Member Engagement
Reality of Member Care/Member Engagement
“We help people live their lives to the fullest potential.”

Our Commitment

Chapter 01

Continuous Coverage Ending and SNAP Benefit Reduction
Continuous Coverage Ending

Continuous coverage for Health First Colorado Members who no longer qualify for coverage will end May 2023. The PHE end date is 5/11/2023.

The state will have a 12 month redetermination process – not all members will lose coverage at the same time. Members will received multiple alerts if it is their time to renew.

Members with renewals due in May will be sent renewal notices in March with the last day of coverage of May 31, 2023 if they do not return a signed copy of renewal packet. This is approximately 15,000 members between NHP & HCI for May renewals. Approximately 315,000 members will lose coverage across Colorado during continuous coverage ending.

Renewal Toolkits will be available on main page of websites.
# Approximate # of Members Up for Renewal

<table>
<thead>
<tr>
<th>MONTH/YEAR</th>
<th>NHP # OF MEMBERS</th>
<th>HCI # OF MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2023</td>
<td>7,171</td>
<td>8,595</td>
</tr>
<tr>
<td>June 2023</td>
<td>7,761</td>
<td>9,729</td>
</tr>
<tr>
<td>July 2023</td>
<td>8,771</td>
<td>11,404</td>
</tr>
<tr>
<td>August 2023</td>
<td>8,975</td>
<td>13,322</td>
</tr>
<tr>
<td>September 2023</td>
<td>10,711</td>
<td>15,638</td>
</tr>
<tr>
<td>October 2023</td>
<td>10,522</td>
<td>15,480</td>
</tr>
<tr>
<td>November 2023</td>
<td>10,569</td>
<td>15,334</td>
</tr>
<tr>
<td>December 2023</td>
<td>10,829</td>
<td>16,204</td>
</tr>
<tr>
<td>January 2024</td>
<td>8,825</td>
<td>13,039</td>
</tr>
<tr>
<td>February 2024</td>
<td>3,267</td>
<td>4,989</td>
</tr>
<tr>
<td>March 2024</td>
<td>1,965</td>
<td>2,943</td>
</tr>
</tbody>
</table>
What Providers Can Do

Check members eligibility to ensure member is still covered with Health First Colorado.

If members lose coverage because they are no longer eligible based on Federal Poverty Guidelines, direct members to Connect for Health Colorado. This will account for 29% of members.

If members inform you that they received a renewal packet and need help with completing, you can direct members to DHS or a Certified Application Assistance Site (CAAS). The renewal packet will come in an envelope that states in RED letters: Urgent – please reply.

https://connectforhealthco.com/ and https://hcpf.colorado.gov/application-assistance-sites
Alert Members to Look for Envelope with Red Letters

• Sample of Renewal Pack Envelope

Key Phrase:

Take Action on Your Renewal!
Members can also use electronic devices to complete renewal packet. Packets must be signed.

Members can:

- Create a free account at co.gov/peak to access their benefits and information online.
- Download the free Health First Colorado mobile app to access their benefits and information on their phone.
- Update their contact information and fill out their renewal paperwork.

***Member must create an account at co.gov/peak before they can sign in to the app***
Check out: https://www.healthfirstcolorado.com/renewals/

NEW: Health First Colorado Renewals Page

High-level information for members about the renewal process
Available in English and Spanish
Renewal Packets and Connect for Health Colorado

• Health Care Policy and Financing (HCPF) has a website with toolkits. https://hcpf.colorado.gov/understanding-renewal-process
• Update your Address Toolkit: https://hcpf.colorado.gov/uya

• C4H is creating a toolkit for members who may lose coverage when the PHE ends. Visit C4H at: https://connectforhealthco.com/
• For certified application assistance sites, visit:
• https://hcpf.colorado.gov/application-assistance-sites
Community Partners PHE unwind webinar information:

**Time:** 1 – 2:30 pm

**Dates:**
- January 25, 2023
- April 26, 2023
- July 26, 2023
- October 25, 2023

- To register, go to: [https://hcpf.colorado.gov/covid-19-phe-planning](https://hcpf.colorado.gov/covid-19-phe-planning)

- You can review previous presentations by going to the above website.
SNAP Benefit Reduction

- Emergency additional SNAP benefits are ending in March 2023
- All Coloradans who receive Supplemental Nutrition Assistance Program (SNAP) benefits will see a reduction in their monthly benefit amount after February 2023. The temporary additional benefit amounts (emergency allotments) are ending due to the result of recent congressional action. This is a change enacted by Congress and is not appealable. SNAP serves more than 290,000 households and 554,000 individuals in Colorado each month by providing money to purchase food and safeguard the well-being of SNAP participants and their families.
- Emergency allotment gives SNAP participants additional money for food during the COVID-19 pandemic, bringing households up to their maximum amount of money for food they can receive for their household size and circumstances. This reduction in benefits may have a significant impact on many households. For more information please visit https://cdhs.colorado.gov/snap
- Check out the SNAP tool kits on our websites, www.northeasthealthpartners.org or www.healthcoloradorae.com
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Our Commitment

Chapter 02

Language Services/Health Equity
Quick Poll:

- I know how to access language services for a member with Limited English proficiency?
  - Yes
  - No
Interpreter Services

The RAE asks members their preferred language for therapy and try to match them with a therapist who speaks their primary language, including ASL.

The RAE will complete a Single Case Agreement if an in-network provider cannot be located that meets a member’s need.

If we cannot find a provider, the RAE will cover the cost for an interpreter. This is a member’s right.

Call us at HCI: 888-502-4185 or NHP: 888-502-4189 and ask to speak to a Member Engagement Specialist if you need help setting up interpretation services.
Language Services

1. The RAES will assist providers with accessing competent interpreters, including American Sign Language (ASL). Just call the RAE’s number.

2. Oral interpretation is available in all languages.

3. Providing language services is crucial to providing equitable care for members.

4. The RAEs have a guide for providers to work with interpreters.
Tips for Using an Interpreter

1. Speak in a normal tone; speak slowly and clearly.
2. Avoid technical terms or jargon; use lay-person language when appropriate.
3. Keep your statements short, pausing to allow for interpretation.
4. Ask one question at a time.
5. Expect interruptions from the interpreter to ask for clarification; the interpreter might take notes.
6. Avoid using family or friends as interpreters, even when the member asks. NEVER ask a member’s child to do interpretation.
7. Allow extra time for the appointment – the appointment may take at least twice as long.
8. Arrange seating in a “triangle”
9. Don’t say anything to the interpreter that you do not want the member to hear.
10. Use carefully chosen words to convey meaning;
11. Avoid hand gestures.
Health First Colorado (Colorado’s Medicaid Program) members should have a fair and just opportunity to be as healthy as possible and to thrive. The goal is to reduce and eliminate disparities and its determinants that adversely affect and exclude marginalized groups and underserved populations.
Mental Health Disparities and Medical Risks – Hispanics and Latinos

- Report poor communication with their health provider
- 1 out of 10 Hispanics with a mental health disorder use mental health services from a PCP, while only 1 out of 20 use a behavioral health specialist
- Cultural stigma associated with mental illness is a barrier to treatment
- US-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants
- 20-42% of Colorado’s population are Hispanic, 21% are uninsured
Mental Health Disparities and Medical Risks – African Americans

More likely to use the ED or PCP rather than a behavioral health specialist

Often receive poorer quality of care and lack access to culturally competent care

Only 1 out of 3 who seek mental health care receives it

Compared with whites with the same symptoms, they are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders

More likely to be incarcerated if they have a mental health condition

Death rate is higher than whites for heart disease, stroke, cancer, asthma, flu, pneumonia, diabetes, HIV/AIDS and homicide
Mental Health Facts on Refugees, Asylum-seekers and survivors of forced displacement

Most will not receive mental health care due to scarcity of services and stigma of mental health and beliefs that a dx would interfere with jobs and housing

Mental health care should be provided in partnership with social, cultural and family supports

Despite high rates of traumatic events among refugee population, many do not have chronic psychiatric impairment. Clinicians should make the distinction between normal responses to the abnormal situations of war, protracted violence and other traumatic experiences
Health Disparities Among LGBTQIA Individuals

- More than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.
- 2.5 times more likely to experience depression, anxiety and substance misuse than heterosexual individuals.
- Bisexual males are more likely to have experienced physical abuse and or non-consensual sex in their childhood.
- Bisexual women were more vulnerable to heavy drinking, marijuana use and other drugs compared to heterosexual women.
- Transgender individuals from other colors are at increased risk of suicide than white transgender individuals.
- Experience higher levels of anxiety over depression.
Cultivating Mindfulness with LGBTQIA

Always assume someone from the LGBTQ community is present. Be inclusive, supportive, and protective.

Recognize that someone’s gender identity does not dictate their sexuality.

Listen for cues or politely ask for someone’s preferred pronouns: “Hi, I’m [name], and I use the pronouns, ‘He’ and ‘Him’. What about you?”

Consider the reason for your personal questions and be polite. If asking about surgeries, ensure that it is pertinent to counseling.

Avoid asking for someone’s “real name” (note, you may need legal name for insurance).
<table>
<thead>
<tr>
<th><strong>Cultivating Cultural Responsiveness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers and provider staff deliver effective treatment with a members’ culture in mind</td>
</tr>
<tr>
<td>Providers create an attitude of understanding</td>
</tr>
<tr>
<td>Providers are responsible for respectful care in a manner compatible with members’ cultural health beliefs, practices and preferred language</td>
</tr>
</tbody>
</table>
NHP & HCI have bi-annual cultural competency/health equity roundtables

• NHPs next roundtable is May 1, 2023 from 11 am – noon
• HCIs next roundtable is May 11, 2023 from 11 am – noon
• Continued conversations about HCPF’s health equity plan
• Let us know if you would like to attend
“We help people live their lives to the fullest potential.”

Member Appeals and State Fair Hearing Information
<table>
<thead>
<tr>
<th></th>
<th>Appeal Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A clinical appeal is the <strong>member’s</strong> right in Colorado. Members can designate a person of their choice (including a provider) to request an appeal on their behalf by filling out a Designated Client Representative (DCR) Form. This is found on the website under Members/Complaint and Appeals.</td>
</tr>
<tr>
<td>2</td>
<td>The member has <strong>60 calendar days</strong> from the date the notice of adverse benefit determination letter is sent to request an appeal for a denied behavioral health service.</td>
</tr>
<tr>
<td>3</td>
<td>There is only one level of appeal for members.</td>
</tr>
<tr>
<td>4</td>
<td>Providers do not have the right to request a Clinical Appeal in the State of Colorado. A provider can request an appeal for a claims issue by calling <strong>(800) 888-3944</strong>.</td>
</tr>
</tbody>
</table>
“Just the Facts”

• Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE’s Community Outreach Manager to find out when a DCR and/or ROI form is needed.

• Members can find an Appeal Guide, ROI or DCR form on our website: www.northeasthealthpartners.org or www.healthcoloradorae.com under the member tab/complaints and appeals.

• If a Member/Guardian/DCR requests an Expedited (quick) appeal, the MD for the RAE needs to make a decision if the standard appeal timeframes would jeopardize a member’s life, physical or mental health. If approved, the “appeal clock” starts ticking, otherwise, we will make a decision within ten (10) business days.
State Fair Hearing (SFH)

• All appeal rights need to be exhausted prior to members requesting a State Fair Hearing (SFH) before an Administrative Law Judge -- unless the RAE does not follow appeal timeframes.

• Members/Guardians/DCRs can request a State Fair Hearing up to 120 days from the Appeal Decision date. Members may have any representative they would like at the SFH.

• Members can ask our Community Outreach Manager for help needed to contact Office of Administrative Courts to request a SFH.
  • 1525 Sherman Street, 4th Floor, Denver, CO 80203
  • 303-866-2000
Continuation of Benefits During an Appeal OR State Fair Hearing

If a Member wants services to continue during an appeal or State Fair Hearing, the member must ask the RAE that their services continue. *A provider cannot make this request on behalf of the Member.*

The Member must make this request within ten (10) days from date they received the Notice of Adverse Benefit Determination letter or Upheld Appeal Decision letter. The Member may be liable for the cost of continued services if the appeal or SFH decision is upheld.

There is an Appeal Guide and State Fair Hearing Guide on the RAE’s website to provide to members.
Continuation of Services: Standards that must be met:

Standards for continuation of services during an Appeal or State Fair Hearing

• The service must have been ordered by an authorized provider
• The Member must ask to continue the service by calling their RAE within ten (10) business days

Standards for Continuation of Services during an Appeal

• The time period for the authorized service must not be over yet
• The services were denied, reduced, or stopped
• The Member has sixty (60) days from the date of the adverse benefit determination to file an appeal

Standards for Continuation of Services during a State Fair Hearing

• The previously authorized services were denied, reduced, or stopped
• The Member can request a State Fair Hearing up to 120 days from the upheld appeal
• Services must have been continued during an appeal to request continuation of services during a SFH
Requesting an Appeal

A member/guardian/DCR can ask for an appeal verbally or in writing. Our Community Outreach Manager will help with filing their appeal, including language assistance and filling out paperwork.

Community Outreach Manager
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921
TTY: 800-432-9553; Relay: 711

888-502-4185
healthcolorado@beaconhealthoptions.com

888-502-4189
northeasthealthpartners@beaconhealthoptions.com
Appeal or State Fair Hearing Decision overturns or modifies a decision

Authorization will be updated and payment will be initiated within 72 hours.
Fee For Service (FFS) Appeals – Physical Health

Member can appeal a denial of medical services.

Information on the appeal process is included in the Notice of Adverse Benefit Determination Letter and provided in the Health First Colorado Member Handbook.

Health First Colorado Member Handbook
Chapter 02

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Provider Claims Appeals
Provider Claims Appeals

Providers can contact the Claims Department at Beacon Health Options to appeal or challenge a behavioral health service that was not paid for. This is different than a claims payment, that is not paid based on a clinical denial. The number for the Claims Department is 1-800-888-3944. Providers can also write:

Claims and Claims Appeals Beacon Health Options
Attn: Health First Colorado Claims
PO Box 1850 Hicksville NY 11802-1850

For Physical Health Claims Appeals, providers will need to contact Health First Colorado at 1-844-235-2387.
Chapter 03

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Our Commitment

Member Complaints
Complaint Defined

• Health First Colorado’s Member Handbook informs members: You have a right to complain. This may also be called a grievance. You can complain about anything except a decision about your coverage or pre-approval of services. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That’s the law!

• HCPF defines complaint as an oral or written expression of dissatisfaction about any matter other than an Adverse Benefit Determination.
Members have the right to file a Complaint

• If a Member raises an issue or concern about ANY of their providers; which could include their Primary Care Medical Provider, a Specialist, or their Behavioral Health Provider, they can talk to that provider or file a complaint with the RAE or one of the RAE’s delegated advocates.

• A Member can designate a provider, a family member, or anyone they choose as a Designated Client Representative (DCR) to file a complaint on their behalf.

• Members cannot be punished for filing a complaint.

• Members/Guardians/DCRs can file a complaint verbally or in writing.

• Members/Guardians/DCRs can file a complaint at ANY TIME and for ANY REASON.
  • There is no time limit to file a complaint!

• Beacon follows 42 CFR.438 regulations in handling complaints.
What Happens When a Member Complaint is Filed?

- A letter is sent to the Member within two (2) business days that acknowledges receipt of the complaint.

- The complaint investigation will be completed within fifteen (15) business days of the day they filed the complaint. A one-time fourteen (14) day calendar extension can be requested by the Member or the RAE if it benefits the Member. Members will be informed if more time is needed to resolve the complaint.

- A complaint resolution letter will be sent to the Member explaining the results of the investigation.

- If the Member does not agree with the results of the investigation, they can ask for a “Second Level Review”. This review is completed by the Colorado Department of Health Care Policy and Financing, Medicaid Managed Care Contract Manager. The results of this review are final.

- The Member also has the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care. There is an Ombudsman Policy on the websites for providers to review.
Where do you direct Members to Make a Complaint?

Member/Guardian/DCR can call or write:

Community Outreach Manager
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921

888-502-4185 (Health Colorado)
or
888-502-4189 (Northeast Health Partners)

A Complaint Guide can be found on our websites:
www.northeasthealthpartners.org or
www.healthcoloradorae.com under the member
tab/complaints and appeals.

Add information about ombudsman and policy

**How to File a Complaint Posters available upon request. Please contact the Community Outreach Manager**
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Our Commitment

04

Provider Complaints
Provider Complaints

Providers can contact Beacon Health Options to file a complaint at our email or toll-free numbers:

coproviderrelations@beaconhealthoptions.com

HCI: 888-502-4185
NHP: 888-502-4189
Chapter 05

“We help people live their lives to the fullest potential.”

Our Commitment

Member Rights & Responsibilities
Member’s Rights & Responsibilities

Rights

• Be treated with respect and consideration for your privacy and dignity.
• Get information in a way you can easily understand. This includes language services.
• Get information from your provider about treatment choices for your health condition.
• Be involved in all decisions about your health care and say “no” to any treatment offered.
• Not be secluded or restrained as a punishment or to make things easier for your provider.
• Ask for and get a copy of your medical records and ask that they be changed or corrected.

Responsibilities

• Understand your rights.
• Follow the Health First Colorado’s (Colorado’s Medicaid Program) handbook.
• Treat other members, your providers and staff with respect.
• Choose a provider from your plan network or call us if you want to see a different provider.
• Pay for services you get that are not covered by Health First Colorado.
• Tell your provider and Health First Colorado if you have other insurance or family or address changes.

The above list is just a sample of members’ R&R. For full list, go to our website under members/R&R tab.
Members Right to Ask to Disenroll from the RAE

• Members can request Health Care Policy and Financing to be disenrolled from the RAE.
• There are times members can disenroll for any reason
• There are reasons members can disenroll at any time
• We have information sheets available in both English and Spanish on the websites under rights/responsibilities section
Provider Responsibilities

• Review rights with members
• Have information about rights and how to file a complaint posted in a prominent place at your practice

Posters Available For Free in Spanish and English

  o Rights & Responsibilities
  o How to File a Complaint
  o You can print these from the websites

To request posters email:
Coproviderrelations@beaconhealthoptions.com
Ombudsman Policy

The RAE’s Ombudsman Policy is located on respective websites under Members/Complaints & Appeals Tab.

The Ombudsman for Health First Colorado Managed Care can help members file a complaint or an appeal.

Members can contact the Behavioral Health Ombudsman Office of Colorado for a parity issue.
Our Commitment

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Chapter 06

Benefits, EPSDT, and Title V
“You don’t need to know everything, you just need to know where to find it, when you need it.” (Albert Einstein)

Member Handbook:

Benefit Link:
https://www.healthfirstcolorado.com/benefits-services/

- Member Handbook is also found on our websites.
The federal Medicaid Act provides EPSDT guidance for states

**EPSDT is:**
- A comprehensive healthcare plan focused on prevention and early treatment for Health First Colorado (Colorado's Medicaid Program) members
- Regular preventative care with a pediatric standard of medical necessity with a goal of early identification and integrated treatment of kids’ health problems
- A flexible plan tailored to a child’s individual and development needs not to private insurer benchmarks.

**EPSDT is NOT:**
- A special funding program
- A freestanding funding source for a limited class of services
- A stand-alone coverage with a special application process

**EPSDT is for Health First Colorado members 20 years of age and younger**
The **E** & **P** in **EPSDT**

Early + Periodic = Follow Bright Futures Guidelines for regular preventative care such as: well visits, dental check ups, vision, hearing, lead testing, etc. to identify issues before they become advanced or debilitating.
Screening – the S in EPSDT

- **History:** PCMPs should assess family and child’s medical and behavioral past, patient’s immunization, nutrition, and social history.

- **Comprehensive unclothed physical exam at initial intake** (should be soon after birth) and updated at each well visit. Exam should be age appropriate and provided in a culturally sensitive manner.

- **Current living conditions, immunizations, lab and lead testing, developmental milestones, oral screening, vision, hearing, etc.**
Diagnostic – the D in EPSDT

- Presumptive diagnosis can be made at time of screening by PCMP
- PCMPs will advise child’s parent if further diagnosis and treatment is necessary
- PCMPs make appropriate referrals to a specialist or request services (even if not on the state plan) if medically necessary
Treatment – the T in EPSDT

Can be provided by the PCMP

PCMP can refer to an appropriate enrolled specialist for treatment

Treatment should be to correct or ameliorate defects, physical and mental illnesses or conditions identified during screening/diagnosis
EPSDT Medical Necessity

Is provided in accordance with generally accepted professional standards for health care in the United States

Is a covered good, service or program based on an individualized clinical review of the patient’s medical status

Is delivered in the most appropriate setting(s) required by the member’s condition

Is not experimental or investigational

Will or is reasonable expected to prevent, cure, diagnose, correct, reduce, or ameliorate the pain and suffering or the effects of an illness, condition, injury, or disability.

Even if the treatment is not covered under Health First Colorado, it may be covered under EPSDT

Is not more costly than other equally effective treatment options

Provides a safe environment or situation for the child

Assists the member to achieve or maintain maximum functional capacity

RAEs are responsible to coordinate EPSDT services
Just ASK.

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered service.

Follow the directions on the ColoradoPAR website for how to make an EPSDT request.


Each request is reviewed on a case-by-case basis. Everything is “on the table” by request.
Justifying Medical Necessity (include)

- Full legal name of child, names of parents (they may have different names)
- Date of Child's Birth
- Insurance plan name (may be more than one)
- Relevant diagnoses (codes are helpful – ask PCMP)
- Item/service being requested
- Why the item/service is medically necessary (refer to insurance plan’s definition)
- What positive/negative impacts the item/service will result in (include financial)
- Scope and duration of treatment
- Supplement documents (PAR, denial letters, letters from providers, research articles, product information)
Terms to Use/Avoid to Justify Medical Necessity

**Use:**
- Medically necessary
- Clinically based
- Promoting independence
- Preventing secondary disability
- Cost-effective
- Safety

**Avoid:**
- Custodial
- Rehabilitate
- Developmental delay/disability
- Speech delay (without a dx such as aphasia)
- Caregiver convenience
Ask if your letter of medical necessity answers:

• Is there a licensed provider stating in writing the item/service is medically necessary?
• Is this item/service not for care giver convenience?
• Is this item/service costs effective and if so, have you explained how?
• Is this item/service considered standard medical practice?
• Have you explained how long and how often the item/service will be used?
• Is this item/service right for the need of individual?
Administrative Service Organization’s (ASO) responsibilities with EPSDT

- Onboarding new members within 60 days
- Outreach to “non-utilizing” members about well visits
- Referrals for care coordination (assist with appointments, Title V and social service programs and transportation)
- Identify members with special health care needs

Use Motivational Interviewing Skills when speaking with a member
EPSDT – Title V requirements

• The Subcontractor shall provide referrals to Title V and similar programs when appropriate to the individual needs of the Member. Title V and similar programs include but are not limited to: Head Start, the Special Supplemental Food Program for Women, Infants and Children (WIC); school health programs of state and local education agencies (including the Education for all Handicapped Children Act of 1975); and social services programs under Title XX.
Title V/Program Referrals

Maternal & Child Health
- Mission is to optimize the health and well being of mothers and children through prevention and public health interventions
- [https://cdphe.colorado.gov/mchcolorado](https://cdphe.colorado.gov/mchcolorado)

Women's, Infant & Children (WIC)
- Help for pregnant women, new moms, moms breastfeeding, babies, child younger than 5
- [https://www.coloradowic.gov/homepage](https://www.coloradowic.gov/homepage)

Supplemental Nutrition Assistance Program (SNAP)
- Helps low income households purchase food
- [https://cdhs.colorado.gov/snap](https://cdhs.colorado.gov/snap)
Title V/Program Referrals

- **Head Start**
  - Federal program that promotes school readiness of children from birth to age 5 for low income families
  - [https://www.benefits.gov/benefit/1900](https://www.benefits.gov/benefit/1900)

- **Individuals with Disabilities Education Act (IDEA)**
  - Formerly education for all handicapped children act of 1975 (Public Law 94-142)
  - Requires schools to provide appropriate educational services
  - [https://www.cde.state.co.us/](https://www.cde.state.co.us/)

- **Department of Human Services (DHS)**
  - Supporting families by connecting them with resources
  - [https://cdhs.colorado.gov](https://cdhs.colorado.gov)
Resources

Bright Futures Guidelines (EPSDT)


EPSDT state resources through Health Care Policy and Financing (HCPF)


Maternal and Child Health (CDPHE)

https://link.zixcentral.com/u/b64ca983/sNmytg4U7RG6KLzFhnsOMg?u=https%3A%2F%2Fcdphe.colorado.gov%2Fmchcolorado
Additional Member Services Trainings Available

- Health Equity
- Advance Directives
- Getting Started Webinars
- EPSDT & Title V
- Health Literacy
- Member Rights & Responsibilities
- Complaints & Appeals
Thank You

Contact Us

Health Colorado: 888.502.4185
Northeast Health Partners: 888.502.4189

healthcolorado@beaconhealthoptions.com
northeasthealthpartners@beaconhealthoptions.com