



**BUILDING
BETTER
HEALTH**

#coverCO

2016

RESOURCES
INSPIRATION
SUPPORT

Engaging with Transient People

Housekeeping



#coverCO

Presenters

- Danielle McQueen
 - Family and Intercultural Resource Center
- Peggy Martinez
 - Valley Wide Health Systems
- Ann Lysek
 - Colorado Coalition for the Homeless
- Terri Hurst
 - Colorado Criminal Justice Reform Coalition





How to assist Seasonal Employees...

**CHOOSE
USE &
MAINTAIN**
their coverage.

Our seasonal workers are busy...



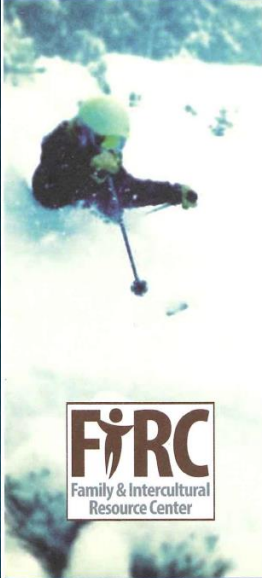
...leading an active lifestyle...



...and/or helping to support their growing family.



FREE ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT



“That powder day cost me \$40,000.”

An injury might ruin your season, but don't let it wreck your budget. Health insurance is important and the Health Navigator at the Family & Intercultural Resource Center (FIRC) are here to help you sign up. The insurance system is hard to understand, but we can walk you through the process and make it much easier. You probably even qualify for a discount. If you don't have insurance by January 31, you have to pay at least \$695 in taxes- there goes your refund.

Don't go another season without insurance.

We have several walk-in enrollment sessions between December 9 -January 25 or you can make an appointment. For details and to sign up for an appointment visit

SummitFIRC.org or call 970-262-3888.



asistencia gratis para inscripción de seguro médico



Quiero proteger a mi familia.

Las lesiones y enfermedades pueden afectar a toda tu familia.

En Estados Unidos los médicos y hospitales utilizan el Sistema de Seguros, por lo que es importante que usted y sus hijos tengan la forma de pagar por los servicios médicos. Los Seguros Médicos le permiten obtener los servicios que necesita y pueden ahorrarle miles de dólares.

Los Navegadores de la Salud (Health Navigators) del FIRC pueden ayudarle a inscribirse en uno de los seguros médicos. Aunque es un proceso complicado le podemos ayudar a entender los planes y proporcionarle información. La ayuda que ofrecemos es gratuita y confidencial.

Tendremos varias sesiones de inscripción sin cita del 2 de Noviembre al 25 de Enero, o si lo prefiere puede hacer una cita con nosotros. Para mayor información visite nuestro sitio web

SummitFIRC.org/es o llame al 970-262-3888



Examples of our targeted outreach materials...

This card is 4x6 inches. It's a nice size for waiting rooms tables, bulletin boards, a card rack, or for a new hire welcome packet.

Special Enrollment Period Outreach...



Did you just lose your health insurance?

Losing insurance through your employer is a “life change event” so you qualify for new insurance enrollment up to 60 days before or after losing your insurance. The Health Navigator at FIRC can answer your questions and guide you through your different insurance options.

HOW WE CAN HELP:

Free one on one counseling with a FIRC Health Navigator
Assist with the application for plan discounts
Assist with choosing a health plan

FREE WALK IN APPOINTMENTS:

FIRC Breckenridge Office:
1760 Airport Road

April 21 9 a.m.—6 p.m.
May 5 & 19 9 a.m.—6 p.m.

FIRC Silverthorne Office:
251 West 4th Street

April 27 9 a.m.—6 p.m.
May 11 9 a.m.—6 p.m.

Daily appointments available. Call FIRC for more information.

Recommended you Bring: Citizen—Driver’s License, pay stubs or tax return, and know how your name reads on your social security card. Non-Citizen—Residence Card, Social Security Card Driver’s License, & pay stubs or tax return

LIFE CHANGE EVENTS ARE...

- Losing health coverage from an employer, Medicaid or Child Health Plan Plus (CHP+)
- Becoming a resident of Colorado
- Getting married or divorced
- Adopting or giving birth to a child
- Turning 26 years old and are no longer on a parents’ plan
- Loss of an exemption to purchase health insurance coverage

For more information visit
SummitFIRC.org or call 970-262-3888.



Breckenridge Ski Resort HR pasted the above flyer next to all the punch clocks at the resort.

Challenges we face in assisting the seasonally employed with health insurance enrollment:

- Fluctuating Income
- Unpredictable, busy lives
- Maintaining & using coverage
 - Can't afford to go to doctor and still pay monthly premium
- Churn between programs
 - Employer sponsored insurance & Connect for Health Co
 - Connect for Health Co & Medicaid



Income calculation for those working seasonal, tipped, and commission based jobs can be tough and confusing...

INCOME NOTES

Projected Annual Income \$ _____

Monthly Tax Credit \$ _____

Job or Source _____

Job or Source _____

Current month's income \$ _____

Current month's income \$ _____

Estimated annual income \$ _____

Estimated annual income \$ _____

When to Report Changes:

10 days to report going above income limit for **Medicaid**

30 days to report income +/- 10% - **C4HCO**

APTC's are reconciled at tax time, but timely reporting helps reduce financial burden come tax time.

- Write down and enter all jobs client currently works
- Figure monthly and annual income projections
- Use multiple pay stubs or taxes if hours and employment fluctuate. See the resource below for more FAQ's regarding Health First's Annualized Income for seasonally employed.

When to Report My Changes



Call us for in-person assistance in reporting income, job, and household changes.

Many clients think their eligibility is set in stone once they have enrolled into coverage with APTC's.



- 10 days to report income increase over the eligibility limit

Using Medicaid benefits when ineligible could result in repayment of those benefits.



- 30 days to report income changes of +/- 10%

Income changes *can* result in current customer being newly eligible or ineligible for APTC and/or CSR. This would client to choose a new plan

Receiving Too Much or Too Little in Advance Payments of PTC 7

- If no PTC is taken in advance, or if only a portion of the PTC is claimed in advance, the remainder may be claimed on the tax return. The PTC is *refundable*.
- If a taxpayer receives excess advance payments of the PTC, some or all of it must be paid back.

REPAYMENT LIMITS ON APTC		
Income (as % of FPL)	SINGLE taxpayers will pay back no more than ...	OTHER taxpayers will pay back no more than....
Under 200%	\$300	\$600
At least 200% but less than 300%	\$750	\$1,500
At least 300% but less than 400%	\$1,250	\$2,500
400% and above	None: Full repayment	None: Full repayment

 ACA: What Tax Preparers Need to Know

Health Reform: Beyond the Basics

<http://www.healthreformbeyondthebasics.org/cbpp-tax-preparer-webinar-series/>

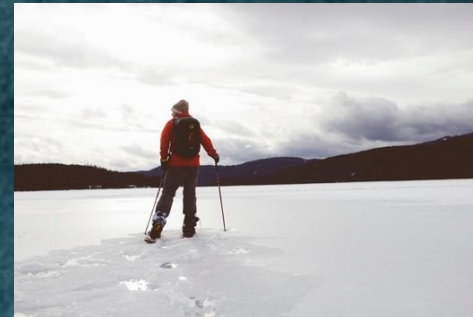
FAQ's

Will my health insurance cover me in...AK, WY, or OH?

What happens when I am no longer eligible for my Employer Sponsored Insurance?

What if I move?

What is COBRA?



What if I have doctor or hospital bills I cannot pay?



What if I have a slow month and I cannot afford my Premium?

Choosing a Plan...

Does the plan cover the specific services and prescriptions needed?

How many times per year will the plan pay for specific services that you need?

How much will you pay for a specific service or prescription?

What is your budget for premiums and out of pocket health care costs?

How much do you need to pay out of pocket before the plan begins paying for health care services?

Before leaving the office, the customer knows:

- ✓ Who to call regarding questions + concerns about their coverage
- ✓ When their premium is due + when coverage starts
- ✓ What services their plan covers and what they cost
- ✓ Where to obtain those medical services
- ✓ How to use their coverage & how to renew their coverage



Let the customer know that you will follow up with them in the next few months!



BEST PRACTICES

Working with Seasonal and Migrant Populations



Valley-Wide
Health Systems, Inc.
Your Health, Our Priority!

Outreach Efforts

- Valley Wide provides an array of Outreach including:
- Health Screenings
- All Valley Schools Open House events
- Enrollment in remote areas
- Housing
- Health Fairs
- Mobil Unit



At these events potential clients are given information regarding all financial programs available.

Seasonal

Potato Warehouse season

- September – May
- Potato Harvest August-Oct
- Also a variety of cattle, sheep farmers in this area.

- During both seasonal and migrant seasons outreach workers encounter many that are uninsured. Education about access to health coverage and healthcare is an important role of O&E specialists.

Migrant

Lettuce season May-August

Spinach May - Oct

Carrot Season May- Oct

The 3 Major crops

Seasonal workers

During agricultural season, if clients are not offered insurance by employer, efforts are made to educate them about their options.

- Appointments scheduled for those identified needing insurance.
- Evaluate income to see what category best fits Medicaid/ Marketplace
- If Marketplace is an option, I would request that both partners attend appointment
- Evaluate their medical and prescription needs
- Assist client to determine what is affordable for them
- Long term seasonal clients generally have employment that does not fluctuate, making them more apt to purchase insurance.
- Help during transition periods. Loss of employment, lay-offs, LCE.
- Assist with transition from Medicaid to Private, or vice versa.

Migrant



Majority of Migrant workers that arrive in the SLV can be anywhere between 300-500 workers, with about 150 of those being H2A's.

Upon arrival most of these workers have Arizona Access or Medical (California) and are sometimes reluctant to transition health care.

Those with existing medical conditions, are more likely to enroll in a plan. Because of their short time frame here, the majority will apply for CICP to offset any medical events.

The Longer term Migrants will come in for assistance to help convert their Private Insurance to an acceptable plan in Colorado via C4HCO, or possibly qualify for Medicaid, as many of them bring their families.

Retention and Utilization

O&E Specialists play a vital role in insuring that the client is educated in the various programs offered, as well as encouraging them to utilize what is available to them

Every effort is made to assure the client has continuous coverage throughout the year.

- Continuous outreach activity, utilizing handouts, newspaper and Social media as reminders of their options during open enrollment as well as Life Change Event.
- Scrubbing daily patient schedules to insure that clients are retaining their coverage
- Encourage clients to utilize Health Insurance
- Efforts are made to advise clients of yearly Preventative Care (mammograms, Pap's, Colonoscopies etc..)
- Navigating well child visits and updated immunizations
- Supplemental benefits for Medicaid clients that have met their dental cap

QUESTIONS???

Peggy Martinez

O&E

Valley Wide Health Systems

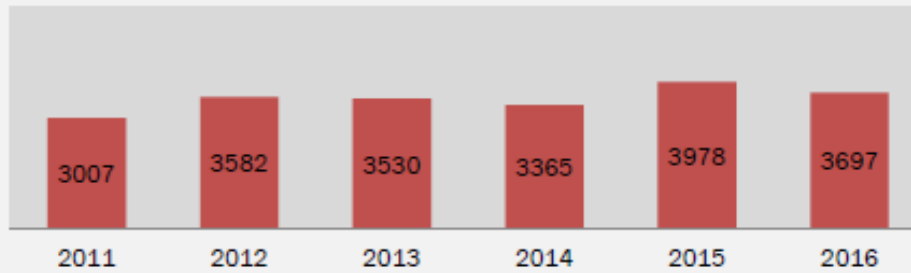
martinezp@vwhs.org

Colorado Coalition for the Homeless

Overview of 2011–2016 Point-in-Time (PIT) Results

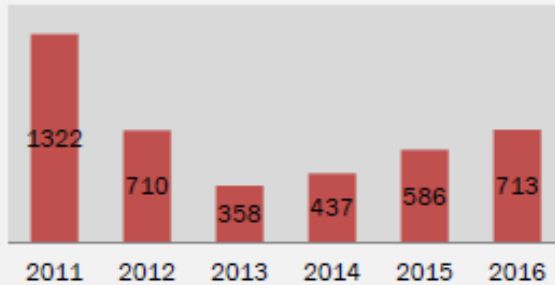
The information provides an overview of those who participated in the January 25th, 2016 PIT survey across the seven county Denver Metro region¹ and who met the U.S. Department of Housing and Urban Development's definition of homelessness. Below are comparisons of data points across the previous five years. It is important to remember that the Point-In-Time survey is a snapshot and an undercount of homeless and at-risk populations. Readers should **use caution** in comparing data across years given the nature of the PIT snapshot, as well as changes in methodology across years.

HUD Defined Homeless



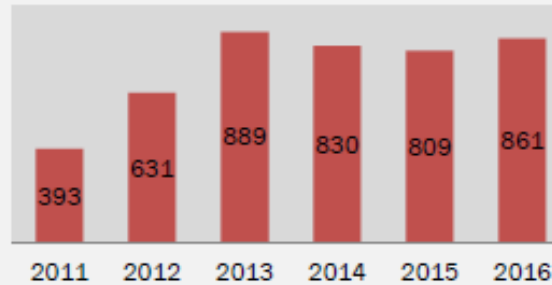
The chart reflects the number of surveys collected each year that met the [HUD definition of homelessness](#).

Veterans



The veteran homeless table reflects respondents who have served in the U.S. military.

Chronically Homeless



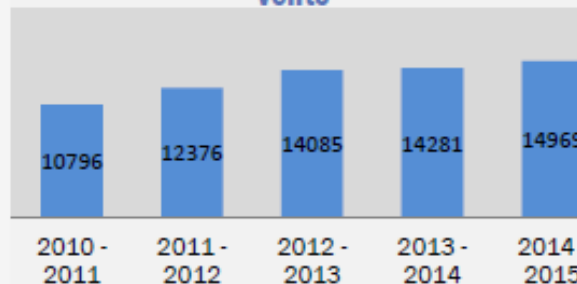
The chronically homeless table reflects all respondents and family members who meet the definition of chronically homeless.

Point-in-Time Families with Children



A snapshot of those experiencing homelessness on a single night in January. Data is self-reported and given on a voluntary basis. Use the [HUD definition of homelessness](#).

Denver Metro Students - McKinney Vento



The cumulative number of students in a school year experiencing homelessness who were identified and served in public schools, grades PK-12. Use the [McKinney-Vento definition](#) of homelessness.

Homeless Incidence:

- On Monday, January 25, 2016 there were 5,467 homeless individuals counted in the seven county Denver Metro area; this includes those who completed a survey as well as their family members

On the Street:

- A total of 14.4 percent or 786 people were unsheltered (living on the street, under a bridge, in an abandoned or public building, in a car, camping, etc.)

Where They Slept on Monday Night:

- Transitional housing (51.4%)
- Emergency shelters (including a hotel/motel vouchers paid for by an organization) (34.2%)
- Unsheltered (14.4%)

Newly Homeless:

- Nearly one-fifth (18.7%) of total respondents – 691 persons – were considered newly homeless (They had been homeless for less than one year and this was their first episode of homelessness)

Domestic Violence:

- 341 respondents reported domestic violence being a contributing factor to their homeless situation

Income:

- Over three-quarters (76.2%) or 2,232 respondents reported that they or someone in their household had received income in the past month

Chronically Homeless:

- A total of 804 respondents were chronically homeless, there were an additional 57 family members living with a chronically homeless individual for a total of 861 individuals in chronically homeless households.

Veterans:

- A total of 713 individuals identified as veterans

Families:

- 694 families completed Point-In-Time (PIT) surveys during the 2016 count; compare to the 2014-2015 school year data for the CO Dept. of Education (DOE) where 14,989 children were identified as homeless.

Youth:

- 347 unaccompanied youth less than age 25 completed PIT surveys during the 2016 count; compare to the 2014-2015 school year data for the CO Dept. of Education (DOE) where 995 unaccompanied youth were identified as homeless.

Comparisons are being made between the 2016 PIT data and the 2014-2015 school year CO Dept. of Education data to illustrate the limitations of the PIT data, which is a snapshot of one night of the year and which we know to be an undercount of those experiencing homelessness in our communities.

PIT data is collected based on one night per calendar year and only includes [HUD defined persons](#), whereas the Colorado DOE data is collected from the beginning to end of each school year and includes homeless children as [defined by the McKinney-Vento Act](#).

Healthcare

- The Coalition has been delivering healthcare for the homeless in downtown Denver for more than 30 years. In September 2014, the new Stout Street Health Center and [Renaissance Stout Street Lofts opened](#). This new development increases integrated health care access for up to 18,000 homeless individuals each year and provides supportive housing for 78 formerly homeless households. [Watch the video](#).
- The 53,192 square foot Stout Street Health Center replaced the former Stout Street Clinic, an aging structure that lacked adequate space to effectively meet the complex health care needs of an expanding homeless population.
- The Health Center introduces a unique model of integrated health care targeted to the needs of homeless patients. It fully incorporates patient-centered, trauma-informed medical and mental health care, substance treatment services, dental and vision care, social services and supportive housing to more fully address the spectrum of problems homeless adults and children bring to their medical providers.



In 2013, the Coalition provided health care services to 13,323 men, women and children, ranging in age from infancy to over 85. Common diagnoses include hypertension, diabetes and asthma. Frequently, homeless patients suffer from multiple diagnoses making treatment and care significantly more challenging than for people who are not experiencing homelessness.



Hours of Operation:

- Monday, Tuesday, Thursday & Friday:
7:00 am – 4:00 pm
- Wednesday:
11:00 am – 7:00 pm

Appointment Process:

Call (303) 293-2220 between 8:00 am – 4:00 pm for a same-day appointment, or come by in person. Wednesdays, call between 12:00 pm – 7:00 pm, or come by in person.



Criminal Justice Populations

Building Better Health

October 13, 2016

Prepared by: Colorado Criminal Justice Reform Coalition

Take Care Health Matters Campaign

- Website
- Resource Guide
- Presentations & Trainings
- Client Level Materials
- Local/County Based Support
- Stakeholder Groups



Colorado Overview

- Over 100,000 justice involved individuals in Colorado on any given day.
- Estimated 70% - 90% newly eligible for health insurance.
- High rates of substance use disorder, mental health, and chronic health conditions.
- Providing health care, particularly behavioral health services, to justice involved individuals has been shown to reduce recidivism rates.

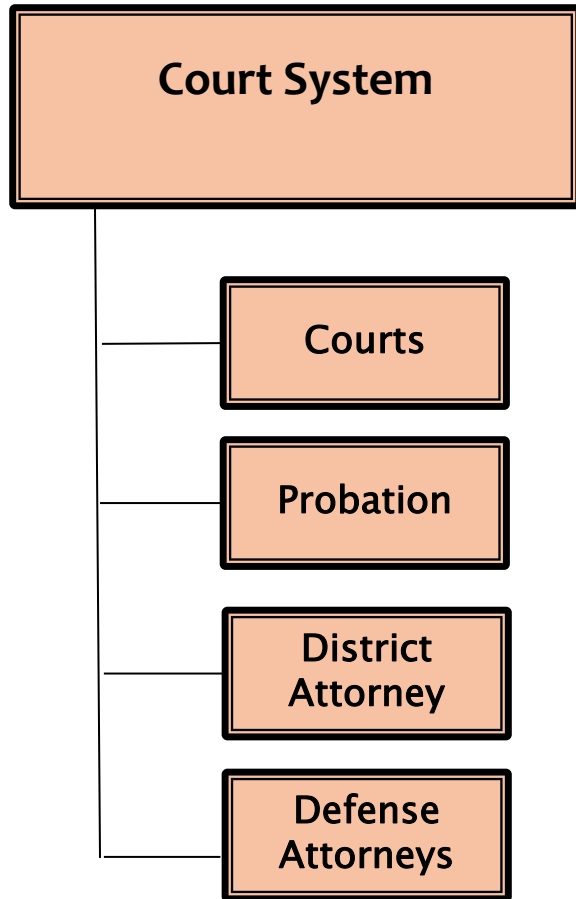
Criminal Justice System

There isn't a single criminal justice system – broad categories are:

- court system
- law enforcement
- corrections

There are many different ways that people can be “justice involved” which can impact whether they are eligible for Health First Colorado or tax subsidies through Connect for Health Colorado (i.e. the private marketplace).

Criminal Justice System Components



The court system in Colorado is divided into 22 independent Judicial Districts. Each has courts that will hear different kinds of cases, i.e. criminal, civil, family law, etc. Some operate “specialty courts” like drug court or veterans court.

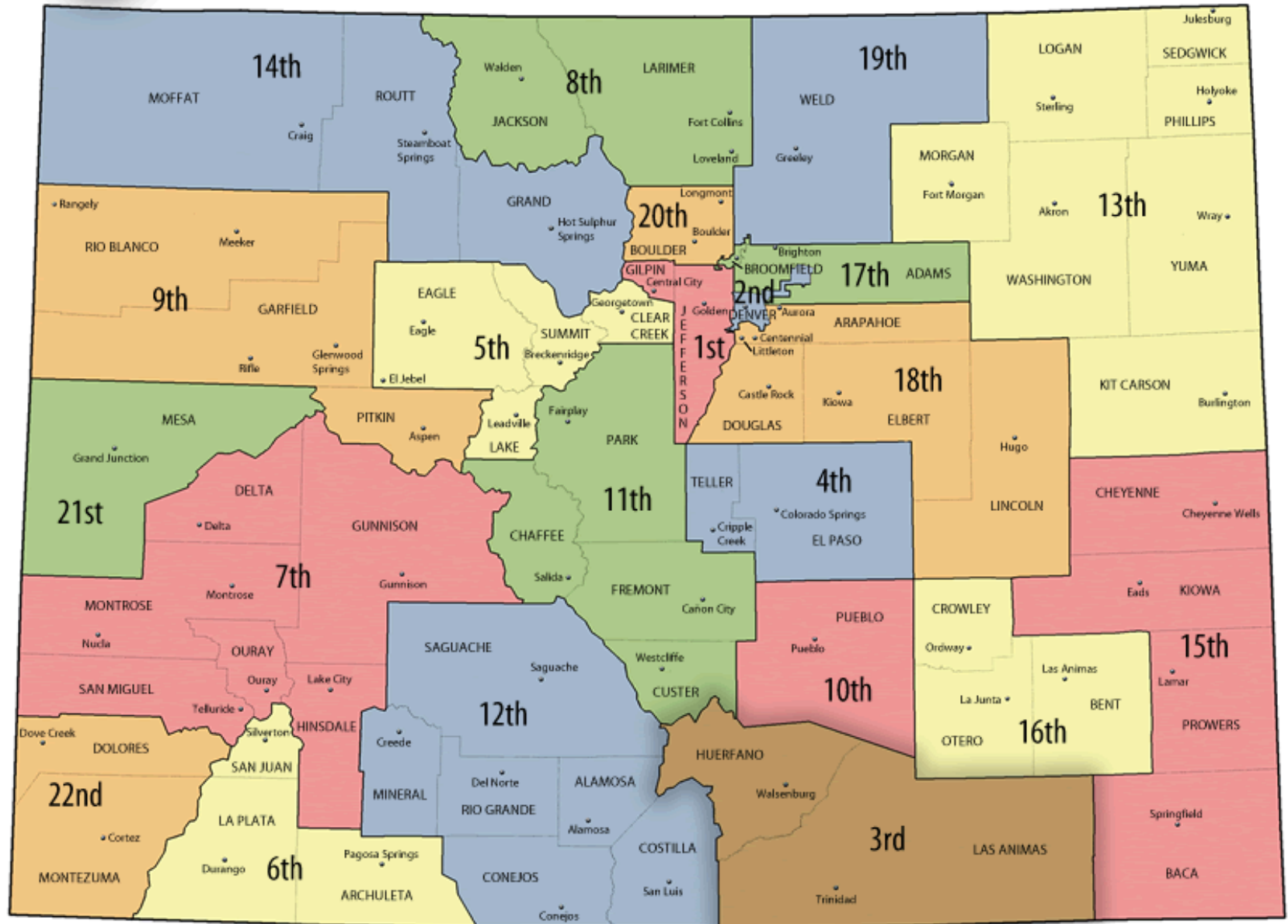
Each Judicial District has an independent Probation Office and a Chief Probation Officer. Probation Officers are officers of the court.

Each judicial district has an elected District Attorney who is responsible for filing and prosecuting criminal cases.

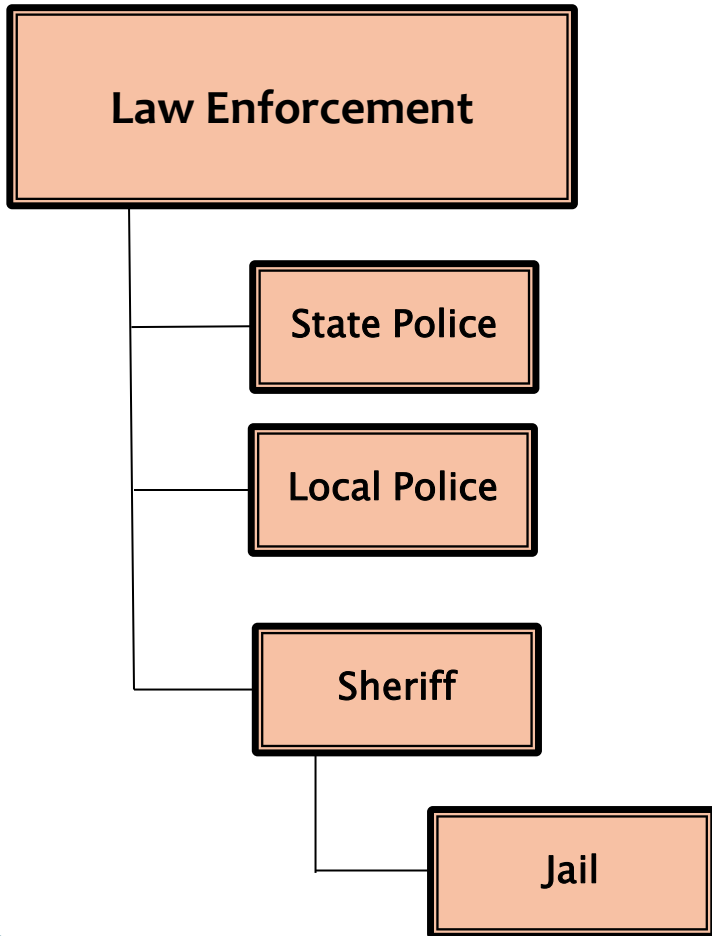
Colorado has a unified state Public Defender’s Office that represents indigent clients. The Public Defender has numerous offices across the state. There are also defense attorneys in private practice across the state.



COLORADO JUDICIAL DISTRICTS



Criminal Justice System Components



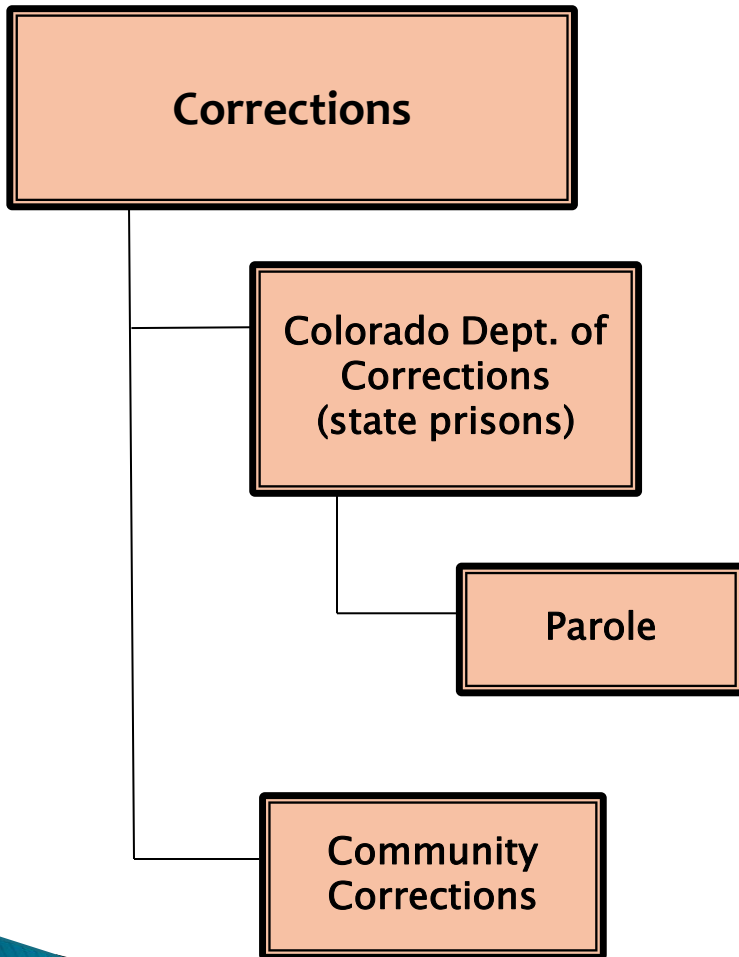
Jails are operated by the local county, generally the county Sheriff's Department. Some municipalities also have their own jail.

There are 56 county jails in Colorado. Some counties do not operate their own jail but have an agreement with another county jail.

People can be in jail for many different reasons.

Each jail will have someone who is responsible for inmate medical care.

Criminal Justice System Components

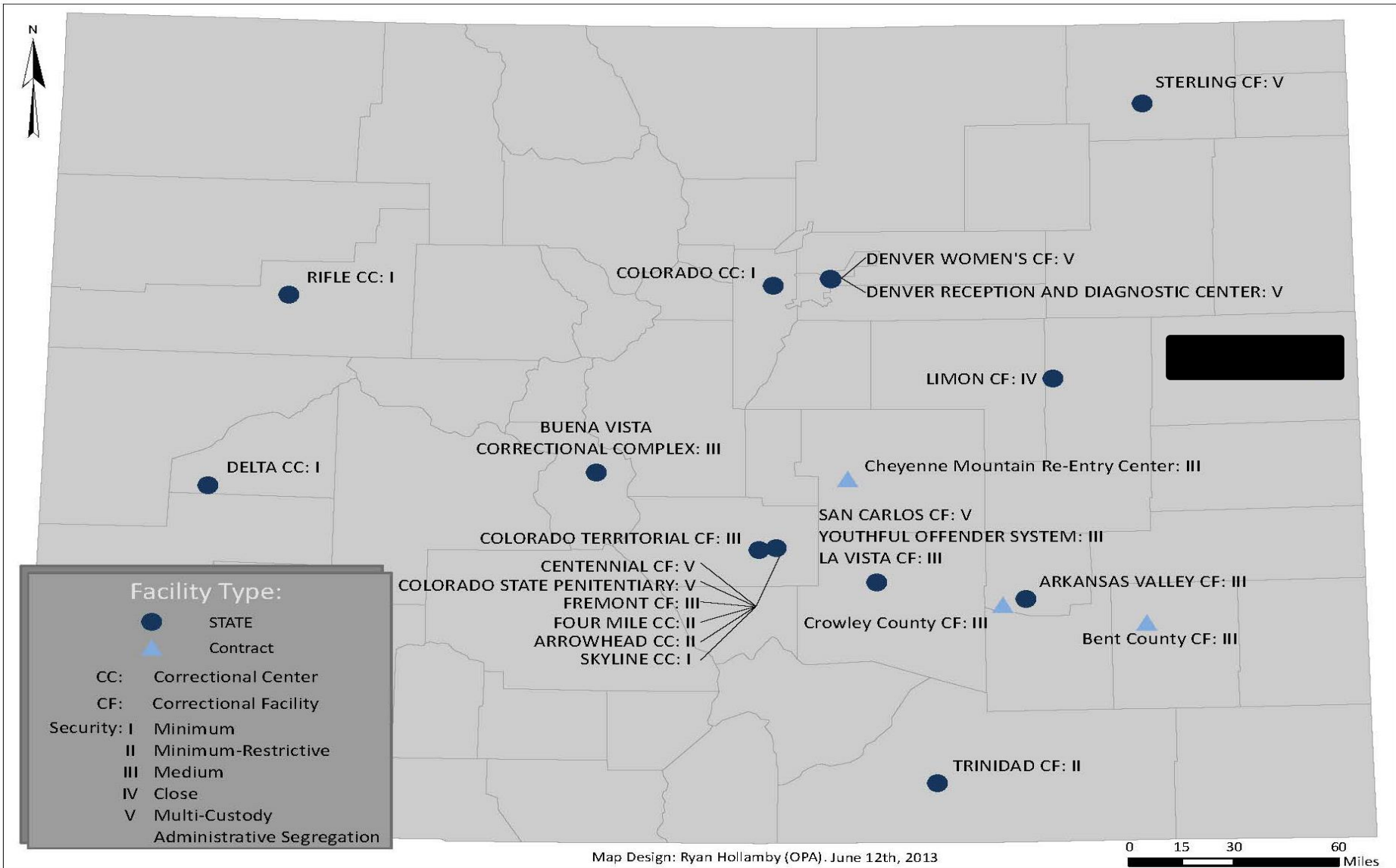


The Colorado Dept. of Corrections (DOC) manages, supervises and operates 19 state prisons and contracts with 3 private owned prisons.

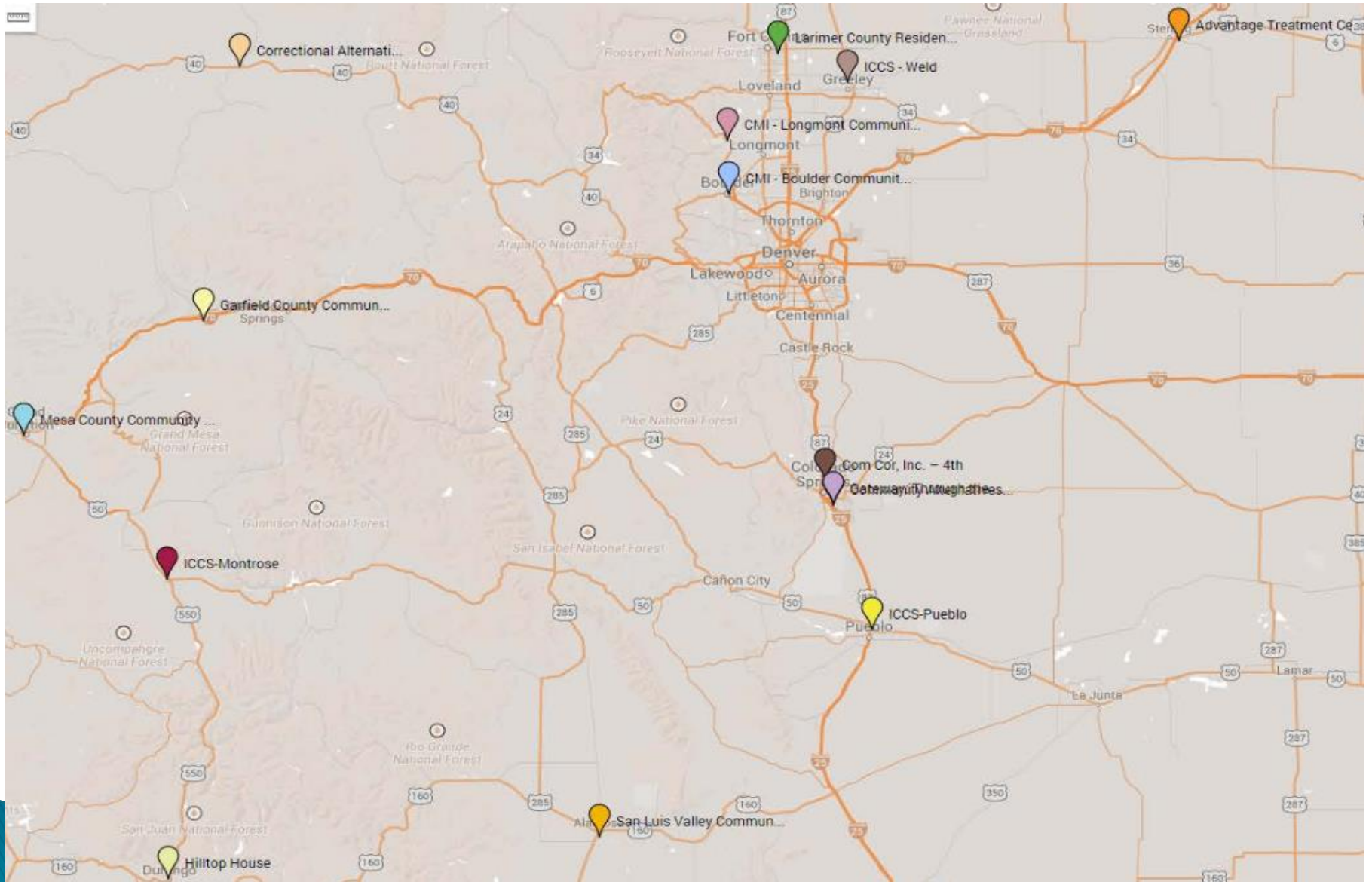
Most people released from prison will be required to serve a period of supervision, called “parole” after they are released. Parole officers work for the Dept. of Corrections, not the court. There are numerous parole offices across the state.

The state also contracts with community corrections programs, aka “halfway houses” in numerous (but not all) judicial districts. There are currently 31 community corrections programs in Colorado.

Colorado Prison Facilities



Non-Denver Metro Community Corrections Facilities



Denver Metro Community Corrections Facilities



Recap – Criminal Justice Snapshot

- Judicial
 - Court System, including Problem Solving Courts
 - Probation
- County Jails
- Colorado Department of Corrections (CDOC)
 - Prisons
 - Parole
- Community Corrections Facilities
 - Oversight from: DOC, Judicial, Office of Behavioral Health, Community Corrections Boards, Office of Community Corrections/Department of Public Safety

Eligibility & Enrollment of Justice Involved Populations

Eligibility Depends on CJ Status

Most justice involved individuals will be eligible for coverage.

Clients are **NOT** eligible for coverage if they are considered an inmate of a public institution & are being held involuntarily.

Eligibility during Pretrial Phase

Pretrial Status	Eligible for Health First Colorado	Marketplace	
		Eligible for Coverage?	Eligible for Tax Credits?
On bond or diversion pending disposition	Yes	Yes	Yes
In jail pending disposition	No*	Yes**	Yes

* The jail or prison facility is responsible for all health care services provided in-house. Health First Colorado can reimburse for medical care provided to an incarcerated person admitted as an inpatient in a hospital for at least 24 hours.

** Private insurance *may* pay for inpatient or outpatient services received while someone is in jail pretrial as long as the person continues to pay premiums and receives treatment in-network.

Eligibility while serving a sentence

Serving Sentence	Eligible for Health First Colorado	Marketplace**	
		Eligible for Coverage?	Eligible for Tax Credits?
In jail	No*	No	No
In prison	No*	No	No
Probation	Yes	Yes	Yes
Parole	Yes	Yes	Yes

* The jail or prison facility is responsible for all health care services provided in-house. Health First Colorado can reimburse for medical care provided to an incarcerated person admitted as an inpatient in a hospital for at least 24 hours.

**Marketplace enrollment must be discontinued within 30 days of being sentenced to a period of incarceration.

Eligibility in Community Corrections (“halfway house”)

Community Corrections	Eligible for Health First Colorado	Marketplace**	
		Eligible for Coverage?	Eligible for Tax Credits?
Residential (transition or diversion)	Yes	Yes	Yes
Non-Residential	Yes	Yes	Yes

- The Center for Medicare & Medicaid Services published guidance on April 28, 2016 that allowed people in Community Corrections to be eligible for Medicaid.
- The Colorado Department of Health Care Policy & Financing published guidance on June 1, 2016 stating that all residents of Community Corrections facilities in Colorado, except for one facility in Colorado Springs, are eligible for Health First Colorado (Colorado’s Medicaid Program) as long as they meet the income requirement.

What's Going On in Colorado

Considerations

- There are numerous criminal justice agencies & touch points.
- Each system (prison, parole, jail, probation, problem solving courts, community corrections, pretrial services) may require different approaches and strategies.
- Many justice involved people have never had health insurance or a primary care provider.
- Will greatly benefit from health care navigation services.

Questions? Comments?

Terri Hurst, MSW
CCJRC Policy Coordinator

terri@ccjrc.org

303-825-0122

takecarehealthmatters.org

ccjrc.org

Questions?



#coverCO