CHSDA
Colorado Human Services Directors Association

CALPHO
Colorado Association of Local Public Health Officials

CBHC
Colorado Behavioral Healthcare Council
Serving Colorado's Community Providers Since 1967

December 14, 2010

Dear Health Reform Implementation Board:

The Colorado Human Services Directors Association (CHSDA) and Colorado Association of Local Public Health Officials (CALPHO) and the Colorado Behavioral Healthcare Council (CBHC) are writing with regard to the implementation of the Patient Protection and Affordable Care Act (PPACA) in Colorado. On behalf of each of our organizations, we would like to thank you for your efforts to ensure that the implementation of federal health reform results in accessible, affordable, and effective health care for all Coloradans.

We would also like to request your cooperation in providing our agencies with a stronger, more formal role in health reform implementation in Colorado. As the primary point of access for all local administration and enrollment of public health and self-sufficiency benefits, public mental health services and behavioral health care, and community based public health programs, our role in health care reform extends beyond that of other stakeholders in health care.

To date, the Health Reform Implementation Board has relied upon expertise from state agency representatives and cabinet members, through an open stakeholder process that permits an open opportunity for feedback – for stakeholders ranging from residents, to insurance companies, to physicians – all within the same forum. This model does not provide a formal, ongoing, and meaningful opportunity for the robust dialog that is necessary among the key stakeholders to address the complexities of federal health reform implementation at the state level.

We request that local human services, mental health, and public health departments have a formal role in the Health Care Reform Implementation Board, and that each organization have a seat at the table as the State continues to make important decisions that will directly affect our departments, our members, and our local communities. We also request that an official structure be established for discussions between the state agencies involved in health reform implementation and the local agencies who implement the services and programs they oversee.

Our organizations and members are well positioned to help ensure that health reform implementation discussions are informed by local practice and expertise to allow for seamless, smooth transitions at all levels as each provision in the PPACA is rolled out. We would welcome the opportunity to partner with the state agencies on the Health Reform Implementation Board to achieve this vision.

Attached is a brief summary of the impacts that health care reform will have on our agencies. The document also presents opportunities to work together in partnership to leverage the systems that are already in place, and the dollars that are spent at the local, state and federal level on health benefits, mental health services, and public health programs.

We ask that you review this summary and consider our request for each of our organizations to have a seat at the table on the Health Reform Implementation Board for Colorado.

Sincerely,

Frank Alexander, President, Colorado Human Services Director Association

CHSDA
Colorado Human Services Directors Association

Jeff Zayach, President, Colorado Association of Local Public Health Officials

CALPHO
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George DelGrosso, Executive Director, Colorado Behavioral Healthcare Council

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COUNTY ROLE IN FEDERAL HEALTH REFORM

Overview: The Patient Protection and Affordable Care Act (PPACA), commonly referred to as federal health care reform, was signed into law on March 23, 2010. The PPACA was created to improve health security by putting in place health insurance reforms intended to hold insurance companies accountable, lower health care costs, guarantee more choice, improve access to public health prevention and enhance the quality of care for all Americans.[i] In Colorado, the PPACA will ensure coverage to 500,000 currently uninsured Coloradans, including almost 200,000 individuals who will become eligible for Medicaid under PPACA expansions.[ii] [iii] The PPACA will also improve public health services thereby safeguarding the health of all 4.7 million Colorado residents.[iv] As the primary point of access for all governmental administration of health and human service benefits including Medicaid and CHP+, counties and community-based organizations will play a critical role in PPACA implementation. Federal health care reform's success depends upon effective partnerships between state agencies, counties, community-based organizations and clients.

Background:

The Patient Protection and Affordable Care Act (PPACA) improves access to health coverage and care by authorizing the following:[v]

- ***Expansion of Medicaid.*** The PPACA significantly expands the Medicaid program primarily by mandating coverage of certain population groups not previously required—such as low-income, childless adults and expanding eligibility for groups traditionally covered in the past.

- ***Establishment of American Health Benefit Exchanges.*** In order to make coverage more accessible and affordable, PPACA creates new entities called American Health Benefit Exchanges through which individuals who generally do not have access to affordable employer coverage, as well as small businesses, can purchase coverage.

- ***Investment in Local Public Health Improvements.*** The PPACA provides for expanded and sustained national investment in prevention and public health programs including community-based prevention, wellness screenings, communicable disease control, home visitation and other state and local services.

- ***Creation of an Individual Mandate.*** The PPACA imposes an individual mandate requiring most U.S. citizens and legal residents to have health insurance coverage or pay a penalty.

- ***Changes to Private Health Insurance Coverage.*** The PPACA establishes new requirements for health plans and insurers designed to expand access to affordable coverage, and prevent individuals from losing coverage.

- ***Establishment of New High-Risk Insurance Pool.*** The PPACA establishes a federal high-risk health insurance coverage pool program to provide coverage to individuals who are unable to purchase coverage and who are commonly referred to as hard-to-insure or medically uninsurable.

County Role:

County involvement is essential to the successful implementation of all areas of federal health reform. County efforts are primed to focus most significantly in the following areas:

1) Conducting outreach, enrollment and case management services for those individuals that are newly eligible for Medicaid;
2) Providing health care ombudsmen who directly assist clients with health care information for Medicaid and Medicare, and link county residents not eligible for Medicaid to the Health Benefit Exchanges;
3) Engaging in formal, ongoing planning and evaluation with the core group of state and local stakeholders to identify and rapidly resolve potential challenges, implement new PPACA components as they take effect, and ensure the continuous provision of quality services; and
4) Implementing and in some cases developing public health improvements called for under federal health care reform.

In order to make the greatest use of available resources, the implementation of PPACA must build upon Colorado's existing system. Counties are already playing a significant role in arenas directly related to PPACA. These include:

- **Medicaid Enrollment**

Counties currently determine eligibility for the exceedingly complex breadth of programs available in Colorado via a statewide framework of local offices and knowledgeable staff. Counties operate under legislatively mandated performance standards with corrective action requirements and the potential for penalties if the requirements are not met. Counties have demonstrated their expertise in this area and will continue to process all Medicaid cases throughout the implementation of PPACA. Almost 200,000 new individuals in Colorado will be eligible for Medicaid under federal health care reform.

- **Local Access Point**

Effectively interpreting and abiding by citizenship documentation rules require a local presence. The federal Medicaid citizenship and identity requirement applies to most non-disabled, working U.S. citizen adults and their children, including those for whom the state will seek federal funds under health care reform. The strict rule requires new enrollees to show original documents or certified copies (not photocopies) that prove their citizenship and identity, *before* they can receive federally funded health care services. Experience shows that enrollees will not want to mail in original documents and will want

to provide these documents in person. Counties can work with the state and employers to receive these documents at multiple locations. Preserving local customer service will also minimize the chance that expensive, difficult to obtain documents are lost or misdirected.

- **Outreach & In-Reach**

For health care reform to work, both programmatically and fiscally, children and adults who are eligible for Medicaid, CHP+, federal funding and subsidies in the exchanges must be identified and enrolled as quickly as possible. Effective outreach strategies make this feasible. Best practices from California demonstrate that outreach and "in reach" (reaching out to clients already present at the county office for another non-medical reason) at the county level was most effective in enrolling eligible but uninsured children in health coverage after the state significantly expanded both Medicaid and SCHIP.[vi] California counties were also successful at effectively reaching eligible individuals through partnerships with community-based organizations. Colorado has used and currently uses similar community partnerships for effective outreach. Colorado counties also serve the community at large through programs such as housing, childcare, and public health, which serve all individuals regardless of economic status. Given this frequent community contact, counties are well positioned to implement the necessary outreach campaigns linking Coloradans to health coverage options and the subsidies for which they qualify.

- **Information, Referral & Ombudsman Services**

Counties are well positioned to house Medicaid ombudsmen/counselors. Medicare ombudsmen/counselors are currently housed at the county level and have had great success providing outreach and direct assistance for Medicare and dual-eligible clients. The need for a similar Medicaid counselor housed in the county has been evident for some time and will become all the more important with Medicaid's expansion under PPACA. The Medicaid ombudsman's role in providing direct client assistance will be greatly enhanced through close collaboration with county eligibility workers, also located at the local level. County aging services also offer local ombudsmen services for Medicare recipients, which will continue to be important as PPACA includes many key changes to this program.

- **Streamlining Access to Human Services Benefits**

Section 1561 of the PPACA specifies the creation of modern electronic systems and processes that allow a consumer to seamlessly obtain and maintain the full range of available health coverage and other human services benefits, such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).[vii] Counties currently provide the safety net for Colorado's most vulnerable families and individuals, ensuring that they have access to the full range of human services they need to stabilize their families and get back on their feet. These services include TANF and SNAP.

- **Maximizing Resources by Leveraging Existing Systems and Community Partnerships**

Counties already have systems in place for hiring and training staff to do the type of work called for under PPACA: enrolling individuals in coverage for which they are eligible and interested, helping them use that coverage in the most cost-effective way, and troubleshooting with them when challenges arise. Counties already have a local presence, an extensive network of partnerships with community-based organizations and the ability to tailor services to meet local needs. It is unnecessary to develop another

layer of administration and automation. Instead, the implementation of PPACA should maximize resources by building upon the existing county system, including health and human service delivery, case management, workforce development and longstanding partnerships with local community organizations such as community health clinics and other safety net partners.

- **Planning & Evaluation**

Best practices from states that have already implemented significant health care reform measures demonstrate the importance of establishing close collaborations and communications between key stakeholders to ensure effective implementation. For example, during the first 18 months of their State Coverage Insurance program, New Mexico conducted monthly work group meetings of state and local staff responsible for program development, eligibility determination, and income assessment.[viii] Similarly, the Vermont Department of Health conducts monthly executive meetings that bring together representatives from the affected state agencies, insurance carriers, and other relevant groups to discuss Blueprint implementation issues. The state has also convened a planning and evaluation committee made up of representatives from the same organizations and agencies.[ix] As the key entry point for enrollment and eligibility, county perspective and representation will be essential within this type of group.

- **Public Health Services**

The public health system reduces health care costs by preventing disease and injury, promoting healthy behavior, and reducing the incidents of chronic disease and conditions. In Colorado, public health services are provided by County Departments of Public Health, frequently in partnership with the Colorado Department of Public Health and Environment (CDPHE) and numerous community-based organizations. In addition, the Public Health Act of 2008 requires County Departments of Public Health to ensure a set of core public health and prevention services are equitably available to all people. These services include immunizations, nurse-home visitation, epidemiological surveillance and control, preservation of air and water quality, food safety, chronic disease control and prevention, and partnership building to ensure that all individuals have access to medical and oral health services. The PPACA offers significant opportunities to increase public health funding and improve these services, and therefore improve community health outcomes at the county level. A few examples include: bolstering and expanding accountable care organizations; linking people to medical homes; implementing health information exchanges; expanding healthy eating and active living programs such as Live Well at the community level; increasing capacity for enhanced screening and referral to treatment; enhancing and expanding immunizations at a community-wide level; creating better coordination and capacity for quality care that reduces high utilization of emergency rooms for non-emergency visits; developing environmental policies that support and enhance active lifestyles and healthy environments; and enhance capacity for working closely with school districts on prevention based programming that will reduce youth suicide, teen pregnancy and substance abuse rates, as well as improve mental health.

Specific PPACA public health funding opportunities include:

Public Health Investment	Establishes a **Prevention and Public Health Fund** to provide for expanded and sustained national investment in prevention and public health programs for prevention, wellness, and public health activities, including prevention research and health screenings. Administered by HHS Secretary.	$15 billion over 10 years, beginning with $500 million FY2010, ramping up to $2 billion in FY2015 and each year after.
Community-Based Prevention	**Community Transformation Grants**: Competitive grants to state and local governmental agencies and community-based organizations to reduce chronic disease rates, address health disparities, and develop a stronger evidence base of effective prevention programming. 20% of the grants are targeted to rural and frontier areas. Prevention and Public Health Fund resources may be used.	Not Specified
Epidemiology & Lab Capacity Grant Program	Grants to state, local and tribal health departments to improve surveillance and response with respect to infectious diseases and other conditions of public health importance.	$190 million per year, FY2010 – FY2013
Home Visitation	Grantees of this state grant program for evidence-based early childhood home visitation will measure improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors, and coordination with community resources.[x]	$1.5 billion over 5 years
Medicaid Health Homes (Section 2703)	Provides funding grants to states to develop a state plan amendment to provide health homes for Medicaid enrollees with chronic conditions. Federal government covers 90% of the cost; states provide 10% of the funds. State plan amendment required; no federal appropriation is necessary.[xi]	$25 million. Expected to begin January 1, 2011.
Community-Based Collaborative Care Network Program (Section 10333)	Authorizes funding to support consortiums of health care providers to coordinate and integrate health care services for low-income uninsured and underinsured populations.[xii]	Not specified

- **Mental Health Services**

Mental Health Centers across Colorado are already focusing on the integration of mental health and primary care. Leading examples of this integration include the Mental Health Center of Denver (MHCD), Axis Health System (formerly Southwest Colorado Mental Health Center) in Durango, and the Mental Health Center of Boulder and Broomfield Counties (MHCBBC). MHCD received a SAMHSA grant to have primary care providers provide physical health care within the mental health

system in Denver; Axis Health System is combining a mental health center with a new federally qualified health center (FQHC) in Durango. MHCBBC works closely with community partners and local FQHCs to ensure complete, holistic health care for the indigent, as well as clients on Medicaid and Medicare. These collaborations include health information exchanges, as well as the development of a regional Accountable Care Organization (ACO) that will focus on controlling costs by providing quality coordinated care. MHCBBC is also proactively exploring options to provide for more seamless health care delivery for clients enrolled in Health Benefit Exchanges.

Integration between physical and mental health care is one of the primary focuses of the Colorado Behavioral Healthcare Council (CBHC); CBHC is working closely with the medical directors of Colorado's FQHCs in this effort. The carved-out Behavioral Health Organization (BHO) system serves as a model for regional service delivery and management of payment and benefits. A carved-out mental health system that is focused on integrating service delivery with both healthcare and human services that protects behavioral health funding has been shown to lead to greater access, higher utilization and more cost effective services. Colorado's community mental health system should be utilized as experts in behavior change to promote overall health outcomes in the implementation of PPACA.

Conclusion:

Counties are already playing the key role in maintaining quality of life and improving the health of their communities. Counties are actively informing Coloradans of their options in terms of Medicaid and CHP+ health coverage, enrolling them in the coverage for which they are eligible and interested, helping them use that coverage in the most cost-effective way, troubleshooting with them when challenges arise, developing and implementing systems of care that coordinate and collaborate to reduce costs and improve quality, and implementing health improvement strategies that result in improved quality of life and health. Federal health care reform expands the number of individuals that qualify for health coverage, either directly through Medicaid or through governmental subsidies. Colorado's implementation of federal health reform should build upon and invest in the existing system in which counties are the entry point for health coverage and access to care, and develop the local government and community support systems that are essential to sustain enhanced quality of life and improved health status.

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