Addendum - Additional Changes to the Medi-Cal Program

1. **Presumptive Eligibility/Accelerated Enrollment**

We are happy that DHCS is looking to expand both Hospital Presumptive Eligibility as well as utilize sites beyond hospitals such as other existing presumptive eligibility providers currently used for pregnant people and children or opening up phone access to quickly enroll applicants into Medi-Cal. We also recommend opening up Accelerated Enrollment to adults to minimize the need for follow-up information and to avoid breaks in coverage. We also recommend authorizing county eligibility workers to grant Accelerated Enrollment for applications received directly at the county as an added measure for getting people into coverage as quickly as possible once an application is submitted.

2. **Strengthen county application processing requirements for applicants without telephone and internet access, and all applicants unable to locate required verification documents**

The Department's almost immediate issuance of MEDILs 20-06 and 20-07 are helping beneficiaries to access new and continued Medi-Cal eligibility. But as several county welfare agencies close offices and migrate to telephonic and online operations, the letters are silent on how Californians can access Medi-Cal through analog channels. We urge the Department to remind counties that they must make paper applications available at physical offices, receive drop-offs of physical documents, and maintain processes to handle hard copy submissions. The most recent CMS FAQs (updated April 2, 2020) recommend placing "additional out-stationed workers in specific locations" to maximize access when county offices are otherwise closed. For the many Californians who are unable to access the internet or wait on hold, paper applications remain their only way to get covered.

Also, for applicants and beneficiaries confined to their homes, the Department should ensure that all county call centers are able to handle Medi-Cal applications and renewals. The latest CMS FAQs recommend that call center capacity should be expanded, both with technological improvements and staffing changes. Facing unprecedented demand, counties need DHCS's help to pursue innovative solutions to shore up their call centers.

In addition, there remains widespread misunderstanding about the self-attestation requirements in 22 C.C.R. § 50167(c), and understandable lack of knowledge in the applicant community. Since many new applicants during this pandemic are likely to need coverage quickly, *we recommend that the Department issue reminders to counties and clear instructions to applicants that*

self-attestations are acceptable except for citizenship and immigration status. If applicants know that they can attest to all other facts, they will be empowered to do so and counties will know that their applications are ready to process. Even with the required reasonable opportunity period, these reminders and clarifications are needed to get people covered quickly. Identical concerns affect the population of pregnant people who qualify for the Medi-Cal Access Program (MCAP), which is administered by Maximus under DHCS.

3. **Clarify that the 90-day renewal suspension means that counties and Maximus should reallocate staff to process *new* applications.**

We appreciate recent guidance, MEDIL 20-07, requiring counties to "concentrate staffing resources where needed during this public health crisis, [and] ... stop processing annual renewals immediately." Recently we learned that some counties are still insisting that beneficiaries submit renewal information during the suspension, or else their Medi-Cal will terminate after the emergency ends. When the renewal information comes in, county workers must mark it as received.

This unnecessary renewal work prevents counties from concentrating staffing resources on new application processing. In order to achieve the goals of the Governor's executive order and free up resources to handle new applications, counties need reassurances *today* that all renewals stopped for 90 days will not need to be processed immediately this fall during open enrollment. As CMS's Disaster Preparedness Toolkit describes, existing regulations (42 CFR §§ 431.211, 435.912(e)(2), and 435.930) allow DHCS to pend all renewals out for one year so that a renewal backlog does not overload county workers when the emergency ends. The same refocusing of efforts should be done at Maximus for the Medi-Cal Access Program (MCAP).

4. **Adjust statewide CalHEERS eligibility system and county SAWS portals to allow for self-attestation of income.**

We very much appreciate DHCS's quick response in invoking existing emergency guidance (ACWDL 19-01) across the state that allows applicants to self-attest to most application requirements needing verification. Income verification is the piece that most often requires verification and most new applicants will have just had a recent drop in income. Although CalHEERs is often able to verify income, recent changes in income can be the most difficult because the federal hub cannot confirm real-time circumstances. SAWS portals (C4Yourself, My Benefits CalWIN, and Your Benefits Now) are other places that applicants will need to self-attest to income directly into the portals, without attaching separate attestations. Given counties' workforce stresses and reduced capacity for applicants to collect and send in documentation,

allowing applicants to self-attest to income directly on CalHEERS and in all three SAWS portals will greatly expedite many expected applications and free up service center and eligibility workers' time for more complicated problems.

5. **Suspend or prioritize "carry forward status" to reinstate or accelerate enrollment for consumers moving from Covered California to Medi-Cal or MCAP**

Given that many Californians are facing a loss of income and will not be able to afford their Covered California premiums, we recommend suspending the "carry forward status" and reverting to a system of accelerated Medi-Cal enrollment. See ACWDL 17-07. We believe that the system that existed prior to September 2016 should be reinstated, whereby people experiencing a loss of income are given accelerated enrollment using existing express lane aid codes and can access Medi-Cal services immediately. While in carry forward status, the consumer is expected to continue to pay their Covered California premiums, which will be impossible for those experiencing economic hardship. If CalHEERS programming cannot be changed quickly enough to effectuate accelerated enrollment, we urge the department to give the counties clear direction that consumers in carry forward status are given the same high priority status as new applicants who need access to care. The same solutions should apply to the Medi-Cal Access Program (MCAP) for pregnant individuals administered through Maximus.

6. **More flexibility needed for transportation**

DHCS should seek maximum flexibility to provide appropriate transportation assistance to beneficiaries and add to its 1135 waiver request a request to waive its medical necessity criteria transportation benefits and instead permit beneficiaries to use whatever transportation service is the safest for them during the pandemic. For example, while some beneficiaries who are immunocompromised ordinarily receive transportation assistance to access public transportation to reach their medical appointments, it is not appropriate for these beneficiaries to use public transportation at this time.

7. **Relaxed requirements for Minor Consent Medi-Cal**

We understand DHCS is planning on waiving any in-person enrollment and renewal requirements for applicants seeking Minor Consent Medi-Cal to allow enrollment and renewals over the phone. We appreciate similar guidances that already exist for other programs such as FPACT. We also urge DHCS to clarify that Medi-Cal providers may use existing telehealth policies to deliver sensitive services to people enrolled in Minor Consent Medi-Cal. Existing DHCS telehealth guidance does not include Minor Consent Medi-Cal, and the covered services are sensitive both in time and nature. Further, we ask DHCS to extend the

coverage period to at least 6 months for all Minor Consent Medi-Cal services including family planning and STI services, consistent with the recent 6-month coverage expansion for mental health and substance use treatment. Some beneficiaries are subject to a one-month coverage limit and must reapply for coverage, which is burdensome for applicants and providers—even with the clarification that telephonic signatures are accepted.

8. **Expedite Income Eligibility Expansion and Protect Medi-Cal Eligibility for Older Californians & Persons with Disabilities**

Just last year, California enacted an important income increase to the primary Medi-Cal program serving older Californians and persons with disabilities to align it with other Medi-Cal populations. This program serves the very population that is most at risk of severe covid-19 symptoms. This increase is already in an approved State Plan Amendment, yet the approved plan is not set to implement until August 2020. Asking CMS to allow for an expedited implementation of an already approved amendment should not be controversial.

At the same time last year, California enacted AB 1088 to protect seniors and persons with disabilities from a Medi-Cal loophole that cut off eligibility when Medi-Cal paid their Medicare Part B premiums. To keep vulnerable Californians covered during this crisis, California's counties are ready to implement this new protection immediately. So DHCS should work with CMS to amend State Plan Amendment (SPA) 20-0016 to allow for implementation as soon as possible.

9. **Suspending Medi-Cal assets limits and making Medicare more affordable**

We also urge the Department to exercise its discretion to suspend the asset limits for Medi-Cal programs serving older adults and people with disabilities. This would include Medicare Savings Programs for all current beneficiaries. During this pandemic, older adults should not have to worry that an extra $500 in their bank account could complicate Medi-Cal eligibility. In addition, we ask that DHCS move quickly to enter into a Medicare Part A Buy-In agreement with CMS. Such an agreement would help beneficiaries with the burden of the Medicare Part A premiums, a cost that disproportionately impacts older women and immigrant seniors. Suspending assets limits helps keep individuals at risk of contracting COVID-19 on Medi-Cal and ensures their access to much needed care, while entering into a Part A buy-in agreement would make Medicare more affordable - both steps are critical during this public health emergency.

10. **Implement the "maternal mental health" eligibility extension for Medi-Cal and MCAP now**

Access to mental health services in this time of crisis has never been more important. We applaud the Department for its swift action in stopping discontinuances from Medi-Cal and MCAP for individuals enrolled as of March 18, 2020. But for individuals whose pregnancies ended before March 18 and who qualify under the SB 104, Sec. 6 eligibility extension for maternal mental health conditions, a solution is urgently needed. This measure became effective July 9, 2019, when the Governor signed the bill, including an appropriation specifically for this eligiblity extension; the Budget Act of 2019 also includes the appropriation. The Department, however, doesn't plan to implement until July 1, 2020. We urge immediate implementation instead, for the individuals who were discontinued before March 18, 2020.

11. Clarify that the scope of coverage under Presumptive Eligibility for Pregnant Women includes all of Medi-Cal's ambulatory care services, including testing and treatment of COVID-19

Presumptive Eligibility for Pregnant Women is limited to ambulatory, i.e, outpatient care. Two clarifications are essential during this public health emergency: PE covers <u>all</u> ambulatory care when medically necessary during the individual's pregnancy, just as Medi-Cal otherwise covers ambulatory care, and this includes outpatient testing and treatment for COVID-19. A Flash/Provider Bulletin confirming DHCS's policy on this would be extremely helpful to avoid confusion and delays in access to care under PE.

12. Clarify that Presumptive Eligibility is available under the 200% Parental Income Disregard Program

The 200% Parental Income Disregard Program makes it possible for young people under 21 to remain at home during pregnancy with their family support systems, rather than have to move out to avoid being in a household that is otherwise over income for Medi-Cal. A Flash/Provider Bulletin clarifying that PE providers may use the disregard to enroll pregnant individuals under 21 into PE would be extremely helpful. If this is not current policy, we urge DHCS to adopt ir right away, not only to expedite Medi-Cal for pregnant young people but also to take pressure off the enrollment systems for others.

13. Eliminate barriers to Medi-Cal caused By Other Health Coverage

We request that DHCS waive the Other Health Coverage requirements to allow people to access Medi-Cal directly if the other coverage has high deductibles or cost-sharing for treatment. Alternately, streamline how all other health coverage copayments, deductibles and benefit limits are covered. Under current rules, a beneficiary must first access the other coverage only when the coverage is "available" with "no cost involved." See 22 CCR §§ 50763(a)(1), 50763(a)(3). This has always been a challenge in the best of times. Given the

additional barriers high-cost coverage creates during this pandemic, Medi-Cal beneficiaries should be able to access their Medi-Cal coverage without barriers.

14. Continued access to California Children's Services Program

DHCS needs to ensure continued, safe access to care for the California Children's Services (CCS) population. If DHCS hasn't already, they need to issue COVID-19 guidance to CCS providers and clarify what services are "essential" and appropriate use of telehealth, bearing in mind that barriers in access to care mean that CSHCN may miss critical developmental milestones and/or may experience declines in health outcomes. Also, the Department should waive any and all requirements for in-person assessments during the pandemic so that medically frail children can still access medically necessary care like durable medical equipment (DME). Also, we understand that the State Hearings Division (SHD) is only doing telephone hearings through April 17, 2020. Since SHD only has jurisdiction over CCS Whole Child Model county hearings, guidance needs to be issued on the hearings administered by the DHCS Office of Administrative Hearings and Appeals.