

Health Navigation Funding Expansion

February 27, 2023



OVERVIEW

Today, over 1,300 Community Health Centers (CHCs) in California provide high-quality comprehensive care to nearly 7.8 million people – or more than 1 in 5 Californians. CHCs provide the full spectrum of care, from primary care to dental to behavioral health, to everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

THE PROBLEM

Between now and June 2024, 15.2M current Medi-Cal beneficiaries will undergo program recertification, and 700,000+ individuals will become newly eligible for full-scope Medi-Cal benefits through the Health4All adult expansion. CHCs serve 4.8M Medi-Cal members and provide a culturally responsive primary care medical home for 1.1M uninsured individuals. For health center patients, Medi-Cal enrollment and renewals are initiated in the clinic setting with trusted enrollment counselors.

In 2022, SB 154 appropriated \$59,720,000 over three fiscal years to provide funding to counties and community-based organizations (CBOs) to serve hard-to-reach potentially eligible Medi-Cal populations. However, limited amounts of navigation funding have reached CHCs, and total funding levels are inadequate to meet the upcoming historic need. During the 2022 application period, more than double the amount of navigation funding allocated was requested, and many grantees received only a portion of their funding request requiring a revision of workplans and deliverables to match reduced resources.

Ensuring that local county offices have adequate resources to complete Medi-Cal determinations of eligibility, manage active cases, and renew eligibility is critical. The role of CHCs and CBOs in the *patient navigation* aspect of these efforts, particularly to support communities of color cannot be overlooked as a vital component of this process. CHCs are critical, trusted messengers to support their patients in maintaining coverage through health navigation services. These include supporting patients in completing complex applications, providing in-language services, connecting

patients with accurate information regarding immigration-related questions, and acting as an authorized representative in order to interact directly with county staff on behalf of a patient to ensure the application process is completed.

Barriers to successful recertification and coverage continuity will be disproportionately felt by communities of color. A federal Department of Health and Human Services study estimates that during the unwinding period, approximately 17% of white enrollees are predicted to lose coverage nationally, while 64% of Latino enrollees; >50% of Asian/Native Hawaiian/Pacific Islander enrollees; up to 40 percent of Black enrollees, and nearly half of multiracial and other non-white enrollees will lose coverage while still being income eligible.¹ **Culturally and linguistically appropriate health navigation in a patient's trusted medical home must be funded and prioritized in these efforts. CHCs are ideally positioned to do this.** Thirty-five entities were funded through the navigation project in 2022, including 12 CBOs. Counties have been encouraged to sub-contract with CBOs, but this has been unevenly applied across the state, and community health centers have largely been left unfunded. Statewide, only 33 community health centers received funding to date.

THE SOLUTION

This proposal seeks to increase Medi-Cal Health Enrollment Navigators Project funding by \$60M one-time. CHCs must be prioritized in funding distribution. Augmented funding for local county offices should be directed towards out-stationed workers in CHC settings to expedite Medi-Cal processing in these settings.

SPONSOR

CaliforniaHealth+ Advocates

FOR MORE INFORMATION

Dennis Cuevas-Romero, VP of Government Affairs,
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¹ States must act to preserve Medicaid coverage as end of continuous coverage requirement nears. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#_ftn7

[INSERT DATE]

The Honorable Nancy Skinner
Chair, Senate Budget & Fiscal Review Committee
Sacramento, CA 95831

The Honorable Phil Ting
Chair, Assembly Budget Committee
Sacramento, CA 95831

Re: Budget Request: Health Enrollment Navigators Project Augmentation

Dear Chair Skinner and Chair Ting:

The California Primary Care Association (CPCA) and the undersigned organizations are writing to urge the legislature to include a one-time budget augmentation of \$60 million (\$30M general fund; \$30M federal match) to enhance the Medi-Cal Health Enrollment Navigators Project to ensure that nearly 16 million Californians maintain access to Medi-Cal coverage on the heels of the COVID-19 pandemic. With this augmentation, the total investment in the Health Enrollment Navigators Project will more accurately reflect the impending need and ensure that essential resources reach the trusted messengers and entities that serve these patient populations.

Between now and May 31, 2024, 15.2M current Medi-Cal beneficiaries will undergo program recertification, and 700,000+ individuals will become newly eligible for full-scope Medi-Cal benefits through the Health4All adult expansion, requiring an extraordinary need for health enrollment and navigation services to ensure continuity of coverage, and successful expansion implementation.

In 2022, SB 154 appropriated \$59,720,000 for counties and community-based organizations (CBOs) to serve hard-to-reach potentially eligible Medi-Cal populations. During the 2022 application period, more than \$140M was requested for navigation funding, and many grantees received only a portion of their funding request. Additionally, limited amounts of navigation funding have reached Community Health Centers (CHCs), where one-third of Medi-Cal patients are served.

Today, over 1,300 CHCs in California provide high-quality comprehensive care to nearly 7.7 million people – or more than 1 in 5 Californians. CHCs serve 4.8M Medi-Cal members and provide a culturally responsive primary care medical home for 1.1M uninsured individuals. For health center patients, Medi-Cal enrollment and renewals are initiated in the clinic setting with trusted enrollment counselors. Ensuring that local county offices have adequate resources to complete Medi-Cal determinations of eligibility, manage active cases, and renew eligibility is essential. However, the role of CHCs and CBOs in the *patient navigation* aspect of these efforts, particularly to support communities of color cannot be overlooked as a vital component of this process.

CHCs and other CBOs are critical, trusted messengers to support their patients in maintaining coverage through health navigation services. These include supporting patients in completing complex applications, providing in-language services, connecting patients with accurate information regarding immigration-related questions, and acting as an authorized representative

in order to interact directly with county staff on behalf of a patient to ensure the application process is completed.

For Medi-Cal redeterminations, barriers to successful recertification and coverage continuity will be disproportionately felt by communities of color. A federal Department of Health and Human Services study estimates that during the unwinding period, approximately 17% of white enrollees are predicted to lose coverage nationally, while 64% of Latino enrollees; >50% of Asian/Native Hawaiian/Pacific Islander enrollees; up to 40 percent of Black enrollees, and nearly half of multiracial and other non-white enrollees will lose coverage while still being income eligible.¹ Culturally and linguistically appropriate health navigation must be funded and prioritized in these efforts.

Increasing the Health Enrollment Navigators Project funding will help close the gap between the true need for navigation services and last year's program budget allocation. **With this in mind, we respectfully request that the budget include an additional \$60M dollar appropriation (30M GF; \$30 federal match) to expand the Medi-Cal Health Enrollment Navigators Project.**

I look forward to working with you on this important matter.

Sincerely,

[Member]

[Member]

[Member]

[Member]

¹ *States must act to preserve Medicaid coverage as end of continuous coverage requirement nears.* Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#_ftn7