



California DRA Implementation: *The County Perspective*

Comments to DRA Convening

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Overview of Comments

- Primary goals/themes in our efforts
- County advocacy efforts
- County/consortia preparation
- Implementation
- Monitoring the results
- Thoughts on next steps

Primary Goals/Themes

- Identify any flexibility in federal rules
- Maximize use of other systems/partners
 - Clinics, hospitals, CAAs verifying information
 - Electronic birth record matches
 - Additional electronic matches (i.e., DMV?)
- Ensure new workload is funded properly
- Minimize impact on clients

Advocacy Efforts

- Assisted with state-enabling legislation
- Assisted with instructions from state
 - ACWDLs
 - Q&As
 - Outreach materials
- Active in efforts to overturn federal rules
 - Have raised issue with key Capitol Hill staff
 - Not clear what will happen in next Congress

County/consortia preparation

- Clearly required many changes to:
 - Automated systems (four consortia)
 - On-the-ground eligibility procedures
 - How counties work with community partners
- Automated system changes
 - Needed to link to new MEDS requirements
 - Data entry, but also tracking/reporting to measure and monitor what is going on

County/consortia prep (cont.)

- On-the-ground eligibility procedures
 - ACWDL just the beginning – have to translate to process and procedures for workers.
 - Needed to develop training and provide initial and ongoing/refresher training to workers.
 - Needed to develop ways of monitoring results so could identify and resolve issues.

County/consortia prep (cont.)

- Working with community partners
 - Most involved their partners early and often.
 - Trying to ensure correct messages were put out publicly and avoid miscommunication.
 - Lot of early confusion about who was and was not being targeted/impacted by the rules.
 - Concern that community would stop applying for Medi-Cal altogether, especially immigrants.
 - CWDA also spoke regularly with media to try to put out correct information.

Implementation

- Counties began implementing upon issuance of the ACWDL in July 2007.
- Phased in operations over last year.
 - In many counties, timeframe to operationalize depended on automation schedule.
 - Counties acted thoughtfully to avoid consequences seen in other states.
 - Did not want to implement without proper training, outreach materials, community understanding of the requirements.

Implementation (cont.)

- Have heard about many best practices.
 - Initial and ongoing partnering with community.
 - Excellent training modules for staff.
 - Innovative implementation ideas.
 - Ways of following up to identify impacts and adjust practice accordingly.

Monitoring Results

- Counties taking different approaches.
 - Ongoing meetings with community partners.
 - Internal data reviews to identify impacts.
- Also working with state, researchers to review data and impacts.
 - Counties participated in Health Management Associates survey (next presenter).
- Hope to identify ongoing improvements to reduce problems for clients, workers.

Thoughts on Next Steps

- Identifying issues/problems that arise.
 - Is it systematic or idiosyncratic?
 - Systematic: May signal need for global policy review.
 - Idiosyncratic: May be a training or outreach issue.
 - Working with advocates, state, legislative staff.
- Sharing county best practices.
- Helping with research projects and using the results to advocate federally.
 - Not just impacts on clients but also tracking time/money spent, which could have been put to better use.