NATIONAL COUNCIL for Mental Wellbeing®

Redetermination CoP Session 2: Prevent & Identify

August 18, 2026

Community of Practice at a Glance

Prevent — 1

- Build the policy and population foundation so teams can anticipate who will be affected and where the greatest disenrollment risk sits.

Prevent & Identify — 2

- Be prepared to intervene the moment a client receives a renewal notice with redesigned staffing, billing, workflows, EHR alerts, and proactive outreach that keep eligible clients on coverage.

Intervene, Recover, & Restabilize — 3

- Keep renewed clients connected to care and bring back those who fell off, while ensuring adequate policies to support the work.

Measure & Sustain — 4

- Close the loop by quantifying and qualifying impact at every intercept point so teams can refine workflows and tell the story to policymakers.

Coverage Continuity Intercept Model (CCIM)

0. PREVENT

Capacity Building & Pre-Redetermination

Key Partners: CBOs, MCOs, housing providers, schools, faith-based orgs

Key Activities: develop communication plans, outreach campaigns, update contact info, educate individuals affected and staff on requirements, identify and build relationships with work/volunteer opportunities and related relationship building, develop workflows, establish tracking tools, plan for financial impact, develop policies

01. IDENTIFY

Renewal Notification & App Support

Key Partners: State vendors, case managers, care coordinators, community health workers

Key Activities: assist with application/renewal assistance, support with document gathering/ interpretation/ literacy, prompt individuals to check mail/texts, track application completeness and renewal status

Client receives renewal notice

02. INTERVENE

Coverage Loss/Gap

Key Partners: Pharmacies, hospitals/EDs, crisis services, legal aid

Key Activities: engage rapid re-enrollment workflows, engage bridge programs (charity care, sliding scale), support access to emergency medication

03. RECOVER

Re-enrollment & Coverage Recovery

Key Partners: Medicaid staff, MCOs, navigators

Key Activities: support community engagement, leverage presumptive eligibility, support transition to marketplace (if income change)

04. STABILIZE

Restabilization

Key Partners: Peer support, social services, care coordinators

Key Activities: track renewals and community engagement, maintain updated contact info, address social drivers of health

workforce, text reminders, technology (e.g., EHR alerts, shared referral platforms)

Today's Presenter

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Principal,
Bowling Business Strategies

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Session 2 Learning Objectives

- Develop strategies to identify clients at highest risk of losing coverage
- Assess staffing models to support Medicaid redeterminations
- Explore opportunities for reimbursement of redetermination-related activities
- Learn how to develop a workflow audit
- Develop a multi-channel communication strategy and outreach protocol to alert clients at risk

Identifying Clients Impacted by H.R.1

Who is Impacted?

Not all individuals with Medicaid will be impacted by H.R.1.

Of those impacted:

- Many will qualify for an exclusion or an exception
- Some will readily meet the new requirements
- Others will meet the new requirements with significant support
- Still others will lose Medicaid coverage

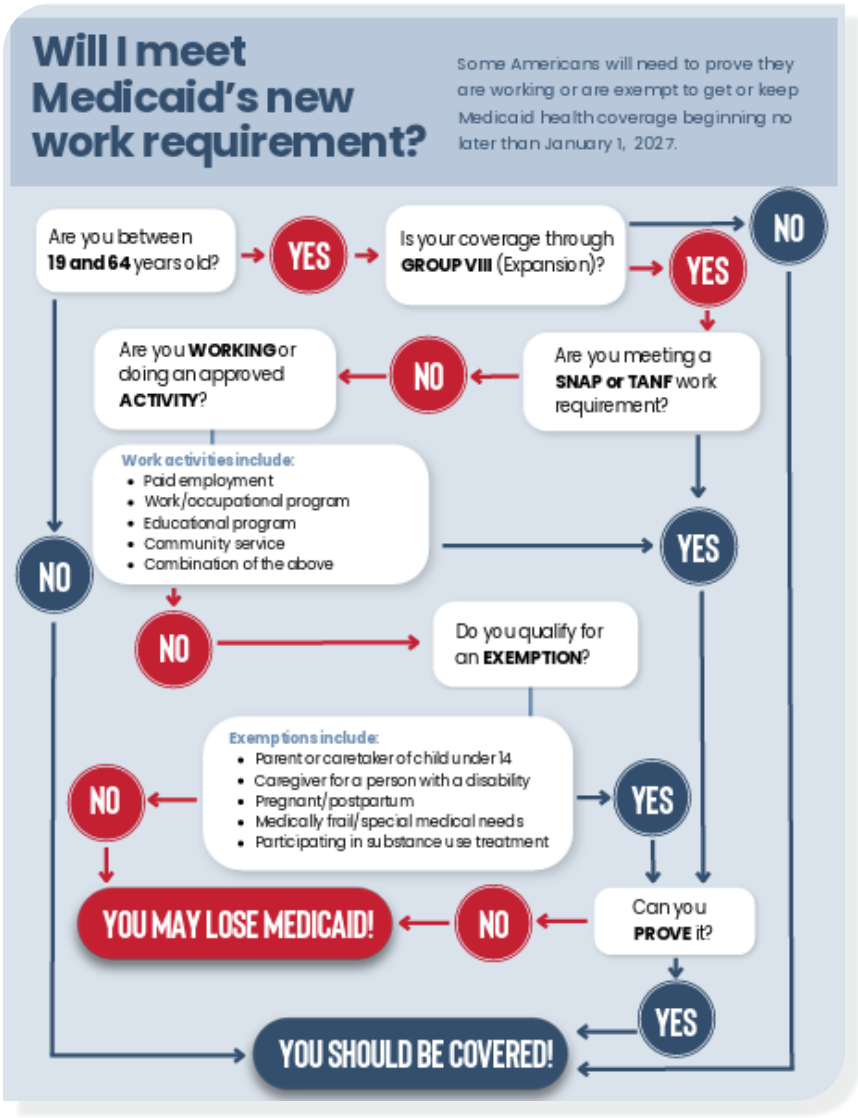
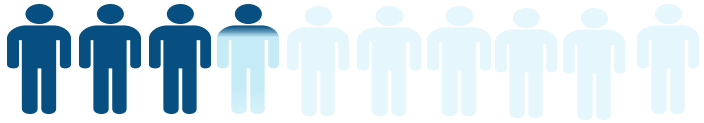


Image Source: Community Solutions. (2025). Do I meet Medicaid's new work requirements? https://www.communitysolutions.com/resources/do-i-meet-medicaids-new-work-requirements

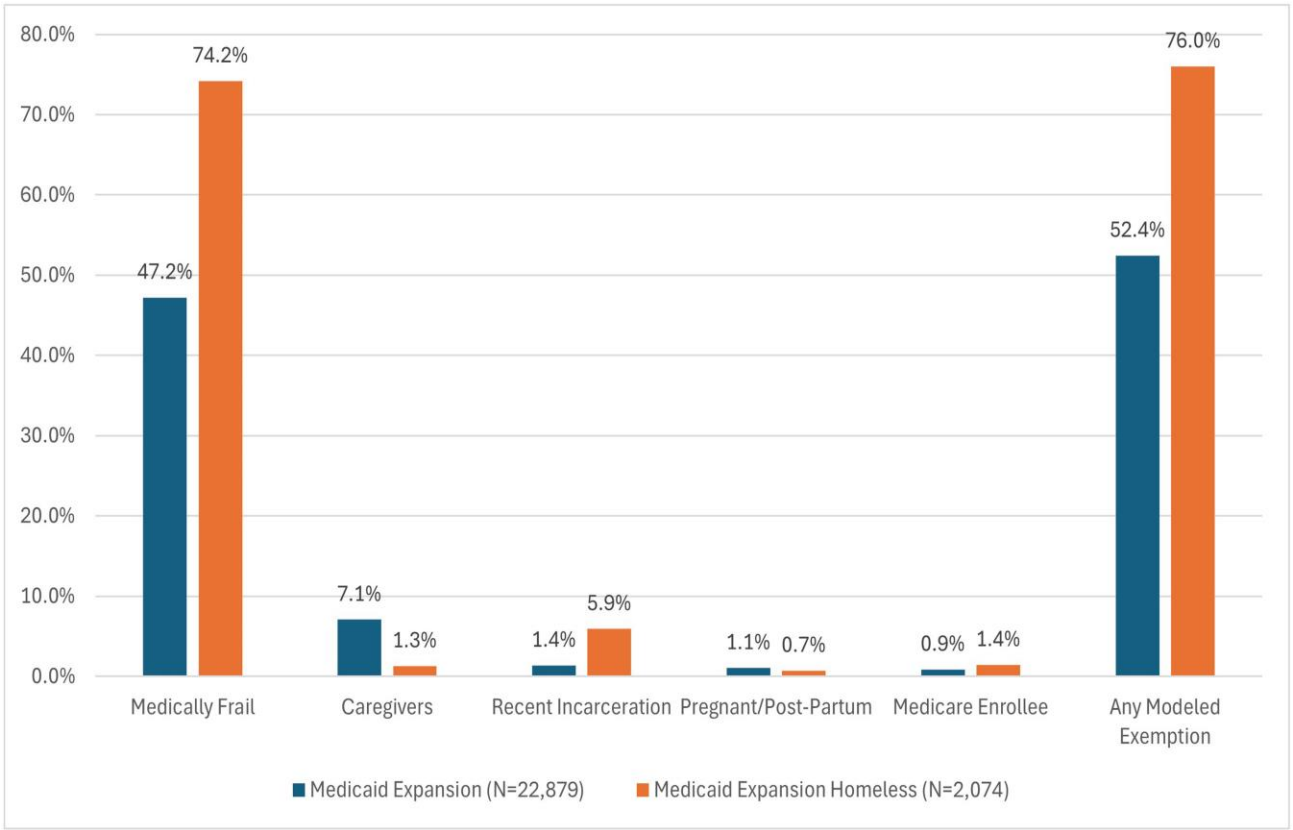
Colorado Case Study

71,127 Medicaid members in dataset.

32.2% enrolled under Medicaid Expansion group (n=22,879).



52.4% of Medicaid expansion **had factor that may indicate exemption** (n=11,989).



Source: [Minimizing H.R.1-related Medicaid coverage disruptions for high-risk patients | Health Affairs Scholar | Oxford Academic]

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Types of Disenrollment

There are two pathways to Medicaid disenrollment

Procedural disenrollment	• Examples: didn't respond to notifications, didn't return forms, missing paperwork
Loss of eligibility	• Examples: didn't meet community engagement requirements

Identify Impacted Clients

Identify all clients ages 19-64 covered by Medicaid Expansion.

- Verify that you are in an expansion state. Where applicable, Medicaid expansion covers non-pregnant individuals 19-64 **based on income alone** who:
  - Do not meet criteria for traditional Medicaid
  - Are not eligible or enrolled in Medicare Part A or B
  - Have income at or below 138% of FPL (see state-specific limits here)
  - Are not otherwise eligible for a mandatory Medicaid category
- Check the Medicaid ID card. Many states refer to the expansion population by its own name.
- Collaborate with MCOs to review client lists.
- Use proxy measures to make educated guesses.
- When in doubt, ask the state!

Sort Impacted Clients To Scope Needs

Sort the Medicaid Expansion group into three buckets:

- Meet criteria for any exclusions or exceptions

Excluded or Exception 1

- Currently meeting community engagement requirements

Likely Eligible 2

- All impacted clients remaining after other buckets are sorted

Likely Ineligible 3

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BBS strategy + heart

1 Excluded or by Exception

Exclusions and most exceptions should be identified by the State

First Attempt: *Ex Parte* Renewal

States must first attempt *ex parte* renewal without contacting the beneficiary for requested documentation. States may use a wide variety of information sources with just a few examples among many below:

- Claims data
- Social Security Administration data

If Eligibility Cannot Be Determined *Ex Parte*

States must notify the individual with sufficient time to complete the process by the end of 6 months. States may begin the process as soon as 90 days in advance.

- States must send a prepopulated renewal form and requested information providing at least 30 days to return
- States must consider eligibility on all bases before determining ineligibility
- Should a determination of ineligibility be made, individuals must be given a minimum of 10 days advance notice and fair hearing rights before termination can go into effect

1 Applicable and Specified Excluded Individuals*

Applicable Individuals with Exceptions

Mandatory Exceptions:

- Under age 19
- Entitled to or enrolled in Medicare Part A or enrolled in Part B
- Described in a mandatory eligibility group
- **Incarcerated at some point in the 3-month period prior to the relevant month**
- **Specified excluded individuals**

Short-term Hardship Exceptions:
(Optional for State; all or none)

- **Receiving inpatient or institutional care**
- **Travel outside one's community for medical care for themselves or a dependent**
- Living in a county with a federal emergency or disaster declaration
- Living in a county with high local unemployment

Specified Excluded Individuals

- Former foster care youth (under age 26);
- American Indians and Alaska Natives;
- **Parents, guardians, caretaker relatives, or family caregivers of a dependent child 13 years of age and under, or a disabled individual;**
- Veterans with a total disability rating;
- Meet the TANF work requirements or are a member of a household receiving SNAP benefits and are not exempt from the SNAP work requirements;
- Inmates of a public institution;
- Pregnant or eligible for postpartum coverage in their state;
- **Participants in a public or non-profit drug or alcohol rehabilitation or treatment program**; and
- **Medically frail or otherwise have special medical needs that significantly impair their ability to comply with the requirement.**

1 Excluded or by Exception

To Know

- Except for those excluded due to Medical Frailty, all are likely still subject to 6-month redetermination
- If unable to verify ex parte, states will require documentation from the individual
- Documentation for verification will vary by state
- Medical Travel and Inpatient Hospitalization must be initiated by the individual
- With more rapid redeterminations, individuals remain at risk for procedural disenrollment

To Do

- Understand which of these data points you collect
- Determine what reports will be needed to understand scope and generate work lists
- Coordinate with your state to understand specific processes and documentation requirements
- Prepare for new clients accessing services to obtain required documentation
- Individuals may need help identifying, organizing, and keeping key documents safe
- Assess who is at highest risk for procedural disenrollment and target resources

2 Likely Eligible

To Know

- Includes those who earn $580/mo, or enrolled in educational program at least half time, or can demonstrate 80 hrs/mo work, community service, work program
- Individuals should be prepared to “prove it” via documents like training certificates, pay stubs, and service logs
- Remain subject to 6-month redetermination
- With more rapid redeterminations, individuals remain at risk for procedural disenrollment

To Do

- Understand which of these data you collect
- Determine what reports will be needed to understand scope and generate work lists
- Individuals may need help identifying, organizing, and keeping key documents safe
- Assess who is at highest risk for procedural disenrollment and target resources

3 Likely Ineligible

To Know

- In order to *become* eligible, individuals will need to demonstrate having met community engagement requirements for the past 1-3 months, depending on the state look-back period.

To Do

- Understand which individuals in this category:
  - Have high potential for meeting requirements with support
  - Have high clinical risk
    - Have some capacity for sliding scale
- Determine your organization's capacity to absorb the cost of uncompensated care
- Explore potential partnerships to satisfy community engagement requirements

Conducting a Workflow Audit

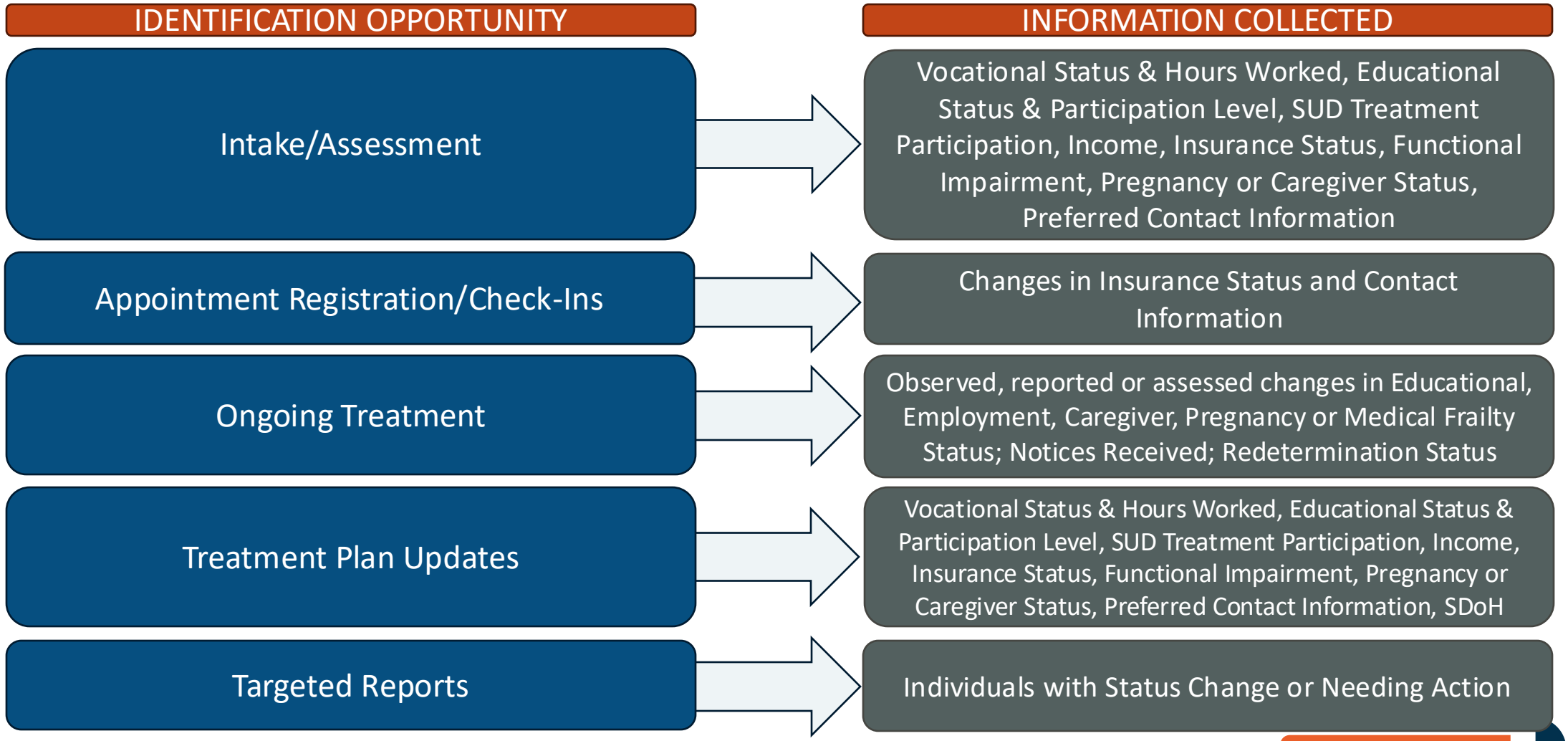
Map your workflows

- Where in your workflows is relevant data currently being collected? How often? By whom? What do they do with it? Can you run reports?

Evaluate gaps

- Which data is not being collected at all? Not being collected under the same definitions? Not being collected frequently enough? Not recorded in a way that can generate reports? What other data points could help inform your risk assessment?

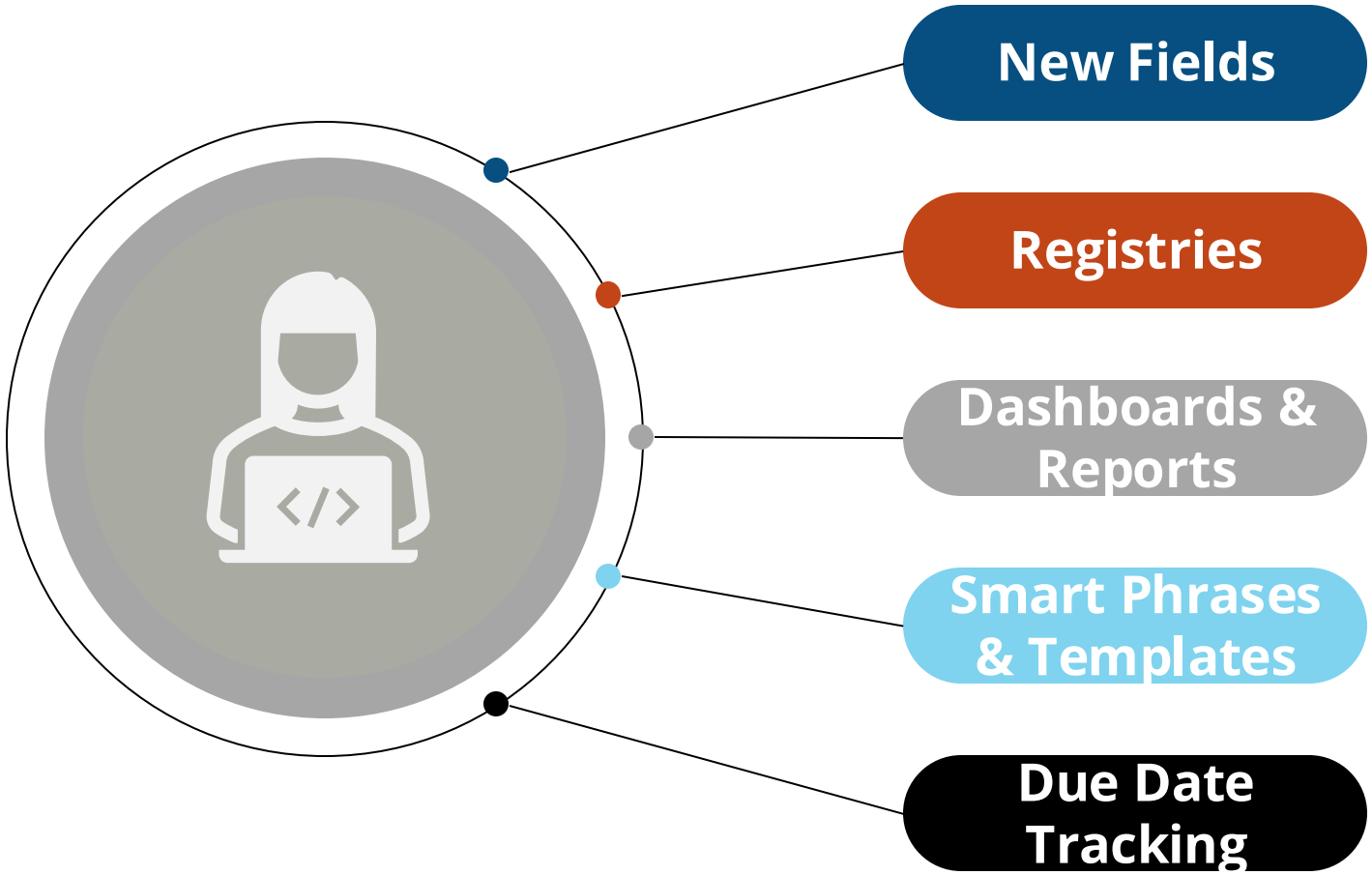
Mapping Data by Process: Example



Mapping Data by Data Element: Example

Data Element	Current Process	Gaps	Needs
Caregiver Status	Caregiving domain on quarterly ANSA	Insufficient frequency; Does not capture dependent age or disability status; Cannot generate report	Add specifiers of dependent age/disability status to be completed at time of ANSA. Develop report of status and dependent details.
Former Foster Youth	Not collected	Not collected	Add to initial assessment. Develop report of history and current age.
Employment Status	Employment status drop down on assessment; Employment domain on quarterly ANSA	Cannot generate report; Does not capture hours	Add specifiers to be completed at time of ANSA. Develop report of status and reported monthly hours.

Potential Changes to EHR



Poll

- Does your organization currently assess and document the extent to which an individual's mental health condition or substance use disorder impacts their ability to work?
  - Yes- We assess and document the impact of MH/SUD on ability to work at least twice per year in a standardized way.
  - Partially- We do this but not in a standardized way or documented at the frequency needed to verify this exclusion.
  - No- We do not assess or document the impact of MH/SUD on ability to work as a part of a regular workflow.

Supporting Clients to Maintain Coverage

Clinical Pathways Become Coverage Continuity Pathways

Mitigating Potential for Loss of Coverage

Shift Coverage	Help clients that qualify for traditional Medicaid move into that (from expansion or other)
Coordinate with Medicaid	Consider standardizing releases of information to the State to access Medicaid status
Documentation Hub	Explore strategies to organize verification documents via a state-run or organization-run cloud-based documentation hub
Focus on Engagement	Reinforce efforts to build rapport and maintain frequent opportunities for engagement
Align Documentation	Consider aligning treatment plan updates with redetermination schedule. • Ensures changes in clinical status (e.g., recurrence of use, changes to level of impairment) are recorded to support verification

Sample Redetermination Activities

Updating systems with any changes in contact information, income, etc.
Creating an online Medicaid account
Explaining notices and other communication from Medicaid (may include language support)
Gathering and organizing mail and other paperwork
Tracking coverage status and redetermination dates
Developing tracking and organization systems
Coordinating with guardians, payees, or other authorized representatives
Coordinating with other service providers
Obtaining required verification documents
Completing and submitting paperwork
Coaching support for calls or meetings with state Medicaid eligibility representatives
Support with transportation to Medicaid office or to obtain documents
Assessing need for and referring to legal aid
Identifying bridge supports (e.g., access to medication, charity care)
Coordinating bridge supports

Coverage Continuity Tasks by Role

Intake staff	Identifies existing services, providers, supports; gathers releases; flags needed services; initiates records requests
Front Desk	Sends appointment reminders, tracks status changes and alerts care team, tracks eligibility
Peer	Identifies barriers to care, identifies preferences, provides support at appointments and in community, shares experiences with external services
Case Manager	Serves as hub, assesses and monitors all domains, coordinates across internal and external care team

Coverage Continuity Tasks by Role

Clinician	Provides diagnostic assessment, assesses functional impairment, identifies needs for additional supports, addresses symptoms that might impact care coordination (e.g., amotivation)
Psychiatrist	Assesses and documents medical frailty, treats symptoms that might impact care coordination pharmacologically
Administrator	Meets with key partners to establish and maintain collaboration, identifies organizational needs and finds ways to address

Consider Specific Support Needs of Each Bucket

Excluded or Exception — 1

- **Avoid procedural disenrollment** by gathering requested verification documents

Likely Eligible — 2

- **Prove continued eligibility** by coaching clients to collect verification of community engagement and monitor progress toward 80 hours

Likely Ineligible — 3

- **Provide linkage and support** to community engagement activities and **protect access to care**

Resource highlight: KFF has compiled several hypothetical scenarios to illustrate support needs.

Consider Percent Needs Met by Existing Care Team

Targeted Case Management	Intensive Case Management	Psychiatric Rehabilitation	Functional Support
Peer Support	Family Support	Supported Employment	Individual Placement & Support
Assertive Community Treatment	Coordinated Specialty Care	Early Serious Mental Illness	What Else?

Assessing Risk

At Risk for *Loss of Eligibility*

- Medicaid expansion adults
- Unemployed
- Intermittent or unstable employment

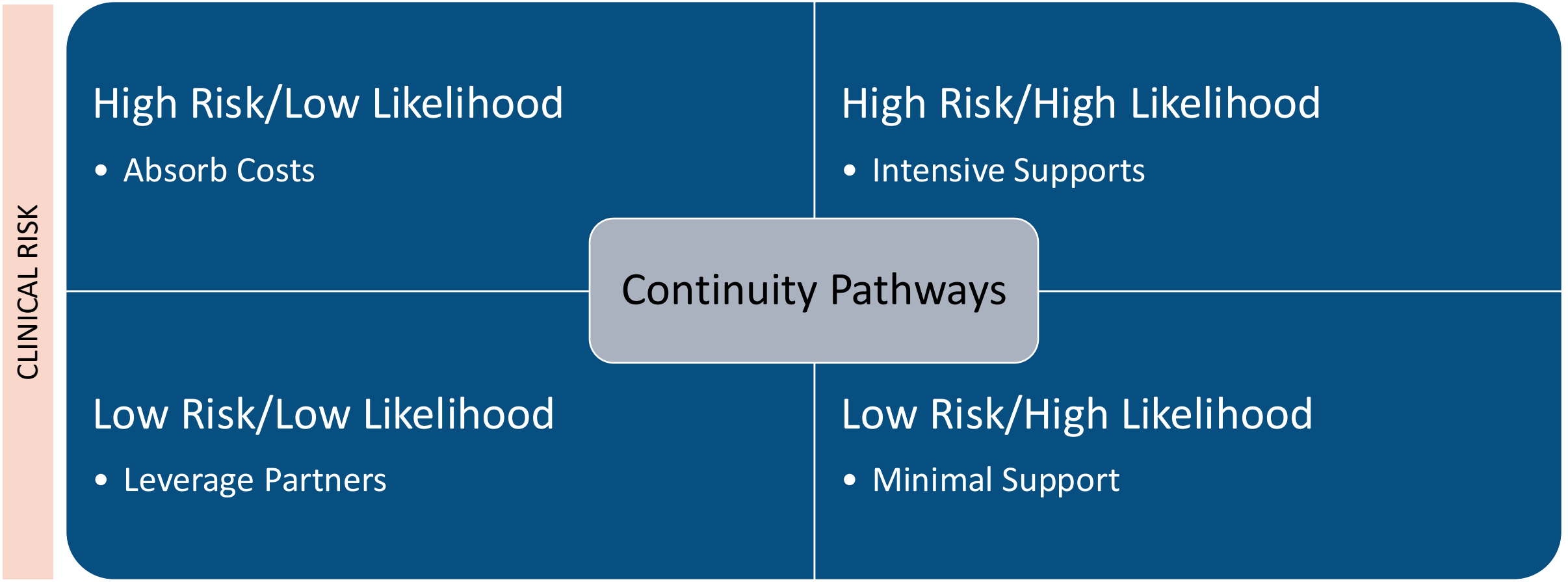
At Risk for *Procedural Disenrollment*

- Functional impairment due to IDD/DD, SUD, MH, injury
- Limited English proficiency
- History of Medicaid coverage interruptions
- Frequent changes in contact information (e.g., homelessness)

High Clinical Acuity/Risk

- Dependent on medication
- Recent admission
- Multiple chronic conditions
- High risk for suicide
- New diagnosis

Stratify Remainder & Develop Pathways



Communicating with Partners Within CCIM

0. PREVENT	01. IDENTIFY	02. INTERVENE	03. RECOVER	04. STABILIZE
Capacity Building & Pre-Redetermination	Renewal Notification & App Support	Coverage Loss/Gap	Re-enrollment & Coverage Recovery	Restabilization
-share training materials, outreach campaigns, and education materials -identify and build relationships with work/volunteer opportunities -discuss roles and responsibilities across client populations -coordinate efforts to track redetermination cycle, status of exclusions/exceptions, and community engagement -explore data sharing opportunities	-share policy/procedure updates as you become aware -share individual-level notices, efforts, and updates -coordinate efforts to obtain verification	-share individual-level notices, efforts, and updates -communicate impact to service access -coordinate roles and responsibilities re: bridge services	-coordinate roles and responsibilities regarding appeals, reapplication, or transition to marketplace -coordinate referrals and support for community engagement	-review strengths and gaps in coordination efforts -develop process improvements to tighten coordination and support coverage continuity -communicate updates to contact information and other relevant statuses. -coordinate efforts to address other social drivers of health -coordinate efforts to track redetermination cycle, status of exclusions/exceptions, and community engagement

Client receives renewal notice

Communication Strategies

Monitoring Notification from the State

Prior to implementation, states and/or MCO is required to outreach beneficiaries via mail and one other modality

- 3 months prior to state's implementation date plus the number of months that the state requires individuals to demonstrate compliance before application.
- After the initial outreach but before the state's implementation date

Prior to redetermination, they are required to outreach beneficiaries on an ongoing basis following enrollment, tied to CMS-defined events (e.g., change in status, activation of declared disaster)

During redetermination, if unable to verify exclusion/exception *ex parte,* via prepopulated form

Developing a Communications Plan

Mixed formats meet people where they are

- Flyers, Slides, Talking Points for Staff, Social Media, Newsletter, Handouts, Portal, Mailers, Texts, Check-In

Develop and reinforce key messages

- Keeping contact information updated, checking mail/text/voicemails, notifying clinic of notices received

Be strategic to maximize reach and impact

- Distribute in trusted spaces, across formats, use trusted messengers, develop universal posts that can be used across channels

Support access

- Translate materials and use multilingual messengers, match to population reading level, check for understanding

Adapted from: Toolkit Playbook - H.R. 1 Communications Toolkit for Colorado's Medicaid Program

Mapping Client Outreach Process to CCIM

0. PREVENT

Capacity Building & Pre-Redetermination

-Broad messaging about upcoming changes

-Confirm contact information at every appointment

-Monitor for state notices regarding implementation

-Outreach client to ensure receipt and understanding

01. IDENTIFY

Renewal Notification & App Support

-Monitor for state notices regarding redetermination

-Timely outreach to client to ensure receipt and understanding and discuss support needs

-Outreach client to monitor progress towards redetermination

Client receives renewal notice

02. INTERVENE

Coverage Loss/Gap

-Monitor for state notices regarding loss of eligibility

-Urgent outreach to client to ensure receipt and understanding and discuss options and support needs

-Outreach client to monitor access to resources and connections with bridge supports

03. RECOVER

Re-enrollment & Coverage Recovery

-Monitor for state notices regarding appeals, re-enrollment or for notices regarding alternative coverage

-Outreach client to monitor access to resources and connections with bridge supports

04. STABILIZE

Restabilization

-Broad messaging about next redetermination cycle and eligibility requirements

-Discussion of support needs next cycle

Regularly check for understanding (teach back method), include natural supports, and promote accessibility of information

Please Complete the Session Evaluation

https://forms.office.com/r/wpsBKHZjKf

Register for Session 3: Intervene, Recover, & Restabilize

Tuesday, Sept 15 at 12 pm ET

https://us06web.zoom.us/webinar/register/WN_MP_k6TW9Sd6Z4KjKjiJi7w

Join Us For Our Next Session

Please contact Kimberly@bowlingbiz.com with any questions!

Questions

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strategy + heart

Definitions for Specified Excluded Individuals

Category	Definition in Interim Final Rule with Comment Period (IFC)
Former foster care youth	Enrolled in Medicaid while in foster care and then exited foster care or ”aged out” without an adoption or other permanency and are under age 26.
American Indians or Alaska Natives	Individuals from federally recognized tribes and any individuals eligible for services at an IHS facility, Tribally-operated facility, or Urban Indian Organization. States will not be required to re-verify this exception once established.
Caregivers of a dependent child 13 and under, or a disabled individual	Parent, guardian, caretaker relatives, or family caregivers. CMS adopts the Americans with Disabilities Act definition of disability to determine who qualifies as a disabled individual. An individual need not be eligible for Medicaid or other federal programs on the basis of a disability to be a disabled individual under this definition. This definition applies to any age, including older adults who require assistance of varying scope in performing activities of daily living.

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Definitions for Specified Excluded Individuals

Category	Definition in IFC
Veterans with a total disability rating	Total disability based on individual unemployability, as well as veterans with a combined rating of 100%.
Meet the TANF work requirements	States should confirm if an individual meets TANF work requirements according to state criteria as requirements will vary.
SNAP household member subject to work requirements	Individuals in households receiving SNAP and subject to SNAP work requirements (not exempt from). CMS interprets statutory language in H.R.1 saying "not exempt from" SNAP work requirements to mean "subject to" SNAP work requirements. States are not required to confirm compliance with SNAP work requirements.
Participant in a Drug or Alcohol Rehabilitation Program	Any individual participating in a drug addiction or alcoholic treatment and rehabilitation program. Programs include any such program conducted by a private non-profit organization or institution or a publicly operated community mental health center to provide treatment that can lead to rehabilitation. States may establish a minimum time commitment requirement.

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Definitions for Specified Excluded Individuals

Category	Definition in IFC
Inmates of a Public Institution	An individual that is in custody and held involuntarily by law enforcement. Individuals in correctional institutions such as state and federal prisons, local jails, detention facilities, or other penal settings.
Pregnant or Postpartum	A pregnant woman or a woman who is receiving Medicaid under either the mandatory postpartum period or the 12-month postpartum extension.
Medically Frail 	CMS notes that this exception should not be determined by a diagnosis alone, but rather by the impact of the condition on an individual's ability to comply with community engagement requirements. See following slides for detail.

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Definitions of Medical Frailty Categories

Category	Definition in IFC
Blind or Disabled	Blind: Central visual acuity of 20/200 or less in the better eye with use of a correcting lens. Disabled: Unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.
Substance Use Disorder	SUD significantly impairs an individual's ability to comply with the community engagement requirements. Excludes individuals in recovery for 5 or more years. CMS believes the exception applies whether someone is in active treatment or not. CMS declines to further define SUD in regulation but directs states to DSM-5 and ICD-10 as useful resources.
Disabling Mental Disorder	CMS declines to fully define a disabling mental disorder and directs states to consider whether the disorder significantly impairs an individual's ability to comply with the community engagement requirements. CMS further notes states may find ISMICC, DSM-5, and ICD-10 to be useful resources. CMS notes states may also consider including specific conditions as disabling mental conditions.

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Definitions of Medical Frailty Categories

Category	Definition in IFC
Physical, intellectual, or developmental disability	Disability must impair the individual from performing at least one or more activity of daily life (ADL). CMS again notes it may be reasonable for states to consider including specific conditions.
Serious or complex medical condition	A medical condition that is life threatening, seriously disabling without necessarily being life threatening, causing significant pain or discomfort that can cause serious interruptions to life activities, requiring a major time or effort commitment from caregivers for a substantial period of time, requiring frequent monitoring, associated with severe consequences or negative consequences for someone else, affecting multiple organ systems, requiring management to tight physiological parameters, requiring coordination of multiple specialties, requiring treatment that carries a risk of serious complications, or requiring adjustment in non-medical environments. CMS notes there may be variance in acuity even within the same condition and throughout the course of illness. As such, CMS directs states to evaluate and verify an individual's condition according to the impact on their ability to comply with community engagement requirements.

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Mandatory Exceptions

- Under the age of 19
- Entitled to or enrolled for benefits under Medicare Part A
- Enrolled in Medicare Part B
- In a mandatory categorically needy eligibility group
- Was an inmate in a public institution at any point during a 3-month period preceding community engagement applicability

(Optional) Short-Term Hardship Exceptions

Short-term hardship exceptions that states may choose to allow
Receives inpatient hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or other services of similar acuity
Resides in a county in which an emergency or disaster has been declared
Resides in a county in which unemployment is at or above 8% or 1.5 times the national unemployment rate (the lesser of)
Must travel outside of their area for medical services not available in their community to treat a serious or complex medical condition

This is “all or nothing.” If states choose to allow short-term hardship exceptions, they must allow all. The state selected review (lookback) period also applies. If an applicable individual was not working or meeting another exception in the review period prior to the qualifying hardship, they could still lose coverage temporarily. Individuals also must request a short-term hardship exception; it is **not automatic**.

Community Engagement Requirements

- Can demonstrate a monthly income of at least $580

OR

- Can demonstrate 80 hours per month enrolled in an educational program at least half-time

OR

- Can demonstrate 80 hours per month of any combination of the following activities:
  - Work: paid, in-kind, or unpaid
  - Community service: unpaid work completed as part of a structured program under a public or non-profit organization
  - Participation in a work program: State or federally recognized employment and training programs

Practice Transformation Cohort

Operationalizing our Learning with Practical Tools

Practical Tools at Intercepts 0 and 1

Client FAQs *(template)*

Client Identification Decision Tree *(resource)*

Mapping Activities to Staff & Services *(template)*

Developing Continuity Pathways *(resource)*

Outreach Protocol *(template)*

Mapping the Outreach Process

Sample Work Flow for High-risk segment: Medicaid Expansion adults who are likely eligible for an exclusion but at high risk of procedural disenrollment.

When	CCIM stage	Modality	Outreach action
90+ days before renewal	**Identify / Prevent**	In-person at visit and printed guide	Flag the client through the EHR registry; confirm contact info and authorized representative; explain the 6-month timeline using teach-back. Open an online Medicaid account and ensure contact information is kept up to date.
60 days before	**Prevent**	Text message and patient portal message	Send an early alert ("Your renewal is coming, and we can help") and schedule an appointment to support document-prep.
45 days before	**Intervene**	Live phone call (with language support)	Review the state's verification document checklist.
30 days before	**Intervene**	In-person or telehealth visit	Complete and submit the prepopulated renewal form; coach the client through any calls to the state.
14 days before	**Intervene / Stabilize**	Text message and follow-up call	Confirm the state received the submission and troubleshoot any missing or rejected documents.
Decision and after	**Stabilize / Recover**	Patient portal and outreach call	Log the next redetermination date. If disenrolled, outreach within 72 hours, identify the reason, refer to legal aid, and start a fair hearing or reapplication.

Mapping the Outreach Process

Sample Work Flow for Likely-ineligible segment: Adults who cannot yet demonstrate community engagement requirements and do not meet an exclusion or exception.

When	CCIM stage	Modality	Outreach action
At identification	**Identify**	In-person at visit and printed guide	Re-screen for any missed exclusion or exception (medical frailty, caregiver, SUD, pregnancy); confirm contact info and authorized representative.
Week 1	**Intervene**	Live phone call and warm handoff	Connect the client to a qualifying activity (work, community service, and/or work program or an education program (80 hours/month).
Monthly (ongoing)	**Intervene**	Text reminders and patient portal	Track and log hours toward the state look-back period; collect pay stubs, service logs, and program certificates.
Throughout the gap	**Stabilize**	Outreach call and care coordination	Arrange bridge supports (medication access, sliding-scale or charity care) to prevent care disruptions while coverage is paused.
Look-back met	**Recover**	In-person or telehealth visit	Assemble proof the requirements were met; complete the application and coach the client for the state call.
After submission	**Recover / Stabilize**	Patient portal and follow-up call	Confirm the state received it. If approved, log the next redetermination date; if denied, engage bridge supports, refer to legal aid, and start a fair hearing.

Customizing Your Outreach Process

Segment:

When	CCIM stage	Modality	Outreach action
90+ days before renewal	Identify / Prevent		
60 days before	Prevent		
45 days before	Intervene		
30 days before	Intervene		
14 days before	Intervene / Stabilize		
Decision and after	Stabilize / Recover		

Reflection

- What will it take to implement this outreach process?
  - People
  - Policy
  - Workflow
  - Data
  - Technology

Office Hours

Drop in any time during either of the office hours sessions:

- **Option 1**: Thursday, Aug 27 from 2-4pm ET
- **Option 2**: Wednesday, Sept 2 from 12-2pm ET

Join us for free Office Hours