



2024-25 GRAND JURY REPORT
EL DORADO COUNTY
MARCH 11, 2025 – CASE #25-07

HHSA STAFFING CHALLENGES IMPACT MEDI-CAL CLIENTS

Difficulty in staffing HHSA Medi-Cal support positions has led to delays in processing disenrollments and frustrations among clients seeking other plans.

TABLE OF CONTENTS

Contents

Summary	3
Highlights	3
Recommendations Summary	3
Background	4
Methodology	5
Interviews	5
Documents Reviewed	5
Discussion	6
2020 Legislation	7
Current Staffing Requirements	7
Staffing Metrics	9
A Call Center Option	10
Conclusion	10
Findings	11
Recommendations	12
Request for Responses	13

Cover Caption: Placerville HHSA Office entrance. Taken February 26, 2025. Courtesy K. Pauley

SUMMARY

Summary

"Managing eligibility, benefits, and claims in public health programs like Medicaid requires a delicate balance of accuracy, efficiency, and empathy—finding staff who can do all of this under constant pressure is a significant challenge."

— John O'Brien, Former Director of the Medicaid Innovation Accelerator Program

HIGHLIGHTS

In El Dorado County, Medi-Cal is administered by the Health and Human Services Agency (HHS) through the Self Sufficiency Community Services division. The Grand Jury discovered staffing issues with Medi-Cal Eligibility Specialists that led to challenges for clients, including delays in service and inability to move to other health plans.

Key issues identified include:

- The Continuous Enrollment clause (2020-2023) in a state-mandated policy during Covid overwhelmed staff with enrollment updates after the policy ended.
- Salary inequities compared to neighboring counties.
- Lack of metrics for staffing and productivity.
- A 6-month training program with a low completion rate.

RECOMMENDATIONS SUMMARY

The County urgently needs to evaluate and increase HHS Eligibility Specialists pay and benefits to compete with similar county agencies which regularly hire staff away. We also recommend that the County develop and deploy metrics and tools for evaluating staff, productivity, and turnover rates.

Our full analysis of the issues and recommendations follow.

BACKGROUND

Background

Medicaid is a federal and state program that funds and provides healthcare and supportive services to low-income individuals and families, referred to as Medi-Cal in California. In California the applicant begins their application on the state's website. Once approved, their enrollment is managed by each county. El Dorado County (County) manages this program through the Health and Human Services Agency (HHS) by the Self Sufficiency Community Services division. In 2020, California implemented the Continuous Enrollment clause (no disenrollment), part of the Families First Coronavirus Response Act (FFCRA), preventing individuals enrolled in Medi-Cal from being disenrolled. In 2023 the policy ended, and enrollment adjustments were restarted. This resulted in a month-to-month increase in individual enrollment re-evaluations, which overwhelmed staff.

HHS is made up of the following divisions which concentrate on the needs of the citizens: Behavioral Health Services, Public Health Services, Community Services, and Social Services. HHS is required to manage the program for the enrolled citizens of the County. HHS has three Medi-Cal support locations in South Lake Tahoe, Placerville and Shingle Springs. There are many Medi-Cal support locations in neighboring counties, including six locations in Sacramento County, that attract experienced employees from our West Slope locations.

The Grand Jury received a complaint which stated that clients could not disenroll from the program and that repeated inquiries to the County were unanswered. The complaint warranted a deeper investigation into the County's ability to process Medi-Cal clients effectively.

METHODOLOGY

Methodology

INTERVIEWS

- Complainant
- HHS management
- HR management

DOCUMENTS REVIEWED

- HHS website
- Federal legislation
- State Medi-Cal website
- State legislation

Discussion

Each county is responsible for processing Medi-Cal enrollments and case management for the state of California. The positions responsible for processing Medi-Cal applications are described as hard to fill positions. It is a demanding, high-need job that requires a significant amount of training. Staff need to understand the intricacies of the Medi-Cal system and be able to counsel potential enrollees on the plan and eligibility. Long hours of customer service are required.

Training to become a Medi-Cal eligibility specialist in California can be challenging due to several factors:

- **Complexity of the Medi-Cal System:** The system is complex, with various eligibility criteria, benefits, and regulations that frequently change. Support personnel need to understand intricate policies related to eligibility, medical services, enrollment, and renewals.
- **Volume of Work and High Expectations:** Medi-Cal eligibility specialists are typically responsible for high volumes of cases, requiring accuracy and efficiency. Caseworkers or support personnel must process applications, conduct interviews, verify eligibility, and assist clients.
- **Client Interaction and Emotional Demands:** Many Medi-Cal clients face significant challenges, such as poverty, health issues, and language barriers. Support personnel must be patient, empathetic, and skilled in dealing with difficult or emotionally charged situations. Handling difficult conversations about eligibility denials, delays, or misunderstood requirements adds to the emotional weight of the job.
- **Compliance and Legal Regulations:** Medi-Cal programs are highly regulated, requiring strict adherence to federal and state guidelines. Medi-Cal eligibility specialists must ensure that every action complies with these laws and regulations, adding another layer of difficulty to their work.
- **Training and Certification Requirements:** Training typically includes extensive instruction on federal and state regulations, as well as software systems used to process Medi-Cal

DISCUSSION

applications and track cases. Staff are tested regularly to ensure that they are proficient in understanding regulations and using tools for case management.

Success rates for individuals completing training can vary depending on the county and specific program, but it is generally reported that the failure rate in such training programs is higher than average, primarily because of the complexity of the material and the fast-paced environment. Retention rates also tend to be lower than in less demanding government positions. Many people find the emotional and intellectual demands of the job to be a struggle over time.

2020 LEGISLATION

In 2020 California implemented a no disenrollment policy as directed by The Families First Coronavirus Response Act (FFCRA), signed into law in March 2020. This meant that those already on Medi-Cal did not have to go through any kind of renewal process. States, including California, prohibited disenrolling anyone from Medi-Cal unless the person died, moved out of state, or requested disenrollment.

The federal Consolidated Appropriations Act of 2023 declared an official end to Medicaid's (California's Medi-Cal) "continuous enrollment provision," and assigned a sunset date of March 31, 2023. California began its re-evaluation of Medi-Cal clients' eligibilities the following month. Re-evaluations are processed based on the client's anniversary month. Those who no longer qualify for coverage will be disenrolled from Medi-Cal. Federal and state regulations required states complete these re-evaluations by May 2024. El Dorado County was unable to meet this mandate.

CURRENT STAFFING REQUIREMENTS

During the investigation we discovered that the El Dorado County Medi-Cal program is severely understaffed. There are currently 19 staff positions which includes one management position unfilled. Being short-staffed has caused delays in getting clients signed up for services or removed from the program once the client no longer qualifies or requested to be removed. Phone calls to the department have gone unanswered and follow-up to emails are not returned

DISCUSSION

in a reasonable timeframe. The department hired 15 staff members in January 2025, who are currently in the training program.

Finding 1– The current staffing of the HHS Medi-Cal division is inadequate, unable to keep up with the workload from post-Covid disenrollment requests, and many employees are leaving because of the lower pay.

Average of Base Pay				
	Eligibility Specialist - I		Eligibility Specialist - II	
Colusa County			\$	44,307.84
El Dorado County	\$	43,822.29	\$	49,843.24
Mendocino County			\$	53,196.11
Calaveras County			\$	55,962.37
Humboldt County	\$	56,597.00	\$	56,547.13
Monterey County	\$	50,088.36	\$	60,136.14
Placer County	\$	46,978.20	\$	61,808.26
Sonoma County	\$	54,353.33	\$	67,135.82
Napa County	\$	56,608.34	\$	71,106.52

Table – Comparable average salaries for eligibility specialists across California counties. Source: *Transparent California, 2023 data.*

The table above shows comparable average salaries in other counties in 2023. Noteworthy is the average salary at nearby Placer County, nearly \$12,000, or roughly 25%, higher. Data was not readily available for Sacramento County, an important comparable to measure.

Even with all the new hires, relief will not be immediate. Once hired, the employee begins a six-month County provided training program. Historically only 50% of the trainees complete the program and can begin providing case management for Medi-Cal clients. It’s plausible that the 15 new people will only result in about eight people filling the 19 open positions.

DISCUSSION

Finding 2 – The Medi-Cal eligibility specialist is a challenging position and difficult to identify and hire candidates. Onboarded employees require six months of training, with roughly 50% of those completing the process. HHSA doesn't track exact numbers.

STAFFING METRICS

HHSA staff attended a conference where they learned of a software program to track employee productivity. They have placed a budget request for this software, Exemplar, and have reduced other program expenses to offset the cost.

Finding 3 – HHSA does not currently have a system for tracking Medi-Cal eligibility specialist staff productivity.

Neither the HR department nor HHSA management were able to provide the turnover rate for these positions. Without detailed documentation, we relied on information available that most of the employees are leaving due to low pay. As noted in a previous salary survey for other positions, the County pays less than surrounding counties for this job classification. Once the employee is trained, they can seek employment elsewhere. Tahoe basin HHS staff has a turnover rate which is notably lower than the West Slope location in Placerville because the proximity does not provide any easy transition to another county. Several staff members across other departments have described the County as the "training ground for adjacent counties."

Finding 4 – The HR system does not track turnover rates, which should include documentation for reason for leaving, and which would provide greater insight to staff shortages and how to improve hiring and retention rates.

DISCUSSION

A CALL CENTER OPTION

HHSA attempted to create a call center in their Shingle Springs location, but it was a failure. The call center was not set up correctly by not having any tracking mechanisms for the employees taking the calls. At the time employees could just not answer the phone and it would route to the next employee. A new manager was able to ensure phones were being answered and voicemails were being returned, however a proper call center software system would improve the process. There are several counties that are using call centers: Humboldt, Santa Cruz, and San Joaquin counties.

Finding 5 – Several counties have implemented the use of lower cost call centers to address basic inquiries for greater efficiency and referring enrollment steps to eligibility specialists. Currently El Dorado County relies on eligibility specialists to manage all tasks associated with inquiries to the department and calls from clients to their case workers, increasing their workload.

CONCLUSION

HHSA has fallen behind in processing Medi-Cal disenrollments since Covid due to understaffing. Staffing has been challenging due to the specific training and requirements for the position, as well as lower pay than surrounding counties. HHSA had to follow the state-mandated practice of not removing any subscribers during Covid (the California Families First Corona Virus Response Act, FFCRA). Citizens are now challenged when trying to move to other healthcare plans due to the inability to disenroll efficiently from Medi-Cal.

FINDINGS

Findings

F1– The current staffing of the HHS Medi-Cal division is inadequate, unable to keep up with the workload from post-Covid disenrollment requests, and many employees are leaving because of the lower pay.

F2 – The Medi-Cal eligibility specialist is a challenging position and difficult to identify and hire candidates. Onboarded employees require six months of training, with roughly 50% of those completing the process. HHS doesn't track the exact numbers.

F3 – HHS does not currently have a system for tracking Medi-Cal eligibility specialist staff productivity.

F4 – The HR system does not track turnover rates, which should include documentation for reason for leaving, and which would provide greater insight to staff shortages and how to improve hiring and retention rates.

F5– Several counties have implemented the use of lower cost call centers to address basic inquiries for greater efficiency and referring enrollment steps to eligibility specialists. Currently El Dorado County relies on eligibility specialists to manage all tasks associated with inquiries to the department and calls from clients to their case workers, increasing their workload.

RECOMMENDATIONS

Recommendations

The Grand Jury recommends that the Board of Supervisors...

R1 – Direct Human Resources to conduct a compensation study for the Eligibility Specialist classification and ensure that total compensation is competitive with neighboring counties by August 30, 2025.

R2 – Direct HHSA to implement a process, such as utilizing a software system, to track and evaluate eligibility specialist staff performance and productivity by end of 2025.

R3 – Direct Human Resources to investigate software systems that can track employee turnover and reasons for resignations/terminations by end of 2025. This information should be employed to determine future efforts to address staffing issues and shared periodically with the Board of Supervisors.

R4 – Direct HHSA to develop a plan by end of 2025 to review the costs and benefits of a call center approach to complement eligibility specialty staff.

REQUEST FOR RESPONSES

Request for Responses

A Civil Grand Jury report details a single investigation. Each report lists FINDINGS and RECOMMENDATIONS. The responsible organization is notified and is required to respond to the report.

The California Penal Code § 933(c) specifies response times.

- PUBLIC AGENCIES. The governing body of any public agency (also referring to a department) must respond within 90 days from the release of the report to the public.
- ELECTIVE OFFICERS OR AGENCY HEADS. All elected officers or heads of agencies/departments are required to respond within 60 days of the release of the report to the public.
- FAILURE TO RESPOND. Failure to respond, as required, to a Jury report, violates California Penal Code Section 933.05 and is subject to further action that may include additional investigation on the subject matter of the report by the Jury.

The following responses are required pursuant to Penal Code § 933 and § 933.05:

From the following government bodies:

- El Dorado County Board of Supervisors
 - All Findings and Recommendations

For more information refer to [How to Respond to an El Dorado County Grand Jury Report](#) available on the El Dorado County Grand Jury webpage.