA supports these proposals based on their policy merits, but we have automation and implementation timing constraints that must be taken into account as the budget is finalized.

## Continuous Medi-Cal Coverage for Children Under 5

Counties are in the midst of a federally mandated migration to a single statewide automation system (CalSAWS), which must be completed by the end of 2023 to avoid the loss of significant federal funding. This policy proposal will require significant automation changes to CalSAWS that cannot be accomplished during the migration period. Changes will also be required to the CalHEERS system. Manual workarounds are not feasible because they would remove a significant portion of the caseload (basically, all cases to which this policy applies) from automated processing. This volume of manual work for millions of cases is simply not sustainable for counties over the course of the next several years. Counties are already facing more than two million cases needing clean-up due to the ban on discontinuances and benefit reductions during the Public Health Emergency, when regular Medi-Cal processing resumes. We request that if this policy is adopted, the effective date be tied the completion of the necessary automation.

## Medi-Cal Providing Access and Transforming Health (PATH)

The Administration's and Legislature's budget includes \$200 million (\$100 million GF) to facilitate proposed justice-involved initiatives from the CalAIM initiative, including a statewide jail pre-release application mandate and implementation of coordinated pre-release services beginning 30 days before an individual is released. CWDA supports these

initiatives and believes it is important to ensure coverage can begin as quickly as possible when someone is due for release. We have noted to the Department of Health Care Services (DHCS) several issues that need to be addressed for these initiatives to be successfully implemented and have also submitted proposed trailer bill language, which addresses these items. We stand ready to engage with the Administration and Legislature on the key concerns below:

- <u>Data sharing requirements needed.</u> It is critical that sheriffs/probation be required to share data with county human services agencies regarding incarceration and anticipated release dates. This will allow county eligibility workers to take appropriate actions to effectuate and/or suspend Medi-Cal eligibility in a timely manner.
- Interplay of suspension requirement and 30-day pre-release proposal. DHCS estimates that ~250,000 individuals annually will receive Medi-Cal services under the proposal. However, discussion on how this interacts with the suspending and unsuspending of benefits is needed; it may be the case that the most effective implementation method would be to forgo the suspending and unsuspending of benefits either altogether or for beneficiaries who meet certain characteristics.
- Lead time for automation changes. The current processes for suspending Medi-Cal coverage when someone is incarcerated, and re-effectuating it upon their release are entirely manual and labor intensive. To support this statewide mandate, which will affect hundreds of thousands of individuals, system changes are needed in SAWS, CalHEERS, and MEDS to automate these processes. Notably, these system changes must be coordinated and could result in a need to delay implementation past the proposed date, making it even more important to discuss and develop a plan upfront with representatives of the automation systems and other stakeholders.
- Ensure timelines are clear and leave time for local coordination. Counties must be given adequate lead time of at least one year to develop their local processes to comply with the proposals as counties' processes vary. For instance, human services agencies in counties that do not have a pre-release application process in place will need time to engage and coordinate with their Boards of Supervisors and potentially establish local MOUs with sheriffs and probation departments. This should also be discussed further with other affected county agencies. We note that a small number of counties may be doing this type of work already via their Whole Person Care pilots, and should be allowed to continue their existing processes during these discussions.

We thank you for your consideration of these automation and implementation timing issues as you finalize negotiations on the 2021 budget.

cc: Ana Matosantos, Cabinet Secretary, Office of Governor Gavin Newsom Richard Figueroa, Deputy Cabinet Secretary, Office of Governor Gavin Newsom Joey Freeman, Chief Deputy Legislative Secretary, Office of Governor Gavin Newsom

Tam Ma, Deputy Legislative Secretary, Office of Governor Gavin Newsom Honorable Toni Atkins, Senate President Pro Tempore

Honorable Anthony Rendon, Speaker of the Assembly

Honorable Nancy Skinner, Chair, Senate Budget and Fiscal Review Committee Honorable Phil Ting, Chair, Assembly Budget Committee

Honorable Susan Talamantes Eggman, Chair, Senate Budget and Fiscal Review Subcommittee #3

Honorable Joaquin Arambula, Chair, Assembly Budget Committee Subcommittee #1 Keely Bosler, Director, Department of Finance

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