

October 19, 2011

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

Kim Belshe, Susan Kennedy, Paul Fearer, and Dr. Robert Ross  
Members, California Health Benefit Exchange Board

Peter V. Lee  
Executive Director, California Health Benefit Exchange Board

Dear Secretary Dooley, Members Belshe, Kennedy, Fearer, and Ross, and Director Lee,

The State of California has an unprecedented opportunity to provide millions of struggling families with **both health care and nutrition**, to modernize core government services, and to stimulate our still-sagging economy. The new state health portal required by the federal Affordable Care Act (ACA) of 2010 and currently under development for 2014 has the potential to transform not just health care, but also CalFresh and other related human services. (CalFresh is the federal nutrition benefit formerly known as the Food Stamp Program or SNAP.) We are writing to urge you to design a portal that supports “horizontal integration” between health care and CalFresh, in order to improve both the health outcomes and the customer experience of millions of Californians.

Upfront, we want to acknowledge the enormous pressures presented by the ACA requirements and deadlines. At the same time, we believe the portal has the potential to be transformative for families’ health and nutrition -- if the Board can build in linkages in a targeted and phased way that maximizes the opportunity presented. The benefits from such coordination would be substantial, both for families seeking health assistance and for a California government seeking to increase efficiency and modernize core services:

- *Major Opportunity to Link Health & Nutrition for Families.* Millions more families -- and especially more single adults and working families with low-incomes -- will be served by the new health care portal coming in 2014. These families who are found eligible for Medi-Cal can also be served by the historically under-enrolled CalFresh nutrition program: Medi-Cal will serve people of all ages up to 133% of the federal poverty level, and CalFresh serves people of all ages at 130% (both programs have similar immigrant restrictions). Currently, several million low- and middle-income children, seniors, and other adults are served by a state health care program (Medi-Cal: 7 million) or receive

nutrition assistance (CalFresh: 3.7 million). California consumers will benefit enormously, if these two large, parallel programs can do even more to align and coordinate the core health and nutrition benefits they provide.

- *Federal Encouragement & Financial Match.* Fiscally, the need to create strategic, modern linkages between state health care and CalFresh is also compelling. The ACA itself supports linkages to human services (Section 1561). Even more, an August 2011 letter from the three relevant federal authorities encouraged the states to develop systems that integrate with human services. The letter established that the federal/state 90/10 match from the federal health care act will cover *all* common functions between health care and CalFresh, leaving only incremental costs to be charged to CalFresh (which is also partially federally funded). Significantly, this money is available through 2015, suggesting that integration could be phased in with the 2014 launch. CalFresh is a particularly wise public investment: the benefits are 100% federal dollars and it has one of the largest stimulus effects on the economy of any government spending (\$5 in food stamps generates \$9 in economic benefit, per USDA).
- *CalFresh on the Road to Simplification & Alignment with Medi-Cal.* CalFresh is not only the largest, most universal human service program, it is also undergoing significant simplification: California will soon join most other states in allowing a CalFresh application to be fully completed on-line or over the telephone, just as the portal will allow for Medi-Cal. (This is unlike most other human services programs which, after eligibility determination, require an additional enrollment process in the specific services). Additionally, CalFresh and Medi-Cal are aligned in many key ways: they are both currently managed on the counties' State Automated Welfare Systems (SAWS) (along with a third program, CalWORKs) and they have similar requirements on income, assets, and other family factors.
- *Positive Health Outcomes from Nutrition.* Finally, good nutrition -- which CalFresh helps make affordable for low-income people through an average grocery benefit of \$145 per person per month -- is a foundation of good health, which state health insurance ultimately aims to promote and protect. Many major and common medical issues, such as heart disease, diabetes, and cancer, include healthy food as part of their prescription for wellness. Children need adequate amounts of healthy food for their healthy brain and body development, and seniors especially rely on good nutrition to maintain their health. Health and nutrition go hand in hand.

This truly transformative potential for both health and nutrition can be achieved -- if the state portal is strategically designed to maximize the potential of technology. Additionally, the state portal should be supported by a greater alignment of policies and practices for health care (especially Medi-Cal) and CalFresh. Therefore, we urge you to support the following vision for the portal design and other actions in support of “horizontal integration” between health and nutrition.

## **PRIORITY #1: PORTAL DESIGN**

### **Consumers would seamlessly apply through the portal for first health and then nutrition benefits.**

1. Consumer would first fully complete the application for health benefits on the portal.
2. Then, all likely income-eligible consumers would be told that their on-line application for Cal-Fresh nutrition benefits will be submitted automatically, unless they opt-out.
3. The consumer’s application for CalFresh would be formally submitted on-line through the portal. The application can be submitted *either* with only the information already provided for the health application; *or* the consumer can have the option of answering a few additional CalFresh specific questions and fully completing the application then (or upon a return visit to the portal). The county would have 30 days to follow-up on the application, per existing requirements, although real-time eligibility determination for completed applications, as now required by the portal for health benefits, should be a goal for nutrition, too.
4. The CalFresh case would be handled in the same, parallel track as is developed for Medi-Cal cases. For example:
  - Maximum use of e-verification.
  - Seamless sharing between the two programs of all verifications, updates, reports, and re-certifications.
  - On-line and telephone access for consumers to manage their benefits (check status, submit updates, etc.).
  - “No wrong door”: on-line, telephone, mail-in, and office access for all consumers.
5. Additionally, all likely income-eligible consumers should be informed of their eligibility a) for other human services, including such children’s supports as CalWorks, child care, and WIC, and b) for working family tax credits, like the Earned Income Tax Credit (EITC) and the child credit, and then connected to these services in some way.

## **PRIORITY #2: MORE CONNECTIONS BETWEEN HEALTH & NUTRITION**

1. Enroll CalFresh Participants in Health Care. Prior to the launch of the state health care portal in 2014, screen current CalFresh systems for uninsured people and “auto-enroll” them in health care. Also, ensure all future Cal-Fresh applicants – applying through any “door” – apply for health care benefits, unless opt-out.
2. Establish a Human Services Advisory Committee to the Board: Create a standing advisory committee to the Exchange on “horizontal” integration with CalFresh and other human services.
3. Set Benchmarks: Collect and use data and “benchmarks” for the portal’s integration with human services, to measure performance, map processes, and target changes.
4. Cross-train Community Outreach Partners: Provide a role, including necessary trainings, for the current networks of community-based outreach workers and application assisters for health care and for CalFresh, respectively. Additionally, a connection to the portal for such community-based groups (such as found in One E-App) could also be considered.
5. Coordinate Program Management: Encourage the relevant State agencies to publish joint policies, conduct joint trainings, and systematically monitor implementation in both Medi-Cal and CalFresh to ensure on-going alignment and coordination.
6. Unify the County Systems: Support the migration of the counties from three to two (and ultimately one) excellent computer systems (SAWS), to reduce complexity and costs and increase standardization and access.
7. Align Income Requirements: Promote the development of a state pilot, state legislation, or federal Farm Bill 2012 opportunities to fully align the income and other eligibility requirements for Medi-Cal and CalFresh.

Thank you for your consideration of these opportunities to connect health and nutrition benefits through the portal. Please let us know if we can provide additional information, analysis, or discussion on any of these options. (You may contact consultant Kim McCoy Wade, 415-531-3222, [kim@mccoywade.org](mailto:kim@mccoywade.org)). We look forward to working with you to design a portal that links health and nutrition in a way that is practical, effective, and beneficial for the people of our State.

Sincerely,

California Association of Food Banks  
California Family Resource Association  
California Food Policy Advocates  
Catholic Charities of California United