



Colorado Covering Kids and Families

CKF Coalition Meeting
Thursday, June 16, 2016

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| Meeting Recording | A recording of this meeting will be available until July 21, 2016. | |
| Updates from the Colorado Department of Health Care Policy and Financing – <i>Nina Schwartz</i> | <p>New Community Corrections Policy The Colorado Department of Health Care Policy and Financing (HCPF) issued a policy statement regarding eligibility for individuals residing in community corrections facilities on June 1, based on a Centers for Medicare & Medicaid Services (CMS) letter on April 28, which indicates that most residents of Community Corrections Facilities are not considered incarcerated and now may be eligible for Medicaid if they meet all other eligibility criteria.</p> <p>Q. When will the Colorado Benefits Management System (CBMS) changes be made? A. Nina will check when CBMS will be updated and the language of the Colorado Program Eligibility and Application Kit (PEAK) will be made. Until changes are made, when individuals residing in Community Corrections Facilities apply, they should indicate that they are not incarcerated.</p> <p>CBMS/PEAK June 2016 Build CBMS/PEAK June 2016 Enhancements for Community Partners</p> <p>The June CBMS build is scheduled for June 26. The build includes adding Food Assistance to medical-only applications in PEAK. It also includes an update to non-citizen statuses which completes the policy implementation for lifting the five-year bar for all lawfully residing pregnant women and children. The five -year bar will also be lifted for lawfully residing pregnant women and children for non-Modified Adjusted Gross Income (MAGI) programs.</p> | |

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| | <p>MAGI Annualized Income Policy and Systems Changes A webinar about annualized income was hosted by HCPF and the PEAK Outreach Initiative. Listen to a recording of the webinar here. Annualized income may be used to determine eligibility if an applicant is above the monthly income limit for Medicaid or Child Health Plan <i>Plus</i> (CHP+) and has variable income (specifically income that is from self-employment, seasonal employment, or commission-based employment).</p> <p>Medicaid is Changing its Name to Health First Colorado Effective June 27, Medicaid in Colorado is “Health First Colorado (Colorado’s Medicaid Program).” Member communication updates are underway and will continue throughout 2016. A statewide advertising campaign announcing this change begins the week of June 20.</p> <p>Resources will be available online to help organizations update print and digital materials as existing supplies run out. For more information, see these talking points and frequently asked questions (FAQs) or visit the Health First Colorado web page.</p> <p>Q. Are all state Medicaid programs changing their names? A. About half of the states have changed the name of the Medicaid program in their state. HCPF worked with other states to learn best practices.</p> <p>Contact Resources on the HCPF Website There is an option on the HCPF website to email the Medicaid Customer Contact Center. This option is for Medicaid clients and authorized representatives only, not assisters, and should only be used for non-urgent matters.</p> <p>The Governor’s Citizens Advocate is an outlet available to use if no other communication channel is working. Assisters and advocates should continue to use existing channels and only contact the Governor’s Citizen Advocate if there is a problem that needs to be resolved and the existing</p> | |

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| | <p>channels are not working. The problem will likely be funneled by the Governor's Citizen's Advocate through the existing channels.</p> <p>Q. Is the Governor's Citizen Advocate for clients only or can assisters also utilize this resource? A. Assisters can contact the Governor's Citizen Advocate on behalf of a client, however, an assister will not receive additional information or information they should not have access to.</p> <p>Q. Is there an escalation process when a client and assister are not able to get help at a county? A. There is not a list of contacts for assisters at each county; however, HCPF has county relations staff that may be able to help.</p> <p>Q. Does the client need to have a working email address to contact the Medicaid Customer Contact Center? A. The web form for the Medicaid Customer Contact Center also has a phone number that clients can call if they do not have an email address.</p> <p>Upcoming Policy Change for Parents and Caretaker Relatives Starting October 1, adults in the MAGI Adults category who are parents or caretaker relatives with a dependent child under 19 years old are only eligible for coverage if the dependent child has minimum essential coverage (MEC), including Medicaid, CHP+, and private insurance through Connect for Health Colorado or through an employer.</p> | <p>If you have any questions, please send them to Ana Bordello at ana.bordallo@state.co.us to be included in an upcoming FAQs document.</p> |
| <p>Discussion: Outreach to Community Corrections Facilities and Residents – Terri Hurst, Colorado Criminal Justice Reform Coalition</p> | <p>Historically, residents of Community Corrections Facilities, also known as halfway houses, have not been eligible for Medicaid. Due to the CMS guidance and HCPF policy statement mentioned earlier, most residents of Community Corrections Facilities are now eligible for Medicaid if they meet all other eligibility criteria.</p> <p>About 4,000 individuals are estimated to be involved in Community Corrections on a given day, and this policy change will impact residents of Community Corrections Facilities, or approximately 2,000 people in the state. There are 32 Community Corrections Facilities in the state, and</p> | |

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| | <p>residents from 31 of the facilities will now be eligible to apply for Medicaid. Residents of one Community Corrections Facility in Colorado Springs called Gateways: Through the Rockies will not be eligible to apply because the program is run through the jail and residents stay overnight in the correctional facility.</p> <p>People who reside in Community Corrections Facilities are typically transitioning out of prison and back to the community, or are sentenced directly to the facility through the courts as a diversion program. The facilities are called halfway houses because the residents are halfway into the community and out of the criminal justice system. If a resident complies with what is asked of them, the average stay as a resident is six to eight months, and then the individual will still be under supervision for another two years in a non-residential status.</p> <p>Many Department of Corrections facilities are helping people enroll in Medicaid upon release, so people being released from prison to Community Corrections are most likely covered. Community Corrections residents who were sentenced to Community Corrections as a diversion program, however, are likely to benefit from community-based outreach and enrollment (O&E) assistance.</p> <p>Community Correction Facility directors are interested in connecting residents to application assisters. Use the list of Colorado Community Corrections Programs to look up facilities in your area. Many Community Corrections Facilities do not have computers with a secure connection, so assisters may want to bring their own laptops and secure Wi-Fi connectors to help residents apply via PEAK.</p> <p>Community Corrections residents, along with all of the justice-involved community, typically have low health insurance literacy. When helping this population, they will also benefit from help understanding Medicaid benefits, how to access care, etc.</p> <p>Q. Can people get jobs while they are in halfway houses?</p> | |

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| | <p>A. Yes, that is one of the provisions residents have to comply with. To stay in a halfway house, most residents have to take a urine analysis, maintain employment, and pay a daily per diem.</p> <p>Q. Is Medicaid paying for treatment while residents are in the halfway house? Including drug and alcohol treatment and mental health services?</p> <p>A. Previously there were vouchers for these types of treatment. It still needs to be determined how to find the correct Medicaid providers.</p> <p>Q. If someone is in jail for two months and was never disenrolled from Medicaid, will their Medicaid be active when they are released?</p> <p>A. As long as their Medicaid was not terminated, they should still be enrolled. Colorado has not yet implemented a suspend function (which would suspend, rather than terminate, coverage when a client is incarcerated for less than a year). The suspend function should be included in a CBMS build later this year.</p> <p>Q. What is the benefit of suspending benefits?</p> <p>A. Suspending benefits helps with continuity of care and lessens the administrative burden of reapplying.</p> <p>Q. Will residents be considered a household of one because they are in a halfway home?</p> <p>A. This will be clarified with HCPF.</p> <p>Stephanie Arenales from Boulder County shared that they have partnered with the Boulder County jail to help people enroll in Medicaid upon release. Assistors typically need to follow up after release to help the newly released apply for the Supplemental Nutrition Assistance Program , and help connect them to behavioral health providers.</p> <p>Mary Ganir from the Pinon Project has been doing outreach at the county jail with the alternative sentencing program. This program is for former inmates to help them not become inmates again. The sentencing options include work-release up to 12 hours each day, home release with an ankle</p> | |

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| | <p>monitor, or serving the sentence on the weekends. The Pinon Project uses a sign-up sheet at the beginning of the month, contacts everyone on Thursday, and then they go to the jail on Fridays to provide application assistance. Applications are completed on paper. Before the appointments, Pinon Project staff contact the county to determine if the individual still has an active Medicaid case.</p> <p>The Colorado Criminal Justice Reform Coalition launched the TakeCareHealthMatters.org website last year to provide information to justice-involved individuals and assisters interested in outreach to the justice-involved population. Terri Hurst is also available to answer questions. Contact her at Terri@ccjrc.org.</p> | |
| <p>Update and Discussion: Upcoming Policy Change for Parents and Caretaker Relatives with Adult MAGI Medicaid</p> | <p>As mentioned previously, HCPF is changing a policy to be in compliance with the Affordable Care Act. The policy change impacts parents and caretaker relatives who live with a dependent child and who are enrolled in the MAGI Medicaid Adult category. Beginning in October, these individuals will need to verify that the dependent child has MEC in order to stay eligible for the MAGI Medicaid Adult category. This only applies to parents and caretaker relatives whose income is above the MAGI Medicaid Parent/Caretaker Relative category income threshold of 68% of the Federal Poverty Level (FPL), and are therefore enrolled into the adult category (it does not impact parents and caretaker relatives with incomes below 68% FPL who are enrolled in the MAGI Medicaid Parent/Caretaker Relative category). This is based on the federal match for each category. Those enrolled in the MAGI Medicaid Parent/Caretaker Relative category are eligible for transitional Medicaid under certain circumstances. If the parent is not applying for Medicaid or CHP+ for the child, they will need to attest that the child has other MEC. If the parent does not indicate that the child has MEC, they will be sent a speed letter which they will need to respond to within 10 days while their application pends. If the parent does not respond that the child has MEC within the timeframe, the parent will be denied for Medicaid coverage.</p> <p>CKF is participating in stakeholder meetings about this policy change and would like to gather coalition member feedback to help HCPF understand</p> | |

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| | <p>potential barriers to implementation, and to help them develop a robust FAQs document. Additional comments not captured below can be emailed to Stephanie Brooks (sbrooks@cchn.org).</p> <p>Meeting attendees provided the following questions and comments:</p> <ul style="list-style-type: none"> • How will parents or caretaker relatives with a protected child on a separate Medicaid case without access to case information be able to qualify? • What is the difference between the Parent and Caretaker Relative category and the Adult category? • How will families with children who are covered by a non-custodial parent indicate this on the application? • The FAQ should include information about different households for Medicaid/CHP+ and Connect for Health Colorado and how to report changes for divorced parents who claim children every other year. | |
| CKF Updates | <p>Meeting attendees discussed the preferred use of the CKF blog. The options discussed were to end the blog, use the blog for O&E best practices and tips, or policy changes. CKF will end the blog and use the coalition update to share detailed policy changes and O&E best practices.</p> | |
| Coalition Member Updates | <p>Laurel with Delta Dental of Colorado Foundation has been focusing on educating people to use their dental benefits. Her contract is ending. If you have any future needs with CHP+ dental benefits, contact Allison Cusick (acusick@ddpco.com).</p> <p>Servicios de la Raza and NextCare are holding a health fair on July 16 at 10:00 a.m. in Thornton.</p> <p>Starting July 11, Broomfield County's Assistance Site is holding monthly outreach and education events at the Broomfield Library.</p> | |
| Next Meeting | <p>Thursday, July 21, 2016, from 9:00 to 11:00 a.m.</p> | |