Hunger and Health:

An assessment of social service models integrating CalFresh and Medi-Cal in community based organizations in San Diego, California

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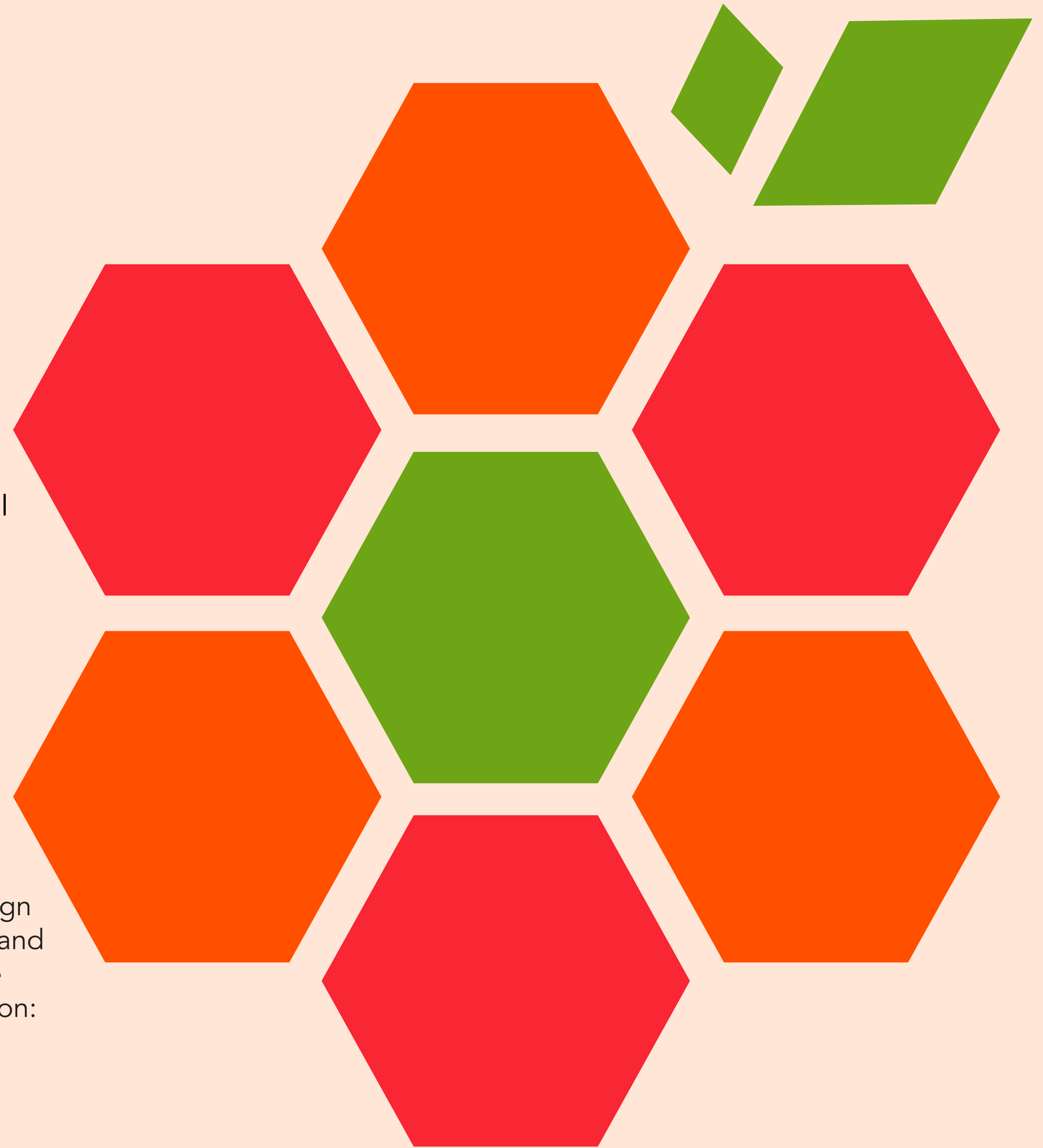

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TERMS

CalFresh Task Force:
A collaborative group of trained CalFresh outreach agencies and HHSA liaisons that work to increase access to CalFresh for eligible San Diego residents by identify barriers and solutions, sharing best practices and coordinating outreach efforts.

CBO: Community Based Organizations
Community based organizations, that engage in either CalFresh or Medi-Cal application assistance.

CEC: Certified Enrollment Counselors
Staff at community based organizations who are trained and certified to assist individuals applying for Covered California health plans, including Medi-Cal.

CEE: Certified Enrollment Entity
Community based organizations that are certified to provide in-person application assistance to individuals applying for Covered California health plans.

Host CBO:
A community based organization that provides space in their facility, hosting partner CalFresh/ Medi-Cal application assisters from other community based organizations to provide application assis-tance.

Partner CalFresh/Medi-Cal Application Assister:
Community based organization staff who partner (formally or informally) with another community based organization to provide CalFresh/Medi-Cal application assistance either through referrals or onsite at another agency.

Dual Application Assister:
Community based organization staff who provide CalFresh and Medi-Cal application assistance.

HHSA: Health and Human Services Agency (San Diego County)
The local government agency that administers CalFresh and Medi-Cal programs.

I. Introduction

Helping individuals in need access social services should be straightforward, or at least that's what we believe at the San Diego Hunger Coalition.

While the Hunger Coalition has focused the majority of our efforts on helping people access a variety of food resources, we recognize food as an important element of overall health.

Food is medicine.

We look forward to a day when all forms of assistance can be streamlined and easily accessible to help individuals get back on their feet, and are excited that recent events have made the reality of bridging the gap between hunger and health more attainable.

In response to a changing landscape of funding opportunities, many organizations have already begun to integrate hunger and health assistance through dual CalFresh and Medi-Cal application assistance.

We are glad to see so manny community based organizations move towards a more holistic approach to health and wellbeing and want to support other organizations in following suit!

The purpose of this report is to recognize current models of CalFresh and Medi-Cal integration and provide recommendations to support additional organizations to move towards further integrating and streamlining their application assistance programming.

It is based on the observations and experiences of resident groups, county- and state-level stakeholders, and community based organizations that provide application assistance.

The report will break out four different models, providing client and organization considerations.

It will also provide overarching considerations and discuss the necessary resources to implement any of the integration models shared.

As the implementation of the Affordable Care Act and accompanying legislation continue to bring change to social service delivery models, our goals are two-fold:

1. We hope that this report will serve as a framework for discussion of on-the-ground implementation of integration models to bridge hunger and health services for those who need it most.

2. We hope that philanthropic agencies utilize this report as a tangible set of guidelines to engage their current and future grantees in conversations about the best ways to leverage and maximize their resources.

SAN DIEGO HUNGER COALITION

II. What is Integration?

"Integration" is the term we use to describe how community based organizations (CBO) provide application assistance for both CalFresh and Medi-Cal.

This report identifies four different ways that CBOs currently integrate CalFresh and Medi-Cal application assistance. The four models identified are as follows:

1. One application assister helps clients complete a combined, or "dual" CalFresh and Medi-Cal application.
2. An in-house application assister helps clients complete either a CalFresh or Medi-Cal application and then another application assistr from the same organization helps clients complete the other application. If an application assister who specializes in the other program is unavailable, then clients are referred to a different location.
3. An in-house application assister helps clients complete a Medi-Cal application and their office provides space for an application assister from a different CBO to help them apply for CalFresh.
4. A CBO provides space for separate application assisters for CalFresh and Medi-Cal.

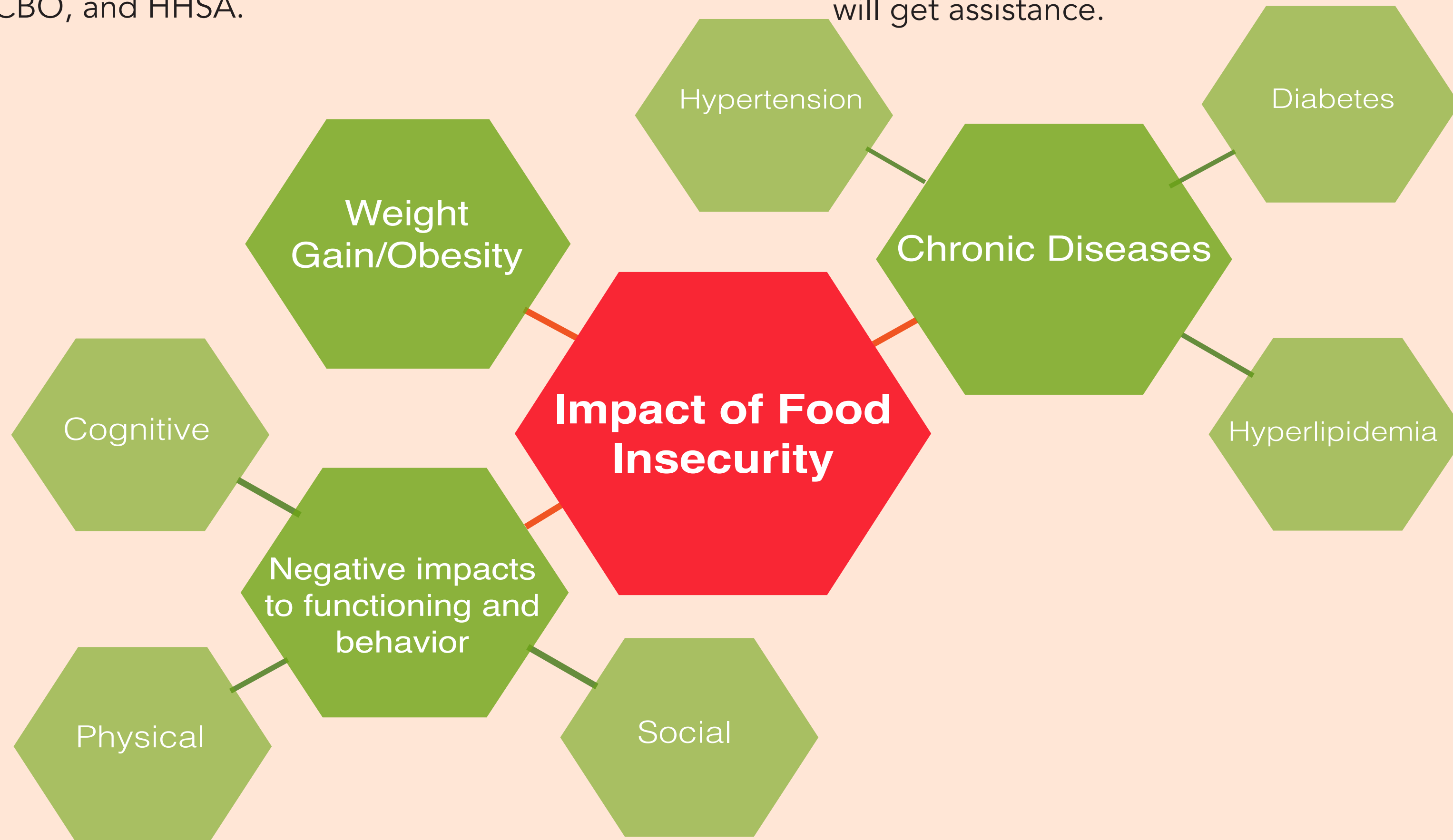
"The connection between CalFresh and Medi-Cal is so important! Because if the client is ill or sick, it would be hard for them to have a good body. And for good health they also need good mental health. A good body is coming from good nutrition. Good body, good nutrition, and good health. So all that is connected. And if they cannot eat good nutritious food, their health is going to go down because of their nutrition and if their immune system goes down, then they'll need a good medical treatment, so it's all connected and that's why I believe people deserve to receive a good treatment. They should receive all these services in the same place."

–Besma Coda
Chief Operation Officer
Chaldean Middle Eastern Social Services

III. Why is Integration Important?

We know that hunger and health are inextricably linked and that when people receive access to basic necessities like food and healthcare, they are not only healthier, but stronger community members. Integration of services makes sense on a programmatic level as well:

- Integration eliminates the duplication of paperwork, effort, and time for the client, CBO, and HHSA.
- Integration streamlines and reduces the stress of applying and enrolling.
- Integration increases the likelihood that clients in need of both programs will get assistance.
- Access to both programs improves clients' overall health and wellbeing.



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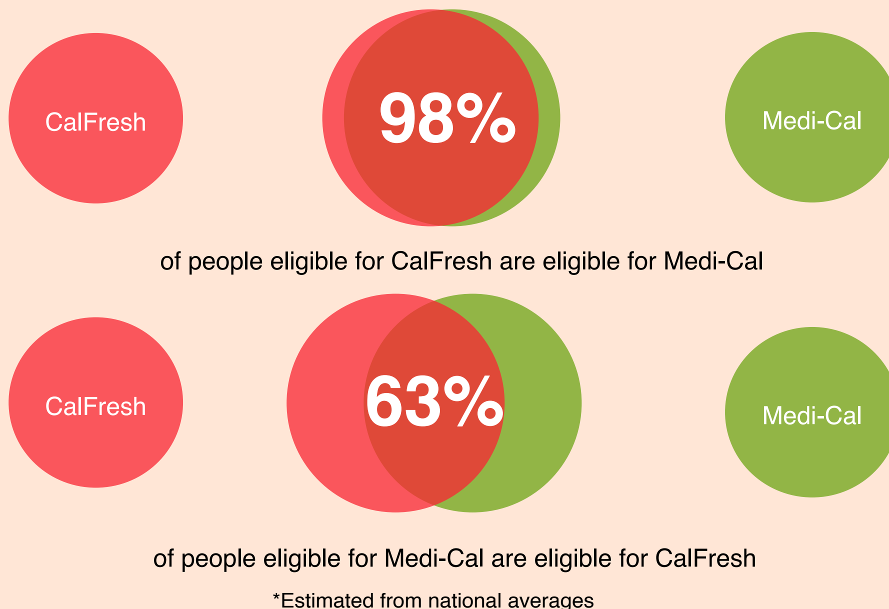
Seligman, Hilary K., Barbara A. Laraia, and Margot B. Kushel." Food Insecurity is Association with Chronic Disease Among Low-Income NHANES Participants." The Journal of Nutrition. 140 (2): 304-310.

IV. Why Now is the Time to Integrate

The opportunities for integration have never been greater:

1. The recent and historic expansion of Medi-Cal under the Affordable Care Act (ACA) increases the opportunity to dually enroll eligible people in CalFresh and Medi-Cal:



Source: Angeles, January and Shelby Gonzales. "Coordinating Human Services Programs with Health Reform Implementation." Center on Budget and Policy Priorities. Washington, DC, 2012. http://citesource.trincoll.edu/chicago/documents/chicagoconfpaper.pdf.

2. AB 191, a state law effective January 1, 2014, expands CalFresh eligibility specifically for households with Medi-Cal recipients.[1]

3. The ACA has language that allows states to apply for waivers to automatically enroll the CalFresh population into Medi-Cal. California is currently exploring this option.[2]

4. **For community based organizations who are interested in providing Medi-Cal, it is still possible to become a Certified Enrollment Entity (CEE). CEEs are reimbursed $58.00 for each approved Medi-Cal application. Covered California's health exchange website provides information on how to apply:**

   http://www.healthexchange.ca.gov/Pages / EnrollmentAssistanceProgram.aspx

   * A press release on Jan 23, 2014 announced that Covered California has been granted additional federal funding for outreach, marketing, enrollment assistance, staffing and technology. It is possible that more Medi-Cal funding opportunities will result.[3]

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1. California Department of Health and Human Services Agency. "Implementation of Assembly Bill 191—CalFresh Categorical Eligibility for Medi-Cal." California, 2013. http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2013/13-108.pdf.
2. Shing, Angela and Kim McCoy Wade. "Webinar: Covered California/Affordable Care Act and CalFresh." California Food Bank Association. October 28, 2013. http://myfoodstamps.org/resources.html.
3. "Covered California Receives Federal Grant to Continue Work of Expanding Health Care Access." January 23, 2014. Press Release.

V. How can Community Based Organizations Integrate, and What are the Benefits and Challenges for Each Integration Model?

MODEL A: In-House Dual Application Assistance

In this model, community based organizations (CBO) employ application assisters (AA) that are cross-trained in both CalFresh and Medi-Cal. This means that clients can receive CalFresh and Medi-Cal application assistance from one AA, usually in one sitting.

Model A: In-House Dual Application Assistance

CBO: Community based organizations, that, for the purposes of this report, engage in either CalFresh or Medi-Cal application assistance
Dual Application Assister: Community based organization staff who provide CalFresh and Medi-Cal application assistance
AA: Application Assister
CF: CalFresh
MC: Medi-Cal
HHSA: Health and Human Services Agency (San Diego County)

Impact on client:

1. The application process is easier for clients because they fill out one application for both programs.
2. Clients save time because they don't have to repeat their story, fill out duplicative paperwork, or make multiple trips to turn in the same documentation to meet verification requirements for each program.
3. A streamlined approach to application assistance ensures that clients who are likely eligible for CalFresh and Medi-Cal apply for both.

Impact on CBO:

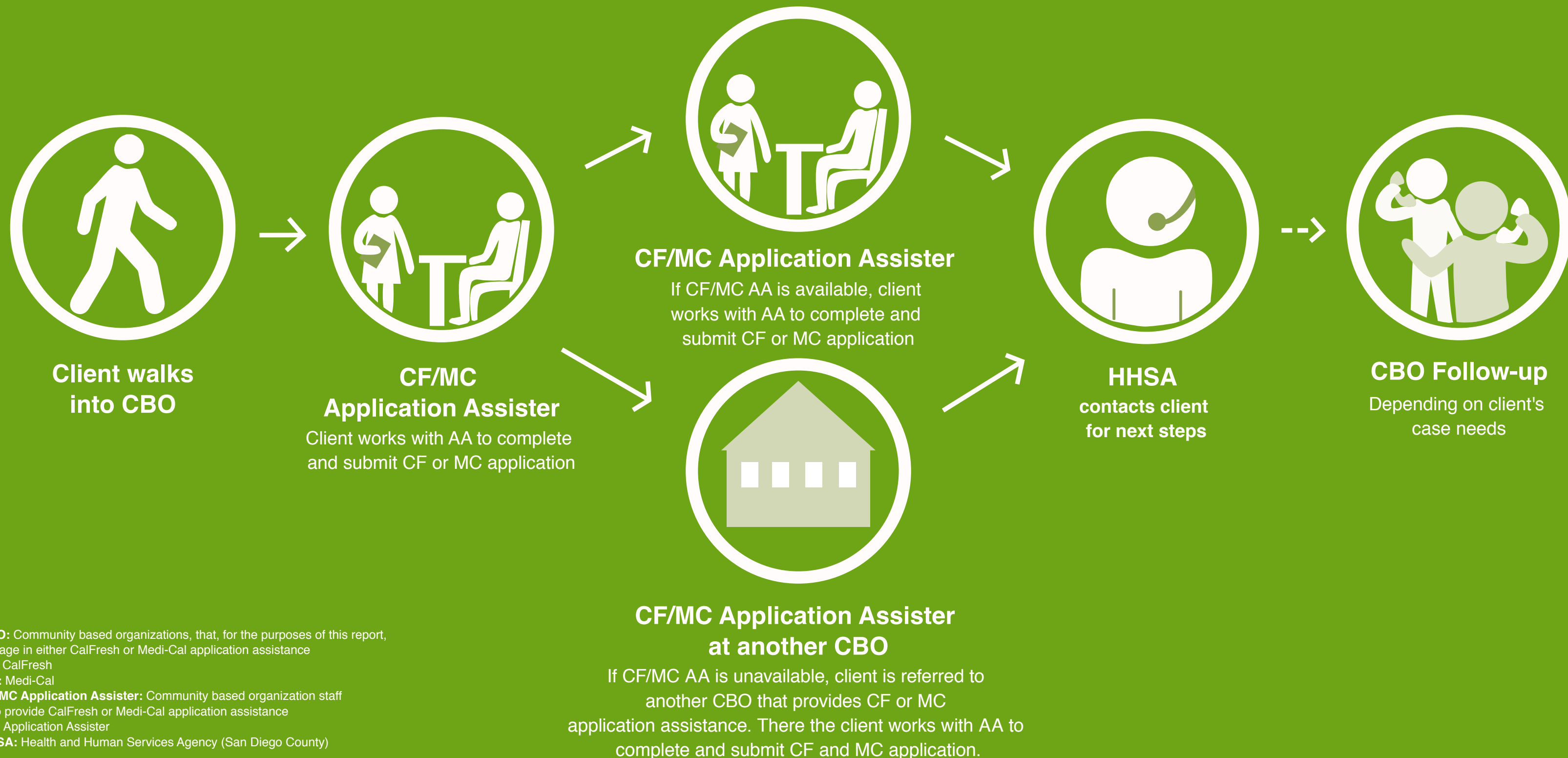
1. Providing application assistance for two programs requires more staff time, training, and funding. Organizations also require the leadership capacity to oversee and effectively implement both programs.
2. CBOs are able to more holistically support the health and wellbeing of their clients.

Considerations for CBOs:

1. Diverse funding is needed to cover the costs of both CalFresh and Medi-Cal programs unless CBO has a large source of unrestricted funding.
2. CBOs should look for funding that allows them to engage in all steps of application assistance for both CalFresh and Medi-Cal, including: outreach and education, application assistance, and client follow-up.

MODEL B: In-House CalFresh and Medi-Cal Application Assistance

In this model, community based organizations (CBO) employ distinct CalFresh and Medi-Cal application assisters (AA). Depending the type of service a client enters the organization seeking, they will be helped by either a CalFresh or MediCal assister. The client will then be asked if they are interested in applying for the other service available and will be sent to another AA that specializes in that program. For example, a client seeking Medi-Cal application assistance will be helped by an AA who is trained in Medi-Cal and will then be asked if they are interested in applying for CalFresh. If there is not an AA available to assist with the secondary application, the client may be referred to another CBO.



Impact on client:

1. If an AA who has the expertise to enroll a client into CalFresh/Medi-Cal is unavailable, the client will have to wait in the office, come back another day, or be referred to another CBO. This is not the most efficient way to receive services.

2. Client is made aware of and connected to CalFresh and Medi-Cal application assistance services.

Impact on CBO:

1. It requires additional staff time to provide two programs with separate application assisters. This is not the most efficient way to provide services.

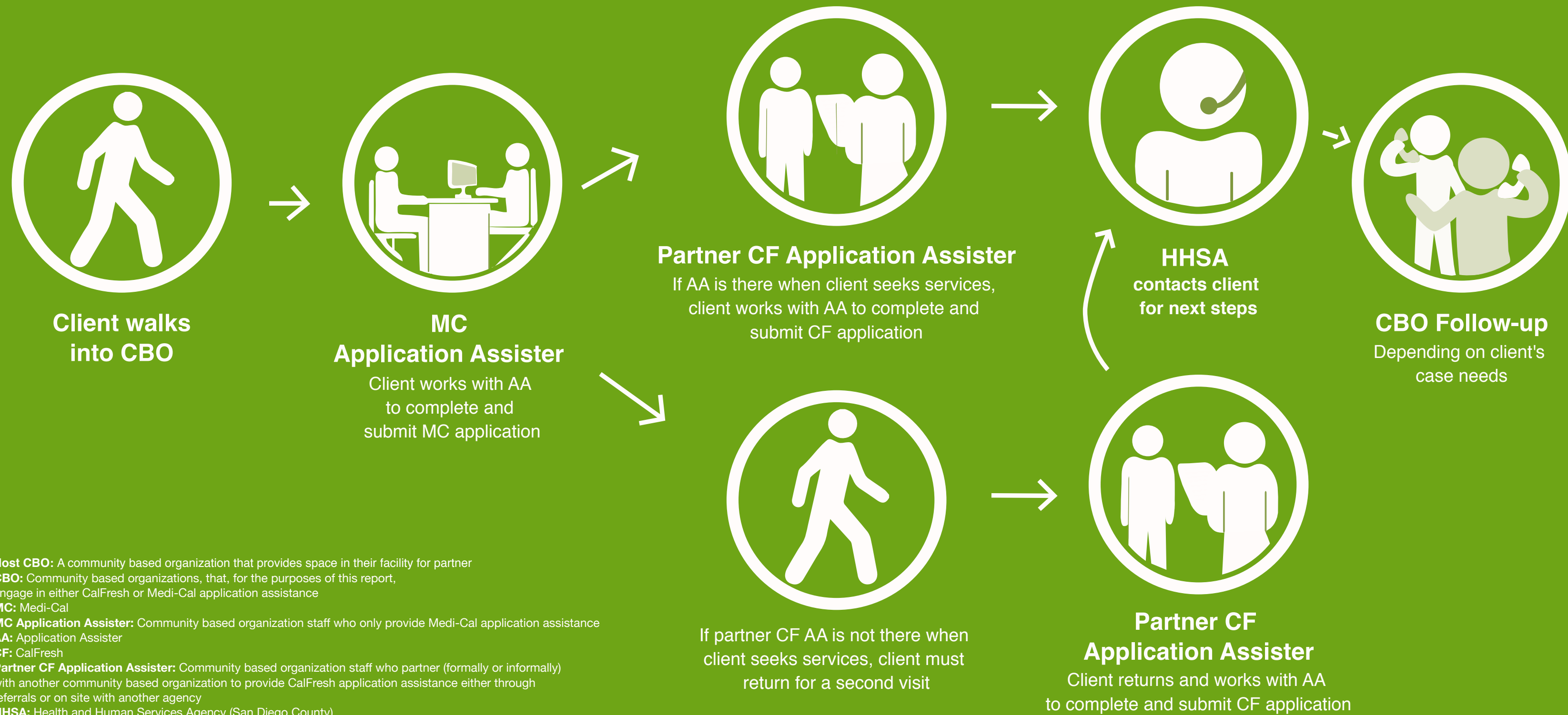
2. CBOs are able to support the health and wellbeing of their clients.

Consideration for CBOs:

While this model is a great step towards meeting the multifaceted needs of clients visiting a CBO, it does not take full advantage of staffing resources available. Cross-training application assisters in both CalFresh and Medi-Cal, however, allows CBOs to most effectively utilize staff while meeting client needs.

MODEL C: Host CBO Provides In-House Medi-Cal Application Assistance and Partner CalFresh Application Assistance

In this model, community based organizations (CBOs) employ Medi-Cal application assisters (AA) and host a CBO partner agency to provide CalFresh application assistance onsite. While scheduling formats vary across host sites, most sites host CalFresh AAs at least once a week for several hours.



Impact on the client:

1. Clients can potentially receive both CalFresh and Medi-Cal application assistance under one roof with two AAs and two applications.

2. If the client receives Medi-Cal application assistance at a time when the partner CalFresh AA is not there, they will have to return to apply for CalFresh. A multi-visit application process increases the risk that eligible clients will not sign up for both programs or will need to seek additional application assistance from another source.

Impact on CBO:

1. This model enables CBOs that do not have the capacity to employ dual AAs onsite to still offer CalFresh application assis-tance to their clients.

2. By building partnerships with other CBOs, host sites may be able to offer clients additional resources beyond CalFresh.

Considerations for host CBOs:

1. This model of integration can form easily and informally. Often it only takes a couple of phone calls to find a CBO that is interested in partnering.

2. CBOs providing partner CalFresh application assistance typically prefer that the host CBO has the following:

   a. Heavy traffic of a population that is potentially eligible for CalFresh.

   b. A relatively private place to provide application assistance.

   c. Staff who are invested in promoting the CalFresh program to their clients (e.g., disseminating flyers or making interagency referrals).

   d. Access to wireless Internet (depending on the partner CalFresh AAs' needs).

3. Dedicating a space for application assistance is a key way to increase the visibility of these services.

4. All Medi-Cal AAs should be educated on the goals of the partnership.

Considerations for host and partner CBOs:

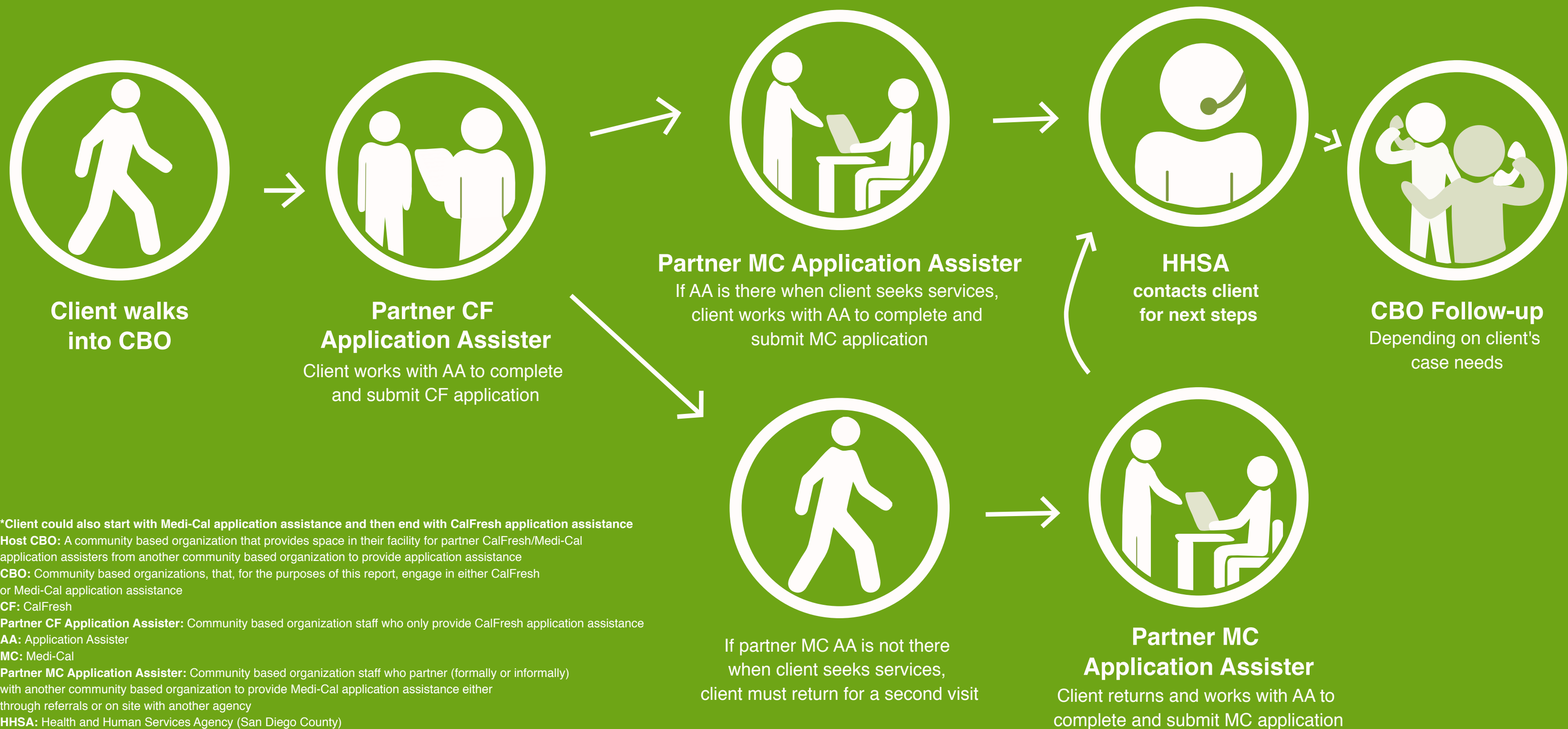
1. Consistency and commitment from both partners is important to building visibility and trust within the client population of the host organization. The partner agency must also show up at the scheduled time and the host site needs to be able to consistently provide a designated space.

2. A calendar of events alerts clients when services will be offered and helps them plan accordingly.

3. Additional resources like brochures and fliers with contact partner contact information should be available in the case that partner CalFresh AA services are not available when the client visits the host CBO.

MODEL D: Host CBO Works with Partners to Provide CalFresh and Medi-Cal Application Assistance

In this model, community based organizations (CBO) that do not have application assisters (AA) for each program host both CalFresh and Medi-Cal AAs from partner CBOs to provide regular, onsite application assistance. Since the partner AAs are coming from different CBOs, the times that they provide application assistance at the host CBO may or may not overlap.



Impact on client:

1. It is convenient for clients to be able to receive CalFresh and Medi-Cal assistance at the same CBO.

2. Due to challenges scheduling simultaneous CalFresh and Medi-Cal application assistance, the client may need to make an additional visit to apply for both programs. Like Model C, a multi-visit application process increases the risk that eligible clients will not sign up for both programs or will go elsewhere to seek assistance.

Impact on host CBO:

1. The cost of this partnership is free to the host CBOs, but it requires a program coordinator to communicate with partner CBOs.

2. If the CBO does not have the capacity to build its own application assistance programs, this model assists CBOs in providing additional assistance to accessing important resources.

Considerations for host and partner CBOs:

The considerations are the same as with the previous Model C: Partnerships can form easily and informally, CBOs providing partner CalFresh application assistance have certain requirements for host CBOs, and consistency and commitment from both partners is necessary.

The difference is that CBOs in Model D should coordinate their CalFresh and Medi-Cal application assistance to help clients access both services during the same visit.

"…How wonderful if I could bring [CalFresh] to our patients. That was my vision, so then I made some phone calls, got to know the staff a little more, invited them in and that's how the partnership was formed. And it just made sense to have [the CalFresh outreach partner] here. I have the space, I have the patients….and so I thought that would be great to have them here so they wouldn't have to go anywhere else… It's a wonderful agreement of passion and commitment to our community "

- Martina Nittra Savedra
Program Supervisor
Women's Wellness Center

VI. What are the Key Differences between the Integration Models?

The differences in Models A, B, C, and D are primarily the result of differences in staff capacity and funding:

- **Dually Trained Staff Increase Program Efficiency**

  Community based organizations in Model B spend the most staff time per client on application assistance. Application assisters help clients fill out an application for either CalFresh or Medi-Cal and then spend time connecting clients to another staff member to repeat the entire process all over again.

  While CBOs in Model A also provide both CalFresh and Medi-Cal programs, they spend less time per client on application assistance because they use a single streamlined application.

  A dual application will take between 45 and 90 minutes per household, whereas separate applications could take up to 120 minutes.

- **Diverse Funding is Key to Integrated, Dual Application Assistance**

  The majority of funding sources currently available to CBOs engaging in application assistance are unique to either CalFresh or Medi-Cal. Very few dual application assistance funding streams exist. This means that organizations engaging in Model A's dual application assistance require diverse funding sources to train and employ staff members that are able to assist both CalFresh and Medi-Cal.

- **Partnering Increases Access without Increasing Operating Costs**

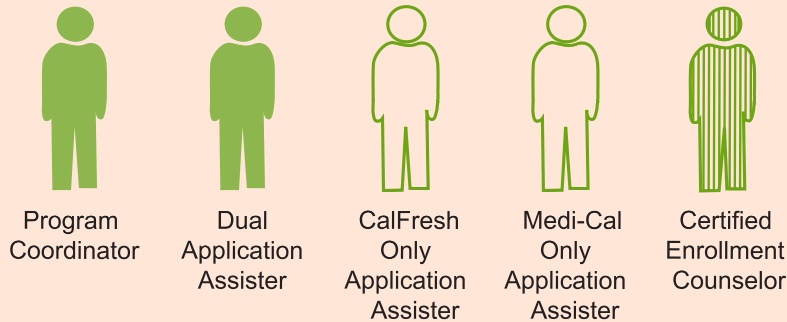
  While funding diversity characteristics are similar between Models B and C, Model C requires less staff capacity as all CalFresh application assistance services are provided by a partner organization.

- **Hosting is a Inexpensive First Step Towards Increasing Access**

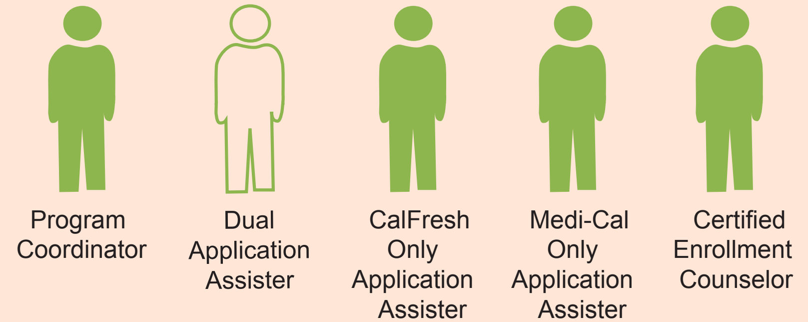
  Model D's funding is unlike the other models. Since the cost is free to host application assisters, it only requires a program coordinator to communicate with partner CBOs.

Staff Capacity & Funding

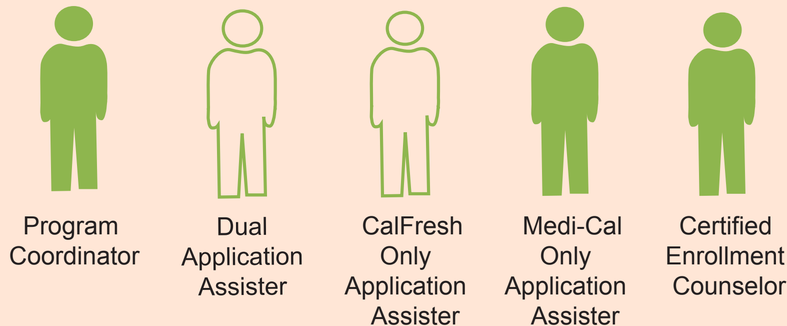
Model A



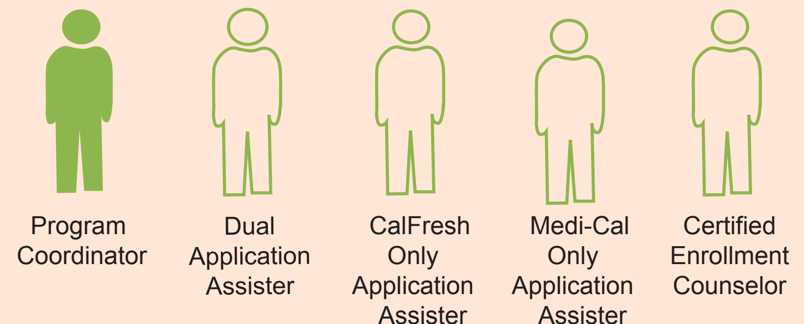
Model B



Model C



Model D



CBOs have this position

Some CBOs have this position

CBOs don't have this position

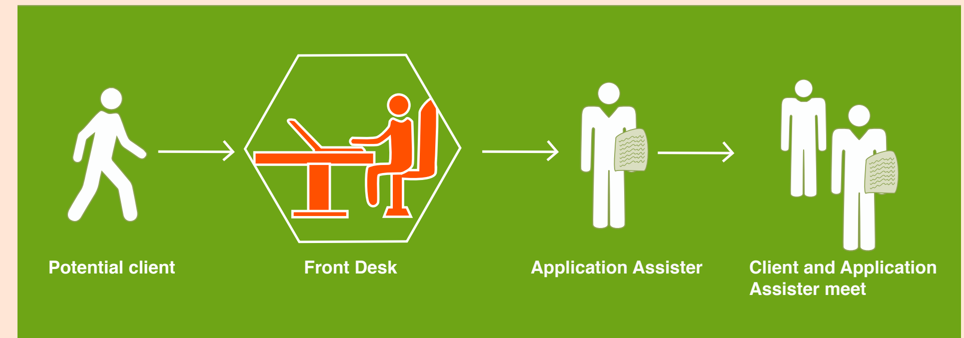
Average number of funding sources

Model funded through general operating costs

VII. What Makes Intergration Successful?

Integration requires the active participation of different players. Below are specific ways CBOs and philanthropic agencies can enhance the effectiveness of integration efforts:

40% of program managers who had Medi-Cal trained AAs were uncertain of the agency they had recived Medi-Cal training from

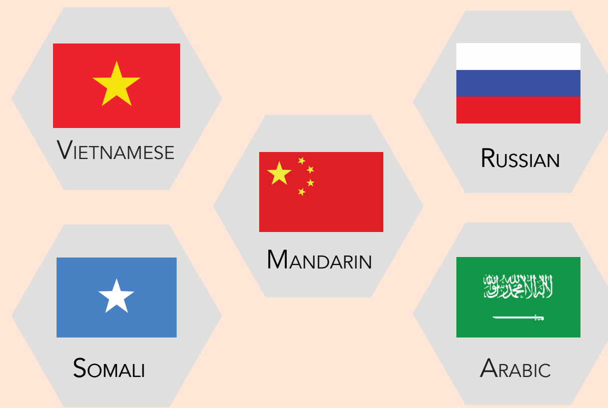


1. Community based organizations assisting with Medi-Cal identified a need for an central entity to provide Medi-Cal training, program updates, and support. The CalFresh Task Force and Hunger Coalition were regularly recognized as providing these services for CBOs assisting with CalFresh; however, numerous organizations expressed interest in a similar model for Medi-Cal.

2. Hiring multi-lingual application assisters to meet the language needs of the communities being served, or partnering with CBOs that can provide translation improves the effectiveness of integration efforts. Promotion materials available in the languages identified would significantly improve outreach, education and access.

Application Assistence Language Needs

(Beyond Spanish)



3. As the initial client interface, front desk staff often become informal "gatekeepers" for assistance programs. For this reason, educating front desk and phone staff about CalFresh and Medi-Cal services is a key way to disseminate information about these programs to all potentially eligible individuals walking through the CBO's doors.

4. Many clients applying for Medi-Cal are hesitant to accept CalFresh due to myths and stigma surrounding the program. For this reason, it's extremely important for Medi-Cal AA's to be able to explain and promote CalFresh to ensure eligible families that could benefit from the program enroll.

5. Follow up case management services help clients navigate the complex eligibility process.

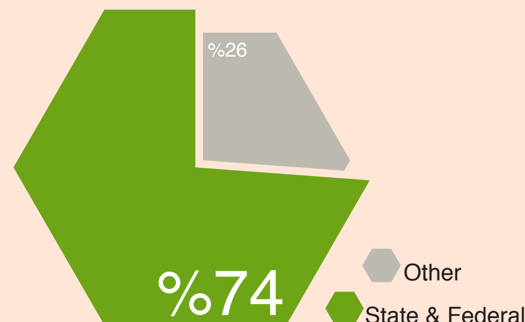
   CalFresh clients are on average 20% more likely to have their application approved with Hunger Coalition partner agencies than if they were to apply on their own.

6. Building outcome-tracking mechanisms, such as number of clients prescreened, enrolled, or assisted with follow-up advocacy, etc., is essential for reporting successes, which can be used as data for funding requests.

7. Tracking clients' barriers and establishing relationships with HHSA (directly or through a lead agency) is a great way to share concerns and build opportunities to create systemic improvements. Client experiences provide powerful examples of what changes need to be made in the eligibility process.

8. State and Federal funding made up the vast majority of funding sources reported by CBOs. Community based organizations that are not currently taking advantage of federal and state funding sources for their programs should consider doing so.

Types of Funding CF/MC CBOs Reported



9. Supporting clients at every step of the process is crucial to successful application rates. Funders can enable CBOs to best serve clients through their willingness to fund robust and comprehensive programing that supports the client from start to finish, including outreach, prescreening, application assistance, and follow-up.

10. Providing matching grants to draw down federal funds and cover important program costs not covered by government grants is another key role of funders.

10. CBOs rely on a variety of tools to provide application assistance, case management, and advocacy. Below is a summary of some of the most commonly used tools:

Application Assistance Tools

Application Used:

- MyBenefits CalWin: Online application for CalFresh, Medi-Cal, and CalWorks

Technology Used:

- Phone: Used for interviews with HHSA.
- Desktop computer
- Scanner
- Laptops: Enable CBOs to provide application assistance offsite in order to reach potentially eligible clients. A hot spot will sometimes be used in places with no Internet connection.
- Portable scanners: Used when providing application assistance offsite in order to submit a completed application immediately.
- Computer labs: An effective way to empower clients by making it possible for them to apply, as well as check and manage their benefit accounts.

Applications Used:

- SAWS 2 Plus: Streamlined CalFresh and Medi-Cal paper application
- CF285: CalFresh only paper application

Technology Used:

- Phone
- Computer
- Scanner
- Fax

- WebX: Web-based interview tool for CBOs in remote areas

*Use of WebX is dependent upon collaboration with HHSA.

Technology Used:

- Audio head set
- Camera
- Computer
- Scanner and/or fax machine

Case Management Tool

- Case management database: Helpful for tracking and organizing client information. Some CBOs use specific databases required by their funding agencies. There are database platforms created specifically for CalFresh outreach.

Client Advocacy Tools

- Dedicated CBO line
- Out-stationed eligibility workers: County employees who provide outreach and enrollment services at a CBO.
- County Liaisons: Points of contact, usually supervisors from HHSA, that can help address more complex case issues for organizations trained in CalFresh advocacy (training provided by SDHC).
- CalFresh Task Force: A collaborative group of trained CalFresh outreach agencies and HHSA liaisons that work to identify barriers and create solutions to improve CalFresh outreach and enrollment processes.

VIII. Questions unresolved as of March 2014

Integration is constantly evolving as people adjust to new regulations and new technologies. Right now the following questions are still unresolved:

1. Will Certified Enrollment Entities (CEE) be reimbursed for their approved Medi-Cal applications if they apply through MyBenefits CalWin instead of Covered California?
2. Who will reimburse CEE's approved Medi-Cal applications and provide trainings after Covered California's contract with CEEs ends?
3. Will streamlined enrollment proceedures like the Express Lane Eligibility Project continue, and if so for how long?
4. When could we expect to see a Reverse Experss Lane Eligibility Project, to provide streamlined access to CalFresh for MediCal recipients.

IX. Appendix

Qualitative data was collected in the form of in-depth interviews and focus groups with various key stakeholders at multiple levels of the CalFresh and Medi-Cal application processes.

We conducted 30 in-depth interviews with CBO program managers and application assisters offering CalFresh and Medi-Cal application assistance.

Interview questions explored each organization's specific program models to better understand program formation, application assistance models, and any barriers to providing both programs.

In-depth interviews were also conducted with three HHSA program administrators and three state-level community advocates in order to gain a better understanding of large-scale efforts to integrate CalFresh and Medi-Cal.

Lastly, two focus groups were held with San Diego county residents in City Heights and National City to learn about direct experiences with CalFresh and Medi-Cal.

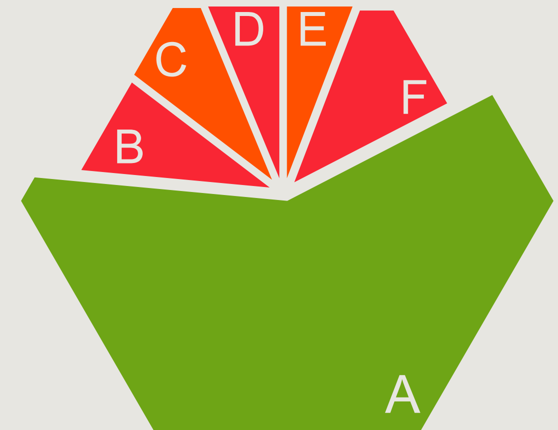
It should be noted, our methodology presented a few limitations. First, our sample size of Medi-Cal only CBOs was limited because phone calls to these organizations were either not returned, or the front desk was unable to direct us to the appropriate staff member.

In addition, two out of our 30 interviews were held with application assisters because their program managers were unavailable, making it challenging to ascertain key components of progammatic operations.

During the course of data collection, additional questions emerged due to new information and evolving policy changes. While various attempts were made to collect additional data, we were not always able to reconnect with every key stakeholder.

Similarly, as the Affordable Care Act (ACA) was still rolling out at the time of the interviews, program managers were often uncertain about the specific ways in which ACA changes were going to impact their Medi-Cal program. This may continue to be true as ACA funding begins to deminish.

Distribution of Stakeholders



A: 20 CF/MC CBOs
B: 3 State CBO Leaders
C: 3 County Admin. and Program Managers
D: 2 Resident Groups
E: 1 MC only CBO
F: 4 CF only CBOs