
**COMMUNITY SERVICES
BLOCK GRANT PROGRAM**

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Division of State Assistance
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Information Memorandum

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TO: States, Tribes, and Territories Administering the Community Services Block Grant (CSBG) Program, Eligible Entities for CSBG Resources

SUBJECT: Use of CSBG Resources to Support Information and Referral for Affordable Care Act (ACA) Benefits and Services.

PURPOSE: To inform States, tribes, territories, and local CSBG eligible entities of the potential activities in support of ACA and other health care efforts.

INTRODUCTION

This Information Memorandum addresses recurring questions from States, tribes, territories, and local eligible entities regarding outreach and referral for Affordable Care Act (ACA) services and benefits using Community Services Block Grant (CSBG) funding. CSBG grantees and local eligible entities can play a vital role in furthering ACA outreach and enrollment, as CSBG reaches many of the populations most in need of health care coverage.

BACKGROUND

As set forth in Section 672 of the CSBG Act, 42 U.S.C. § 9901, CSBG funds support activities conducted by Community Action Agencies (CAAs) and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient.

Historically, CSBG funding supports projects that:

- lessen poverty in communities;
- address the needs of low-income individuals including the homeless, migrants, and the elderly; and
- provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services, and/or health.

While health care needs and insurance coverage differ from one community to another, lack of health insurance coverage is strongly correlated with poverty nationwide. According to the U.S. Census Bureau, in 2013, the uninsured rate in the U.S. was highest for individuals living below 100 percent of poverty and insurance coverage increased as income levels increased. Detailed information from the U.S. Census Bureau is provided below:

<http://www.census.gov/library/publications/2014/demo/p60-250.html>

HEALTH CARE NEEDS AND CSBG

CSBG funding can support a community's coordinated response to improving health outcomes that may impact the causes and conditions of poverty. In several local communities, tribes, and territories across America, CSBG state offices and local eligible entities are helping to expand access to quality information on health care coverage and providers, in addition to connecting low-income people to needed services.

CSBG eligible entities may implement CSBG-funded health activities based on the results of local community needs assessments, including an assessment of health outcomes and available health care resources. When CSBG eligible entities identify impacting health outcomes or increasing health care coverage as a priority through the assessment process, creating strong linkages to health care resources may become part of their comprehensive and integrated response and strategic planning. In addition, the entities may partner in these efforts with other organizations serving low-income residents of the communities and members of the groups served by the entities, including religious organizations, charitable groups, and community organizations. In most cases, CSBG eligible entities will play a supportive role in ACA-related activities (unless they are directly funded to serve as Navigators as described below or are directly funded to provide direct intake assistance).

POTENTIAL ACA ACTIVITIES

Examples of allowable ACA-related activities that CSBG eligible entities may undertake include the following:

- CSBG eligible entities may incorporate the sharing of information on ACA and other health care resources into their intake processes, whether they are conducted online, by mail, in person, or over the phone. CSBG eligible entities can ensure that each caseworker has the contact information for local ACA “Navigator” grantees or trained non-Navigator assistance personnel (also known as in-person assisters). Navigators are those organizations and individuals that have received grants under ACA section 1311(i) from a State-based or Federally-facilitated “Health Insurance Marketplace” to assist with outreach and enrollment. In addition to Navigators, Health Insurance Marketplaces make other resources available to help individuals access Marketplace coverage, including certified application counselors, in-person assisters, and agents and brokers. CSBG eligible entities and staff can provide referrals to these resources.
- CSBG eligible entities may also display materials from HealthCare.gov explaining the basics of coverage through the Health Insurance Marketplace, Medicaid, and the Children’s Health Insurance Program (CHIP).
- CSBG eligible entities may add a question to intake applications asking about health coverage status, which will allow local organizations to refer individuals as needed.
- CSBG eligible entities may disseminate information about the ACA and other health care resources through email blasts, newsletters, and social media.
- CSBG eligible entities may connect families to community health centers or to the State or national Health Insurance Marketplace websites. They may also facilitate access to in-person assisters, or even arrange for in-person assisters to visit local program offices.
- State CSBG offices can support local efforts in a variety of ways. State CSBG officials may work with State Medicaid agencies and the experts on the Health Insurance Marketplace to get

current, reliable information for eligible entities to distribute to families on health coverage eligibility and applications. State CSBG officials can also share a directory of ACA Navigators or other in-person assisters for use by local eligible entities.

ELIGIBILITY AND CSBG

Eligibility for free or lower cost health care services under the ACA is generally based on income. The ACA provides new opportunities for low-income individuals and families to qualify for Medicaid and CHIP, as well as varying subsidies on the Health Insurance Marketplace for those with incrementally more income. We encourage CSBG eligible entities to integrate general information about health care coverage into their services, using strategies such as those described above, as part of a comprehensive, community-based service model. If, in the course of an in-take process, a CSBG eligible entity determines an individual's income is above the eligibility threshold for CSBG services, the entity would complete the in-take process and then refer that individual to non-CSBG services, since providing ongoing CSBG services would not be appropriate.

OPEN ENROLLMENT AND SPECIAL ENROLLMENT PERIODS

The next ACA open enrollment period for health insurance coverage under the ACA takes place November 1, 2015 to January 31, 2016. Information about open enrollment is available on the Healthcare.gov website, at <http://www.hhs.gov/healthcare/index.html>.

In addition, some individuals and families may qualify for a special enrollment period and enroll in a health care plan throughout the year. Certain life events such as losing other minimum essential coverage, leaving incarceration, having a baby, gaining citizenship or other lawful residency, among other reasons, may give individuals special access to the Health Insurance Marketplace under the ACA. American Indians and Alaskan Natives also have special enrollment privileges outside of the open enrollment period. Information about coverage outside the open enrollment period is available on the Healthcare.gov website under special enrollment period.

There is no open enrollment period for Medicaid and CHIP. Individuals can apply for these programs all year round through the Health Insurance Marketplace or directly at their State Medicaid and/or CHIP agency.

CONCLUSION

We encourage CSBG eligible entities and State CSBG officials to plan health care outreach and enrollment activities in preparation for the Health Insurance Marketplace open enrollment period and to address the needs of individuals who qualify for coverage throughout the year. Within the general parameters outlined above, CSBG eligible entities are encouraged to take an active role in helping facilitate access to health care as a part of a broader community strategy to empower low-income families and individuals in rural, tribal, and urban areas to become fully self-sufficient.

Thank you for your continued commitment to our collaborative work to address poverty in our communities.

_____/s/_____
 Jeannie L. Chaffin
 Director
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