

The Affordable Care Act: What Does it Mean for CalFresh?

This document provides local CalFresh advocates and community health partners with a basic background on the Affordable Care Act (ACA) and opportunities to improve CalFresh enrollment through ACA implementation. It serves as a starting point to launch a conversation with county partners about how to seize this opportunity.

What is the Affordable Care Act?

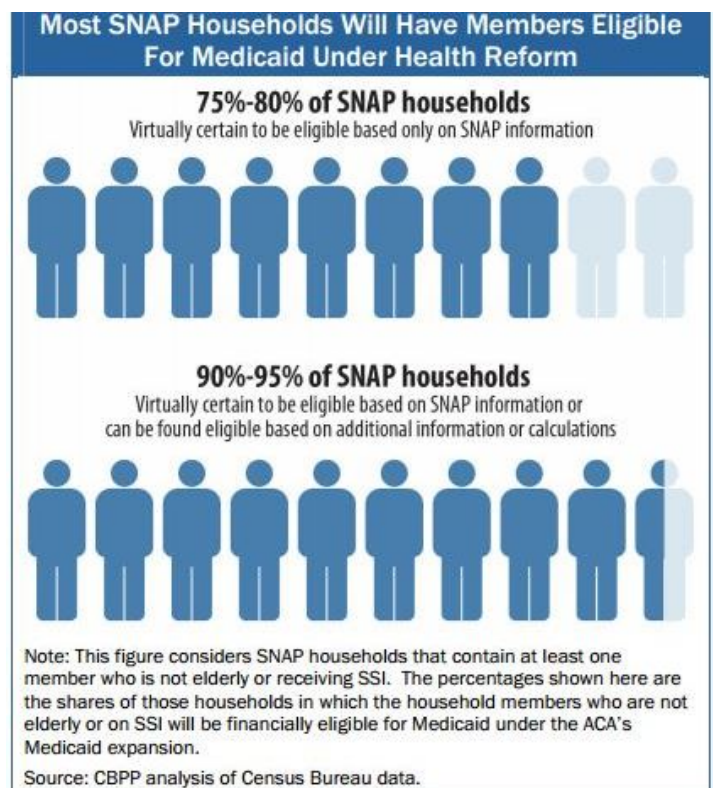
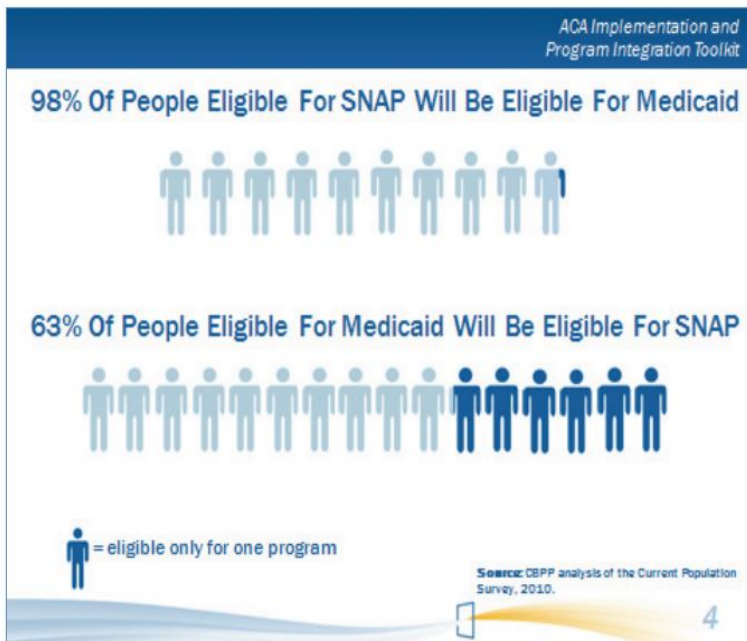
The federal Affordable Care Act (ACA) helps more Americans get health coverage by allowing states to expand Medicaid coverage for low-income households, providing subsidies to help middle income households get coverage, and building a central marketplace to shop for coverage. ACA requires that every state create a health insurance exchange that everyone can use (known as **Covered CA in California**) to facilitate widespread enrollment beginning in October 2013 with coverage starting January 2014.

What does ACA have to do with CalFresh?

Many households that qualify for Medicaid (low-income health coverage known as Medi-Cal in CA) will also be eligible for SNAP (known as CalFresh in CA). At the same time, many households that currently receive SNAP will contain members who are newly eligible for Medicaid. There is great overlap among these two programs; many low-income people under age 60 will be eligible for both benefits.

- Potentially 4 million Californians could obtain health coverage in under ACA: 1.4 million Californians will be newly eligible for Medi-Cal, and 2.5 million Californians are currently eligible for Medi-Cal but not enrolled.ⁱ
- Roughly 4 million Californians are eligible but not participating in CalFresh. Over 4 million Californians currently utilize CalFresh.ⁱⁱ

ACA is an opportunity to improve dual enrollment and participation in Medi-Cal and CalFresh:ⁱⁱⁱ



How can ACA improve dual CalFresh/Medi-Cal participation?

As low-income Californians apply for health coverage through Covered CA, they should also have the option to apply for CalFresh benefits (using the same application information). This concept is known as ‘**horizontal integration.**’ Horizontal integration promotes a more seamless sharing of information and promotes multi-program enrollment at one point of contact.

Health Coverage → SNAP

- Because health coverage will soon become mandatory, many people will enroll in Medi-Cal who have not previously applied for assistance and who may also be eligible for CalFresh.

SNAP → Health Coverage

- The federal government recently released guidance permitting states to identify and enroll uninsured SNAP participants into Medicaid with little additional paperwork. “*HHS Announces Opportunity to Streamline Health Coverage for SNAP Participants*” Center on Budget and Policy Priorities. June 2013. <http://www.cbpp.org/files/6-11-13fa.pdf>

How will applicants seeking health coverage be able to access CalFresh?

There are two main entities that Californians will go to for health coverage: Covered CA, and County Human Services offices. Within each of those entities, there are several ‘doors’ through which applicants can get health coverage- they can apply by phone or online through Covered CA, or they can apply by mail, fax, online, over the phone, or in-person through county human services offices. Applicants will be able to access a CalFresh application depending on how they apply for health coverage:

Covered CA – phone and online

- Covered CA’s online application will include a checkbox so that applicants can indicate that they want a referral to non-health programs, such as CalFresh. If that box is checked, Covered CA will send a referral for CalFresh to counties. ****At this time, it’s unclear what a CalFresh referral entails, or when a timely CalFresh application will initiated.*
- For applicants calling Covered CA, if the household is likely eligible for Medi-Cal, they will be handed off to the county. From there, it will be up to counties to initiate a CalFresh application.

County Human Services – referrals (online or via telephone from Covered CA), phone, fax, mail, or online applications through County websites, and Covered CA walk-in applicants.

- County Human Services currently offer a multi-program application for Medi-Cal, CalFresh, and CalWORKs. Applicants going directly to the County can easily apply for CalFresh through that application, which will be updated to include an application for all health coverage programs (not just Medi-Cal).

What guidance have counties received so far? What are counties doing to ensure horizontal integration?

The County Welfare Directors Association (CWDA) has released several guiding documents to counties in order to prepare them for ACA implementation. These guides consistently emphasize the importance of horizontal integration and the opportunities to simultaneously enroll Californians in Medi-Cal and CalFresh.

- An Implementation Guide for Counties <http://cwda.org/tools/healthcare.php>
- A Framework for Advancing a Culture of Customer Service: <http://www.cfpic.org/pdfs/Framework-for-Advancing-a-Culture-of-Customer-Service-Final.pdf>
- CWDA guidance: <http://cwda.org/downloads/tools/healthcare/HCR-Webinar-5-6-13.pptx>

Counties are encouraged (though not required) to horizontally integrate CalFresh into the Medi-Cal enrollment process. It is critical that you advocate for horizontal integration to ensure that all CalFresh referrals initiate a timely CalFresh application.

5 Questions to Ask Your County

These questions can help you start a conversation with your county partners about next steps to prepare for ACA implementation (and horizontal integration with CalFresh):

Question: “What changes is the county making to its current business process to accommodate the influx of Medi-Cal (and CalFresh) applicants from all doors?”

Background: Given the expected influx of Medi-Cal applicants coming to counties – both directly and indirectly-- as a result of ACA, this question is meant to help identify steps your county is taking to handle increasing caseloads – for both CalFresh and Medi-Cal. Guidance provided to counties suggests that they consider all of the following strategies. It may be useful to find out which of these your county has in place or is working on:

- Dual trained eligibility workers who can enroll applicants in CalFresh and Medi-Cal
- Call centers to support the added call volume
- Flexible office hours
- Increased telephone intake

Question: “What will happen when the county gets a CalFresh referral from Covered CA?”

Background: It’s not yet clear how CalFresh referrals will be shared with counties or what information referrals will contain. Ideally, CalFresh referrals will immediately initiate a CalFresh application. CWDA is currently negotiating Memorandums of Understanding between Consortia, the Department of Health Care Services, and Covered CA. Your county may be able to provide you with information regarding that MOU.

Recent guidance from CWDA (<http://cwda.org/downloads/tools/healthcare/HCR-Webinar-5-6-13.pptx>) indicated that counties’ ability to implement horizontal integration for phone applicants may depend on call volume (though, this is not yet final):

- If counties are not busy receiving phone calls for Medi-Cal enrollment, they may be able to take these same callers through the CalFresh enrollment process
- If counties experience a high call volume, they may be more likely to defer CalFresh enrollment

Question: “What is the county’s customer service goals associated with CalFresh referrals?”

Background: California has drafted some county performance measures (e.g. processing times) associated with Medi-Cal enrollment under ACA, but performance measures for CalFresh referrals have not been established. Ideally, a CalFresh referral would immediately initiate a CalFresh application.

Question: “How is the county engaging in consortia-wide and state-wide planning/implementation for ACA?”

Background: Counties will handle transfers from Covered CA by consortia. Ideally, an applicant would be transferred to their home county. In the event that a county does not have the capacity to accept all incoming calls, they will transfer calls to other counties in their consortia. It’s useful to find out if your county is engaged in consortia discussions and learn what role your county is playing in ACA implementation planning.

Question: “What can we do to encourage dual enrollment in CalFresh and Medi-Cal?”

Background: Eligibility workers, outreach workers, and application assistors should have a basic knowledge of CalFresh and the importance of dual enrollment in both CalFresh and Medi-Cal. This question is meant to help identify steps you can take to ensure that as community partners help people to enroll in health coverage, they can also encourage CalFresh enrollment.

Covered CA recently posted information on the Health Exchange Assistors Program (<http://insuranceexchangehq.com/covered-california-health-exchange-assisters-program/>)

ⁱ Lucia, Jacobs, Watson, Dietz, and Roby. “Medi-Cal Expansion Under the Affordable Care Act.” UC Berkeley Labor Center. Jan. 2013.

http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion13.pdf

ⁱⁱ Cunnyngham, Karen E. “Reaching Those in Need: State Supplemental Nutrition Assistance Program Participation Rates in 2009” Alexandria, VA: U.S. Dept. of Agriculture, Food and Nutrition Service, Dec. 2012. <http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Participation/Reaching2010.pdf>

ⁱⁱⁱ “Coordinating Human Service Programs With Health Reform Implementation.” Center on Budget and Policy Priorities, December 2012. <http://www.cbpp.org/files/6-6-12health-mod1app.pdf> “HHS Announces Opportunity to Streamline Health Coverage for SNAP Participants” Center on Budget and Policy Priorities. June 2013. <http://www.cbpp.org/files/6-11-13fa.pdf>