

## Grant Outcomes Report

### Increasing Health Coverage through Legal Assistance in Community Health Centers

#### I. Executive Summary

This project aimed to increase health coverage by embedding legal and advocacy assistance within a community health center in upstate New York. Health center staff members were trained on common legal issues and barriers related to health insurance. The project assisted 260 individuals with health insurance issues, enrolled 23 individuals in public health insurance, and initiated two advocacy projects targeted at systemic barriers to coverage identified by the project: **a)** implementation of an outreach and training plan to improve county administration of the Refugee Medical Assistance; and **b)** initiation of a statewide taskforce to improve transportation access for limited English proficient residents.

#### II. The Problem

Immigrant and low-income populations, particularly those with refugee status, face several barriers to enrolling in public health insurance coverage, including language issues, lack of knowledge of coverage options, illegal excessive verification requirements, and paperwork errors. These barriers not only prevent people from enrolling in public health insurance, but can also result in unnecessary coverage interruptions and delays. To address these needs, community health providers use facilitated enrollers, case managers, and/or other frontline health center staff to direct prospective public health insurance applicants to the appropriate program. However, these staff members often lack the legal background and procedural knowledge necessary to navigate the enrollment process. Westside Health Services—a federally qualified community health center in Rochester—reported that even with the assistance of experienced social workers helping patients complete health insurance enrollment forms, less than 50% of all applications submitted result in successful enrollments.

#### KEY INFORMATION:

**GRANTEE**

Empire Justice Center

**GRANT TITLE**

Community Health Law Collaborative

**DATES**

January 2008–December 2008

**GRANT AMOUNT**

\$103,195

### III. Grant Activities

To address these barriers to accessing public health insurance, the Empire Justice Center (Empire Justice) collaborated with the Monroe County Legal Assistance Center (MCLAC) and implemented a four-pronged strategy:

1. Empire Justice and MCLAC provided onsite legal assistance and advocacy services to 260 individuals, representing over 100 households, at Westside Health Services. Empire Justice also provided advocacy services at a free clinic in the community, St. Joseph's Neighborhood Center. Legal assistance and advocacy services included assisting patients with documentation requirements associated with program applications and recertification, providing informal advocacy with county Medicaid and public benefits workers, expediting Medicaid approvals, and representing patients at fair hearings.<sup>1</sup>
2. Health center staff members were trained on issues such as insurance eligibility criteria, retention procedures, and legal issues associated with refugee health care. They were also trained to refer patients facing barriers to enrollment and needing legal representation to designated legal staff in the project. Front desk staff from the clinic also cross-trained project staff on daily clinic operations and processes, particularly those used to assess patient health insurance status.



#### FUNDING & RATIONALE

In April 2007, the New York State Health Foundation (NYSHealth) issued a request for proposal (RFP) for one-year projects under a major initiative, *Expanding Insurance Coverage in New York State*, to support programs that addressed the persistent problem of enrolling 1.2 million New Yorkers who were eligible for health insurance coverage but not enrolled. The provider-based nature of this project, the statewide need for this type of legal advocacy materials, and the linkage of public health insurance enrollment for a high-need population aligned with the purpose of the RFP. In addition, this project aligned with the Foundation's focus on enrolling hard-to-reach populations and addressing cultural and linguistic barriers to health care access.

<sup>1</sup> A fair hearing is an informal hearing in front of an administrative law judge of the New York State Office of Temporary and Disability Assistance to review an action or decision made by the local social services agency on a beneficiary's case.

Empire Justice held weekly meetings and case reviews with clinic staff members and bi-monthly meetings with the Westside clinical director to monitor intake and outcomes for patients who received legal assistance during this project. These meetings served as a forum to facilitate integration of project staff at the clinic, tailor the advocacy training of project staff provided to health center staff members, pinpoint common issues faced by patients, and gather information for the toolkit that Empire Justice developed, *Helping Your Patients Access Medicaid*.

The toolkit was disseminated statewide through the websites of the Community Health Center Association of New York State (CHCANYS), which comprises more than 50 community health centers and 425 service sites, and the Empire Justice Center, which provides advocacy back up services and serves as a clearinghouse for legal services advocates across upstate New York and on Long Island. The toolkit was also posted on a new website, NYhealthaccess.org, which was launched in 2009 by Empire Justice, the Legal Aid Society of New York City, and Self-help, Inc. NYhealthaccess.org is devoted entirely to advocacy materials that help advocates assist low-income New Yorkers with accessing health care services. The site received more than 10,000 hits a day in its first three months of operation. In collaboration with the Westside clinical director, Empire Justice also presented project findings at the 2008 Annual Conference of CHCANYS, a 2008 regional meeting of the Finger Lakes Health Systems Agency, and the first statewide conference of the New York Coalition of Medical-Legal Partnerships, also held in 2008. These events reached a total of approximately 170 people.

3. Empire Justice and MCLAC used TIME, a legal database to track case outcomes, client demographic information, and barriers to care. They also captured patient narratives relating to coverage and patients' experiences of barriers to coverage. Finally, in collaboration with Westside staff, the project tracked reimbursements for the clinics resulting from increased enrollment.
4. Empire Justice identified two systemic barriers to health care access and initiated advocacy projects targeted at overcoming the barriers. The first barrier identified was error and delay in processing Medicaid applications for refugees, and the second was language barriers in public transportation, which were preventing refugee patients from accessing clinic services. Empire Justice worked with the Monroe County Department of Health and Human Services, the New York State Department of Health (NYSDOH), and the Genesee Transportation Council (GTC) to resolve these two issues.

As a result of this grant, Empire Justice expected to see an increase in the: **1)** number of applications for public health coverage submitted; **2)** number of successful applications; and **3)** number of patients who received health coverage.

## IV. Key Findings

- 1. PROVIDING LEGAL ADVOCACY AND ASSISTANCE.** Empire Justice originally envisioned that it would provide significant assistance with maintaining continuous coverage by assisting with

the recertification process for public health insurance programs. However, legal staff found that there was a greater need for assistance with the initial Medicaid application because so many patients had already lost their coverage and were presented as uninsured. Approximately 40% of patients requested help in completing the initial Medicaid application, while 20% needed help with contesting Medicaid denials or terminations. Only seven individuals required assistance with recertification. Other types of assistance included charity care applications, changing health plan enrollment, and assistance with managing “spend down” amounts.<sup>2</sup>



- 2. TRAINING.** Approximately 20 clinic staff persons were trained through participation in weekly meetings with project staff. Plans to present the toolkit developed by the project were put on hold after Westside experienced a fiscal crisis near the end of the grant period (for more on this event, and lessons learned as a result, see “Lessons Learned” below). The toolkit was disseminated electronically in the meantime. Empire Justice conducted a webinar in fall 2010 through CHCANYS to publicize the toolkit to other clinics across the State.
- 3. TRACKING CASE OUTCOMES, DEMOGRAPHIC INFORMATION, AND BARRIERS TO CARE.** Sixty-eight percent of the Westside patients assisted by the project were uninsured at intake (approximately 177 patients) and 30% had some form of public insurance (approximately 78 patients). Nine months into the project, the uninsured rate had decreased from 68%<sup>3</sup> to 40%<sup>4</sup>, and 41% had some form of public health insurance. Thus, over the course of the project, the number of uninsured individuals accessing the clinic had decreased.

Patients assisted by the project spoke 11 different languages. Forty-three percent required interpreter assistance to access health care, and of those requiring interpreter assistance, less than 40% were Spanish speakers. Westside employed several interpreters to address this need, an expense that played a large role in the clinic’s fiscal crisis.

<sup>2</sup> Individuals may “spend down” their excess income amount by incurring medical costs that equal or exceed the excess income amount and showing proof of those costs to the local departments of social services, which are Medicaid Services.  
[http://www.nyshealthfoundation.org/userfiles/file/EIP%20Report%205\\_2009\\_v4.pdf](http://www.nyshealthfoundation.org/userfiles/file/EIP%20Report%205_2009_v4.pdf). Pg. 5.

<sup>3</sup> The 68% uninsured figure represents the composite number of uninsured clients as a percentage of all clients at intake that Empire Justice gathered data on insurance status (99 of 102).

<sup>4</sup> The 40% uninsured figure represents the composite number of uninsured clients at follow-up as a percentage of all clients that Empire Justice was able to gather data on insurance status at the end of the grant (87 of 102).

The barriers to accessing health coverage that were identified most commonly in case narratives were insufficient language assistance and fluctuations in income.

Twenty-three Westside patients became insured as a result of this grant, which resulted in a total of 134 visits by these patients and yielded \$12,000 in Medicaid and managed care reimbursements. Both Empire Justice and Westside staff were impressed by the potential economic gain the project presented for the clinic. Together, they developed a plan for sustainability, which involved Westside approaching a regional coalition of community health centers to seek collaborative funding for shared legal advocacy staff. A paralegal from MCLAC would be funded to spend one day a week at each of three community clinics; however, Westside experienced a fiscal crisis, and plans to seek collaborative funding had to be put on hold (see “Lessons Learned” for more information on Westside’s fiscal crisis).

**4. ADDRESSING SYSTEMATIC BARRIERS TO PUBLIC HEALTH INSURANCE.** Empire Justice initiated several advocacy efforts to address two systemic barriers to health care access:

a) Empire Justice found errors and inappropriate delays in processing Medicaid applications for the federally sponsored Refugee Medical Assistance (RMA) program. The RMA program should enhance access to coverage for refugees because the rules provide continuous eligibility for eight months, despite increases in income, and also allow use of “spend down” for childless adults. However, the program is not well understood by county workers. To address the errors and delays in processing RMA applications, Empire Justice met with officials from the Monroe County Department of Health and Human Services and NYSDOH. Empire Justice recommended that NYSDOH:

- provide outreach and training to educate Monroe County district staff regarding the RMA program; and
- issue administrative guidance to advise local district social service departments across the State on the policies and procedures of the RMA program.

NYSDOH provided the training for Monroe County and also developed RMA training materials and an informational booklet for use statewide. In addition, NYSDOH finalized an informational letter on the program (10 OHIP/INF-2)<sup>5</sup>, which was released to all local districts in July 2010. NYSDOH has also implemented systems changes that should address delays in processing RMA applications, and developed specific client notices for the program as required by Federal regulation. Empire Justice collaborated with a local service agency that works with the refugee population to develop a protocol for urgent cases and identify a liaison to work on refugee eligibility issues in Monroe County.

<sup>5</sup> Informational letter can be accessed here: [http://www.health.state.ny.us/health\\_care/medicaid/publications/docs/inf/10inf-2.pdf](http://www.health.state.ny.us/health_care/medicaid/publications/docs/inf/10inf-2.pdf)  
Accessed June 28, 2011.

b) Empire Justice also identified transportation obstacles faced by patients with limited English proficiency when accessing health care services (patients were not aware of free regional transportation services because written and verbal instructions were available in English only, and Medicaid transportation applications were too complex). In response, Empire Justice trained health center staff members on language access advocacy and, in collaboration with Westside staff, released a report on the obstacles to the local Rochester area Metropolitan Planning Organization.

One month after its release, the GTC, which oversees all means of transportation in the seven-county area encompassing Rochester, established a Refugee Task Force in collaboration with the City of Rochester. An Empire Justice staff attorney served as Chair of the Task Force's transportation committee and helped develop a language access plan for GTC and the Rochester Genesee Regional Transit Authority (RGRTA).

## V. Lessons Learned

Embedding legal services at a community health center provides the opportunity for powerful partnerships. Collaborations between Empire Justice and Westside clinical staff were extremely effective in addressing system barriers through administrative advocacy. The project's ability to track data on individual cases allowed staff to tease out at least two important factors for those without coverage, language barriers and income fluctuations, and then construct advocacy initiatives that would address these issues. Another additional benefit to this model is the tangible increase in Medicaid reimbursement for the clinics as a result of increased coverage and advocacy.

Ironically, the most dominant barrier—language access—proved a barrier to the ongoing sustainability of the project, as well as to the project's individual clients. Toward the end of the project, Westside came close to closing their doors. A fiscal crisis emerged of extreme proportion, and it was only the emergency intervention of a local health foundation that has allowed the clinic to remain in operation. One of the primary economic strains identified by the clinic during the crisis was the salary expense of the interpreters, clearly a crucial expense, but one the clinic received no assistance with, from Medicaid or any other source of government funding.

Because of the fiscal crisis, Westside was unable to pursue the plan for collaborative funding, which might have provided a sustainable source of revenue for the project. Plans for clinic-wide training on the toolkit also had to be postponed. A report that Empire Justice and Westside had planned to release, which would have included some of the data collected for this project, as well as other data on medical condition and treatments for the patients assisted by the project, had to be cancelled.

Lessons learned include awareness of the fiscal fragility of community health centers, and the urgent need for assistance with the cost of providing interpreter services. Empire Justice has prioritized legislative advocacy around Medicaid funding for interpreter services, partly as a result of the lessons learned in this project. In July 2010, the Centers for Medicare and Medicaid Services (CMS) released guidance to the states regarding increased Federal matching funds for translation and interpretation services under Medicaid and the Children's Health Insurance Program (CHIP) (SHO #10-007, CHIPRA #18).<sup>6</sup> The United States Department of Health and Human Services will now provide an increased Federal matching rate (75%) for translation or interpretation services provided under CHIP and Medicaid in connection with the enrollment, retention, and use of medical services. The increased match is available for any individual whose primary spoken or written language is not English. Federally qualified health centers serving immigrant and refugee populations, like Westside, could prove the ideal testing ground for a New York program allowing providers to bill Medicaid for these services. Assistance with the costs of interpreter services through a Medicaid rate could make the difference between fiscal stability and fiscal crisis for safety net providers like Westside.

## VI. The Future

Future activities related to the project include:

- Continued training activities to replace those originally envisioned as on site at Westside, and to broaden familiarity and use of the toolkit to CHCANYS clinics across the State.
- Continued monitoring of NYSDOH training and other activities aimed at improving implementation of RMA in counties across the State.
- Continued membership and advocacy in the GTC's Refugee Taskforce to improve access to transportation services for the refugee community.
- Legislative and administrative advocacy to persuade New York State to utilize the increased Federal funding available for translation or interpretation services provided under CHIP and Medicaid.

Empire Justice remains supportive of program models that embed legal advocacy within community health centers and stands ready to work with the New York State Coalition of Medical-Legal Partnerships, CHCANYS, and the local clinic coalition, which was headed by Westside and may be reinvigorated in the future, in order to find ways of funding such partnerships in the future.

<sup>6</sup> Guidance can be accessed here:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/cmsletteronincreasefunds.pdf>.

Accessed December 29, 2010.



## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The Empire Justice Center is a statewide law firm that protects, preserves, and improves the legal rights of low-income families, particularly those who rely on public benefits. The firm works on poverty issues, including Medicaid, public assistance, childcare, food stamps, housing, domestic violence, disability benefits, civil rights, and consumer law. Its attorneys employ a full range of tools, such as litigation, education, training, policy analysis and advocacy. As an advocacy organization, Empire Justice engages in legislative and administrative advocacy on behalf of those impacted by poverty and discrimination. As a nonprofit law firm, Empire Justice provides legal assistance and litigation to protect and defend the rights of disenfranchised New Yorkers.

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### GRANT ID #

1894427