

# Health Navigation Funding Expansion

February 27, 2023



## OVERVIEW

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

## THE PROBLEM

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

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

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

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

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

## THE SOLUTION

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

## SPONSOR

CaliforniaHealth+ Advocates

## FOR MORE INFORMATION

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<sup>1</sup> States must act to preserve Medicaid coverage as end of continuous coverage requirement nears. Center on Budget and Policy Priorities. [https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#\\_ftn7](https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage#_ftn7)