

Ready, Set, Enroll

May 2016 Update

Community Health Center Strategies to Enroll Undocumented Children into Medi-Cal under the Senate Bill 75 Medi-Cal for All Children Expansion

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Introduction

Under Senate Bill 75, California expanded eligibility for full scope Medi-Cal effective May 2016 for all children under age 19 with family income at or below 266% of the Federal Poverty Level (FPL), regardless of immigration status. Also known as Medi-Cal for All Children, estimates of the number of eligible California children range from 170,000 to 250,000. As many as 200,000 of the children who became newly eligible for full scope Medi-Cal are already enrolled in coverage programs, such as restricted scope (or emergency) Medi-Cal, the Kaiser Child Health Program, local Healthy Kids programs and other state limited scope programs (e.g. Family PACT). Many other children are uninsured and receive medical care at California community health centers (CHCs). As with other major coverage expansions, CHCs are at the forefront of community education and enrollment efforts to enroll all eligible children into Medi-Cal for All Children.

Funded by the Blue Shield of California Foundation, this brief explores community education and enrollment strategies being utilized by California CHCs to support enrollment of eligible undocumented children into Medi-Cal for All Children and highlights the common barriers to enrollment facing the undocumented and mixed immigration status families served by CHCs. Interviews were conducted with five California community health centers (CHCs) and five other stakeholders familiar with the Medi-Cal for All Children expansion and CHC enrollment efforts. The following brief highlights key themes from the interviews, as well as, includes individual case studies describing activities in different communities.

Medi-Cal for All Children Implementation Process

Senate Bill 75 instructs the Department of Health Care Services (DHCS) to expand Medi-Cal eligibility no sooner than May 1, 2016. As of the date of this publication, DHCS had an implementation date of May 16, 2016. Estimates of the number of children eligible for full scope Medi-Cal coverage under the Medi-Cal for All Children expansion range from 170,000 to 250,000. Many eligible children are already enrolled in restricted scope (emergency) Medi-Cal or other coverage programs. Estimates include the following:

- 115,000 undocumented children under the age of 19 currently enrolled in *restricted scope Medi-Cal*;¹
- 73,000 children enrolled in the *Kaiser Child Health Program*. It is estimated that most, but not all, enrolled children are undocumented and with income below 266% FPL;²
- 21,000 children enrolled in county-based *Healthy Kids/Children's Health Initiative* programs. Again, most, but not all, enrolled children are undocumented and with income below 266% FPL;³
- An unspecified number of children are enrolled in county-based access programs and other state limited scope programs like Family PACT or the Child Health and Disability Program (CHDP) Gateway.

For the purposes of program implementation, the Department of Health Care Services (DHCS) has identified two enrollment populations:

- The "*Transition*" population includes all undocumented children who are enrolled in restricted scope Medi-Cal on the date of the Medi-Cal for All Children implementation. These children will be automatically rolled into full scope Medi-Cal and will receive mail notifications describing their coverage, required enrollment into Medi-Cal managed care and instructions for selecting a health plan and primary care provider;

¹ "SB 75 Full Scope Medi-Cal for All Children: Eligibility and Enrollment Plan". Department of Health Care Services. March 18, 2016.

² "MEMO: Transitioning Undocumented Children to Full Scope Medi-Cal – Lessons from the Low Income Health Program Transition". UC Berkeley Center for Labor Research and Education, UCLA Center for Health Policy Research & UCLA Fielding School of Public Health. October 16, 2015.

³ Ibid.

- The “*New Enrollee*” population includes individuals who meet all of the Medi-Cal for All Children eligibility requirements but are not enrolled in restricted scope Medi-Cal on the implementation date. This includes uninsured children, as well as those enrolled in private or county programs, such as Healthy Kids, Kaiser Child Health Program and county-based access programs. Beginning on the implementation date (May 16, 2016), these children will have the opportunity to enroll through the California Healthcare Enrollment, Eligibility and Retention System (CalHEERS) or with County eligibility offices using the State Automated Welfare System (SAWS).

Although children enrolled in county-based Healthy Kids programs and the Kaiser Child Health Program have current income and residency eligibility determinations, as well as, assigned primary care providers, DHCS elected not to automatically roll these children over to full scope Medi-Cal. These families, however, do have the option to enroll into restricted scope Medi-Cal without losing their current coverage prior to the May 16, 2016 implementation date.

Given DHCS’ enrollment approach, most communities have made significant efforts to enroll uninsured children, Healthy Kids members and Kaiser Child Health Program enrollees into restricted scope Medi-Cal prior to the May 16, 2016 implementation date so they can roll directly into full scope coverage. Additionally, community health centers (CHCs) and other agencies providing education and enrollment support are focused on facilitating a seamless transition for families. This includes: informing families about the medical home selection process and helping those families with children already enrolled in Healthy Kids or Kaiser Child Health Program to keep their existing medical home; assisting families to navigate and understand state enrollment, program transition and health plan notices; communicating with county social service agencies about enrollment experiences and challenges, and; educating families about common immigration issues and concerns, such as the impact of Medi-Cal enrollment on applications for legal status (“public charge”) and use of personal information to enforce deportation actions.

Additionally, since both Healthy Kids programs and the Kaiser Child Health Program are programs of last resort, children who become eligible for full scope Medi-Cal will not continue to be eligible for either the Kaiser Child Health Program or Healthy Kids. However, to ensure that children do not experience a gap in coverage the Kaiser Child Health Program will allow children who are eligible for full scope Medi-Cal under Medi-Cal for All Children to remain in Kaiser through December 31, 2016. Most, but not all, county-based Healthy Kids programs have also developed a transition period for their enrollees.

Community health centers (CHCs), county Children’s Health Initiatives (CHIs) and advocates are monitoring the initial enrollment/transition experience closely to identify and voice issues affecting families as they arise.

Community Health Center Enrollment Assistance Themes and Challenges

Community health center (CHC) leaders and other community stakeholders were asked to describe the challenges or barriers to enrollment in their communities, community education and enrollment strategies and keys to enrollment success with undocumented and mixed status families. Interviewed CHCs and stakeholders consistently highlighted a common set of challenges and related outreach/enrollment strategies to facilitate enrollment into Medi-Cal during the Medi-Cal for All Children expansion.

Minimal Public Awareness. All of the interviewed CHCs noted that unlike the major community media campaigns promoting the ACA expansion, efforts to educate the public about the Medi-Cal for All Children expansion has been much more limited. Two Central Valley health centers reported receiving funding from The California Endowment (TCE) to lead local media campaigns and expressed hope that a

statewide TCE media campaign would elevate public awareness about the coverage expansion. Overall, health centers reported a broader emphasis on in-reach campaigns to educate existing patients and grassroots outreach efforts such as door-to-door education in high need communities, workshops for other service agencies serving immigrant populations and other community outreach.

Fear Still a Major Issue. CHCs and other service providers have long pointed to community fear as a pervasive challenge to engaging undocumented and mixed status families in public programs. In regards to the Medi-Cal for All Children expansion, CHCs again highlighted a common fear that personal information shared for a Medi-Cal application could be used for deportation actions. Importantly, many California communities have experienced Immigration and Customs Enforcement (ICE) raids in the previous year, which heightens fear in the community. All of the interviewed CHCs with locations in southern California noted that immigration raids had occurred in their community within the last 6-9 months.

“Public Charge” Misperceptions. Similarly, interviewed CHCs reported common misperceptions among families, other immigrant service providers (e.g. immigration lawyers) and even county social service agencies about if or how enrolling in Medi-Cal affects existing applications for legal status. A lack of clear written materials from public agencies or other communication on the topic has made raising public understanding more difficult. CHCs reported a number of individual efforts to inform families that enrollment in Medi-Cal does not constitute a “public charge”.

Indigenous Populations. Multiple CHCs noted the presence in their communities of Mexican and Central American indigenous undocumented residents that speak neither English or Spanish (e.g. Mixteco). Although CHCs make attempts to serve these communities, they emphasized that they are more isolated and that the lack of linguistic competence makes serving these residents more difficult. CHCs worried that these families may not learn of or enroll in the Medi-Cal for All Children expansion at the same rate as other communities.

As a result of these concerns, interviewed CHCs emphasized a common set of strategies to educate and enroll newly eligible undocumented residents in the Medi-Cal for All Children expansion, including the following:

- Leading local media and public awareness campaigns;
- Participating in intensive grassroots outreach, including door-to-door campaigns, migrant camp visits, promotora and farmworker education campaigns, and school presentations and partnerships, among others;
- Organizing structured patient in-reach campaigns encompassing staff education, targeted calls/mailings to potentially eligible families, increased on-site enrollment services and other patient education activities;
- Collaborative planning and training with county social service agencies to ensure effective application coordination, adequate understanding of issues/rules affecting undocumented and mixed status families, and appropriate messaging and communication to clients;
- Developing targeted messages and materials to directly address common concerns, such as fear of deportation, public charge and the impact of enrollment on legalization applications.

Individual case studies included below highlight the unique community context, challenges and CHC strategies to support enrollment by eligible children in their communities.

CASE STUDY: CLINICAS DE SALUD DEL PUEBLO

Grassroots Community Outreach

Clinicas de Salud del Pueblo serves up to 58,000 patients at 13 primary care sites and 3 dental sites across two large rural counties in Southern California: Imperial County (east of San Diego County and bordering Mexico) and Riverside County (bordering San Diego and Orange Counties and east to the Arizona border). Culturally and linguistically competent, Clinicas serves a mostly Latino patient population.

Over the past five years, Clinicas has substantially grown its outreach and coverage enrollment staffing and capabilities. Additionally, staff report that collaborative enrollment efforts in Riverside and Imperial counties with county social service agencies, social service providers and other certified enrollment entities during the ACA coverage expansion provided a new foundation for community enrollment efforts (and agency relationships) that did not exist before. Clinicas has leaned on this new infrastructure to support SB 75 education and enrollment activities.

Door-to-Door Outreach

The Clinicas approach to education and enrollment support is characterized by personalized, intensive and grassroots community engagement. A core strategy developed by Clinicas is the use of door-to-door outreach by its staff in high need communities across its service territory. Stated one staff member, “we’ve walked pretty much every block in the communities we serve.” To promote the Medi-Cal for All Children expansion, staff are again going door-to-door to speak with families about available services, review coverage programs and identify uninsured family members. Clinicas staff have the ability to complete a full insurance application process with families at their homes. Most families, however, prefer to schedule a future appointment so they can prepare required materials/papers for the appointment. Although many enrollment appointments occur at clinic sites, staff schedule appointments in locations that are most convenient for families, including libraries, schools or even back at their home.

Community Fear and Misperceptions

Despite Clinicas’ community-based and personal approach with families, staff report that immigration fears and concern about the “public charge” issue remain important barriers to enrollment. Families continue to ask questions and raise concerns about whether Medi-Cal enrollment will negatively impact current legalization applications. An additional challenge faced by Clinicas is that they lack reliable data on the number of children eligible for coverage under SB 75 or where they live. Given this lack of concrete data to target outreach efforts, Clinicas’ deep knowledge of their communities, door-to-door outreach and other grassroots strategies have become even more important to their success.

CASE STUDY: CLINICA SIERRA VISTA

An Established Leader in Community Education and Enrollment

As one of the largest community health centers in the United States, Clinica Sierra Vista (“Clinica”) serves over 160,000 patients in the Central Valley counties of Kern and Fresno. Three in four Clinica patients are Latino, many of whom are immigrants and farmworkers. As the largest low income service provider in the region, Clinica has significant experience working with undocumented and mixed-status families and played a lead role in promoting public awareness and facilitating enrollment of residents into Medi-Cal and Covered California under the Affordable Care Act (ACA) coverage expansion.

Barriers to Enrollment

According to Clinica leadership, the Medi-Cal for All Children expansion presented some important potential challenges and barriers to enrollment for the communities they serve. Unlike the ACA expansion, efforts to promote public awareness about the Medi-Cal for All Children expansion and its implications for residents have been extremely limited. For immigrant families in particular, questions and misperceptions persist about how applying for Medi-Cal may affect applications by themselves or family members seeking legal resident status (“public charge”) and if application information could be used for immigration enforcement actions.

Additionally, since neither Kern or Fresno counties have active Healthy Kids or other local coverage programs, many eligible children are not currently linked to a program. This highlights the need for more intensive community education and engagement campaigns, as well as focused support for existing patients.

Community Awareness and Outreach

With funding from The California Endowment, Clinica organized a focused campaign of TV, radio and print spots to educate the Latino community about the Medi-Cal for All Children expansion and where to go for further information and support. Additionally, staff have participated in multiple Univision interviews. Clinica has also coordinated with door-to-door outreach activities by partner agencies. The Dolores Huerta Campaign has been going door-to-door in high need communities during the previous three months. Campaign staff and volunteers complete a referral when families report having uninsured children in the household. Clinica Certified Enrollment Counselors (CECs) then contact the families to schedule appointments to educate families about the Medi-Cal for All Children expansion and enroll children into restricted scope Medi-Cal.

With several migrant camps in the communities they serve, Clinica staff regularly participate in visits and service fairs at the migrant camps. Visits are often timed to coincide with seasonal moves, particularly immediately after families return for the Fall season. Looking forward, Clinica also anticipates that many newly insured children will need support to ensure continued Medi-Cal coverage and medical home continuity as they move seasonally. This includes providing guidance to families on steps to take to maintain Medi-Cal managed care enrollment as they move between counties and to ensure continued access to medical providers.

Patient In-Reach

Clinica also launched several in-reach strategies to find, educate and enroll existing patients. This has included enrollment support and education for patients about the transitions. First and foremost, Clinica has sought to educate all staff, including front desk, nursing, providers and others about the Medi-Cal for All Children transition and its benefits for families. This has included presentations at staff meetings, distribution of materials and other internal promotion activities. Clinica also identified all patient families with children that are self-pay, on restricted scope Medi-Cal, or CHDP Gateway to be contacted by telephone and educated about the transition. Those families requiring assistance to enroll in restricted scope Medi-Cal were scheduled for in-person appointments.

Although CECs provide ongoing reminders and support for patients to renew full scope Medi-Cal, they have not historically prioritized renewal support for patients with restricted scope Medi-Cal. With the pending Medi-Cal for All Children transition, however, providing active renewal reminders and support to patients with restricted scope Medi-Cal has been a point of emphasis for CECs.

CASE STUDY: VISTA COMMUNITY CLINIC

Leveraging School-Based Partnerships and Farmworker Outreach

Vista Community Clinic (VCC) serves over 57,000 low income residents in northern San Diego County at five health center locations. Spanning urban and rural communities, VCC serves a predominantly Latino patient population that includes migrant farmworkers, undocumented and mixed-status families. During its 45 years of service, VCC has developed deep cultural competency in serving the immigrant community.

Patient In-Reach

As with prior coverage expansions, VCC has invested heavily in patient education and enrollment support to ensure that eligible patients enroll into the Medi-Cal for All Children expansion. Enrollment specialists have contacted all remaining uninsured patients to alert them to the coverage expansion and schedule enrollment appointments as needed. Additionally, VCC runs daily lists of uninsured patients with an appointment that day for referral to enrollment specialists. Building on a text message program that reminds patients of upcoming appointments, VCC is also piloting a simple text message alert to targeted patients about the Medi-Cal for All Children expansion. In addition, VCC has temporarily embedded additional enrollment specialists in their pediatric clinics to make education and enrollment assistance more convenient for families.

School Partnerships

In contrast to major public education campaigns during the Affordable Care Act (ACA) expansion, VCC leadership has observed fewer efforts by County agencies and the State to promote public awareness of the Medi-Cal for All Children expansion. As a result, they expect more questions and confusion by families about who is eligible for coverage and how the transition from restricted scope Medi-Cal will happen.

In addition to traditional community outreach and education activities such as participation in health fairs and community events, VCC has prioritized outreach to schools and migrant camps/farmworker communities. This includes planned presentations to school staff and parent groups about the Medi-Cal for All Children expansion. Additionally, VCC reaches a large number of school children through its mobile dental services, which provide screenings, varnishes and other services. Through this program, VCC is able to identify families with uninsured children that can be contacted by an enrollment specialist. Additionally, they use the program to distribute flyers/materials to educate families about coverage options. Lastly, the school district has offered its automated phone tree system as an option for distributing telephone announcements to the full school community. VCC emphasizes that informed school district leadership and a commitment to partnership with the health center makes these efforts possible.

Farmworker Education

As an experienced service provider to the northern San Diego farmworker community, VCC has developed a number of programs and service partnerships to educate and engage farmworkers. This includes regular outreach visits to migrant camps, a thriving promotora program and participation in the North County Farmworker Health Coalition, a collaborative of agencies serving farmworkers that includes housing service providers, the California Rural Legal Association, Cal-State University San Marcos Latino Research Center, Red Cross, the Mexican Consulate and other stakeholders. To promote Medi-Cal for All Children, VCC is continuing outreach/education at migrant camps, mobilizing promotoras to provide community education and coordinating a shared community education and referral campaign with the North County Farmworker Health Coalition.

Barriers to Enrollment

The concerns voiced by VCC echo those of other health centers. Immigration and Custom Enforcement (ICE) raids were conducted during the previous six months elevating fears in the immigrant community about deportation. Commonly, parents express fears about providing personal information to government agencies that could put their families at risk. According to VCC, very little has been done to inform residents that Medi-Cal application information will only be used to determine eligibility, will not be shared with other agencies and will not negatively impact pending legalization applications.

VCC also points to the Mixteco and other indigenous populations that do not speak English and Spanish as potential communities that may not learn of or take advantage of Medi-Cal for All Children. Despite VCC's commitment to and history serving all residents, indigenous populations remain more isolated and less likely to utilize health center services. As Medi-Cal for All Children enrollment continues, VCC will continue to observe and prioritize enrollment for this population.

CASE STUDY: MARIN COUNTY

Building a New Service Foundation to Support Undocumented/Mixed Status Families

Known for its wealth and beauty, Marin County is also home to a small and concentrated Latino immigrant community. Community health centers are the major health care provider for this community. For many years, insurance coverage options for undocumented children in Marin County included a local Healthy Kids program and a parallel Kaiser Child Health Program. The Healthy Kids program was funded predominantly by the Marin Community Foundation (MCF), a community foundation serving the North Bay region, and First 5 Marin.

Siloed Services for Immigrant Families

In 2014, the Marin Community Foundation (MCF) convened Healthy Kids stakeholders to evaluate the future of the Healthy Kids program, including community health centers and other health care providers, social service agencies serving the undocumented and Marin County public agencies. The resulting conversation, in addition to addressing coverage options, highlighted for stakeholders the degree to which immigrant service organizations, such as ESL and legal services providers, and community health centers lacked awareness about each other's policy environments, services and roles. Stated a Marin Community Foundation representative, "Through the Healthy Kids process we formed a collaborative of many of these organizations and it was clear that this was the first time that they were in the same room together. This is a huge issue as we look at engaging and enrolling mixed status families.... How do we connect clients that are not coming to the health center and need information? How do we educate community members?"

Many examples of the disconnect surfaced, including lack of awareness by legal services providers about coverage options for young adults with DACA status and lack of understanding about what DACA was among health center staff. The discussion also exposed other challenges, such as variable understanding among Marin County social services staff about PRUCOL enrollment and common concerns among mixed status families applying for public coverage (e.g. public charge, use of personal information).

Developing a More Integrated Service Approach

These discoveries have spurred interest among service providers and funders in developing a more comprehensive and coordinated approach to serving undocumented and mixed status families. As one stakeholder highlighted, it has stimulated a greater appreciation for how legal services, coverage/ enrollment services and other support services for immigrant families overlap and the need to create a more integrated service approach. Stated the stakeholder, "This really came to light with health care access but it really could be applied to higher education, employment or other needs."

Initially, the focus is on educating providers about other services for undocumented/mixed status families in the community and developing a shared understanding of coverage options, enrollment processes and legalization programs. Looking forward, stakeholders are examining opportunities to build on this foundation, such as programs that facilitate coordination and referral between legal services and health centers, community-wide strategies to maximize participation of DACA eligibles in DACA and Medi-Cal, and broader investments in legal services to support immigrant communities.

Marin stakeholders are also following Supreme Court deliberations of the President's executive action closely. A ruling that allows the executive action to move forward would substantially increase the number of residents eligible for DACA/DAPA status and thus potentially eligible for state-based Medi-Cal. Such a ruling could spur a more aggressive campaign by funders and providers to ensure awareness and active participation by eligible residents.