

June 7, 2023



COMMUNITY ACCESS NATIONAL NETWORK COMMUNITY ROUNDTABLE

COVID-19's IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

YEAR THREE - FINAL UPDATE

June 7, 2023



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

WELCOME!

OUR 2023 COMMUNITY ROUNDTABLE IS FINAL PART OF A THREE-YEAR SERIES, FOCUSING ON THE IMPACT CAUSED TO VARIOUS PUBLIC HEALTH ISSUES BY THE COVID-19 PANDEMIC.

June 7, 2023



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

THANK YOU TO OUR CO-PRESENTERS

Lindsey Dawson

Director, LGBTQ Health Policy and Associate Director, HIV Policy
Kaiser Family Foundation (KFF)

Cindy Snyder

Retired, ViiV Healthcare
Board Member, Community Access National Network

Donna Sabatino

State Policy & Advocacy Director
The AIDS Institute

June 7, 2023



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER

THANK YOU TO OUR SPONSORS



GILEAD



MERCK



June 7, 2023



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER

MID-YEAR UPDATE: HIV AND LGBTQ HEALTH POLICY

LINDSEY DAWSON



OVERVIEW

- *Braidwood* Preventive Services Decision + Implications
- Tennessee and CDC HIV Funding Issues
- State Restrictions on Access to Gender-Affirming Care
- Implications of Medicaid Continuous Eligibility Unwinding for People and Programs

June 7, 2023



BRAIDWOOD MANAGEMENT V. BECERRA (ACA PREVENTIVE SERVICES ACCESS)

- ACA required preventive services coverage in most private health plans (and Medicaid expansion)
 - Services recommended by the US Prev. Services Task Force (USPSTF)
 - ACIP recommended vaccines & HRSA's WPS & Bright Futures for Children program
- Case filed in US District Court in the N.D. of Texas challenging provision → Judge Reed O'Connor
- Plaintiffs' claims:
 - Preventive services requirements for private insurance are unconstitutional
 - The requirement to cover PrEP violates RFRA protections



BRAIDWOOD TIMELINE

- September 2022 ruling:
 - HHS cannot direct USPSTF to recommend specific services/direct which services are covered
 - PrEP coverage requirement violates Plaintiff's religious rights under RFRA
- March 2023 remedy:
 - Plans not required to cover services recommended/updated by USPSTF on/after signing of ACA
 - **Does not impact recommendations prior to that date**
 - Reiterates PrEP coverage requirement violates the plaintiffs' religious rights
- April 2023: Federal government appealed to the 5th Circuit Court of Appeals
- May 2023: 5th Circuit issued a stay of the district court ruling...litigation ongoing



BRAIDWOOD IMPACT ON PREP ACCESS

- If stay lifted/appeal is unsuccessful: Coverage may exclude or charge for PrEP → could undermine HIV prevention efforts
- Most issuers expected to cover but...
- Even nominal costs can be a barrier & cost of branded Rx, lab, and provider fees = high
- Reinforces stigma and discrimination around HIV and being LGBTQ+
 - Accepted plaintiffs' claim that offering coverage w/ PrEP → complicit in "facilitating and encouraging homosexual behavior"
- Other services impacted important to those with/at risk for HIV: STI screenings, alcohol & drug use counseling, depression screening, among others.
- Could open door to RFRA objections to other services

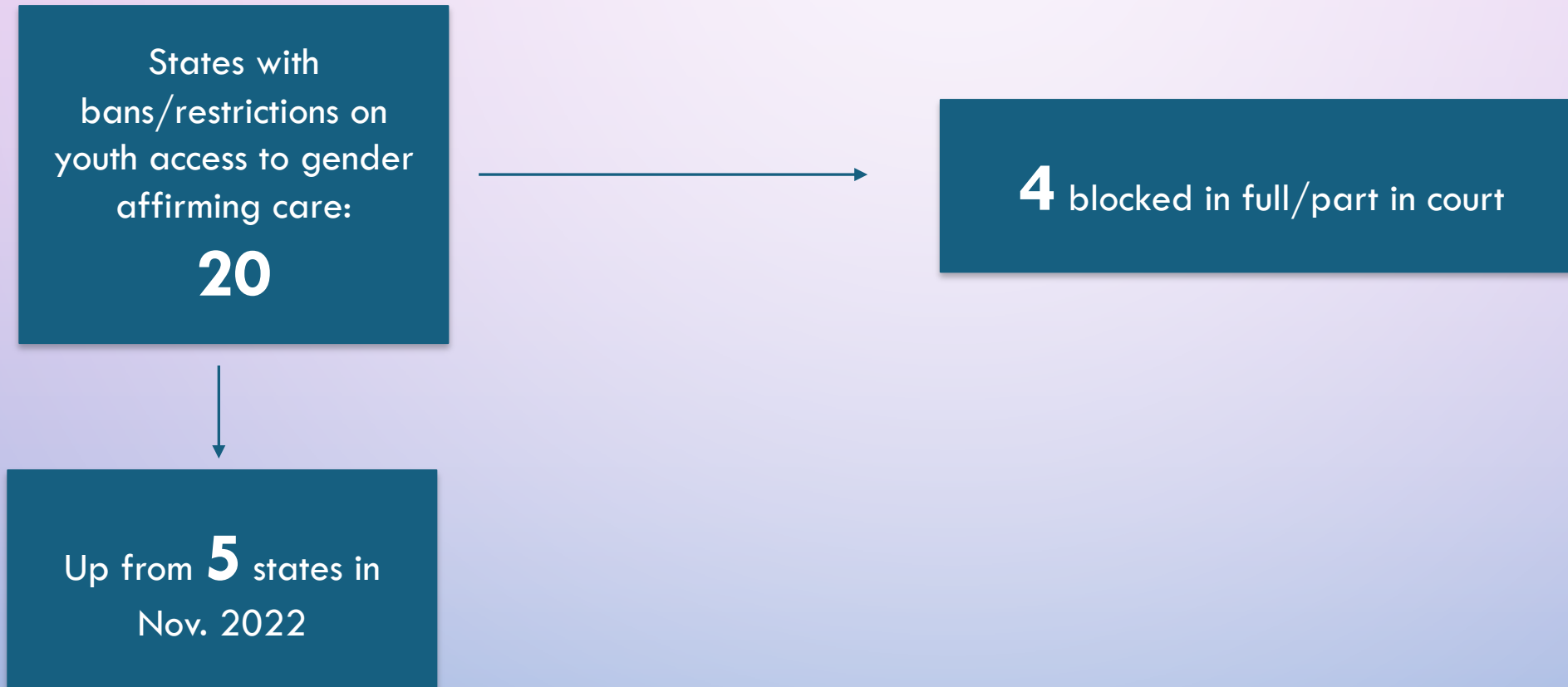


TENNESSEE CDC HIV PREVENTION FUNDING: IMPLICATIONS LOOKING AHEAD

- Politicization of public health
- Local impact
 - Undermines HIV prevention efforts more broadly – individuals and public health
 - Removes reliable funding stream from local CBOs – organization and people
- National impact
 - Difficult position for CDC
 - Threat to addressing the HIV epidemic more broadly
 - Copy-cat states?
 - Further undermines addressing the epidemic
 - Ability of CDC to replicate NOFO?



NUMBER OF STATES WITH RESTRICTIONS ON YOUTH ACCESS TO GENDER AFFIRMING CARE GROWING





STATE MEDICAID RESTRICTIONS ON GENDER AFFIRMING CARE INCREASING AS WELL

States with explicit
gender affirming care
exclusions:

11



2 aimed at youth; others general

States with explicit
gender affirming care
inclusions:

26 + PR & DC



Limits are common: A 2021 KFF found
study found just 2 states covered a suite
of all 5 gender affirming services.

MANY POLICIES LIMITING GENDER AFFIRMING CARE ARE BROAD IN REACH



- State based policy making (laws & executive actions) + litigation
 - Denial of services or coverage
 - Restricting/penalizing decision-making: parents, providers, teachers, etc.
- Many targeted at young people, but not all
- Direct **and** indirect health impacts of policies:
 - Adverse health outcomes
 - Erosion of support systems (e.G. Families, providers, teachers, etc.)
 - Anti-LGBTQ culture → stigma & shame



MEDICAID CONTINUOUS ELIGIBILITY UNWINDING

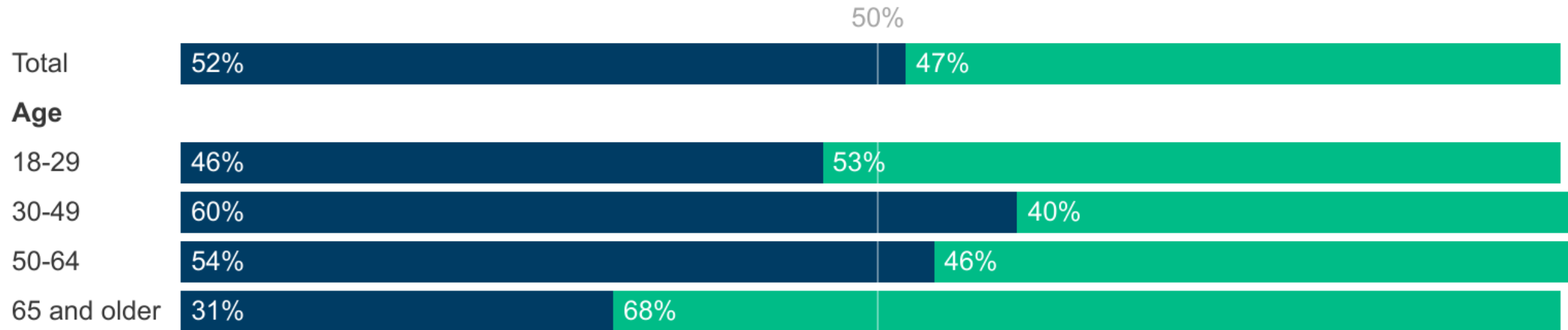


- Impact: Individual, public health, programmatic
 - Costs
 - Individuals - particularly those with no coverage
 - RWP, health centers, and cbos (care & staff time)
 - Disproportionate impact on those/programs in non-expansion states
 - Health impact of coverage disenrollment/churn on individuals/public health →
 - VL suppression
 - CD4 count

ABOUT HALF OF MEDICAID ENROLLEES HAVE NOT BEEN THROUGH RENEWAL PROCESS

Have you ever actively participated in a Medicaid renewal process?

■ Yes, have participated in previous Medicaid renewal process
 ■ No, have not participated in Medicaid renewal process



NOTE: AMONG MEDICAID ENROLLEES. SEE TOPLINE FOR FULL QUESTION WORDING.

SOURCE: KFF SURVEY OF HEALTH INSURANCE CONSUMERS (FEB. 21-MAR. 14, 2023) [HTTPS://WWW.KFF.ORG/MEDICAID/POLL-FINDING/THE-UNWINDING-OF-MEDICAID-CONTINUOUS-ENROLLMENT-KNOWLEDGE-AND-EXPERIENCES-OF-ENROLLEES/](https://www.kff.org/medicaid/poll-finding/the-unwinding-of-medicaid-continuous-enrollment-knowledge-and-experiences-of-enrollees/)



OTHER SURVEY FINDINGS AMONG ADULTS WITH MEDICAID

33% have NOT provided program with updated contact information

27% would NOT know where to look for insurance if they lost Medicaid coverage
15% say they would be uninsured

Older enrollees report they prefer to receive renewal information by mail;
Younger enrollees are equally inclined to prefer email

85% say having a navigator assist with renewal could be very or somewhat useful

NOTE: AMONG MEDICAID ENROLLEES. SEE TOPLINE FOR FULL QUESTION WORDING.

SOURCE: KFF SURVEY OF HEALTH INSURANCE CONSUMERS (FEB. 21-MAR. 14, 2023) [HTTPS://WWW.KFF.ORG/MEDICAID/POLL-FINDING/THE-UNWINDING-OF-MEDICAID-CONTINUOUS-ENROLLMENT-KNOWLEDGE-AND-EXPERIENCES-OF-ENROLLEES/](https://www.kff.org/medicaid/poll-finding/the-unwinding-of-medicaid-continuous-enrollment-knowledge-and-experiences-of-enrollees/)

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COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

EVERYONE HAS A ROLE IN MEDICAID ELIGIBILITY REDETERMINATIONS

CINDY SNYDER



KEY MESSAGES

- DETERMINING CURRENT MEDICAID ELIGIBILITY IS MANDATORY – AND SHOULD BE DONE
- THIS IS A PROCESS THAT IS VERY STATE-SPECIFIC
- ASSUME GOOD INTENT OF MEDICAID WORKERS
- EVERYONE HAS A ROLE – YOU LIKELY KNOW SOMEONE WHO IS ON MEDICAID



HOW DID WE GET HERE AND WHY IS IT IMPORTANT?

- DURING THE COVID-19 PHE STATE MEDICAID PROGRAMS WERE PROHIBITED FROM DISENROLLING PEOPLE IN MEDICAID (AKA “CONTINUOUS ENROLLMENT”)
 - IN EXCHANGE, MEDICAID PROGRAMS RECEIVED AN INCREASE IN FEDERAL MATCHING PAYMENTS
 - NORMAL MEDICAID PRACTICES DISENROLL PEOPLE EVERY MONTH WHO ARE NO LONGER ELIGIBLE (OR WHO DO NOT COMPLETE THE PROCESS CORRECTLY)
 - APPROXIMATELY 20 MILLION INDIVIDUALS GAINED MEDICAID COVERAGE DURING THE REDETERMINATION FREEZE AND NOW THERE ARE OVER 90 MILLION CURRENT MEDICAID ENROLLEES



HOW DID WE GET HERE AND WHY IS IT IMPORTANT?

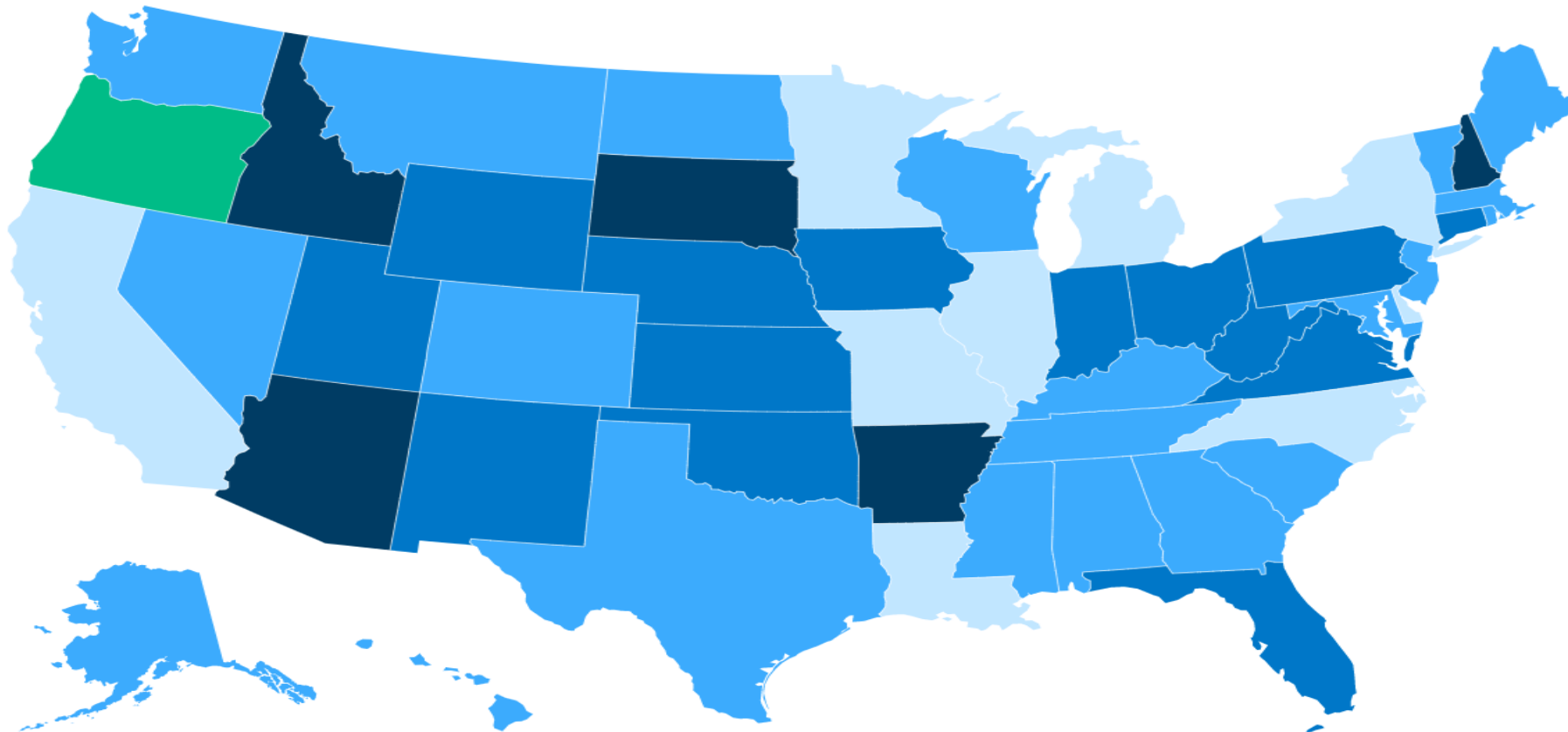
- THE CONTINUOUS MEDICAID ENROLLMENT REQUIREMENT ENDED ON MARCH 31, 2023
 - STATES HAVE 12 MONTHS TO BEGIN MEDICAID ELIGIBILITY REDETERMINATIONS FOR EVERY BENEFICIARY AND 14 MONTHS TO COMPLETE THE PROCESS
 - STATES CAN BEGIN DISENROLLING PEOPLE FROM MEDICAID ON APRIL 1, AS DID ARIZONA, ARKANSAS, IDAHO, NEW HAMPSHIRE AND SOUTH DAKOTA
 - INCREASED FEDERAL MEDICAID MATCHING PAYMENTS ARE GRADUALLY REDUCED UNTIL DECEMBER 2023
- AN ESTIMATED 15 MILLION PEOPLE WILL LOSE MEDICAID COVERAGE IN THE COMING MONTHS
 - NEARLY SEVEN MILLION PEOPLE WHO MAY BE DROPPED FROM THE ROLLS EVEN THOUGH THEY ARE STILL ELIGIBLE
 - NEARLY HALF OF THOSE WHO LOSE COVERAGE WILL BE BLACK OR HISPANIC



Figure 1

Month in Which Medicaid Disenrollments Are Expected to Begin

■ April (5 States) ■ May (14 States) ■ June (22 States) ■ July (9 States) ■ October (1 State)



SOURCE: "Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals, as of February 24, 2023," CMS • PNG

KFF



WHY COULD PEOPLE LOSE MEDICAID COVERAGE?

- LOSS DUE TO INABILITY TO COMPLETE THE “PROCESS”
 - MEDICAID HAS INCORRECT CONTACT INFORMATION ON FILE AND ENROLLEE DOES NOT RECEIVE NOTICE TO COMPLETE PAPERWORK
 - ENROLLEE RECEIVES THE PAPERWORK AND DOES NOT RETURN IT BY THE DEADLINE (OR AT ALL)
 - ENROLLEE RETURNS INCOMPLETE OR INCORRECT PAPERWORK
 - ENROLLEES AT RISK FOR BEING DEEMED INELIGIBLE DUE TO “PROCESS” ISSUES: THOSE WHO LACK A STABLE ADDRESS, THOSE WHO ARE UNABLE TO COMPREHEND MATERIALS



WHY COULD PEOPLE LOSE MEDICAID COVERAGE?

- LOSS OF ELIGIBILITY BECAUSE ENROLLEE NO LONGER MEETS ELIGIBILITY REQUIREMENTS
 - CHANGES IN INCOME
 - CHANGES IN FAMILY COMPOSITION
 - MOVING TO ANOTHER STATE
- IN NON-EXPANSION STATES MANY ENROLLEES ARE DEEMED ELIGIBLE THROUGH A DISABILITY PATHWAY. DURING A DISABILITY REASSESSMENT THEY MAY BE DEEMED NO LONGER DISABLED.

***MEDICAID ELIGIBILITY AND REDETERMINATION PROCESSES
ARE VERY STATE-SPECIFIC***



WHAT ARE THE OPTIONS FOR PEOPLE WHO LOSE MEDICAID COVERAGE?

- NAVIGATORS WILL BE REACHING OUT TO PEOPLE WHO HAVE BEEN DISENROLLED
- SPECIAL ENROLLMENT PERIOD (SEP, AKA UNWINDING SEP)
- HEALTHCARE.GOV
- FOR THOSE WHO LOSE ELIGIBILITY DUE TO “PROCESS” RATHER THAN “TRUE” ELIGIBILITY REASONS, APPLYING FOR MARKETPLACE COVERAGE SHOULD DIRECT THEM TO REAPPLY FOR MEDICAID
- FOR HIV+: RYAN WHITE HIV/AIDS PROGRAMS (CLINICS, ADAP)



WHAT ELSE DO I NEED TO KNOW ABOUT MEDICAID ELIGIBILITY REDETERMINATIONS?

- **ALL** MEDICAID ENROLLEES WILL BE ASSESSED FOR MEDICAID ELIGIBILITY
 - THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) HAVE ISSUED GUIDELINES AND REPORTING REQUIREMENTS FOR STATE MEDICAID PROGRAMS
 - NATIONAL AND STATE ORGANIZATIONS AND RESEARCHERS WILL BE TRACKING THIS
- ASSUME GOOD INTENT OF MEDICAID ELIGIBILITY WORKERS
 - MOST STATE MEDICAID PROGRAMS HAVE OVERALL STAFFING AND CAPACITY CONCERNS
 - THERE HAVE BEEN NO MEDICAID ELIGIBILITY REDETERMINATIONS FOR THREE YEARS AND STAFF HIRED DURING PHE HAVE NEVER DONE THEM



WHAT ELSE DO I NEED TO KNOW ABOUT MEDICAID ELIGIBILITY REDETERMINATIONS?

- OTHER TERMS FOR MEDICAID ELIGIBILITY REDETERMINATIONS:
 - MEDICAID ELIGIBILITY RENEWALS
 - MEDICAID UNWINDING
 - ENDING MEDICAID CONTINUOUS ENROLLMENT
- IN MOST STATES, MEDICAID MANAGED CARE PLANS ARE REACHING OUT TO THEIR MEDICAID MEMBERS, IN ADDITION TO THE STATE MEDICAID PROGRAM
- SOME PEOPLE WILL BE DEEMED ELIGIBLE BECAUSE MEDICAID WORKS WITH OTHER AGENCIES AND DATABASES TO DETERMINE ELIGIBILITY WITHOUT CONTACTING THE ENROLLEE (CALLED *EX PARTE* ELIGIBILITY)
- MANY PEOPLE IN THE COMMUNITIES WE WORK WITH ARE LIKELY TO REMAIN ELIGIBLE, THEY JUST HAVE TO GET THROUGH THE PROCESS

June 7, 2023



HOW CAN I HELP WITH MEDICAID ELIGIBILITY REDETERMINATIONS?

EVERYONE HAS A ROLE IN MEDICAID ELIGIBILITY REDETERMINATIONS

- YOU CAN BE AN **EDUCATOR**
- YOU CAN BE A **RESOURCE** FOR INFORMATION
- YOU CAN BE AN **ACTIVATOR** WHEN YOU LEARN OF PROBLEMS



HOW CAN I HELP WITH MEDICAID ELIGIBILITY REDETERMINATIONS?

YOU CAN BE AN EDUCATOR

- TELL FAMILY, FRIENDS, HEALTH PROVIDERS THAT MEDICAID IS REDETERMINING ELIGIBILITY FOR EVERYONE
- EVERYONE ON MEDICAID SHOULD:
 - MAKE SURE MEDICAID HAS THEIR CURRENT CONTACT INFORMATION;
 - OPEN AND READ ALL MEDICAID COMMUNICATIONS;
 - IMMEDIATELY ANSWER ALL MEDICAID QUESTIONS AND PROVIDE REQUIRED DOCUMENTATION;
 - IMMEDIATELY CONTACT YOUR STATE MEDICAID OFFICE IF YOU FIND OUT THAT YOU NO LONGER HAVE MEDICAID.



HOW CAN I HELP WITH MEDICAID ELIGIBILITY REDETERMINATIONS?

YOU CAN BE A RESOURCE FOR INFORMATION

- SHARE STATE MEDICAID CONTACT INFORMATION
- KNOW TIMELINE AND PROCESSES FOR HOW YOUR STATE MEDICAID PROGRAM IS APPROACHING ELIGIBILITY REDETERMINATIONS
- FIND OUT WHO IN YOUR STATE WHO CAN HELP PEOPLE COMPLETE THEIR PAPERWORK:
 - MEDICAID CASE MANAGERS
 - RYAN WHITE CASE MANAGERS (FOR THOSE HIV+)
 - NAVIGATORS FOR MARKETPLACE PLANS



HOW CAN I HELP WITH MEDICAID ELIGIBILITY REDETERMINATIONS?

YOU CAN BE AN ACTIVATOR WHEN YOU LEARN OF PROBLEMS

- FIND OUT WHO TO CONTACT IN YOUR STATE IF SOMEONE HAS BEEN DISENROLLED:
 - MEDICAID CASE MANAGERS
 - RYAN WHITE CASE MANAGERS (FOR THOSE HIV+)
 - NAVIGATORS FOR MARKETPLACE PLANS.
- GET INVOLVED WITH STATE ORGANIZATIONS THAT ARE CLOSELY TRACKING HOW THE STATE IS MANAGING MEDICAID ELIGIBILITY REDETERMINATIONS



RESOURCES

MEDICAID ELIGIBILITY REDETERMINATIONS

- STATE MEDICAID CONTACT INFORMATION: [HTTPS://WWW.MEDICAID.GOV/ABOUT-US/BENEFICIARY-RESOURCES/INDEX.HTML#STATEMENU](https://www.medicaid.gov/about-us/beneficiary-resources/index.html#statemenu)
- TIMELINE AND PROCESSES FOR HOW YOUR STATE MEDICAID PROGRAM IS APPROACHING ELIGIBILITY REDETERMINATIONS: [HTTPS://CCF.GEORGETOWN.EDU/2023/04/01/STATE-UNWINDING-TRACKER/](https://ccf.georgetown.edu/2023/04/01/state-unwinding-tracker/)
- KFF MEDICAID ENROLLMENT AND UNWINDING TRACKER: [HTTPS://WWW.KFF.ORG/MEDICAID/ISSUE-BRIEF/MEDICAID-ENROLLMENT-AND-UNWINDING-TRACKER/](https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/)
- CONTACT INFORMATION FOR NAVIGATORS FOR THE FEDERALLY-FACILITATED MARKETPLACE (30 STATES): [HTTPS://WWW.CMS.GOV/FILES/DOCUMENT/2022-NAVIGATOR-GRANT-RECIPIENTS.PDF](https://www.cms.gov/files/document/2022-navigator-grant-recipient.pdf)
- TEMPORARY SPECIAL ENROLLMENT PERIOD FOR PERSONS LOSING MEDICAID OR CHIP: [HTTPS://WWW.CMS.GOV/TECHNICAL-ASSISTANCE-RESOURCES/TEMP-SEP-UNWINDING-FAQ.PDF](https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf)

June 7, 2023



COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STI'S & SUBSTANCE USE-DISORDER

INTERSECTING COMMUNITIES: MEDICAID UNWINDING & UNDERSERVED POPULATIONS

DONNA SABATINO



POPULATIONS IMPACTED BY UNWINDING

- PWH
- DOMESTIC VIOLENCE (CHILD SUPPORT ISSUES): MULTIPLE RELOCATIONS/REMAIN PRIVATE
 - CAN ANSWER AS “UNMARRIED” ON ACA APPLICATION**
- CHILDREN/YOUNG PEOPLE
- MATERNAL CHILD
 - MEDICAID EXTENDED THRU 12 MONTHS
- PEOPLE OF COLOR/LATINX*
 - LATINX 30%
 - BLACK 15%
- UNSTABLE HOUSING/HOMELESSNESS/HOUSING INSECURITY
- RECENTLY INCARCERATED



PEOPLE WITH HIV (PWH)

- 40% OF PWH RECEIVE CARE THRU MEDICAID*
- DURING PHE, ENROLLMENT ROSE 30.4% (INCLUDING PWH)
- SINGLE LARGEST SOURCE OF COVERAGE FOR NONELDERLY PWH
 - 46% WITH MH/SUD COMPARED TO 25% NON-HIV (OVER 18 YEARS OLD)
 - 41% QUALIFY THRU DISABILITY
- MEDICAID COVERS SERVICES NOT COVERED BY RYAN WHITE (INPATIENT/OUTPATIENT)
- INCREASES THE RISK OF AVOIDABLE ADVERSE HEALTH RELATED OUTCOMES
- NEED HELP TRANSITIONING TO RYAN WHITE/ADAP SERVICES/ACA WHEN AVAILABLE

*KFF MARCH 27, 2023



CHILDREN / YOUNG PEOPLE

- ESTIMATED 6.7M CHILDREN ARE AT RISK OF LOSING COVERAGE*
 - UNPRECEDENTED UNDERTAKING
 - STATES ARE UNDERSTAFFED/PROCEDURAL ISSUES
 - ANXIOUS TO GET PEOPLE OFF MEDICAID ROLES
 - CHILDREN <18 NEARLY 1 IN 5 PREDICTED TO BE INELIGIBLE AND > THAN 1/2 OF THE ADMIN CHURN (ELIGIBLE BUT DISENROLLED)
 - 25% LATINX/14% BLACK IN THIS AGE GROUP
- FEDERAL ESTIMATES PROJECT 72% OF CHILDREN WHO LOSE COVERAGE REMAIN ELIGIBLE
- STATES MUST UPDATE CHIP/MEDICAID ELIGIBILITY GUIDELINES
 - POVERTY THRESHOLD UP 8%
 - FLORIDA RANKS IN THE BOTTOM 10 OF UNINSURED CHILDREN, KIDCARE JUST INCREASED TO 300% FPL
- SOME YOUNG PEOPLE HAVE AGED OUT IN THE 3 YEARS PHE WAS IN PLACE



HOUSING INSECURITY

- HOUSING IS HEALTHCARE
- MILLIONS OF AMERICANS EXPERIENCE HOMELESSNESS AND HOUSING INSECURITY
 - ANY GIVEN NIGHT, ESTIMATED 636,000 ARE HOMELESS (37% FAMILIES)
 - DIVERSE GROUP, I.E., VETERANS, DOMESTIC VIOLENCE, PREVIOUSLY INCARCERATED
- UNABLE TO BE REACHED/DISENROLLED/OUTDATED CONTACT INFORMATION
- DISENGAGED FROM AND DISTRUST OF HEALTHCARE SYSTEMS
- MULTIPLE CHALLENGES FOR COMPLETED REDETERMINATION PAPERWORK, I.E., LOW LITERACY, LANGUAGE BARRIERS, MH/SUD, LACK TRANSPORTATION.
- LACK OF REQUIRED DOCUMENTATION: ID CARDS, SS CARD, BIRTH CERTIFICATE
- MISSISSIPPI HAD 80% RETURN OF LETTERS



RECENTLY INCARCERATED (RE-ENTRY)

- **MEDICAID INMATE EXCLUSION POLICY: MEDICAID TERMINATED/SUSPENDED UPON ENTRY**
 - LEADING TO GAP IN COVERAGE UPON RELEASE
 - GAP IN COVERAGE LINKED WITH RECIDIVISM*
- **80-90% OF INMATES ARE MEDICAID ELIGIBLE (EXPANDED STATES)* INCOME BELOW 138%FPL**
- **DISPROPORTIONATE DISEASE BURDEN IN THE INCARCERATED POPULATION**
 - ASTHMA, HYPERTENSION, HEPATITIS, CERVICAL CANCER, MH/SUD
- **NEED TO ENSURE ACCESS TO CARE AND PREVENTATIVE SERVICES UPON REENTRY**
- **REENROLLMENT PLACES INCREASED BURDEN ON AGENCIES/THE INDIVIDUAL: PROCESS AND RESOURCE BARRIER**
 - ELIGIBLE PEOPLE MAY NOT BE ENROLLED UPON RELEASE
- **WHAT TO DO:**
 - END THE INMATE EXCLUSION
 - INNOVATIVE STRATEGIES 1115 WAIVERS (NC, ILLINOIS, WASHINGTON, LA, CONNECTICUT)*



STRATEGIES TO ASSIST

- DEDICATED STAFF ASSIGNED TO OUTREACH, EDUCATION AND ENROLLMENT ASSISTANCE
- BUILDING COMMUNITY PARTNERSHIPS TO ASSIST
 - CONVENIENCE STORES, GAS STATIONS, CHURCH/SCHOOLS, DOLLAR GENERAL, HAIR SALONS, ETC
- MEETING INDIVIDUALS WHERE THEY ARE AND ADDRESSING THE IMMEDIATE NEEDS FIRST
 - FQHC, CHC, CBO
- PROVIDE SMALL INCENTIVES, CHILDCARE, GIFT CARDS, TRANSPORTATION VOUCHERS
- SIGN ON LETTERS TO TEMPORARILY “HALT” UNWINDING
- 1:1 ASSISTANCE THRU THE PROCESS
 - BRING THE TECHNOLOGY TO THE COMMUNITY
- MAINTAIN CONTACT/BUILD TRUST
- ELIMINATING THE MEDICAID INMATE EXCLUSION POLICY
- IF POSSIBLE, HELP KEEP FILE OF ORIGINAL DOCUMENTS FOR FUTURE USE (HOMELESS POPULATION)

June 7, 2023



OPEN DISCUSSION GROUND RULES

- Reminder: This is being recorded.
- Mute if you are not talking.
- No cross talk.
- Feel free to use chat to ask questions.
- If comfortable, introduce yourself by name, role, and organization.
- Be mindful of other participants and time.
- Presenter information will be available on the last slide, feel free to ask follow ups via email.

June 7, 2023



THANK YOU & CONTACT INFO

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