



December 14, 2011

- Diana Dooley, California Health Benefit Exchange Board Chair & Health and Human Services Agency Secretary
- Kim Belshe, Exchange Board Member
- Susan Kennedy, Exchange Board Member
- Paul Fearer, Exchange Board Member
- Dr. Robert Ross, Exchange Board Member
- Peter Lee, Exchange Executive Director
- Toby Douglas, California Department of Health Care Services Director
- Janette Casillas, Managed Risk Medical Insurance Board Executive Director
- Will Lightbourne, California Department of Social Services Director

RE: Horizontal Integration & RFP Development

Dear Secretary Dooley, Board Members, and Directors:

We represent a range of non-profit organizations providing advocacy and direct services to millions of low-income Californians. We strongly support the historic work underway to provide health care coverage to all Californians and thank you for your leadership to date.

We are writing now to ensure that the families we represent will be able to use the new streamlined California Healthcare Eligibility, Enrollment and Retention System (Cal-HEERS) to access health care and the human services critical to their health and well-being, in a seamless, modernized way. Such "horizontal integration" between health care and human services is

encouraged by the federal Affordable Care Act (ACA), Section 1561. Further, the federal tri-agency letter of August 2011 provides for federal 90/10 funding for the shared costs of horizontal integration through December 31, 2015.

As a result, the State has an unprecedented opportunity to provide California families with a new, seamless connection to the health and wellness services essential to thrive (including human services, working-family tax credits, and other supports). **We believe that a RFP which adheres to the following five principles will ensure that Cal-HEERS is successful in achieving a primary ACA goal: improving the health of Americans through effective enrollment into health and other programs necessary for health and well-being, while securing an excellent consumer experience through multiple points of entry.**

1. First Health, Then Human Services

- Planning and implementation for the health care deadlines are, by necessity, the first priority for Cal-HEERS. We recognize that the Exchange needs to be certified in January 2013 and Cal-HEERS must take applications by October 2013.
- Cal-HEERS planning and implementation should include a phased-in integration with human services, with that implementation complete by the end of the federal funding for integrated systems in 2015. No health coverage enrollment system should be designed and built that does not allow for easy modification and expansion to integrate with human services and other supports.
- For the consumer applying through Cal-HEERS, the single health-care application should be completed first, with human services information and applications following for those who appear eligible and who choose to participate.

2. Seamless Consumer Experience, Regardless of IT Architecture or Point of Entry

- Consumers should “tell their story” once: the information provided for the health care application should then be used to pre-populate the appropriate human service applications, streamlining that process.
- Consumers should then be able to apply for targeted human services through Cal-HEERS; the connection to human services should not be simply a referral, but should go as far as appropriate for each human service program – including, wherever possible, electronically completing the application and enrollment process for the selected program.
- Consumers should receive support for both health and human services as they utilize all the support channels, including online, by telephone, by mail, and in person.
- Consumers’ application information will be e-verified, as required under ACA, and such verifications should be used for both health and human services applications, where relevant.

- Consumers should be able to access their Cal-HEERS account to keep their information updated, and these updates should then be shared with both health and human service programs.

3. Targeted Approach to the Range of Human Service Programs

- Each of the human service programs' current linkages to Medi-Cal and to Healthy Families must be preserved, if not strengthened, with the new Cal-HEERS. For example, CalFresh (SNAP) and CalWORKs (TANF) are currently integrated with Medi-Cal and housed in the same computer system (State Automated Welfare System, or SAWS), and case management should not become separated or "de-coupled" during the creation of Cal-HEERS or at any point afterward. CalFresh, in particular -- as the largest and most universal human service program and as a nutrition-assistance program providing an electronic benefit card for groceries -- offers a particularly promising opportunity to create a complete online application experience through Cal-HEERS. WIC, and other programs, that already have an "adjunctive" or "categorical" eligibility relationship with Medi-Cal must also have that connection preserved.
- New linkages to health coverage -- such as to child care subsidies or to the working-family tax credits (EITC and child credit) -- should also be incorporated in the planning for Cal-HEERS, to streamline Californians' connections to the combination of health coverage, human services, and working-family tax credits needed to truly achieve wellness.

4. Critical Role of In-Person Applications and Assistance

- Consumers should always have access to in-person, high-quality assistance. Local county offices should remain a foundation of the human services system.
- Navigators should include community-based groups best connected to, most trusted by, and most culturally and linguistically appropriate for the people in need of health coverage and human services. Navigators should have access to a separate Cal-HEERS functionality (for privacy, tracking of application submission and status, etc.) and the Navigator program should include training, in both health and human services; certification; and compensation.
- An Authorized Representative option -- to serve the range of California's diverse households where an adult may be applying only for a child or other family member but not for themselves -- should be created to apply for both health coverage and human services through Cal-HEERS.

5. Human Services' Connections to Health Care (the Reverse Direction)

- Consumers currently enrolled in select human services (especially CalFresh) but not enrolled in health coverage -- either for which they are either currently eligible or for which

they will be under ACA expansions -- should be provided an option to have their information used to enroll in health coverage.

- Consumers seeking out human services first (such as food, cash aid, child care, or tax assistance) – as many clients of local social service agencies do -- must also be seamlessly connected to health coverage, so they too only have to submit their information once to receive the comprehensive supports necessary for health and wellness. Planning for this “two-way” integration must also be incorporated into Cal-HEERS development.

Thank you for your consideration of these priorities for California consumers seeking health and wellness. We welcome the opportunity to discuss any of these items further; you can contact our groups through Elizabeth Landsberg at the Western Center on Law and Poverty (elandsberg@wclp.org, 916-442-0753) or Kim McCoy Wade at the Alliance to Transform CalFresh (kim@mccoywade.org, 415-531-3222). We look forward to reviewing the full RFP and participating in the ongoing development of the new California Healthcare Eligibility, Enrollment and Retention System.

Sincerely,

Alliance to Transform CalFresh
Catholic Charities of California United
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
Child Care Law Center
Children’s Partnership
Children’s Defense Fund California
Health Access California
National Health Law Program
United Ways of California
Western Center on Law and Poverty

CC: Ron Chapman, California Department of Public Health Director
Tom Torlakson, State Superintendent of Public Instruction
Herb K. Schultz, US Department of Health and Human Services Regional Director
Allen Ng, US Department of Agriculture Food and Nutrition Service Regional Administrator