

# CalHEERS and SAWS Horizontal Integration

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# What is Horizontal Integration?

- ☞ **Vision:** To improve the wellbeing of California's most vulnerable children and adults by serving them more holistically.
  
- ☞ **How:** Coordination, communication and interaction between and among programs, projects and departments.
  
- ☞ **Goals:**
  - Break down silos
  - Better outcomes
  - Provide the right service at the right level at the right time

# Background

## Goal

- ∞ Increase the number of Health applicants also applying for CalFresh and/or CalWORKS at time of health application
- ∞ Streamline the process for applicants (i.e.: Reduction in duplicative questions)

## “The Option”


- ∞ CalHEERS Contract contained an Integration Option for Social Services
- ∞ August 2014 the Health Benefits Exchange Board declined that option, but...
- ∞ HBEX Board and HHS Secretary committed to integration implementation

# Previous Design

## Referral only with inconsistent follow-up

Application # [REDACTED]  
Case # [REDACTED]

SUMMARY  HOUSEHOLD  PERSONAL DATA  INCOME  ELIGIBILITY  ENROLLMENT

[Learn More](#) 

### Referral to Other Programs

Would you and/or your household like to share the information you just provided in a referral to your local Health and Human Services Agency for other programs?

The CalFRESH Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), can add to your food budget to put healthy and nutritious food on the table. Please visit the [CalFRESH](#) website for more information.  
Are you interested in a referral for CalFRESH food assistance?

Yes  No

The CalWORKs Program gives cash aid and services to families with children to help pay for housing, food, and other necessary expenses. You may get aid based on the number of people eligible and the income of your family. Please visit the [CalWORKs](#) website for more information.  
Are you interested in a referral for CalWORKs?

Yes  No

The Medi-Cal Program, federally known as Medicaid, provides free health coverage for those who qualify. Your eligibility for Medi-Cal has already been determined on the basis of your income. However, you may be able to qualify for other reasons.  
Are you interested in a referral to your county for a further review of the eligibility for Medi-Cal?

Yes  No

Please note that by selecting "Yes" to any of the programs noted above, you are agreeing to let us share your information with your county's Health and Human Services agency to begin the process.

# New Design

## ▼ Important Information & Options

### *Eligibility Determination Factors*

- Household income qualifies for Premium Assistance (a federal tax credit that can be used to lower your monthly premium)
- Household has a qualifying life event.
- Household income is in the APTC program limits.
- Income must be verified.
- Household qualifying life event is within 60 days.
- You do not qualify for Medi-Cal health coverage because your household income is above the Medi-Cal limit.
- Household income is not in the CSR program limits.
- You meet all other factors to qualify.

We will send you additional details in two ways: 1) the mail and 2) the Secure Mailbox that you can access through your account on this site .

### **Appeal Decision**

If you think our decision is wrong, you must file a request for a hearing within 90 days.

[Appeal Decision](#)

### **Additional Benefit Options**

You may qualify for other programs. Click the link below to apply now or send your information to your county social services office.

[View Additional Benefit Options](#)

### **Important Information for Pregnant Women**

If you are pregnant or there is a pregnant woman in your household, [click here](#) to learn more about available health care options!

### **Other Medi-Cal Programs**

Since your application indicates that you may be eligible for other Medi-Cal programs, your information has been sent to your county social services office.

# New Design

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## APPLY FOR HEALTH INSURANCE

### EXPLORE

What's Right For You

### PREVIEW

Health Plans

### APPLY

To Get Covered

### GET HELP

Find Answers



Application #: [Redacted]  
Case #: [Redacted]

### Additional Benefit Options

Based on the information you have provided it appears you may be eligible for additional assistance including food assistance. In order to determine your eligibility, you are encouraged to click on the **Apply Now** button.

Please select from the options below:



I'm interested in CalFresh. ⓘ



I'm interested in CalWORKs. ⓘ



I'm interested in a referral to my county for further review of my eligibility for Medi-Cal. ⓘ

Share My Information

Apply Now

Clicking the **Apply Now** button will open a new page to a separate online application and share your information with your local Health and Human Services Agency. The account creation and application for CalWORKS and CalFresh are separate from your Covered California application. You may wish to write down your case number displayed in top left navigation panel as it may be needed.

Clicking the **Share My Information** button will send a referral to your local Health and Human Services Agency for other programs.

Please note that by checking any boxes to any of the programs noted above and clicking either the **Share My Information** button or **Apply Now** button, you are agreeing to let us share your information with your county's Health and Human Services agency to begin the application process.

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## Your online resource for California benefits. Simplified.



### Welcome to the e-benefits California Website!

This site connects you to applications for **Medi-Cal**, **County Medical Services Program (CMSP)**, **CalFresh (formerly known as Food Stamps)** and **California Work Opportunity and Responsibility to Kids (CalWORKs)** benefits in California.

You can apply online! Just pick your county of residence, click on the Go button and you will be a step closer to getting the help you need.

### Select your county of residence:

California Counties



# In the SAWS portals



C4Yourself®

Access to Benefits. Simplified.

Start  
Application

People

Job

Income

Expenses

0%

## Covered CA Enrollment

Have you enrolled in Medi-Cal or other health insurance through Covered CA?

Yes  No

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# In the SAWS portals



Start Application

People

Job

Income

Expenses

Property

Other

Send Application

0%

## Covered CA Applicants

If you have already enrolled in Medi-Cal or other health insurance through Covered CA, please enter your Covered CA case number below.

### Here are ways to find your Covered CA case number:

- If you came directly from the link at the end of your Covered CA application, the webpage with your case number should still be open in another window. Click on the other window and find your case number on the left hand corner.
- You can go to [www.coveredca.com](http://www.coveredca.com) and login to your account.
  - To login on the Covered California website click on the "Account Sign-in" in the upper right hand corner. Enter your "User Name" and "Password" in the "LOGIN OR CREATE AN ACCOUNT" box. This will take you to your "Home Page".
  - From the "Home Page" click one of the top navigation bar links: "Summary, Household, Personal Data, Income or Eligibly" and you will be taken to that Section of your case.
  - Your case number will display in the upper left hand corner.

Covered California Case Number:

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# Is it effective?

← → ↻ [Address Bar] 🔍 ☆ ☰

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## APPLY FOR HEALTH INSURANCE

**EXPLORE** What's Right For You | **PREVIEW** Health Plans | **APPLY** To Get Covered | **GET HELP** Find Answers




Application #: [Redacted]  
Case #: [Redacted]

✓ SUMMARY | ✓ HOUSEHOLD | ✓ PERSONAL DATA | ✓ INCOME | ■ ELIGIBILITY | □ ENROLLMENT

### Additional Benefit Options

Based on the information you have provided it appears you may be eligible for additional assistance including food assistance. In order to determine your eligibility, you are encouraged to click on the **Apply Now** button.

Please select from the options below:

	I'm interested in CalFresh. ⓘ	<input checked="" type="checkbox"/>
	I'm interested in CalWORKs. ⓘ	<input checked="" type="checkbox"/>
	I'm interested in a referral to my county for further review of my eligibility for Medi-Cal. ⓘ	<input type="checkbox"/>

**Share My Information** **Apply Now**

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# QUESTIONS

(hold until Q&A at end of session)



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