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**The Medicaid Proof of Citizenship Requirement: Lessons for  
California from the Experience of Other States  
California HealthCare Foundation  
August 28, 2008**

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**BARBARA MASTERS:** I'm Barbara Masters; I'm the Public Policy Director at the California Endowment. The California Endowment is actually a sister foundation to the California HealthCare Foundation; we were both born of the same process about 12 years ago, so it's always a pleasure to join with CHCF in these kinds of efforts, and we often try to collaborate with CHCF on these very important public policy issues, and we are delighted to be here today with you.

Like the California HealthCare Foundation, we were very concerned when this law was first passed about its potential impact in California. And at that time, we engaged with health management associates to develop a process to study the impact of this law as it became implemented in the state. It's a multi-faceted evaluation study that you'll hear about a little bit later today and we're happy to have CHCF as a partner and part of that in which we'll be conducting site visits in some of your counties. So we hope that those of you who are approached about it will be, as Chris said earlier, enthusiastically willing to engage with us because we think this data is critically important to tell the story as we have been talking about it all day.

We've been fortunate here in the state of California, and I look to Sandra and her team, that our state has taken a

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thoughtful and deliberative approach to implementing the law. We've heard about the real detrimental impacts from some of the other states that marched vigorously ahead early on and some of the challenges that they're facing. And we've had the opportunity to learn from some of those challenges as we've been implementing it here in California. Consequently, we're just in the early stages of the data collection process, as we'll hear about in this panel. But we do have some early findings that we will be sharing with you and we hope that that will help feed the story that is coming out, I think some of the findings are going to be quite consistent.

So today we want to, on this panel, we want to focus again specifically on what the state has done in terms of its implementation process, which Toby is going to talk about, and some of the challenges that are still remaining. Dale Fleming from San Diego's county's Health and Human Services Agency, who is the Chair of the County Welfare Director's Association's medical care committee, will be speaking on behalf of CWDA on the experience of the counties. And then last we'll be hearing from Caroline Davis, and she's substituting for Dana Hughes, who was called away unexpectedly for a family emergency. Caroline is from the Health Management Associates, and is overseeing the project that I spoke about, and so she will be

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presenting on behalf of Dana, the early findings from the county survey that UCSF has been overseeing.

So I am going to introduce the three participants; Toby, who most of you, I'm sure, know is the Deputy Director of the HealthCare Programs at the California Department of Healthcare Services in the state of California. And he plays a major role in formulating the Medi-Cal programs benefits and eligibility policies, and he is going to be talking about how the state has approached the implementation of the law and what some of the early findings have been.

Dale, as I mentioned, will be speaking on behalf of the California Welfare Director's Association; and last, Caroline Davis, who is with HMA, and has long experience in Medicaid financing and SCHIP policies and policy and implantation at the federal, state, and local level. Toby?

**TOBY DOUGLAS:** Good afternoon. My first job being right after lunch is to try to keep you all awake, so what I am going to try to do is make this as energetic as possible, and I think when we talk about what the state has done in the context of the federal policy, what you've learned about, what other states have done, we should be proud. And when I say "we the state", all stakeholders should be proud of the work we've done to implement the DRA Citizenship and Identity requirements in a very thoughtful and deliberative process.

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And that's what I am going to do today is talk a little bit about the steps we've taken, a lot of which you're going to already be aware of, but more put it in the context of where the federal rules were, what other states were going through, and how we worked in a very collaborative process to come up with these environments.

So as a first step, in 2006, part of the budget act, we worked with the legislature to put into law the federal requirements into state law. And what we did is really just put the basic federal requirements, not what CMS was doing on the more prescriptive, but the basic requirements with an additional requirement that we work with stakeholders, and a broad group of stakeholders, to provide the guidance to counties to implement these requirements.

In addition, part of the law, and really one of the founding principles of what we did as we moved forth, was we wanted to ensure as much flexibility as possible in implementing these laws to provide applicants and beneficiaries with the flexibility to comply with the requirements, to minimize the impacts, and also we wanted to do this in a way that was thoughtful as deliberative, as you are going to hear over and over again. We were seeing what was going on in other states, we saw what was going on in Virginia, we saw what was going on even in Hawaii, and we knew we needed to take careful

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steps; we needed to listen to all different stakeholders and figure out how we could best implement this in the context of California.

So one of the first steps we did is we put out a draft All County welfare director's letter to begin the discussion on what should be in the final guidance knowing this was just a starting place. From that All County ACLW, what we next did is we held various stakeholder meetings to compile comments. We also allowed for all different stakeholder's to submit comments to us. We went carefully through all those comments and, as I go through this presentation, you're going to see a lot of the comments that you provided help set the final guidance that we put in place.

Now as we were moving forward with the county instructions, one of the first and really most important steps we took in implementing and learning from what we were seeing in other states, is we did an electronic birth certificate match. We took our state vital statistics system, interfaced that with our Meds [misspelled?] eligibility system, and were able to immediately identify over 1 million beneficiaries that were born in California, and therefore complied with the requirements. Pretty much the majority of these individuals were under the age of 16. Because our application, and this is another piece of the final instructions, our application has a

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signature that is also used as an affidavit verifying that the child is, in fact, an individual under 16. Those individuals that we got the birth certificate match had already completed the process. So we really took an immediate quick step to implement. We also set up a system that would reduce the administrative complexities, complying with us, allowing counties on an ongoing basis to be able to take an individual's information when they applied or when they were going through the renewal process, be able to then put their information into the Med system and now through the automated welfare system, and be able to check whether they were born in California. So in an ongoing basis, it is going to reduce the barriers.

It also, for those that were born in California, right at birth we were able to allow children born in California to never have to do anymore steps to comply with these requirements.

So now in terms of instructions, when we look at what other states are doing, what Donna Cohen Ross listed out as a lot of the best practices, I would say we have implemented all of those strategies. We have taken an approach to implement everything that we can do to make this as flexible as possible. First of all, one of the big areas when we met with stakeholders that we really focused on was the steps the county workers would take to work with applicants and beneficiaries to

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comply with the requirements. This included multiple contacts, reaching out to both applicants and beneficiaries to the system, with getting the documents to look at existing case files and be able to look to see if the information was already in the case file.

We also, when we looked at the reasonable opportunity period and good faith effort, we have a reasonable opportunity period that, as long as the applicant or beneficiary is making a good faith effort, that period continues. So we try to make it as flexible as possible.

We also made the decision at the state level to allow counties to use their administrative funding to purchase out of state birth certificates in the event that an individual could not provide that documentation.

To try to minimize the work of the county eligibility workers, we also took steps to allow other workers to be reviewing the documentation. Initially, we took the step that federally qualified health centers, dish hospitals, could review documents, determine if they were original, and make the copies and verify on a form to the county that these documents were the original, which then led that individual's did not have to send in the originals to the county. What we're doing now, taking another step, is we are going to allow our certified application assister's to also do that. But as you

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know, we have a broad array of CAA's throughout the state that are helping with the joint application process. In many cases, they also help with the family application, the MC210. They now will also be able to review that information. They'll go through training and that will reduce, again, both the barrier to submit the information, as well as reduce administrative costs.

We've also taken steps to let counties know about providing flexibility if there are other types of documents that might be out there that we don't know about to work with the applicant and beneficiary to submit those to let us know about it and we'll try to see if they meet the requirements.

So we've talked about flexibilities. On the other side, we also really wanted to make sure throughout this process, so we carefully implemented that we had a broad-based outreach plan. Before we implemented, we worked with an array of stakeholders on developing all different types of outreach materials, from posters, fliers, notices, worked on the notice of actions. Some of that material you'll find outside, we've brought some of the big posters, so when you're back outside, please look at those. What we wanted to get across is to make sure, first of all, everyone knew who these requirements apply to. We wanted to make sure that immigrants knew this was not something that was impacting them. We wanted to make sure

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those that were exempt knew that they didn't have to comply with this. We wanted to make sure that those that were born in California knew that there were alternative ways that they could work with their county to do an electronic birth match. We wanted to have this in a really easy, understandable reading level. We worked with outside groups to make sure that it was put at that level so everyone could understand this information, and we did it in all 13 languages.

We also wanted to make sure providers were part of the process, and we sent out provider bulletins letting providers know about the whole process and how they could assist with the requirements.

We also looked at when beneficiaries were up for their renewal, and knowing that they would be receiving applications from the county for their renewal, we wanted to give them advance notice to prepare for this process. So, on a quarterly basis, we're sending out a notice to all beneficiaries that are up for renewal, letting those that have already been matched through our birth certificate match, letting them know that they don't have to comply with the citizenship requirement and/or the identity requirement. We're also letting them know about all the requirements so that we can then be prepared when they receive the package from the county to comply with the requirements.

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So on automation, I've talked about the birth match. We also recognize that there is a lot we need to do with our Med system to interface with all the SAW [misspelled?] systems and provide immediate information to the counties on information on who has already achieved the birth match, making sure that they have easy and ready information about reasons why individuals have not complied with the requirements. We are providing alerts throughout the system. We'll continue, as this is an ongoing process, knowing that automation, both at the state level as well as the counties, are doing a lot, is going to be an important way that we streamline this process and make it as easy as possible.

So finally, we are working, and you are going to hear from Caroline Davis from Health Management Associates, but we are working with a lot of different stakeholder groups continuing to monitor the impacts. It is early, we know we've set up the framework to hopefully minimize these impacts, but there will be impacts and we know that, so we want to assess both the impacts to applicants and beneficiaries, we want to understand from a fiscal standpoint how this has impacted the state, and we'll continue to be working with all those stakeholders to assess and monitor.

We are also using our Meds data. We have set up various screens within Meds to be able to identify those who

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have not been able to comply with the requirements, the reasons why they have not been complying, whether they're on limited scope, how long the application process is taking. All that information will be beginning to come out in September and we'll be able to, hopefully, share it with you soon thereafter, and give some statistics on what's happening at the county level.

So moving forward, we're going to continue to work with all of you. We have ongoing meetings with CWDA to provide technical assistance. We're working with CWDA on, what we're calling, a cookbook approach to provide the best practices on dealing with the requirements and helping with how to put the information in the case files. We'll be continuing to monitor what's going on and providing further guidance on the All County letters.

We really, as I said, feel that with all of you, this has been an extremely collaborative process, something that we should be really proud that we took the time to implement in the way we did. We put as much flexibility as possible into the process. There will be impacts, but the way we've done it, we believe, will minimize those impacts. So thank you and I look forward to hearing from Dale on the county level what's going on. Thanks.

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**BARBARA MASTERS:** Let's just take a few questions right now for Toby is anybody has them. We'll have some Q&A afterwards, but if you have a couple questions right now—

**JANIE TIRE:** Hi Toby. I'm Janie Tire, Santa Clara Family Health Plan. I had one question. Well, first of all, I agree. It's been a pretty amazing implementation. I do have one question about the data and how we'll know how many families have lost coverage because of the DRA requirements. You talked about looking at the Meds data and looking at application process time, but there really aren't any codes that show us like in the other states, why people have lost eligibility or couldn't get on in terms of identity or citizenship.

**TOBY DOUGLAS:** Well, what we're doing is documented citizens, or undocumented citizens, are going to be put into restricted ACO's [misspelled?], so from a provider's perspective, they are going to look the same, but what we're doing behind the scenes in Meds is there are additional screens that put the reason why they're in that ACO that will include identifiers on the citizenship, that they were a citizen, that they attest to being a citizen, they couldn't provide the documents, why they couldn't provide the documents. So that information will be compiled to run data reports to provide

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data information on who is an undocumented citizen and the reason why.

**WENDY NAYLOR:** Hi, Toby; Wendy Naylor with Contra Costa Health Plan, thank you for your presentation. With the certified application assistance, being able to certify and verify documentation, what is the time frame when that will happen, and does that also include certified staff from the health plans?

**TOBY DOUGLAS:** We're just working right now; this was a recent policy decision. I cannot give you, unless Vivian can tell you, we're working with the CWDA on the guidance that we're going to put out. We want to also make sure that Mr. Mib [misspelled?], who works on the CAA trainings as it were, so I would say within the next month to two months, we should have that out on the streets.

**WENDY NAYLOR:** Okay. And follow-up question; will certified staff also be allowed to do this, or is it just the CAA?

**TOBY DOUGLAS:** If you have a CAA member, if you are a CAA and you are certified to do the joint application—

**WENDY NAYLOR:** There's certified staff work for health plans, and CAA's work for non-profit's and CVO's and things like that, you get training, it's slightly different training.

**TOBY DOUGLAS:** Yes, if you go through the training—

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**WENDY NAYLOR:** But you get a number, so that's good.

Thank you.

**DONALD NARLIN:** Hi, my name is Donald Narlin [misspelled?], and I am with Maternal and Child Health Access in Los Angeles, and my question is regarding birth matches for newborns who are not deemed eligible. And one of the things that we've noticed is that there's, for children born who are applying for Medi-Cal, their moms didn't have Medi-Cal at the time of the birth and they are applying, it may be a month or two after birth, there is a significant lag time between the time that the baby was born and that actually shows up in the vital statistics record, so babies basically between one and six months old aren't, we don't know, because it's only been implemented in LA for a couple of months, but those newborns aren't showing up in the vital statistics record yet. And so there seems to be a delay between the time that the baby is born, a significant delay in the time it actually shows up, so that they can't do a birth match for those infants. Do you know if anything is being done to address that issue to kind of speed up the process between the time of the issuing the birth certificate being recorded, and the time it actually gets in the database?

**TOBY DOUGLAS:** I don't know if there's anything right now to speed it up, but one thing I didn't touch on is that we

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are doing the deeming [misspelled?], so that if they were born to a Medi-Cal mom, they are complying with the requirements, too.

**DONALD NARLIN:** Right. But this would be the non-DME babies.

**TOBY DOUGLAS:** Who are not on Medi-Cal?

**DONALD NARLIN:** Right. They're not on Medi-Cal, so they're applying—

**BARBARA MASTERS:** You've got to use the medical.

**TOBY DOUGLAS:** Got it.

**DONALD NARLIN:** Yes, this would be babies who are not deemed eligible, so their mothers didn't have it, so they are applying for Medi-Cal for the first time when they are one or two months old.

**TOBY DOUGLAS:** We'll have to look; this is a partnership with our public health department who oversees vital statistics, so we'll see what's going on there.

**DONALD NARLIN:** Okay.

**BARBARA MASTERS:** Well, we knew you were saving up all your questions for Toby. Dale?

**DALE FLEMING:** I hope you got those questions out of your system. Okay. My name is Dale Fleming, I have the privilege of chairing the County Welfare Director Association's Medical Care Committee, and each month we convene Medi-Cal

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eligibility and enrollment experts from all 58 counties in the state, and representatives from our statewide automated welfare systems, and members of the healthcare access advocate community, and employees from the State Department, the policy staff from all of the Medi-Cal, Health Family programs and functions that serve the safety net population.

And it's an awesome group, we gather together for policy clarification, identify problems and resolutions, and to share information. And we're supported very ably by CWDA staff person Kathy Sunderland, who couldn't be here today, and most of you know her. And that group is very energetic, very passionate, and we seem to align our commitments around three areas; program integrity and accountability, and improving customer service and access, and really strengthening our healthcare safety net by bringing as many eligible people as possible. And I'd like anybody, because I've seen a lot of them here, if you'd raise your hands if you're in this room and you go to that meeting monthly, could you do that? And this is why I think we're having; well, there's a bunch of state people that didn't raise their hands. And they come every month, but all of the passion is thrown at them and I really respect that and value that, and I think this partnership has really helped us, so what better group to help in developing our implementation plan.

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This is what I'm going to talk about, just briefly touch on six points. The goals and themes that emerged from our efforts, our advocacy efforts, preparation, implementation, monitoring, and what we think might be good steps for all of us.

Okay. What emerged as we were planning is that working in partnership with the stakeholders, as a stakeholder in working with the state and the advocate community, we were all interested in identifying any flexibility that was available in the federal rules, and then to maximize the use of other systems and other partners out there to help us verify, our gather of the documentation to inform the public, to get data matches behind the scenes so that we could reduce the impact on our clients. That electronic birth record match was awesome, it reduced San Diego County's responsibility, for example, by tens of thousands. So it was a really important first step and it really helped us. And we are interested in continuing to look at other types of data matches, perhaps with DMV, or other sources where we could get the identification requirement verified behind the scenes. And another theme that emerged was we saw this as a very significant work load impact, increased work load in the counties, and we just wanted to make sure that it was funded properly so that it could be carried out correctly and no detriment to our clients.

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In advocacy efforts, CWDA participated in the development of the enabling of legislation. As Toby described, we assisted in preparing, clarifying, giving input on the All County Welfare Director letters, the Q&A's that were posted online, quite interesting and detailed telephone conferences on every outreach piece of material that was out there and do-over's and redo's. But we were very much interested in getting it right and getting it right the first time.

In addition, CWDA has been active in efforts to change, overturn, whatever we can get, relief, from the federal rules, and have ways to issues with key Capitol Hill staff, and we await the fall to find out what opportunities there will be for change in January.

In terms of preparation, it occurred on three fronts; the automated systems, yes, the state systems, but also the four county consortia that comprised our state-wide, automated welfare system. There was substantial reprogramming required, and as anybody in this room from California knows that all roads lead back to Meds. You don't get Meds right, you may not get service on time, you may not get paid on time. So it's very critical, and it was important to get that right, and also to get our welfare systems lined up to speak to Meds correctly.

Data entry, yes, was an issue then. But also we needed to think ahead about what we'd want to be able to extract from

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those systems to tell the story about what really happened with California's implementation. And also, that's a long term consideration, but also real-time, how are we going to monitor and control what's happening on the street right now, so trying to prepare for that as well.

And the second step we needed to look at was on the ground eligibility rules. Our ACWDL's, God bless the state, they're very thorough, they're 35 pages long, but they're not detailed, and they have 50 pages in attachment. But those have to be translated down to the local business process and procedures. We have 58 different counties and safety net partners that are different; we have rural, urban, we have such a mix down there, and it makes a difference. Some counties have one office, some counties have three workers, some counties have ten offices and 2,000 workers. So it makes a difference on how you go about implementing. I didn't even mention the state of LA, a whole other case.

So anyway, we had to work to; part of getting ready was to trying to translate those regs down to our level and develop training, and stage that training. We felt that there needed to be communication all the way along so that people knew what was happening. There were headlines in other states, but that's not what was happening at our state, so we tried to develop training that would empower our staff to answer

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question and answer them correctly so as not to frighten our providers, our safety net providers, and particularly our clients. And then we needed to develop ways, initially, on how we were going to monitor and be able to do quick course corrections should we find problems.

So community engagement was huge. It was a huge part of this implementation and part that I am very proud of. Most counties involved their community partners early and often, and I think it was mentioned that we were concerned not only about what happens with the clients who are impacted, but by the clients who think they're impacted. And San Diego County is a border county, we are 15 minutes from the border and we have a very large immigrant population. There was a lot of early confusion about who was and wasn't going to be impacted by these new rules. And word was out on the street before we had even finished reading the ACWDL and, in most cases, the word was wrong.

So one of the first things we, as counties, were able to do was work with our community partners to get the talking points square, to get them straight, to get them correct so that everybody was saying the same thing and educating their constituents because it's your partners that touch your clients before you do in most cases. So that was something we tried to do to buffer the impacts. And there was concern that some

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immigrants wouldn't even try to apply, so that's really what we were trying to prevent. And then CWDA located here in Sacramento helped by getting out to the media and clarifying any miscommunications, misunderstandings frequently.

Okay. So then D-day came July 2007, and we received the final ACWDL, and counties immediately began implementing. And in that thoughtful, responsible manner of implementing, the first thing you need to do is understand and clarify what has been given to you. And, in many counties, the timeframe to operationalize depended on how soon their reprogrammed welfare systems would be ready to speak to Meds. But that doesn't mean we stopped. While that reprogramming was going on and clarifications were going on behind the scenes, we again started looking at what kind of training would we need and getting our staff trained and doing it in very interesting ways.

Eligibility is really a team approach; if anybody likes basketball and watched the Olympics, you have role players, and each person needs to understand what their role is so that when you come together, you have a good outcome, and so people started to train their role players based on the roles that they played. And then we didn't want to implement without the proper training, outreach materials, and making sure that the

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community understood where we were going and how. So that takes time.

But in the last year, we have been operationalizing and we have seen some best practices, and I just have a few to share with you. In terms of community partnerships, they varied from the simply information sharing to actually joint planning on how implementation would go, to some cases where the actual implementation was integrated with DISH and FQHC staff, collecting the documentation on behalf of the counties.

In terms of staff training, I did describe how people trained their role players individually. There was an overview, but also getting into what the Meds operator role is and the intake workers and the persons capturing the eligibility verifications. There was joint training provided by both the counties and the advocates to both their community members and their county staff so that county staff could hear the perspective of the advocate, what they see on a daily basis, and that counties could then script themselves to address those concerns and needs.

And excellent materials were developed with the approval of the state, and shared amongst the counties. We also had lobby team in some counties who, to encourage clients to drop off and keep going, they would be in the lobby, collect data, that was their sole purpose to collect the information,

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photocopy it, get the receipt to the person so that they wouldn't have to stand in line and have long waits. There were collections at points of service, like I mentioned, FQHC's and dish hospitals. Some counties that usually make clients go to one office allowed them to go to any office that they wanted to in order to drop off their verifications. Some counties established ombudsmen and DRA liaisons in the office so that if there was trouble in the community there would be one point of contact that they could get that result quickly.

And in terms of monitoring impacts, some counties continued to meet with their communities and with their staff on a weekly basis to check in, identify any trends, problems, concerns; correct practices immediately. Staff are reporting weekly in some counties on any granting with restricted benefits so we can keep an eye on those numbers, and just anecdotally what we're hearing is that those numbers are very low. People have generated automated reports out of that system to track the reasonable opportunity time frames and make sure that people are following up on those, and also automated reports that are generated on restricted benefits.

So counties are taking different approaches capitalizing on the strengths and in their own regions and trying to address the needs in their regions. We are going to be working, or have been working, actually, with health

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management associates on the survey, and we continue to look for ways to improve our practices and our processes.

And in terms of next steps, we want to continue to look for those things, differentiate between system problems and those quirks that require additional training and outreach. We continue to share best practices with one another. We have our monthly convening, and DRA is always on the agenda, and John Suppota [misspelled?] is usually always on the hot seat, and he always comes and he always does that, so we appreciate that.

And we would like to help with the research projects that are emerging and use those results to advocate for federal change, but not just the impacts on the clients, which are substantial, particularly in the applicant population, that's what we're expecting, we haven't seen yet.

But also what's the return on investment? This is a lot of time and resources being spent, and it's been mentioned to what end? And so just any business can't run that way, so how much are we investing to get this little return? And the take away then is it was the stakeholder, the opportunity to have stakeholder input. I am very proud, I think we are all proud of the way we've been able to implement this, and continue to work with one another in partnership and strengthen one another, and look out for the best needs of our clients. We haven't seen yet, it's early, major snafus, but we know that

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there are impacts, particularly in the applicant populations. And we remain open to trying to resolve problems and on time. Thank you.

**BARBARA MASTERS:** We probably have time for one or two questions for Dale before we move to Caroline. Any questions at this time? Caroline?

**CAROLINE DAVIS:** So, as Barb said, I am filling in for Dana Hughes, who I am sure many of you know, who was not able to be here today. So I'll caveat this all by saying I am sure you will bear with me if it's not quite as polished as it might have been if Dana had been able to join us today.

So I am, with that caveat about Dana, I am very happy to be here, though, today to share some preliminary findings from a survey we had conducted earlier this summer of all the counties about the impacts of the DRA. As Barb mentioned, it's part of a larger project and evaluation we are working on for the California Endowment, assessing the impact of the DRA across the state.

So we feel that our survey, we did it via email, we sent it out to all 58 counties to the Social Services directors, and we had a pretty good response rate. We got 81-percent response rate, 47 of the counties responded. That includes all the counties that cover the major population

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centers in the state, and the 11 counties that we didn't hear from tended to be northern or rural, or smaller counties.

So before I jump into our actual slides, I just want to say a few words. We do consider these preliminary. We were collecting responses all the way through the month of July and so we are just now getting to the point where we can really dig in and do a good analysis of the data. And then in terms of the survey itself, I think it is worth noting that counties are all in different stages of operationalizing the requirements, so we didn't collect the same set of information from everybody at the same point in their process, so there's some variation there. And then, of course, because we sent the survey to the Social Services directors, we left it to those folks to decide who was the best person to actually respond, so there is some differentiation between the level in the organization at which the person who answered the survey was coming from, which means they may be more or less familiar, frankly, with the effects that an eligibility worker would be seeing in their day to day work with clients.

So with those two notes, we'll go on. So first I just want to talk a little bit about the impacts that the counties reported on their additional administrative responsibilities, and I don't think anyone in this room would be surprised to see

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that overwhelmingly, people said, yes, we have seen an impact or we expect to see an impact but they hadn't implemented yet.

So for the folks who said yes, we then asked them some more questions about what the exact impacts were. And for this question we gave a range of options of different kinds of impacts we thought might be occurring, and asked people to rate them on a scale from one to five, with five being the most significant. So what's reported here and on other similar slides, are the most frequent responses, and then of those frequent responses, which ones were rated a four or a five, so very significant or extremely significant.

So, in this case, the counties reported that the increasing demands on workers really play out in things like back logs and needing to provide training to staff, some impact in terms of back logs on the applications and renewals themselves, and then counties also reported that they, some counties reported, 24-percent, that they were planning to hire new staff.

So counties, of course, as you all know, are helping applicants secure their documentation in a variety of ways. Almost everyone told us that they have developed or are using informational materials, and those are either the documents produced by DHCS, or some counties have also developed their own documents. They are helping clients obtain birth

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certificates to the best that they can, social security cards, etc. This is also one place I should say where we allowed for multiple responses. It was a question that said check all that may apply, so I suspect a lot of the counties are doing more than one of these things at a time.

So then in terms of paying for implementation and we've heard a lot about that today, because there is a real question about what's the bang for the buck? So we asked the counties, we didn't capture how much they anticipated or were planning to spend, but we did ask them how they were planning to finance it. And it was a combination, really, of county funds, relying on the DRA allocation from the state, and then some counties said one or the other, and some said, no, we are doing both, and that's actually what is represented by the bar marked "other", is the combination of the two kinds of funds.

So then, in terms of impacts on beneficiaries, or clients, most counties did report that they have seen impacts, or are anticipating seeing impacts, on beneficiaries, both in terms of new applications and also renewals. Of those who reported impacts in the "yes" columns, we heard most commonly that the factor behind that were delays in applications, in processing times, and less on denials. But some people did report denials, as well. And then the "no" and "don't know", we did have some counties respond who had not gotten to the

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point where they felt like they had a good enough sense of how it was going to tell us what they were seeing.

So then we asked counties about the factors that were contributing to any delays or denials that they might be seeing. And this is another question where we asked them to check all that apply, so 44-percent of the counties who had seen delays or denials reported that that was eligibility workers facing backlogs of applications for processing. And then 34-percent reported difficulty with securing documents, and we also had 34-percent report that clients were unable to produce the documents. So if they couldn't secure them, they couldn't produce them either. And there is some confusion among clients about the requirements.

So then in terms of renewals, we looked at a similar set of information and found that the factors were largely the same, except interestingly enough, confusion among clients was a much more significant factor here. We don't really know why, I think our best guess is that these are folks who have already been through the application process and they weren't asked for it the last time, so why are they being asked for it now? They are already in the program.

So in summary, I think what we see in our survey data, it has been really interesting to hear the other presenters because I think what we are seeing in the survey data really

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tracks well with what everybody else has said in terms of its kind of unclear. There is clearly a huge cost and a lot of work going on at the counties and with the state to implement these requirements. Unclear what you're getting from it; we certainly don't have the data on that yet.

There's the administrative burden, of course, the counties are providing a lot of assistance to their clients and their beneficiaries. Unclear; I guess we'll see as it plays out, right? And they are also describing significant beneficiary impacts. Our survey, of course, like I said at the beginning, is fairly limited in how we can figure that out. We are planning to do some site visits, as Barb said, to dig deeper in and see what the real impacts are on the ground. But I think this is a good starting point and gives at least some feel for where things are going. That's it.

**BARBARA MASTERS:** Caroline, can you just describe what the other elements of the study are with the analysis that hopefully will look at the impacts on the beneficiaries, as well.

**CAROLINE DAVIS:** Sure. So we built our survey, we actually are going to do a second survey a year from now to see how things may have changed, a survey of all the counties social services folks. We have plans to do site visits to six counties, like I said, to take the survey information and dig a

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little deeper and get a more complete picture of all the impacts, particularly, I think of interest with the stakeholder groups and some of the eligibility workers to hear more about the on-the-ground experience. And then we also are going to be looking at some Meds data to track, over time, the impacts on eligibility and see what that set of data shows in terms of how things are going as the counties implement and get rolling with the policy.

**BARBARA MASTERS:** So we have time for a few questions for the panel, or if the panel wants to ask each other any questions.

**MALE SPEAKER:** Hi, I was just curious, was there any federal money given to the states for implementation, or was the whole implementation burden expected to be paid for by states and counties?

**TOBY DOUGLAS:** All the DRA requirements, implementation as well as ongoing work, are funded through Medicaid administrative activity, so it is, 50-percent of the costs for our state, are federally funded. But we still are putting 50-percent state dollars into these efforts. And so to tell you today just looking at the county administration and the amount of money we put in for implementation, as well as assessments of the additional ongoing work that will need to be done, it's about close to \$80 million total funds. So I think Donna had

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several states, so our efforts, and that's to make sure that we do it right, it's going to be a lot of money.

**SONAL AMBEGAOKAR:** Sorry. Hi, I'm Sonal Ambegaokar at the National Immigration Law Center. I have two set of questions sort of in line with what Wisconsin does about documentation. The data, I guess, Caroline that you have about difficulty securing documents, is the county being asked which documents, is it identity documents versus citizenship documents? Or, Dale, do you know if the counties are tracking that at all?

**DALE FLEMING:** Somebody from the committee stand up and answer that question, we've got several experts.

**TOBY DOUGLAS:** I can say in the Meds database, it's going to be there. So it will be to the extent that the counties are interfacing with Meds, are going straight into Meds, they will put the reason why, whether it was because they couldn't get the identity document, they couldn't get the citizenship document, or they couldn't get anything and they just declared that their good faith effort and their reasonable opportunity period ended.

**FEMALE SPEAKER:** Can I add something to that? I'd just like to add that in the automated systems that the eligibility staff use, they'll ask questions why this happened, and these systems are talking to Meds so that they don't; I think there

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must be 10,000 Meds codes, but they just have to answer the question and the computer systems talk to one another and get that coded correctly.

**SONAL AMBEGAOKAR:** Okay. And I guess the second part is I really, I guess it's a question for Caroline, too, and maybe Barbara, is it would be great to do what Virginia did as far as the access issue, like are we doing studies on given the delay in care, how many people were delayed in care for how many months, what services they couldn't get, the increase in the ERU's. I think those are more compelling stories because eventually on a policy argument I would hear eventually those people got on to Medicaid, so what's the big deal? But the more compelling stories are going to be they couldn't get care and this is what happened to them. So it would be great since California is so huge, to use that on a national level, too, to say here's what happened in real life terms. So thanks.

**CAROLINE DAVIS:** Through a different study, I think there is going to be some focus groups held with beneficiaries and applicants, and I think it's through the focus groups we might be able to pull out some of those kinds of issues.

**MALE SPEAKER:** Can you indulge me one more time? I guess, Caroline, on your slide, you pointed out that counties are helping applicants and beneficiaries obtain needed documentation in many ways. And there is varying levels of

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support, so 96-percent, meaning I think all but probably one of the counties reporting, said they are providing informational materials; 79-percent are helping beneficiaries obtain birth certificates, but then there's a big drop-off where only half of counties responding are helping beneficiary applicants to obtain social security cards, or referring applicants to community based organizations. And this is actually more of a question for Dale and maybe for some participants in the room, particularly if you think you might be associated with a county that's not doing, that's in that group that's not reporting that they're doing that. I recognize that California is very diverse, and so some of these counties may be very small and maybe if there's one office and not many community based organizations, there's not a need to that, but I'm just trying to understand that a little bit better. Why, is there a role to be played in helping those counties that say they are not doing that to do that? Or is this not a one size fits all, and maybe they all shouldn't be doing all of those things?

**FEMALE SPEAKER:** [Inaudible 00:52:05].

**MALE SPEAKER:** That's what I'm asking.

**FEMALE SPEAKER:** [Inaudible 00:52:14].

**MALE SPEAKER:** Okay. I guess what would make me unclear about that is how [inaudible 00:52:31] that they are, so maybe we could skip to the next one and say looking at the

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referrals to community based organizations, not the next slide, just the next bar on that slide, sorry, Barbara. So only half of the counties say they are referring people to community based organizations, and I'm not sure what that means, but one thing I take away from it is half aren't, and I'm just trying to understand why half are not.

**FEMALE SPEAKER:** You're asking more of a question of how to better share the best practices and understand across counties why some counties are doing some things and not doing other things.

**FEMALE SPEAKER:** Of course, I can't answer for all counties; I have heard anecdotal information about some counties that are offering assistance with getting out of state birth certificates after the individual has exhausted other means. Some counties are struggling with that, what do they do with that documentation once they receive it because it's actually been purchased with county dollars, and so it's county property. And so there's little minutia that go with that, and I can't give you an answer of why there's the variance. Different business models, different approaches, sometimes the referrals are, the community members are in the same building, same facility with the county, so it varies depending on the county and the, I saw somebody's hand go up, I thought. But it depends on each county.

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**FEMALE SPEAKER:** You know, this may be a question to explore in the site visits, to look at the variation among the six counties in terms of the kinds of assistance they're providing and why it will give an opportunity to do that.

**TOBY DOUGLAS:** And I was going to say since we're just implementing the CAA, hopefully that will increase the referrals, or the work, of the community based organizations since they can do that work.

**DALE FLEMING:** For San Diego County, I know that we took the survey while we were still within the reasonable opportunity period, so we had; thank God I'm not doing this work.

**BARBARA MASTERS:** Last question.

**FEMALE SPEAKER:** I'm from Taleri [misspelled?] County, and the reason why we're choosing not to help clients obtain the birth certificates and such information, is because we actually took a poll of our system to see how many clients had already provided this information and how many case workers we can go back and look for it, or how many had been active on Cal Works previous to our implementation, and we were actually one of the first counties to fully implement DRA in California. So in doing that, we found that a lesser percentage had not provided than those that had, so we thought that it may not be in the best interest of our county to help purchase the

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information. So I don't know if that helps other counties that took the same type of approach, but we kind of looked at what we already had, and we started requesting the information about a year prior to implementation. So we had hoped, what we found out in our statistics, we had more provided than who had not provided already. So I don't know if that helps your question.

**BARBARA MASTERS:** So before we close, I'm just going to take the moderator's prerogative and ask a question mostly of Toby and Dale. As we're getting ready to do the site visits and, in fact, even think about the second round of the survey, are there particular questions that would be useful for us to ask as we conduct those two phases of the project, and it's certainly open to anybody in the audience as well. We want to make sure we're hitting the kinds of issues that are of most concern to the counties and the state, as well as beneficiaries. You can think about it and let us know, if you like.

**DALE FLEMING:** Okay. Well, one thing might be how disruptive this is in the FQHC's and in the setting, because we are trying to work with community partners, to collect documentation for us. And another thing that would be good, to me, even though you have the focus groups, it would be good to also collect objective data. There is ED data that's reported to Oshpod [misspelled?], and you can, it is actually localized

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so you can actually compare the data with the feeling, the experience, because that tells you something as well.

**BARBARA MASTERS:** Great.

**TOBY DOUGLAS:** One piece that I would add is that we do have to remember and recognize why this was put in place in the first place, that there are some people that believe that there are individuals that are applying that are not eligible, so really drilling down so we have it from both perspectives, not just the impacts that we are all concerned about, but did it have any benefit? Did we find, in the counties, did they find anyone who was saying they were a citizen, who actually wasn't after going through the process? We need to be able to have some of that data, whether it's anecdotal or actually numeric, that we can take back at the end of the day when we are going back and looking at this at a federal level.

**BARBARA MASTERS:** Good, thank you. Thanks very much. We're going to keep things moving, I promise we're not going to run late. We just cut the time from Peter, he's all right with it. So I would just like to invite Jean Ross and Toby, actually, can stay up, and Bruce Wagstaff, they are going to react. But this is very exciting; Jean literally has up-to-the-moment update on the state budget. Not to put any pressure on Jean, but here she is.

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**JEAN ROSS:** Okay, the fact that things are changing literally probably between when I set my iPhone down and stood up here is why I don't have slides to go with my presentation. We would sort of have to be typing them out in real time. Thank you, I know this is the end of a long day and they always save the best news, the best/worst news to the end of the day, which my job is to be the bearer of bad tidings. Just remember, they're not my bad tidings. I'm just reporting on what's happening in the external world.

I think, and I sat back and it was really tough to put my notes together for this, because literally over the past several weeks, there have been days where things sort of changed daily. There have been days where things changed hourly, and I would say this is sort of more in the hourly to half-hourly. When I left my office at about 1 o'clock to walk over here, I had been given definitive news that the Senate would vote on a budget sometime this afternoon. That has since changed; it appears that that's probably not true, although I think there will probably be an attempt and, again, one of the things that sort of goes back and forth is sort of who's come to agreement on what, and have they really come to agreement. But it appears that the Senate may think that they are moving, or inching, closer to some sort of an agreement with somebody on some sort of a budget plan. And that's about all that I can

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really tell you on that. And I think that really gets to sort of the most common refrain when you walk around here if you live here and work here and know a lot of people here, is when you bump into your friends on the street; they say, isn't this either the strangest or the worst year that you've ever seen? And I think it probably falls into both the strangest and probably, I think in terms of a level of gridlock, and I think if you're interested enough to be at a meeting like this, you probably are following the budget closely enough to realize that something has gone terribly wrong in terms of how we make public policies in California. It is August 28<sup>th</sup>, again, depending on when you last checked your email, you're thinking that there will be a budget vote today, tomorrow; the Governor, I think, has hinted that Christmas as being like a good time in the last couple of days and maybe I'll let Toby sort of speak to the Governor when I'm done next. But who knows, that may have changed since he got here, too, as well.

And it's very hard to see where agreement is going to occur, that you have different caucuses of the legislature, and I was, I think in terms of Venn diagrams, and I would say having been no overlap in their Venn diagram of budget solutions, you have a couple of different plans that have been put forward. Sometimes people own them, sometimes they don't own them for very long, other times they don't. And I think

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what I'll try to do is outline what are the main areas of dispute, and compare and contrast the legislature's, very briefly, the legislature's conference committee budget plan and the Governor's so-called August revision, or August compromise budget, although the grammarians in my office say that you can't really call it a compromise because it takes two to compromise, and this appears that it's only a compromise between the Governor and himself at different points in time since nobody else, including members of his own party, seem to accept that particular plan.

So three key things, or they are sort of three central things, that are at issue. And then there is sort of orbiting peripheral issues on the budget. The three main elements that are up for debate are how deep should the spending cuts be, and let's be clear, all of the plans from the legislature's original Senate and Assembly Budget Committee through Conference Committee and, more recently, all of those plans include very deep cuts, including very deep cuts to Health and Human Service programs; very deep cuts, as probably most of you know to the County administration of Health and Human Service programs, which gets directly to the issue and the topic of today's program; should there be a tax increase and, again, both Republican caucuses in the legislature are still notebook part of no-new-taxes, don't you understand. The Governor has

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said he'd contemplate a temporary tax increase that would go away as soon as he's no longer Governor, which is true, that's a true statement, and the legislature has proposed a larger, permanent tax increase. The Governor has proposed a temporary sales tax increase; the legislature has proposed primarily a permanent increase in personal income taxes and in a small sort of restoration of a cut to corporate income tax rates that was adopted in the mid-1990's.

There is also in both the legislative plan and the Governor's plan somewhat sort of accelerations of revenues basically deferring some tax deductions, moving for accounting purposes primarily some money forward from future years to count towards the 2008-2009 budget, which is great for 2008-2009, it's not so good for the years after 2008-2009 when you no longer have that money on your books to spend.

The final element that's sort of one of the key three issues of debate is should there be borrowing; if so, what type of borrowing is appropriate? The Governor continues to propose borrowing back by future lottery proceeds. There is still, I think he still believes that he can convince more Californians to gamble away more of their money. The Assembly is sort of, we're not sure we want to convince people to gamble more, but we're willing to borrow against lottery proceeds where both the Assembly's plan and the Governor's plan now agree, is to

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basically take schools out of the lottery mix. Right now, if you buy a lottery ticket, half the money goes to prizes, 16-percent goes to run the lottery, and 34-percent goes to education. In both the Governor and the Assembly's plan, education would get state general fund Prop. 98 dollars in lieu of what they're getting from the lottery and the school's share of lottery proceeds would go back to pay back the people who loan the state money that buy lottery proceeds. That's key for all of you because there is a lot of evidence that I'll explain in questions and answers if you really want to know, that it will crowd out that non-Prop. 98 side of the budget. And all of you are the non-98 side of the budget. So it's actually, I think, good news for education in multiple ways; it's bad news for the rest of you.

The final sort of peripheral issues, and there is all different kinds of peripheral issues. And some people, I think, would define them as being central. Those are ones around changing the budget process. The Governor and both Republican caucuses have said they won't support a budget agreement that doesn't make permanent changes, constitutional changes, to the state budget process. How tough those changes are varies.

The Assembly Republicans, the Assembly Republican leader Mike Villines introduced an extraordinarily tough

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spending cap and mixed in with it a lot of changes to local government finance, would make it tougher for the state and local governments to enact fees, some other changes. The Governor's most recent version has two main elements. One is a budget reserve, or rainy day fund requirement, that would and, again, I am happy to sort of elaborate, but I'm conscious of time so I won't do it here, would actually function as a de facto spending cap. And that's because it would pull so much money, 12.5-percent, it would build to a reserve that's about 12.5-percent of state expenditures for each year, that it would level down the amount of money the state has to spend.

And if you look at the Governor's August revision documents, they included some interesting modeling and if you go back in time through the 1990's, and if you had implemented these changes and grew them forward, the Governor's proposal would have only allowed the state to spend, I hope that's understandable, \$8.1 billion less in the fiscal year that just ended than it actually spent. Let me sort of come at that a different way. Spending cuts of \$8 billion would have been required in the fiscal year that just ended under the Governor's proposal, and you can sort of guess if Health and Human Service programs took their proportionate share of that reduction, that's about \$2.5 billion of cuts to Health and Human Service programs. His proposal would also give

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Governor's unprecedented powers to make reductions in the budget midway through a fiscal year if it appeared that revenues expenditures are out of balance.

The other peripheral issues are everything from meal breaks for workers to daily overtime to sequel requirements to potentially a water bond, which we probably need, to fix up our water systems. I would add that the water bond proposed in sort of two different forms, one by the Assembly, one by the Governor, and I guess Senator Feinstein's signed on to the Governor's proposal. Both would take about \$700 million a year out of the general fund in the future as well.

And since I have actually a few other things in the Governor's mid-year proposals in the Conference Committee with respect to healthcare, the Governor and, I am assuming most of you are probably fairly well informed on what have been the basic issues of debate around budget proposals and healthcare. The Governor would extend the 10-percent Medi-Cal provider reimbursement rates through March 1 of 2009. The Legislative Conference Committee budget would restore funding to providers; the same funding in both cases of the court system can't be cut, on September 1 of 2009. The other primary cuts in the Conference Committee budget to healthcare programs include higher fees for healthy families, programs for families for

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premiums, and moving to semi-annual status reports for adults in the Medi-Cal program.

And because none of this has been depressing enough, I'll close by saying that even if you take the long term forecasts that assume that very dramatic action is taken to bring California's budget into balance, that would be the Governor's May forecast of about \$15 billion in spending reductions, we are looking at a budget situation that, again, is red ink as far as the eye can see. In other words, deficits through the end of this decade, well into the next decade in a time when California, when health programs in California, face tremendous challenges, certainly very close to the ground, immediate challenges such as the citizenship requirements, longer term challenges that I was looked to as the baby boomers age and hope that we won't retire some day at some point in the future. And we all hope that we're going to live a long, long time, which will put increasing demands on public healthcare programs. And I think particularly when you get to late August, legislatures want to go home, all of us who work here in Sacramento want them to go home; boy, do we want them to go home, that it's easy to say let's just get through another budget and come back next year and solve the big problems.

The problem with doing that is we've been doing that for a long, long time. I've been here for about 20 years now

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and we've been doing it virtually for 20 years. And if you keep doing that, the future has a way of creeping up on you and you don't have much time to prepare for it. So I hope that we'll take a little bit of extra time, all of us, and really come up with a budget that leaves California better prepared for the future, rather than better prepared to get out of town before the end of the weekend. Thank you.

**TOBY DOUGLAS:** I'm going to be real brief because I don't have much more to say from what Sandra said this morning. The August revise, the Governor's August revise, is where the department and the administration are today. Besides what Jean has already talked about related to provider rate reductions, and what the August revise has, as well as mid-year status reports, the only other big item that we haven't touched on that was part of the Conference Committee that is still in play is part B premiums that for those that are on share of cost Medi-Cal, that are dual eligible, that have share cost over \$500, the state will no longer be paying for part B premiums. That will have an impact on counties in terms of we will need to ensure and work with you that those that are eligible for the Medicare savings programs that we're getting all those individuals onto those programs.

Jean did mention county administration that is another piece of the August revise looking at reductions in county

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administration. But as Sandra said earlier, we desperately need a budget, we're working as hard as we can, and we've exhausted all ways to continue to pay our providers. We have providers out there that are serving them as vulnerable a population, as you all know. We need to get payments flowing again so that we can ensure that they can keep open their doors and serve our beneficiaries.

**BRUCE WAGSTAFF:** Good afternoon, I'm Bruce Wagstaff, Director of Department of Human Assistance in Sacramento County, and the Vice-President of Program with the County Welfare Director's Association.

I've done a lot of panels, I must say this is the first panel where somebody slipped me a note to shorten my remarks before I said anything. So they must have seen me do other panels, I guess. Anyway, it's great to be here and you know I don't want to sound too sour either, but here I go.

It's not a big surprise; I don't think anybody in the room, to hear me say that the counties are extremely concerned about all of the proposed cuts, including those that have already been adopted by the Conference [misspelled?] Committee. The proposal to make children subject to the media status reporting rules, as well as these additional cuts that Toby just made mention of in the August package.

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You know, I come at this on a personal level as somebody who had a job like Toby's for about ten years at the state level, Deputy Director on the social services side. In fact, I have many fond memories of sitting in budget hearings with Stan out there. He was the Medi-Cal guy, I was CalWORKs guy, we both got creamed. And I guess those were fond memories, I don't know. Anyway, I have been through, at that level, many difficult budget discussions. I remember the IOU's I got one year as a paycheck; I think I might agree with Jean, though, that I'm not sure if there was quite as crazy, who knows, it always seems crazy, so I get it, I get it. I get it how difficult it is to try to put a budget together and how it's hard to make everybody happy, and you can't make anybody happy in the product, I get it. However, I have to say that the three and a half years that I've been a Local Director have been eye opening, to say the least. And my folks over here from Sacramento County are giggling when I say this, they're going, yes, thank you for that laugh, you are laughing.

Anyway, it's been eye opening at the least because there are basic realities here that we have to recognize. And the first one is that this is very important. Programs where counties already are eligibility gatekeepers, this term admin, admin costs, it does not mean just like paper clips and coffee machines, okay? Admin equals direct services to applicants and

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recipients. It's about a properly staffed and a well trained work force. Admin incorporates all of that, so when we talk about cuts to admin, that's what you're talking about. And without adequate funding, we can't ensure that eligible applicants get the program timely, get on the program timely, and stay there as long as they continue to be eligible. Without this funding, we can't ensure that there's someone there to answer the phones when a client has a question, and when there are cuts, let's face it, we ask fewer staff to do more work, which results in negative impacts to them and to the public.

And the other reality that you have to accept, I'm still sounding sour, I'm sorry. Anyway, the other reality is what's going on out there in our departments? Given the economy, given the economic situation, guess where people go? And caseloads are going up. Medi-Cal, I've seen the statewide Medi-Cal data staying essentially flat, perhaps a tip up. In Sacramento, though, our Medi-Cal caseload has gone up by over 5-percent in the last year. That's, at the same time, general assistance has gone up by 30-percent; food stamps have gone up by 22-percent; CalWORKs by about 7-percent. It's not a function of what we're doing, it's a function of what's happening out there, that's the climate. That's the climate, that's what's going on in the offices when we're talking about

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these admin cuts. And so we're very concerned about it, and that goes without saying.

Requiring children to submit media status reports in order to maintain their eligibility, from our standpoint, from the County's standpoint, frankly, is an unfortunate proposal. It looks like it's going to become law, but there are some things you have to recognize about that, and I just have to put it out there that, in our view, not only does this, and I'll turn the clock back on our efforts to make and expand children's coverage, it really heightens these cuts to our County eligibility staff because the ones we have will now have to spend more time, as we put it, chasing this paper leaving even less time to handle those other day to day requirements. And this really does take me back, I'm having déjà vu all over again, because it does take me back to when we implemented quarterly reporting at the CalWORKs program, and I have to tell you, I'll be your lunch, I'll bet you whatever you want to bet that this proposal is not going to save much money because we have data from our IT systems that I'd be happy to share later, that indicates the vast majority of adults who are discontinued due to no status report come back on within three months to a year, and have to be reenrolled, indicating they were eligible all along and just dropped off because of the extra paperwork.

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So I just really don't think you're going to see that, those savings.

Now looking at the Medi-Cal cuts in the context of cuts that these other Health and Human Services programs, as Jean mentioned, pleased to say that Medi-Cal clients, up to now have not seen the same negative impacts of county underfunding as clients at some of our other county administered programs because we have been funded for annual cost increases to reflect the fact that cost of administering these programs increases every year on the natural. We don't like to call it cost of doing business, for some reason people are getting tired of hearing that, I guess, but that's really what we're talking about.

And I want to tell you that that funding that's been provided to counties has been put to good use. For example, in Sacramento, back in '03-'04, our performance standard for processing applications timely was about 71-percent. Now it's about 95-percent because we've been able to use this funding to reflecting the cost increases, hiring some staff where we needed to, and we will be able to address that. So we're very concerned that that is going the other way.

Jean's group, the California Budget Project, just put out a report called Stretched Thin, which I was going to say it's aptly named, but I'd have to say that's an understatement

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for what our situation is. But the report found that, it comes as no surprise, adequate funding, such as what Medi-Cal has largely gotten over in recent years is crucial to counties' ability to deliver services effectively and meet program performance goals.

With these cuts, let's face it, what counties are going to have to do, what my folks are going to have to do, is focus on the front door, okay? We're going to have to continue processing out applications as timely as we can and, let's face it, the effect of that overall is going to be delaying annual redeterminations and things of that nature as a necessity, which can result in ineligible individuals remaining on the program, increasing costs, and resulting in further elimination of some savings.

I know how budgets ultimately get put to bed, okay? And I know the realities of the situation here. So I hate to say this, I wish I didn't have to say this, but we know that cuts are going to happen. What I would say, though, as a reactor, is [Missing Audio 01:23:24] at the dedication and commitment of staff who are really trying to face up to a very difficult situation and do their jobs. So be assured that we'll continue to do everything we can to be as responsive as we can.

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In my department, Sacramento County Department of Human Assistance, with the range of programs that we provide from Medi-Cal to food stamps to general assistance, to senior nutrition, to homeless programs, we touch one out of every five residents of this county. And I bet that's gone up recently, that was the last time I looked at it. So we will continue to be as responsive as we can to that situation, but there are limits. There are limits and I'm very concerned as the local director in my county, and I'm sure this concern goes throughout the state that we're going to see the effect of those ones. We're going to see the effect in our lobbies, we're going to see it throughout what we do.

So what I'd like to see happen, given all these realities that I've talked about, is it going into this collectively all of us and recognize the situation for what it is, budgetarily, economically, programmatically, and work together, providers, the state, the counties, to recognize that set some priorities, set some priorities. We talked about setting priorities with what we have to work with, but what I've seen happen is everything becomes a priority. So I mean a realistic discussion of what that is, realistically do, on a larger basis what we're doing in Sacramento County and all the counties, I think, are doing which is looking at how they do business.

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Looking at how they do business I don't think this fiscal situation changes if they're more expert than I am. This is not a one year problem that we've got here. This is not a one year problem, and when we had our local budget hearings our sheriff got up before the board and said that next year we're going to be calling this year the good old days because any projections I've seen suggest this isn't going to turn around, this isn't a one year deal.

So let's all of us get together, look at how we do business. This is the reality, let's look at how we do business, let's honestly set some priorities, let's honestly do what we can so that we all can provide the service level that we really do want to provide. Thank you. We're done.

**BARBARA MASTERS:** Any quick questions on the budget, or can we keep moving? Great, we're going to keep moving. Thank you so much to Bruce and to Jean. We had a question, I'm sorry. Oh, Mr. Medi-Cal.

**MALE SPEAKER:** Jean, I want you to use your crystal ball if you could. Taxes, cuts, raiding the counties, raiding everybody else, smoke, mirrors; how do you think it all comes out?

**JEAN ROSS:** Well, that's a really tough and dangerous one. I have a hard time seeing how given the Proposition 58 of 2004, does require the Budget Act to at least, on paper, have a

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revenue number that matches the expenditure number in the budget. I don't see how you get there without some amount of revenues. I think that the level of cuts that would be necessary, maybe Tom McClintock would vote for maybe, I'm not sure there would be any other votes other than that.

I think the debate now is really permanent versus temporary tax cuts, tax increases, excuse me. I think there will be one because I don't see how you get a number that matches without that. I think there will be some very serious borrowing with a fairly large number and, probably spending, an interesting question. Cuts that are somewhere between the Conference Committee and the Governor's August numbers and, again, I think it's hard to see how you, with a straight face, argue for the provider reimbursement rate cuts when the courts are telling you you can't do it, although it wouldn't be the first time, and I'm a former legislative staff member and we certainly committed our share of sins when I was a staffer. It wouldn't be the first time that unattainable savings have been scored in a budget, and you've been around longer than I have on that one.

I think the real question is temporary versus permanent and, again, what kinds of permanent changes to the budget process are the "price"? Is it a water bond, which again my only question is how do you pay for a water bond part of the

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price, so-called, for getting a vote on the budget, and temporary and permanent? And Senator Parada seems pretty dug in on the permanent tax increase side of things. You would be in a better position to know at least the word on the street is the Governor really doesn't want permanent. I personally think and the longer I do this the more I believe in truth in budgeting, I don't think it's fair to the next guy or gal that gets the job to sign into law a tax increase that triggers off essentially on inauguration day of the next governor. You know, it certainly is doable, particularly when the Governor's own forecasts show that the state would still be facing sizable budget deficits at that time. But that's me and nothing else, so I don't know what that tells you. Some mix.

**BARBARA MASTERS:** Any other questions for Jean? We can drag Bruce up here if we need to. No? Thank you, Jean, very much. Especially we know how busy she is right now tracking the budget. So we want to try to end on time, bear with us, it's been a really good and informative day. I just want to say a final thank you for the turnout. It's still, it's the end of the day, it's a really full room, we know a lot of you came from great distances, but I want to recognize four people in particular. Donna, Judith, Mike, and Joe, coming from DC, Virginia, Oklahoma, and New Mexico, and I think you'll all

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agree that their information was well worth getting them out here, so thank you so much.

I want to make sure that everybody has provided their email, you either were checked in or if you weren't, for whatever reason, registered, you signed up, make sure your email is there. Your evaluation will be arriving to your inbox shortly. And the thought was just that oftentimes if it's the end of the day, a piece of paper, you do it really hurriedly and please just take some time this evening to think about that, look for that email, and it's just one of those little surveys, and send the evaluation back to us. We would really appreciate it, both because it's always good to get the feedback about the event, and also because we're going to be asking you to follow up on some of what Peter is going to talk with you about.

You'll also be getting the Kaiser Family Foundation link, which September 8<sup>th</sup>, I think, is the tentative date, but the transcripts, all the slides, and the video of today's proceedings will be available in early September, so we'll be letting you know about that, so you can send it to colleagues who missed today.

And last, I just wanted to sort of set up for Peter. You know, there was an advisory committee, and I want to thank, there's many of you in this room that gave input and it was

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their vision that we might have two convening's, that the first would start with a very national focus and kind of drill down to where are we in California. And perhaps the second convening that focuses more on California and what California can do in its impacts as this roles out and gets further along. We want to kind of toss that open for discussion, and so we've asked Peter to share some themes and reflections on the day, but then kind of really have a little bit of feedback from those of you here, and some of you have been quiet, so this is your chance to say what would be useful to me as a county welfare director association person, or as a county Medi-Cal person, or as a provider in terms of really mitigating not only the impacts of DRA, but also potentially mid-year status reports for kids or other changes that might be coming down the pike. So I'm going to hand things over to Peter and, again, thank you all so much for a great day.

**PETER HARBAGE:** My goal is to end on time, and so Ingrid just wanted me to try and wrap up real quick and to do some of the housekeeping stuff.

I guess I want to start really where Dr. Shewry started this morning, was to try to focus on the positive and the work that everyone does. I mean, everyone was here today to try to talk about some very difficult issues, and I think it's amazing that not only everyone stayed, but also so much of the senior

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leadership from DHES stayed, and I think that says a lot about their commitment, not only to this issue in particular, but their broad commitment to working with the county's. And, really, I think Sandra set the tone well that everyone is here to try to help, and to help operate programs that help other people, even in the face of adversity that's really caused by a change in law that, I think, was well articulated as being inconsistent with what have been historical values of the Medicaid program and Medi-Cal program, inconsistent with state flexibility, inconsistent with all the work that's being done on streamlining and certainly all the work that's done by all of you in the state to keep administrative costs low, I think we've well heard today that the DRA reverses course on that and increases cost.

In the face of that, we also heard a lot about innovative ideas, new and innovative ideas on how to respond, and I think it was fantastic hearing from Donna and Mike and Judith and Joe, and everyone who became nationally and here to talk about not only their ideas, but also to hear from Toby about all the work that he and DHES have been doing that's new and innovative to try to respond to the challenges that we have. One of the most important, though, ways of addressing the DRA, and I think we heard this theme today, isn't new at all, but just good old fashioned coordination. And I think

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it's great that we have counties and providers and plans and advocates all in the same room today to share thoughts and ideas about how to respond and, of course, hearing from the state as well about how to respond to the DRA.

Some of the most important coordination and leadership, though, comes from the Foundation's here in California. And I think what we saw from the California Health Care Foundation and the California Endowment today is their commitment to work on these issues and help all of you do the difficult task of moving forward and dealing with what some of these challenges are going to be. I don't know who was first, if it was the Endowment or CHCF that had the foresight to ask HMA to participate in this process and to do the work that you heard Carolyn Davis talk about, but I think that the data and tracking that they're doing, and I think we heard today some calls for some additional data in tracking collection, I think, is great. Caroline is a long time friend and a good friend and she spoke well, but I do want to make sure to mention how great it is to have her colleague, Vern Smith, here in the room, who is a national Medicaid expert, and we are very lucky to have him here to not only learn what California is doing, but have him part of thinking about how to move California forward.

Of course, all of that good news and all that work comes with obviously some concerns. There's uncertainty about

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the future and the DRA, there's certainly some uncertainty about whether or not the citizenship rules, as we heard from Donna, could be expanded to other programs. And obviously the concerns about the budget are a major unknown. It was great to have Jean Ross here to talk about that. We originally conceived the budget panel because we thought the budget might be done and it might be good to talk about not only the DRA changes, but to put those in context with all the other changes that might be happening, but of course, what we got instead was a great up to the minute update.

So again, in terms of next steps, as Ingrid had pointed out, we're going to be circulating an evaluation, so I look forward to hearing your thoughts on that, and also we'll pose some questions about whether or not this activity, this kind of gathering, is worth doing again in terms of talking about the DRA, or perhaps it will be worth having a gathering to talk about some of the budget changes that must pass some time, right, it has to happen. So maybe we should have a gathering to talk about that and I'll quiz all of you on your thoughts there.

But thank you, again, it's been great to work on this project. It was a really great day and, again, join me in thanking the Foundation's and Chris, and Terry who is here from CHCF and California Endowment, and also Ingrid, and I'm

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forgetting somebody or she wouldn't come up and tell me. Ingrid has been a magnificent time keeper today. I said this morning that I had never started an event on time, and now I have, and now I'm told that there are three minutes left. And so if anyone has any thoughts that they would like to offer here, no one will punish you for holding the class if you have any final thoughts or questions. Yes, sir.

**MALE SPEAKER:** Well, a final thought. We've talked all day today about a rule that came down from the federal government, and what's missing in the room is the federal government. And we've seen how well this doesn't work, and so it's very important that we get the word across to our federal representatives how this rule actually works in practice. And, as evidence that the word has not gotten there, the fact that they are still trying to pass SCHIP reauthorization, applying the citizenship documentation to SCHIP, i.e., the Health Families Program, as well, almost like, gee, that worked well, let's apply it to another program. They're not getting the word, so as an advocate, I'm saying you need to let your federal representative know dumb idea, don't repeat it, in fact, it's time to go back and clean up the mess.

**PETER HARBAGE:** Thank you. Anyone else? Great. Thank you again so much.

[END RECORDING]

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