

Department of Health Care Services

Continuous Coverage Unwinding County Readiness Plan Summary

The local county offices play a significant role in the continuous coverage unwinding as they administer Medi-Cal eligibility and manage Medi-Cal cases on behalf of DHCS. During the 14-month continuous coverage unwinding period, counties are expected to redetermine the full Medi-Cal population. The Department of Health Care Services (DHCS) required all 58 counties to submit a readiness plan in preparation of the end of the continuous coverage requirement created by the Families First Coronavirus Response Act (FFCRA). The readiness plan incorporated several key areas for counties to review and assess to prepare for the resumption of annual Medi-Cal redeterminations and eventual return to normal business operations. These areas included:

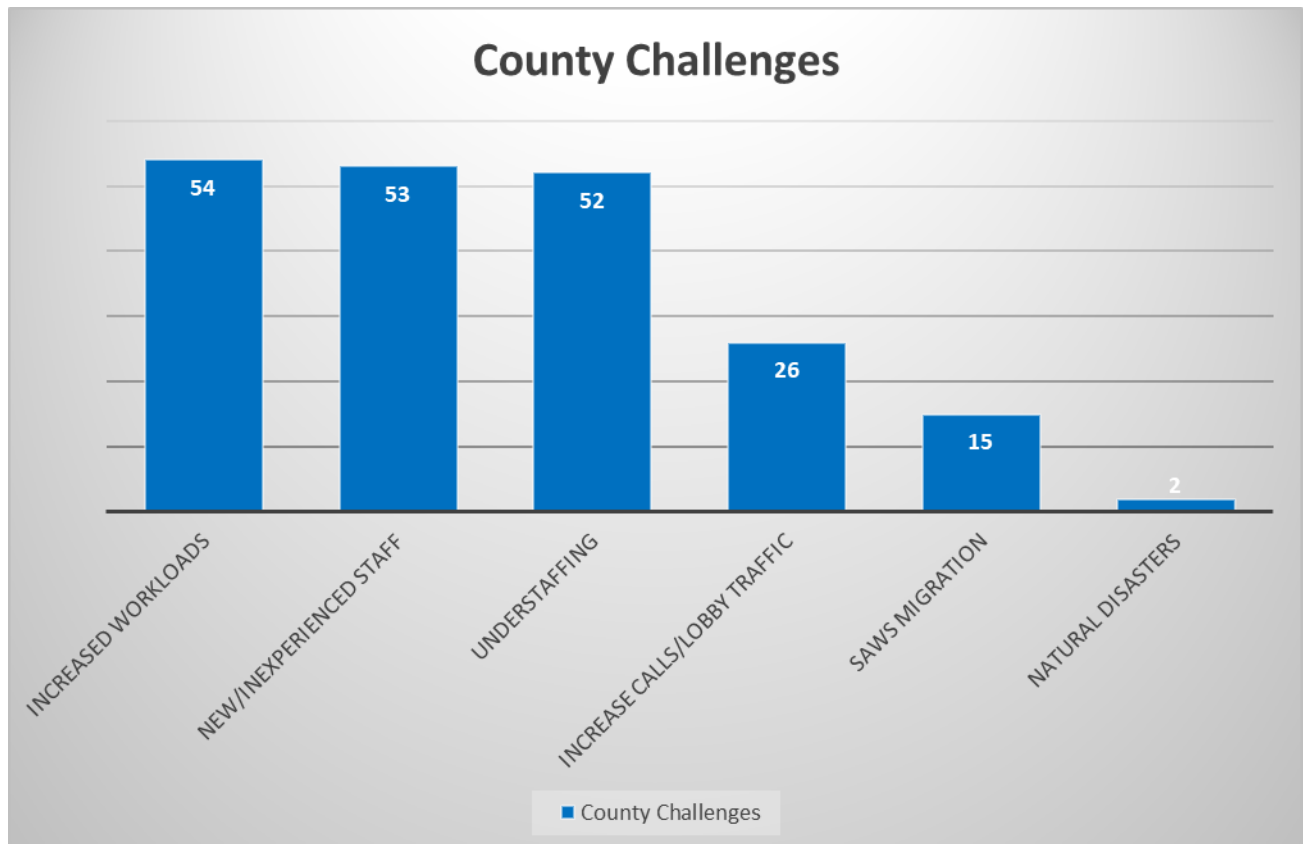
- Organization and Staffing;
- Staff Training for Medi-Cal Related Case Activities; and
- Lobby Management, Call Center, and Outreach efforts.

The purpose of this document is to provide a summary of the County Continuous Coverage Unwinding Readiness Plans including identified challenges to renewal processing during the continuous coverage unwinding, best practices to modify business processes, and an overview of DHCS technical assistance provided to counties. All 58 counties provided their County Continuous Coverage Unwinding Readiness Plans and the summary of the contents are captured below.

Top Challenges

Counties identified potential barriers in the County Continuous Coverage Unwinding Readiness Plans that will likely impede the processing of annual renewals during the continuous coverage unwinding if left unaddressed. As part of the readiness plan, counties assessed business processes to develop innovative approaches and strategies to mitigate the downstream impacts. The figure below represents the top challenges identified in the County Continuous Coverage Unwinding Readiness Plans.

Figure 1 - Top Challenges Identified by Counties



Readiness Area Trends: Organization and Staffing

The first section of the County Continuous Coverage Unwinding Readiness Plans assessed for organization and staffing. This section listed helpful DHCS guidance and materials for counties to review. Counties assessed for any needs or changes in business processes to adhere to policy guidance.

As identified above, the majority of counties noted challenges in this area,. Additionally, this section had the most requests for technical assistance, as described in the “Technical Assistance” section below.

- All counties indicated areas where staffing was needed, points of contact, and internal strategies to staff up either in their plan or upon later clarification to DHCS.

- All counties confirmed review of DHCS-provided policy guidance, trainings, and other tools or resources.
- 55 counties completed some Medi-Cal case processing actions while the continuous coverage requirement was in place. The actions taken were allowable actions by DHCS, such as processing of applications for positive change redeterminations, and allowable discontinuances.
- 48 counties indicated changes needed or enhancements identified for existing business processes to prepare for the unwinding and/or the resumption of normal business operations. These include, but are not limited to:
 - Increase in quality control review;
 - Cross-training staff to assist with critical areas as needs arise;
 - Review and monitoring of caseloads and/or renewals through existing or new reports generated by the county;
 - Creation of or continuation of workgroups to address unwinding processes or areas of concern as needed; and
 - Recruitment of retirees with program knowledge.
- Some counties did not indicate changes were needed due to the unwinding period as they had already implemented changes due to the COVID-19 pandemic.

Readiness Area Trends: Staff Training for Medi-Cal Related Case Activities

The second section of the County Continuous Coverage Unwinding Readiness Plans assessed for staff training. An important aspect of organizing and preparing staff for the unwinding period is training both new staff and existing staff that have not processed certain Medi-Cal actions since before the continuous coverage requirement began. Some counties also must balance training on policy and procedures as well as new SAWS systems for counties undergoing system migration from two systems to one state-wide system.

Counties indicated readiness by review of available materials, training provided as needed for new hires and existing staff, and additional creative solutions to support a hybrid work environment. This section also included areas of technical assistance requests.

- All counties received and reviewed DHCS provided materials and trainings.
- 54 counties indicated they developed training plans, created county-specific trainings, utilized other county's available training materials, and/or developed desk guides/other materials for their workers.

Readiness Area Trends: Lobby Management, Call Center, and Outreach

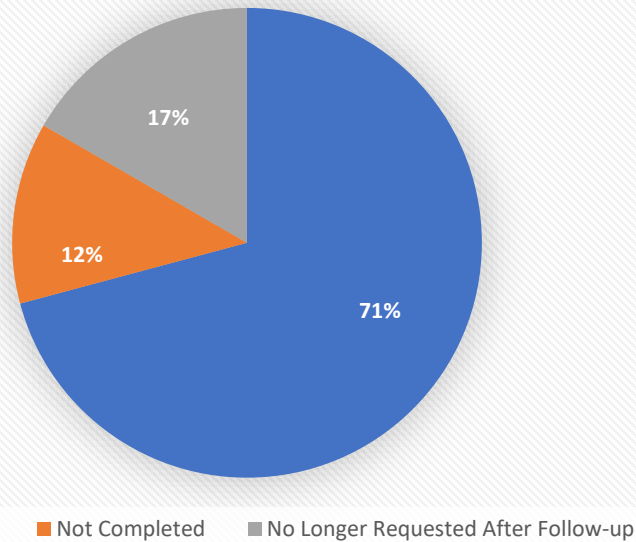
The third section of the County Continuous Coverage Unwinding Readiness Plans assessed for management of lobbies, call centers, and outreach efforts by the counties. Both DHCS and counties expect an increase in lobby and phone traffic due to the continuous coverage requirement ending. This area allows for counties to review and assess for changes needed to accommodate an increase in traffic, as well as explore various approaches and considerations.

- Concerns about staffing were reflective in this section due to potential increase in lobby and/or phone traffic.
- All counties indicated that DHCS outreach materials were being utilized.
- 10 counties indicated no changes were needed for lobby management either due to changes or modifications already made during the COVID-19 pandemic, or due to the small size of the county resulting in no anticipation of greatly increased traffic.
- County mitigation plans for lobby management, call center management, or outreach include, but are not limited to:
 - Increased staff during peak hours or high-volume hours, with continual review of trends;
 - Utilization of administrative staff for non-eligibility related tasks, actions, or updates;
 - Increased self-service options using kiosks, tablets, BenefitsCal online portal, increased options in phone menu, and options for call-back to avoid waiting on the line;
 - Triaging efforts on phone lines and in lobbies to prioritize quick tasks/actions, expedited requests, or other actions that can reduce volumes quickly;
 - Greeters in lobbies to assist with questions, self-service options, and triaging efforts; and
 - Knowledge sharing with other counties to share methods and best practices.

Technical Assistance Requests

Out of All 58 counties, 23 counties indicated technical assistance needed in their County Continuous Coverage Unwinding Readiness Plans. DHCS reached out to all counties that requested technical assistance.

County Technical Assistance Requests



DHCS received a total of 24 technical assistance requests.

- 17 technical assistance requests were completed
- 3 Technical assistance requests were not completed due to non-response.
- 4 counties requested technical assistance but later clarified that no assistance was needed.

After further discussion with some counties, it was determined there was confusion over what technical assistance meant, or when it would occur. Some counties indicated areas where technical assistance may be needed in the future, or just included notes for DHCS' awareness.

Technical assistance requests from counties included, but is not limited to:

- Sharing of best practices from other counties;
- Clarification on Medi-Cal policy; and
- Questions on process improvements or streamlining.

Conclusion

In preparation for the resumption of Medi-Cal redeterminations and normal business operations, all 58 counties have provided assessment of their readiness and strategies for a successful unwinding.

Overall, the biggest challenge and risk that counties are facing regarding unwinding readiness are staff shortages and inexperience of workers. Counties indicated creative approaches and thoughtful considerations for these and any other noted challenge(s). However, counties expressed it will likely take three to four months before returning to normal processing timeliness standards.

DHCS' role in supporting counties with these challenges throughout the continuous coverage unwinding will be crucial. DHCS will continue to host its bi-weekly county workgroup and the recurring support call open to all counties; both of which provide opportunities to report issues "real time," share updates on policies, and a forum for counties to ask questions and receive verbal answers. These questions and answers are also published in writing for future reference. DHCS will continue to evaluate the need for additional county technical support and guidance and remains committed to ensuring counties are supported throughout the unwinding period.