



Medicaid for Justice Involved Adults

A Resource Guide for Criminal Justice Professionals

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COLORADO CRIMINAL JUSTICE REFORM COALITION

COLORADO CENTER ON LAW & POLICY

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MEDICAID FOR JUSTICE INVOLVED ADULTS

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A large proportion of people cycling in and out of the justice system do not have health insurance and suffer from chronic health problems, including mental illness and addiction disorders. These unresolved health problems contribute to recidivism and justice system costs. Implementation of the Affordable Care Act in Colorado—particularly the Medicaid expansion—offers a historic opportunity to address the substantial health needs of criminal justice populations. Criminal justice agencies and community based organizations play an important role in ensuring people learn about health care coverage and get assistance applying for health benefits.

What You Will Find in this Resource Guide

This resource guide is divided into the following sections:

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Audience

The Resource Guide is primarily for staff working with justice involved people across the state, including community organizations, jails, prisons, probation and parole offices, pretrial, and problem-solving courts.

Impact of the ACA on Criminal Justice Populations

The Affordable Care Act provides an important opportunity to:

- Increase the number of justice involved individuals covered by health insurance (an estimated 70 to 90 percent do not have coverage);
- Ensure individuals newly eligible for health coverage have access to essential benefits;
- Improve the health of criminal justice populations; and
- Reduce recidivism and enhance public safety because individuals have access to mental health and substance use treatment in the community.

[1] THE CASE FOR COVERAGE

How Health Care Coverage Promotes Public Safety & Health

People in the criminal justice system have an acute need for health insurance. They have higher rates of asthma, diabetes, hypertension, hepatitis and HIV/AIDS compared to the general public. Substance use disorders and mental illness are also substantially higher among people in the justice system. With an estimated 70 to 90 percent lacking health care coverage, their options for getting needed treatment are limited. If left untreated, these health conditions contribute to re-offending, re-arrest and re-incarceration.

Under the Affordable Care Act, Colorado expanded eligibility for the Medicaid program offering a historic opportunity to break this cycle by making health insurance a possibility for thousands of people involved in the criminal justice system. **Criminal justice agencies play a critical role as an entry point for justice-involved individuals to get connected to health care and on a path toward improved health and reduced recidivism.**

Health of People Involved in the Criminal Justice System

Criminal justice populations have substantially higher rates of medical, mental health and addiction problems compared to the general population. And for the vast majority, these health conditions have gone mostly untreated.

Prevalence of Chronic Health Conditions

- An estimated 39 percent to 43 percent of all inmates have one or more chronic conditions such as hypertension, diabetes and asthma.
- Prevalence of Hepatitis C is nine to 10 times higher in the inmate population compared to the general population; prevalence of active tuberculosis is four times higher; and HIV infection is eight to nine times higher.
- A significant proportion of the U.S. population carrying communicable diseases pass through jails and prisons each year. An estimated one-third of all people with TB and Hepatitis C pass through a correctional facility each year; 17 percent of those with AIDS and 12 to 16 percent of those with Hepatitis B.

Prevalence of Mental Health Issues

- A 2009 survey of recently booked jail inmates found that nearly 17 percent had a serious mental illness—almost three times the rate found in the general population.
- Less acute mental illness is even more prevalent. According to the U.S. Bureau of Justice Statistics, 64 percent of jail inmates and 56 percent of state prison inmates had a recent “mental health problem.”

- As of June 2015, over two-thirds of women and one-third of men incarcerated in Colorado state prisons needed mental health treatment.

Prevalence of Substance Use Disorders

- Nearly two-thirds of people entering jails and over half of people in state prisons have a substance use disorder—substantially higher than among the general population.
- As of June 2015, 78 percent of women incarcerated in Colorado state prisons needed substance use disorder treatment and 71 percent incarcerated men were in need of treatment.

Health Coverage Rates

In addition to significant health challenges, justice involved people are also far more likely to be uninsured. Prior to the expansion of Medicaid, childless adults generally were not eligible regardless of their income. And private insurance was out of reach for most as well.

- Nationally, 70 to 90 percent of justice involved people are uninsured—significantly higher than the general population. Nearly three out of four people on probation in the U.S. have no health insurance.
- A 2013 survey by the Denver County Sheriff found that 72 percent of people booked at the Denver Jail were without insurance coverage.
- People without insurance have poorer health. Research shows that the uninsured are more likely to skip needed care and less likely to access preventive services or ongoing treatment needed to manage chronic conditions.

Untreated Health Problems Impact Recidivism and Costs

The historical lack of access to behavioral health treatment, particularly for low-income people and people of color, has contributed to increased involvement in the criminal justice system. Consequently, jails, prisons and criminal justice agencies have become a major delivery system for behavioral health services with little continuity of care between the justice system and the community.

Recidivism Rates

- Treatment services are often tied to the person’s involvement in the criminal justice system. Once s/he has completed the sentence, access to physical and behavioral health services is discontinued and continuity of care is rare. As a result, people often relapse or decompensate which can result in their re-involvement in the criminal justice system.
- Research shows that it is critical to connect individuals to health care and treatment services within the first two weeks post-release. Homelessness, high stress, and an increased risk of overdose are prevalent during this time.

- Access to health and behavioral health care services can break the cycle of reoffending and being re-incarcerated. A study of jail populations in Washington and Florida found that individuals released from jail with Medicaid had arrest rates 16 percent lower than those without Medicaid.

Potential Cost Savings

- People with untreated and/or chronic health conditions are more likely to continually cycle in and out of the justice system accounting for a disproportionate percentage of overall costs. These individuals also tend to have longer lengths of stay in jails. Jails (and prisons) can save money by ensuring people get enrolled in Medicaid to cover overnight hospital stays and have Medicaid when they're released to ensure continuity of care.
- Supervising people with a substance use disorder or mental health issues can also cost probation and parole departments a significant amount of resources. Now that many people on probation and parole are eligible for Medicaid, increased enrollment in health care coverage could save criminal justice departments money while also connecting individuals with needed treatment.

[2] MEDICAID BASICS

Eligibility & Coverage

Medicaid expansion presents new opportunities to connect justice involved people to health coverage that was not previously available. An estimated two-thirds of justice involved people will be eligible for Medicaid under the expansion. People ineligible for Medicaid may be able to purchase health insurance and apply for financial assistance to reduce the cost of monthly premiums through Colorado's health insurance marketplace, Connect for Health Colorado. This section provides basic information on Medicaid eligibility and coverage rules as well as some information on private health insurance options through Connect for Health Colorado.

What is Medicaid?

Medicaid is a public health insurance program created by Congress in 1965. Historically, Medicaid only covered certain categories of low-income families and individuals, including children, parents, seniors and people with disabilities. States operate their own Medicaid program within certain federal guidelines. Funding is shared by the state and the federal government. The Affordable Care Act (ACA) expanded eligibility for Medicaid to all legal residents ages 18 to 64 with an income up to 133 percent of the Federal Poverty Level (about \$1,300/month for a single adult). Colorado is one of 31 states to take advantage of the opportunity to expand Medicaid under the ACA.

Medicaid covers doctor visits, emergency care, preventive care such as screenings and immunizations, and other procedures and treatments. Medicaid in Colorado does not have enrollment fees or monthly premiums but in some circumstances, co-pays may be required.

Medicaid is sometimes confused with Medicare. Medicare is also a public insurance program but focused on providing coverage for people over 65 years old and certain people with disabilities. Medicare is administered by the federal government and eligibility is not dependent on income. Some seniors and people with disabilities with low incomes can be eligible for coverage under both Medicaid and Medicare.

What is Connect for Health Colorado?

Connect for Health Colorado (C4HCO) is Colorado's health insurance marketplace. Health Insurance marketplaces were established by the Affordable Care Act and serve as a resource for individuals to purchase private health insurance and access tax credits to reduce the cost of monthly premiums. Connect for Health Colorado is an online resource where you can shop for a variety of private health insurance plans that will best meet your health needs. **It is estimated that about one-third of justice involved individuals will be eligible for private health insurance** so this is an important option for people whose income makes them ineligible for Medicaid.

- Tax credits to reduce the monthly cost of insurance premiums are available to people making up to 400 percent of the Federal Poverty Level (about \$3,900 month for a single adult). For people with annual income below 250 percent of FPL (about \$ 2,400 month), additional dollars are available to help pay out-of-pocket costs like deductibles, copayments and coinsurance.
- Private health insurance plans are available for individuals, families and small businesses and must also offer coverage for what are called 10 essential health benefits.
- Plans can be purchased through C4HCO during the open enrollment period (generally **November 1 to January 31**).
- Certain “qualifying life events,” including release from jail or prison, allow someone to purchase health insurance outside of the enrollment period. A person has 60 days from the qualifying life event to enroll.

Eligibility for Medicaid & Connect for Health

The vast majority of justice involved individuals will be eligible for Medicaid but there are several eligibility criteria to consider. Medicaid eligibility depends on income and household size and one’s status in the criminal justice system. Those who are ineligible for Medicaid due to their income may be able to purchase a health insurance plan and possibly qualify for tax credits to reduce monthly premiums costs through C4HCO. An individual cannot be eligible for both Medicaid and tax subsidies to purchase private insurance. You may only be eligible for one or the other.

Step 1: Eligibility Depends on Income & Household Size

To be eligible for Medicaid, a person must earn less than 133% of the Federal Poverty Level (FPL). This equates to about \$1,300 a month for a single adult and goes up with household size. Tax credits to reduce the cost of monthly premiums for private health insurance are available for households earning less than 400% of the FPL—or about \$3,800 for a single adult. These FPL thresholds are updated annually.

2016 Federal Poverty Level Thresholds for Health Insurance

Household Size*	Medicaid < 133% FPL		C4HCO < 400% FPL	
	Annual	Monthly	Annual	Monthly
1	\$15,654	\$1,305	\$47,080	\$3,923
2	\$21,186	\$1,766	\$63,720	\$5,310
3	\$26,719	\$2,227	\$80,360	\$6,697
4	\$32,252	\$2,688	\$97,000	\$8,083
5	\$37,785	\$3,149	\$113,640	\$9,470
6	\$43,318	\$3,610	\$130,280	\$10,857

* Household size is based on who you claim and how you file your taxes, not necessarily who lives with you.

There are other eligibility categories and programs in Medicaid, which include health care coverage for pregnant women and children. For more information, visit <https://www.colorado.gov/hcpf> or call the Medicaid Customer Contact Line at 1-800-221-3943.

Step 2: Eligibility Also Depends on Criminal Justice Status

People considered inmates of a correctional facility are not eligible for Medicaid. While in prison or jail, the state is responsible for providing health care services. Unfortunately, this rule also pertains to people in community corrections who can be charged with escape. The Center for Medicare and Medicaid Services has stated that residential community corrections facilities are public correctional facilities therefore individuals in those facilities are ineligible for Medicaid. Unfortunately, this leaves individuals in residential community corrections facilities responsible for obtaining their own health care services.

Criminal Justice Status Eligibility Matrix

	Medicaid Eligible?	Connect for Health Eligible?
Pretrial		
-- On bond or diversion	YES	YES
-- Jail pending disposition	NO ¹	YES
Serving Sentence		
-- Jail or Prison	NO ¹	NO ²
-- Probation	YES	YES
-- Parole	YES	YES
Community Corrections		
-- Residential (diversion or transition)	NO ¹	?? ³
-- Condition of Parole	NO ¹	?? ³
-- SB 252 beds (Parole revoked)	NO ¹	??
-- Non-residential diversion	YES	YES
-- Non-residential transition (ISP-I)	YES	YES
-- Condition of Probation (SB13-250)	YES ⁴	YES

¹ Incarcerated individuals may be eligible for Medicaid if they require more than 24 hours of inpatient medical care.

² If an individual has private health insurance, coverage is discontinued within 30 days of being sentenced.

³ Connect for Health Colorado has not made a determination to date about whether people in residential community corrections facilities are eligible for tax subsidies.

⁴ Defendants ordered to treatment in a community corrections residential treatment program as a condition of probation are not subject to escape charges and therefore eligible for Medicaid.

One exception to the inmate rule is that Medicaid will cover the costs of inpatient treatment for justice involved people who must be hospitalized for more than 24 hours. The person will have to be enrolled in Medicaid at the hospital (or within 90 days after treatment) to take advantage of this coverage option.

So essentially, justice involved individuals are NOT eligible for Medicaid if BOTH:

- They are an inmate of a public institution (i.e., under the control of state, county, federal government or municipality), AND
- They can be charged criminally with escape (or absconding if on parole) if they leave the institution without authorization.

What Options Exist for People in Community Corrections?

At the moment, the best option for routine care for people residing in community corrections is to go to a health care clinic where services are provided for free or on a sliding fee scale. It is strongly advised that individuals call a health care clinic prior to going to ask about cost of services and to schedule an appointment. These clinics include:

- **Community Health Centers** (aka Federally Qualified Health Centers) provide a variety of health care services. You can find a health center near you by using the online map or calling the **Colorado Community Health Network**.

W: cchn.org/map

P: 303-861-5165

- **Community Safety Net Clinics** also provide a wide variety of services and offer free or low cost health care services. You can find a community safety net clinic near you online or by calling **ClinicNet**.

W: clinicnet.org/community-safety-net-clinics

P: 720-863-7800

- **Rural Health Clinics** provide a variety of health care services to those who live in rural and frontier parts of Colorado. You can see a map and a list of Rural Health Clinics near you online or by calling the **Colorado Rural Health Center**.

W: coruralhealth.org/resources/maps-resource

P: 303-832-7493

Once people move to non-residential status or stop living at the halfway house, they may be able to get Medicaid, even if they are still supervised by the halfway house.

[3] ENROLLMENT

How the Process Works

Professionals working with justice involved people can facilitate the enrollment process in a number of ways. There are many resources available to assist with the enrollment process. You are not expected to become experts on health care enrollment. Rather, having a basic understanding of the opportunity for health care coverage, eligibility criteria, and where to go to enroll will be enormously helpful to justice involved individuals. This resource guide is intended to provide basic information on Medicaid and Connect for Health Colorado so you can help educate and prepare justice involved people to get enrolled in health care coverage.

When Can People Enroll for Health Coverage?

Medicaid does not have open enrollment restrictions (as is the case with private insurance). People can apply for Medicaid at any time. There are a few timing considerations to keep in mind though:

- **Enroll Prior to Release:** People incarcerated in prison or jail while serving a sentence can apply for Medicaid about 40 days prior to release.
- **Retroactive Eligibility:** Medicaid eligibility may be retroactive up to 3 months before the date of the application. This means that a person has 3 months from the date of treatment to apply for Medicaid so that coverage will be retroactive to cover the treatment received. Ask for retroactive Medicaid when filling out an application for Medicaid, if needed.

Enrollment for insurance coverage through **Connect for Health Colorado** is limited to an annual open enrollment period that generally runs from **November 1 to January 31**.

- Release from incarceration is a qualifying life event for enrollment outside the open enrollment period. (Other qualifying life events include losing employer provided health coverage, getting married or having a baby.)
- A person has 60 days from the qualifying life event to apply for health coverage through C4HCO.

Information Needed for Enrollment

People will need the following information when applying for health insurance coverage either through Medicaid or Connect for Health Colorado. **If applying in person, it is recommended that you call and confirm with the enrollment specialist exactly what information may need to be provided if applying in person.**

- Full name and Date of Birth
- Social Security Number or Legal Permanent Resident documentation
- Tax information (where applicable for C4HCO private insurance)

How to Enroll

There are several options for enrolling in Medicaid or private insurance through C4HCO. Applications can be submitted online, over the phone, in person or by mail. Medicaid enrollment is open year-round. These are “no wrong door” enrollment methods—meaning new applicants for health coverage will be linked to appropriate coverage regardless of how they apply.

Variety of Enrollment Options

Apply Online	Apply by Phone	Apply in Person
<p>Colorado PEAK <i>Medicaid, food and child care</i> W: coloradopeak.secure.force.com</p> <p>Connect for Health Colorado W: connectforhealthco.com</p>	<p>Medicaid <i>Medicaid Customer Contact Center</i> P: 1-800-221-3943</p> <p>Private Insurance <i>Connect for Health Colorado</i> P: 1-855-PLANS-4-YOU (1-855-752-6749)</p>	<p>County Human Services Office W: sites.google.com/a/state.co.us/humanservices/home/services-by-county</p> <p>Local Application Assistance Site <i>Organizations able to assist with Medicaid applications</i> W: www.colorado.gov/apps/maps/hcpf.map</p> <p>Local Health Coverage Guide <i>Assistance applying for private health insurance and Medicaid</i> W: prd.connectforhealthco.com/individual/navigator_entity_admin</p>

Enrollment Process in a Nutshell

The steps involved in applying for Medicaid or private health insurance through C4HCO can be complicated, but you don’t have to be the expert. There are many resources available to help people through the process. It may be helpful in your work with justice involved individuals, however, to have a basic understanding of the process. Here are the basic steps to getting enrolled in Medicaid and C4HCO coverage:

1. Submit an Application

- Apply online, in person or by phone
- When applying online through PEAK or C4HCO, the application will first be screened for Medicaid eligibility.

- An applicant must be determined ineligible for Medicaid before they are able to apply for tax credits through C4HCO.

2. Application is Processed

- If applying online, eligibility for Medicaid may be approved or denied right away but in some cases an eligibility determination may take more time.
- Applications must be processed within 45 days.
- If applying by phone, mail, or in-person, the application will likely be processed by a case worker at the county department of human services in the applicant's county of residence.

3. Applicant May be Asked for Additional Information

- Sometimes an applicant is asked for additional information to verify their eligibility for Medicaid.
- Typically the applicant has 10 days to provide additional information to the county case worker.

4. Notice of Eligibility & Receipt of Medicaid Card

- After the eligibility determination is made, the applicant will be sent a letter notifying them that they have been approved or denied for Medicaid.
- Eligibility determinations can be made by the county social/human services department, the state Medicaid vendor, or through the online PEAK system.
- If an applicant is approved for Colorado Medicaid they will receive their Colorado Medicaid card through the mail, or can print their Colorado Medicaid card through PEAK. They can begin using their Colorado Medicaid benefits immediately.
- Individuals can also get an electronic version of their card immediately after being approved by downloading the PEAKHealth mobile app and getting an electronic version of the card or going online to Colorado.gov/PEAK.
- If an applicant is denied Medicaid they will receive their denial along with the annual amount of monthly insurance premium subsidy they qualify for when they buy private health insurance through Connect for Health Colorado.

5. Appeals Process

- If the applicant feels they were incorrectly denied Medicaid, they can appeal the decision to the Colorado Department of Health Care Policy and Financing. Information about how to appeal is included in all approval or denial correspondence.

6. Enrollment in a Health Plan

- Applicants determined eligible for Medicaid will receive an enrollment packet that includes information on what is covered through Medicaid (i.e. benefits) and what health plan they are enrolled in. Once enrolled in Medicaid, a person is considered a "Medicaid member."

- There are a variety of health plans within Medicaid that members can choose from. See Section 5 for more information about choosing or changing a health plan within Medicaid.
- Once someone is enrolled in Medicaid, they can begin using their benefits immediately.
- If an applicant is found ineligible for Medicaid, they may be able to choose a health plan through C4HCO. Coloradans can search plans on the marketplace or receive assistance selecting a plan through C4HCO.

Conversations to Encourage Enrollment

Most people will likely want to take advantage of the opportunity to get health benefits. They may not know about Medicaid and the many benefits offered or they may have questions about the process. Some people, however, may have reservations about applying for coverage. Here are a few things to keep in mind when engaging people on enrolling in Medicaid.

Ask Questions, Provide Information

Conversations about health issues are inherently personal so initiating these discussions in a private one-on-one setting will help build trust. Ask questions and focus on what the client wants and needs, rather than what you think he or she needs. The client-identified health issues then become an entry point for working through solutions that could include enrolling in health coverage. Take the time to help clients understand how health insurance works, the benefits of health coverage and how to apply. And if you have examples of other clients who have benefited from getting access to needed health care services after enrolling in Medicaid, that can be a powerful way of providing a concrete example of the benefits of coverage.

Don't Sell Medicaid, Sell What Medicaid Offers

Rather than starting a conversation about the Medicaid program or the enrollment process (yawn!), start by finding out what health services your client wants or needs. And then you can discuss how enrolling in Medicaid can help. Explain that Medicaid coverage gives access to a wide range of services, including those that a client may have been wanting or needing for some time.

- “You’ve mentioned that you’ve had back pain for a while, especially since you started working again. Medicaid can help you get an appointment to see a doctor to look at your back.”
- “I know you said you have been having trouble filling your prescriptions because you don’t have the money. Medicaid will help you pay for your medications so you can spend your money on other things you need.”

Applying Has Never Been Easier

With the no wrong door approach to enrollment and the various resources to provide personalized enrollment assistance, it truly has never been easier to apply for Medicaid. Clients can enroll online, by phone or in person. If they apply online, they may even get an immediate determination. And

clients only need to provide basic information on the application: name, birth date, and Social Security Number.

Knowledge is Power

Providing clients with basic information on the enrollment process, the information needed to apply and the health benefits offered by Medicaid and private plans will enable them to make informed decisions. Let clients know that Medicaid is an entitlement—they can get coverage if their income qualifies them. Have handouts available. Contact us if you need handouts. We've developed client materials and can point you to some great materials developed by other groups.

Individual Mandate

Most individuals in the United States are required to have health insurance or be subject to a fee or penalty. The fee is based on your annual income. There are some circumstances where people can be exempt from purchasing health insurance and therefore would not be subject to a fee. These include:

- People whose annual income is less than \$10,150 or they are not filing a tax return.
- If someone has been uninsured for less than 3 months during the year.
- The lowest-priced coverage available would cost more than 8 percent of household income.
- People who are members of a federally recognized tribe or eligible for services through an Indian Health Services provider.
- People who are incarcerated, and not being held pending disposition of charges.
- People who are homeless.

In some cases individuals will have to complete a form that will be submitted with their tax returns in order to be granted an exemption from the fee. Please visit,

<https://www.healthcare.gov/exemptions/> for more information and to access forms.

If someone is not exempt and does not purchase health insurance, they will have to pay a fee on their tax return.

- In 2016 and later years, the fee is 2.5 percent of annual income or \$695 per person.
- The fee is adjusted annually for inflation.

[4] COVERED BENEFITS

Health Care Services Available Through Medicaid

Under the Affordable Care Act, both Medicaid and private health plans offered through C4HCO must provide a comprehensive set of benefits and additional consumer protections.

- 10 Essential Health Benefits.
- Free preventative coverage is provided.
- A person can't be refused coverage for a pre-existing health condition.
- Medicaid extends medical assistance to age 26 for former foster care youth who were in Colorado foster care at ages 18-21 and enrolled in Medicaid.

What Health Care Services are Covered?

Medicaid covers a variety of basic health care services. A list is provided below as well as more detail on a few of the covered services that may be particularly relevant to your clients. A complete list of Medicaid covered services is available at <https://www.colorado.gov/hcpf/colorado-medicaid-benefits-services-overview>.

- Doctor's visits
- Preventative and wellness services
- Emergency care
- Surgery
- Hospital stays
- Substance abuse treatment (limited)
- Mental health
- Home health care (if qualifies)
- Nursing home services (if qualifies)
- Vision screenings
- Emergency and non-emergency transportation
- Prescription drugs
- Family planning
- Labs and x-rays
- Dental services
- Physical, occupational and speech therapy
- Durable medical equipment (limited)
- Immunizations

Health Care Provider Visits

- Visits to your primary care medical provider for illness or injury.
- Visits to a specialist for injury or illness, including a cardiologist, urologist, or endocrinologist.
- Access to providers via telemedicine for clients who live far away from providers.

Dental Services

- Covers some dental services such as exams, x-rays, cleanings, fillings, extractions, root canals, crowns and dentures. Cosmetic dentistry, implants, bridges and braces are not covered.
- There is a \$1,000 cap on dental services for each adult Medicaid client per year (July to June). Full or partial dentures are not included under the cap but are paid on a fee schedule.

Vision Services

- Vision visits are only covered when there is a problem.
- Standard eye glasses and contact lenses are available only after eye surgery.

Medications

- Medicaid covers most medications. For some medications, the doctor may have to request prior approval from Medicaid. If the doctor is not available, a pharmacy can provide an emergency 72 hour supply of the medication.

Non-Emergency Medical Transportation

- Medicaid can provide transportation to medical appointments if the client does not have a way to get to appointments.
- When calling to request transportation, the client will need to provide their name, date of birth, Medicaid number, date the ride is needed, pick-up address and name of the doctor the client is planning to see.
- To arrange transportation in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer or Weld counties, call **Total Transit at 1-855-264-6368**.
- To arrange transportation in Eagle, Grand, Jackson, Pitkin, Routt, or Summit counties, call **Mountain Ride Transportation Resource Center at 1-844-686-7433**.
- If the client lives in a county not listed above, call the local county department of human/social services to inquire about transportation services.

Emergency Services

- Emergency room visits.
- Ambulance services and transportation.
- Visits to urgent care center.
- Outpatient services and surgery.

Mental Health and Substance Use Treatment

- Individual behavioral health counseling and therapy.
- Alcohol and/or drug assessment and case management services.
- Mental health and substance use disorder outpatient, non-residential treatment.
- Inpatient substance use disorder treatment is NOT covered.

How Much Does it Cost?

There are no monthly premiums or enrollment fees for Medicaid and there are no limits to medical benefits. Clients may have a small co-payment for some services such as a doctor's appointment (\$2 per visit) or a prescription (\$1 to \$3).

While there are no co-payments for mental health and substance use disorder treatment services, Medicaid may limit the amount of services it will pay for based on one's diagnosis and "medical

necessity.” Medical necessity is determined through an assessment conducted by a licensed behavioral health provider to determine the type and amount of treatment services that Medicaid will cover.

Will Medicaid Cover Court-Ordered Treatment?

In order for Medicaid to pay for treatment, the following four conditions must be met:

- Individual is enrolled in Medicaid
- Provider is enrolled in Medicaid
- Service needed or ordered is covered by Medicaid
- Service is deemed medically necessary by Medicaid

If the court orders services that are not covered by Medicaid or are not deemed medically necessary, the court will have to pay for those services. For more information on covered behavioral health diagnosis and services within Medicaid, please contact the appropriate Behavioral Health Organization within your county (see page 20 for a list).

[5] GETTING CARE

How to Access Health Care Services

Once a client has applied to Medicaid and received notice that they have been approved, it's time to start accessing health care services. This section briefly describes how Medicaid is structured and how clients can begin to take full advantage of their health care benefits. Once a client has been approved for Medicaid, they will:

- Receive a Medicaid card in the mail within 7 to 10 days or can print a copy of their card if they applied online. Call the Medicaid Customer Service Center if the card was not received: 1-800-221-3943.
- Receive an enrollment packet within 30 days, which will include information on selecting a Medicaid health plan and more information on health care benefits.

Clients can start using their benefits right away. In fact coverage will start the first day of the month that the client applied. For example, if a client applies on April 20 and is approved on May 1, the client will be covered starting April 1.

Physical Health Services

Individuals enrolled in Medicaid can choose from a variety of health plans to best meet their physical health needs. When a Medicaid member chooses a health plan, the member is considered “assigned” to the specific health plan/program.

- The Accountable Care Collaborative (ACC) is Medicaid's primary health care plan and it is encouraged that all new Medicaid enrollees choose to be part of the ACC Program.
- The ACC Program will connect your client to one of seven Regional Care Collaborative Organizations (RCCO) based on his/her county of residence.
- RCCOs will help your client find a primary care provider and coordinate health care, including dental care, and other social service supports that may help your client achieve success in the community.
- While the majority of Medicaid members are directly assigned to their respective RCCO, this process is not yet automatic. Medicaid members are encouraged to call **HealthColorado (1-888-367-6557)** or their appropriate RCCO to ensure they are enrolled in the ACC Program. (See a map and phone numbers for the RCCOs on page 21.)
- Denver County Medicaid members will most likely be automatically assigned to the Denver Health Medicaid Choice health plan. Members can continue to stay enrolled in the Denver Health Medicaid Choice plan or if they would like to change to the ACC Program, they will need to call **HealthColorado** and ask to be enrolled in the ACC Program.

Behavioral Health & Substance Use Disorder Services

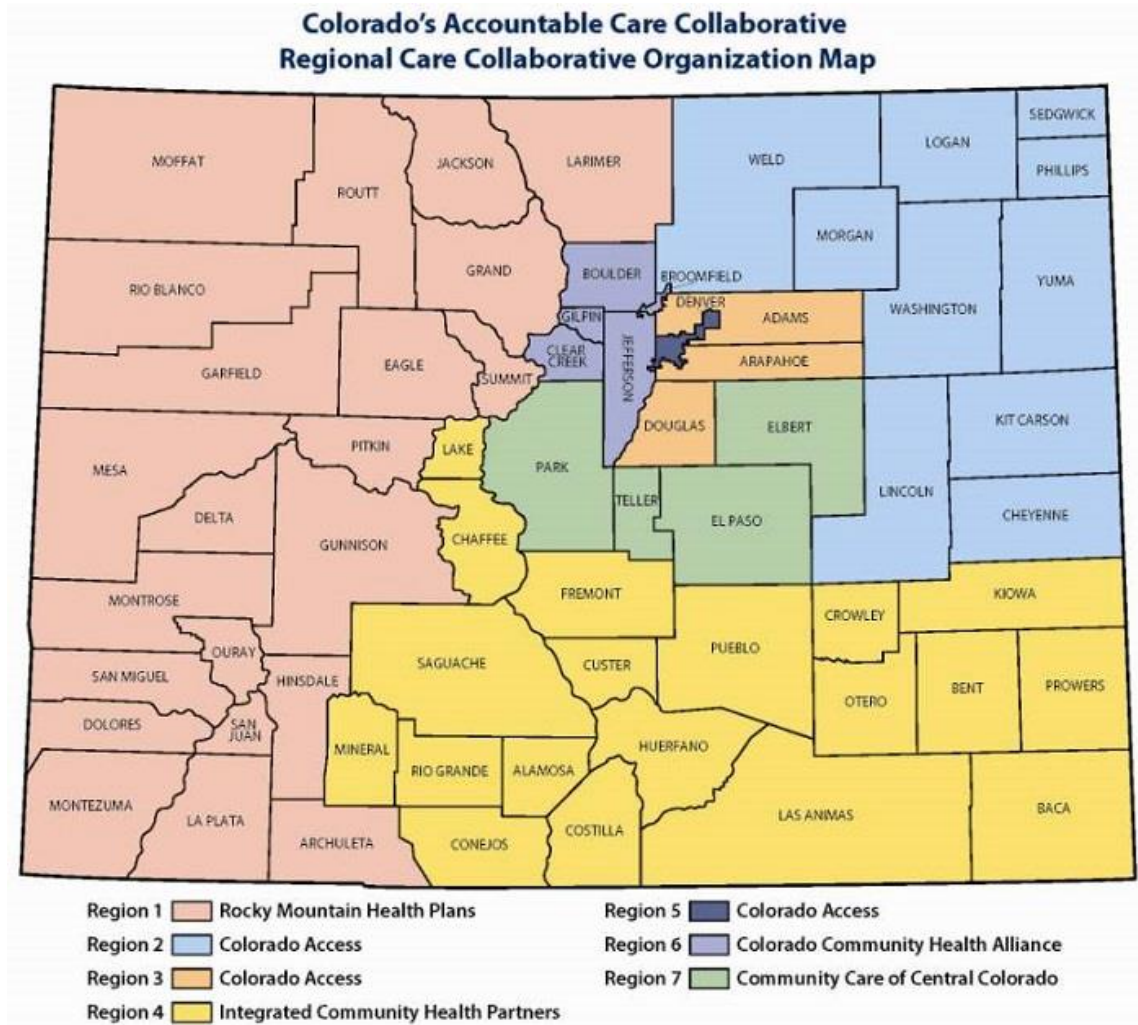
Every individual enrolled in Medicaid is automatically assigned to a Behavioral Health Organization (BHO). BHOs are responsible for providing medically necessary behavioral health and substance use disorder services to Medicaid clients.

- Your client will be assigned to a BHO based on their county of residence.
- If your client needs behavioral health services, including substance use disorder services, they can contact their BHO to get assistance in finding a nearby provider and setting up an appointment.

Helpful Health Contacts

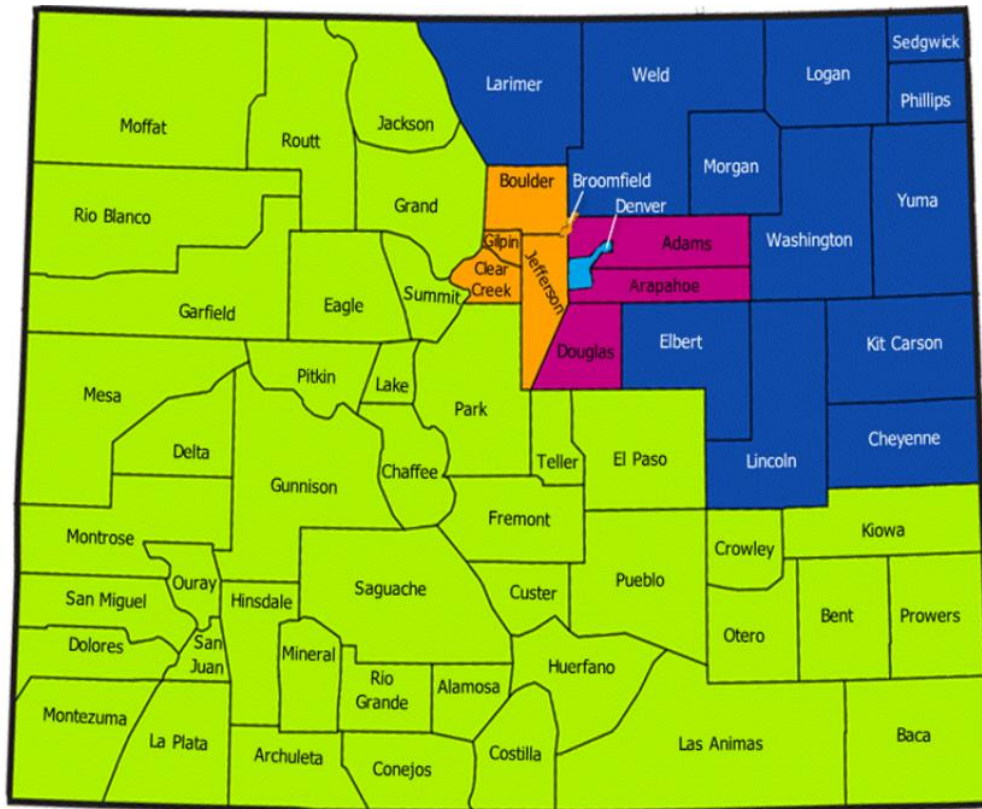
Medicaid Customer Service Center	For information and/or questions on Medicaid benefits, programs, and services. You can also report problems and file an appeal. You may also apply directly to Medicaid by phone by calling this number.	W: www.colorado.gov/hcpf P: 1-800-221-3943 M – F 7:30 am to 5:15 pm
HealthColorado	Medicaid health plan information, selection, and changes.	W: www.healthcolorado.net P: 1-888-376-6557 M – F 8 am to 5 pm
PEAK	Sign up for and manage public benefits online, including Medicaid and food stamps.	W: www.colorado.gov/PEAK
Medicaid Nurse Advice Hotline	Free hotline for questions about your health and if you should go to a doctor.	P: 1-800-283-3221 Available 24 hours a day, 7 days a week for Medicaid members
Connect for Health Colorado	Find local enrollment centers and certified health coverage guides to help individuals apply for Medicaid or private health plans through C4HCO.	W: connectforhealthco.com/person-help/ P: 1-855-752-6749 M – F 8 am to 6 pm / Sat 8 am to 5 pm
Colorado Crisis Services	Free, confidential and immediate support to those in need of mental health, substance use disorder, or emotional help.	W: coloradocrisisservices.org P: 1-844-493-8255 Available 24 hours a day, 7 days a week
Colorado's Quit Line	Get free help to quit smoking.	P: 1-800-784-8669 M – F 7 am to 9 pm Weekends: 8 am to 4:30 pm

Regional Care Collaborative Organization (RCCO) Contacts



Region 1	Rocky Mountain Health Plans	970-254-5771 or 800-667-6434
Region 2	Colorado Access	303-368-0035 or 855-267-2094
Region 3	Colorado Access	303-368-0037 or 855-267-2095
Region 4	Integrated Community Health Partners	855-959-7340
Region 5	Colorado Access	303-368-0038 or 855-384-7926
Region 6	Colorado Community Health Alliance	303-256-1717 or 855-627-4685
Region 7	Community Care of Central Colorado	719-314-2560 or 866-938-5091

Behavioral Health Organization (BHO) Contacts



■ Colorado Access / Access Behavioral Care Northeast (ABC)	303-751-9030 or 800-984-9133
■ Behavioral Healthcare, Inc. (BHI)	303-361-8100 or 877-349-7379
■ Colorado Health Partnership (CHP)	800-804-5008
■ Foothills Behavioral Health Partners	303-432-5950 or 866-245-1959
■ Colorado Access / Access Behavioral Care Denver (ABC)	303-751-9030 or 800-984-9133