University of Colorado

# Findings from Focus Groups Conducted with Individuals with Disabilities Eligible for the Medicaid Buy-In Program with Incomes up to 450 Percent of the Federal Poverty Level

*Prepared for:*

**Colorado Department of Health Care Policy and Financing**

*Prepared by:*

**Judith Emery and Peter Pike**

**University of Colorado Denver**

***October 2010***

This Page Left Blank Intentionally

# Executive Summary

This report summarizes the results of five focus groups conducted in four different Colorado communities: Alamosa, Denver, Grand Junction and Greeley. The purpose of these focus groups was to aid the Colorado Department of Health Care Policy and Financing understand the barriers that currently impede application and enrollment into public health insurance programs, the preferred outreach strategies to counter these barriers to assist with enrollment, and the various methods that will facilitate enrollment of individuals with disabilities into the Medicaid Buy-In program. These focus groups were conducted between September 15 and September 23, 2010. Colorado WIN Partners at the University of Colorado Denver (WIN) recruited a total of 37 participants who each received a $25 gift card for participating. There were three criteria required to be a focus group participant:

1. Be a person with a disability;
2. Be 16-64 years old; and,
3. Have income up to but not over $4,061 per month or $48,735 per year.

In order to ensure that the focus groups and materials were universally accessible, WIN field tested the questions for comprehension and wording prior to conducting the groups. Additionally, WIN ensured that the locations of focus groups were universally accessible, materials were available in alternate formats, and accommodations were provided when requested.

## Overview of Key Findings

**Topic #1: List of which public health insurance programs, such as Medicaid, each participant is knowledgeable, or is/was enrolled.**

67 percent (n=25) of participants on the demographics questionnaire indicated that they received some type of public insurance (Medicaid, Medicare and/or Colorado Indigent

Care Program). However, in four of the focus groups, the majority of participants indicated that they were unfamiliar with the details of the public health insurance programs because of their complexity. This apparent contradiction could be attributed to the fact that some participants indicated that they just became eligible for public health insurance while others commented that they were still trying to figure out the programs.

Comments from individuals who demonstrated an awareness of the programs stated that they thought the program was “hard to get on” and was for “people who don’t have good income.” Others who used public health insurance acknowledged that the program was for health care and allowed them coverage to see doctors and receive medicine.

**Topic #2: Participant’s experience in obtaining health insurance coverage and how they currently access health care services, including their usual source of care.**

Participants identified three ways that made acquiring public insurance easy – when insurance came with Social Security Administration disability benefits, when someone helped the participant apply, and when insurance came through work.

When participants reported that obtaining health insurance was difficult there were three main ideas that were reported. The first most frequent statement was that the paperwork required to apply for public insurance was overwhelming and difficult. The second theme centered on the inability to get information about available public health insurance programs. Finally, participants reported that the time it requires to apply and qualify for public health insurance was lengthy due to the required amount of paperwork and documentation, the number of questions to be answered, and the extensive wait time to meet with staff.

When asked where participants received health care services, about 50 percent of the participants indicated they received their services from a primary doctor. This was stated in four of the focus groups. The second strategy reported for obtaining health care was local clinics. This strategy was the primary method for one particular focus group. Emergency room care was the third response given with one particular community identifying this as their predominant way to access care.

Three barriers to accessing health care also emerged as participants responded to the question. The three barriers were: affordability of co-pays, no dental and vision services coverage, and no preventative care or alternative health therapy coverage.

**Topic #3: Participant's opinion of the potential barriers that exist for individuals to apply and enroll in the Medicaid Buy-In program.**

The analysis of this topic revealed three primary barriers. Participants from all five focus groups clearly stated that paperwork was a barrier for individuals applying for public insurance. They identified that the paperwork was too long and difficult to understand. The second barrier was cost. Cost was defined in terms of monetary expenses as well as time and effort. The third barrier that emerged was trust. Participants commented that the lack of trust that individuals have with the local Departments of Social Services and Human Services is a barrier to applying for the program. Three of the focus groups commented on how important the level of trust was when deciding to apply for public health insurance.

**Topic #4: Participant's opinion on the outreach strategies and methods that would be effective in generating awareness of the existence of these programs for the targeted population as well as the ways to facilitate application to and enrollment in the Medicaid Buy-In program.**

Focus group participants offered a wide variety of ideas for outreach strategies and methods for generating awareness of the Medicaid Buy-In program. When asked who should hear about the program, the most frequent response was “everybody.” In asking focus groups for more specific examples, clinics, doctors and hospitals were mentioned most commonly. Next, respondents indicated that interested individuals, individuals with disabilities and organizations serving individuals with disabilities needed to hear about this program. The following is a list identified by participants: Departments of Social Services and Human Services, Independent Living Centers, Division of Vocational Rehabilitation, Workforce Centers, Catholic outreach, churches, businesses, homeless shelters, food banks, colleges, schools, aged population, farmers, ranchers, veterans, teachers, and the working poor.

When focus group participants were asked how individuals should hear about the Medicaid Buy-In program, responses were diverse. All the focus groups reported that social media should be used. One type of social media suggested was a website. Respondents wanted to see information on the websites that they were familiar with through their networks. They also suggested providing the information through the networks and listservs of organizations where people already receive help. Examples provided included the Departments of Social Services and Human Services, Independent Living Centers, Mental Health Centers, doctors’ offices, hospitals, and clinics.

Other ideas for increasing public awareness were the use of local newspapers, local radio, TV and Public Service Announcements. Participants made a point to note that minority publications should be used to get the word out to underrepresented communities.

In examining the recommendations on how to assist individuals in applying for an expanded Medicaid program, three primary themes were revealed. These themes focused on information awareness, training and direct assistance. Focus group

participants stated that information provided to the public should be simple to read. Also, it was suggested that a side by side comparison of the expanded Medicaid program versus other public insurance programs could be used that showed: co-pays, income guidelines, benefits, length of program, how to apply, who it covers, what's not covered and who to call.

The second set of strategies recommended by three focus groups centered on staff training. This included conducting staff sensitivity training to the local Departments of Social Services and Human Services on providing good customer service for individuals with disabilities and also training staff to understand the Medicaid Buy-In program. The third recommendation is providing trained staff in the community that can assist people with disabilities completing the application process. Respondents identified these positions as outreach specialists, independent living center staff and disability program navigators. The important note here is that those who provide the assistance with the application process need to be trusted within their local community.

Finally, two major recommendations emerged when analyzing responses on to how to apply for the Medicaid Buy-In. The most frequent suggestion was to apply in person. This was followed by the recommendation of allowing individuals to apply online. When individuals suggested applying in person, the theme reflected around an individual's ability to apply at locations people frequently visited in their local community. Some of the examples provided included local pharmacies, Wal-Mart, the Departments of Social Services and Human Services, DVR, doctors' offices, hospitals and the emergency room.

## Conclusions and Implications

The five focus groups facilitated in four Colorado communities revealed valuable information on the barriers that currently impede application and enrollment into public health insurance programs, the preferred outreach strategies to counter these barriers

to assist with enrollment, and the various methods that will facilitate enrollment of individuals with disabilities into the Medicaid Buy-In program. The focus group analysis revealed three barriers in applying and enrollment: long and difficult to understand paperwork, cost of applying in terms of monetary and time commitment and the lack of trust for the local Departments of Social Services and Human Services.

To remedy these barriers, focus group participants identified target populations that need to hear about the Medicaid Buy-In program such as doctors, clinic, hospitals, and individuals with disabilities. Participants also identified strategies to raise awareness about the Medicaid Buy-In program. These recommendations included using social media, keeping information simple, developing print materials at a fifth grade reading level to increase understanding and showing the Medicaid Buy-In program in a side by side comparison to other programs.

Focus group participants also suggested strategies that would facilitate individuals with disabilities applying for and enrolling into the Medicaid Buy-In program. These recommendations included conducting staff sensitivity training to the local Departments of Social Services and Human Services on providing good customer service for individuals with disabilities and also training staff on the details of the new Medicaid Buy-In program. Another key suggestion was placing trained staff in the local community who can assist people with disabilities completing the application process. Most importantly, focus group participants stressed that this assistance needs to be provided by someone trusted in their local community and does not necessarily need to represent a particular agency. Finally, respondents recommended two ways to apply for the expanded Medicaid program: in person and online.

# Table of Contents

## List of Tables



## List of Appendices

This Page Left Blank Intentionally

# Introduction

## Study Background

In September 2009, Colorado was awarded a five-year, competitive federal grant to support health care expansion efforts. The federal Health Resources and Services Administration (HRSA) awarded $70.9 million in grants to 13 states under the State Health Access Program (SHAP). The HRSA SHAP grant is a new federal opportunity to support state efforts to significantly increase health care coverage as part of a plan for comprehensive health care reform. Colorado received $9.96 million for the first year of the program, the third highest award. Colorado requested $42.9 million over the five-year period; however, states must reapply each year. Subsequent years of funding are contingent upon meeting performance measures and the availability of federal funding.

Colorado's SHAP proposal, the Colorado Comprehensive Health Access Modernization Program, or CO-CHAMP, includes a variety of projects that will lead to greater access to health care, increase positive health outcomes and reduce cost-shifting. The Colorado Department of Health Care Policy and Financing (HCPF) is responsible for the SHAP grant and has oversight of implementation of the various CO-CHAMP projects.

**Health Care Affordability Act (HB 09-1293) Projects:** Several CO-CHAMP projects are linked to the implementation of the Health Care Affordability Act which expands coverage to more than 100,000 uninsured Coloradans over the next five years as follows:

- ***CHP+ expansion for children and pregnant women*** from 205 to 250 percent of the federal poverty level (FPL) – expands coverage for 24,000 children and pregnant women;
- ***Medicaid expansion for parents or guardians*** from 60 up to 100 percent of FPL – expands coverage for 43,500 low-income parents;

- ***Medicaid 12-month continuous eligibility for children***;
- ***Medicaid expansion for adults without dependent children*** with incomes up to 100 percent of FPL – expands coverage for 82,000 low-income adults without dependent children; and,
- ***Medicaid Buy-In program for individuals with disabilities*** with family income up to 450 percent of FPL – expands coverage for 9,000 individuals with disabilities.

One of the CO-CHAMP HB 09-1293 related projects is the Maximizing Outreach, Retention and Enrollment (MORE) Project. The HCPF will conduct effective outreach and marketing campaigns to inform the expansion populations of the availability of public health insurance programs and assist newly eligible expansion populations with the application process and how to access health care services in appropriate settings. Activities in year one include an outreach needs assessment, the development of an outreach strategic plan, focus groups with two of the expansion population groups and the distribution of grants to local community-based organizations for targeted outreach.

HCPF funded Colorado WIN Partners (WIN) at the University of Colorado Denver to conduct focus groups with participants that may be eligible for the Medicaid Buy-In programs for individuals with disabilities with incomes up to 450 percent (450%) of the federal poverty level (FPL). The objectives for these focus groups are to obtain the following information:

1. List of which public health insurance programs, such as Medicaid, each participant is knowledgeable, or is/was enrolled;
2. Participant's experience in obtaining health insurance coverage and how they currently access health care services, including their usual source of care;
3. Participant's opinion of the potential barriers that exist for individuals to apply and enroll in the Medicaid Buy-In Program; and,
4. Participant's opinion on the outreach strategies and methods that would be effective in generating awareness of the existence of these programs for the targeted

population as well as the ways to facilitate application to and enrollment in the Medicaid Buy-In program.

This report summarizes the results of the focus group participants who may be eligible for the Medicaid Buy-In program for individuals with disabilities with incomes up to 450 percent of the FPL.

## Overview of Study Methods

A total of five focus groups were conducted during the weeks of September 13 and September 20, 2010 in four locations across the state: Denver, Greeley, Grand Junction and Alamosa. Two focus groups were conducted in Grand Junction. These four areas were selected in order to get feedback from eligible participants from rural and urban locations across the state. It should be noted that although one of the focus groups was held in Denver, the participants from this group resided in a number of counties throughout the state (Boulder, Crowley, Denver, El Paso, Jefferson, and Morgan Counties). This group was selected knowing that a number of individuals were working, currently had insurance and represented a variety of disability perspectives.

A total of 37 individuals attended the five focus groups across the four locations. WIN sought to recruit a variety of individuals to participate in the focus groups. WIN recruited individuals 16-64 years of age. The targeted audience recruited included individuals with disabilities who were currently employed but had incomes up to 450 percent of the poverty level (see Table 1 for details about the demographics of the focus groups). WIN partnered with state agencies, local organizations and individuals familiar with this targeted population in order to invite focus group attendees to participate. WIN also recruited focus group participants in collaboration with local agency stakeholders including the Division of Vocational Rehabilitation, Colorado Works, HCPF, Workforce

Centers, hospitals, Disability Program Navigators[1] and Benefit Planners (see Appendix 1 for a comprehensive list of stakeholders contacted to assist with recruitment efforts).

[1] Although federal funding for Disability Program Navigator positions stopped on July 1, 2010, some local communities continue to fund the positions with other available funds.

**Table 1: Demographics of Focus Groups Participants**

| Gender | Number | Percent |
|---|---|---|
| Male | 17 | 45.9% |
| Female | 20 | 54.1% |
| **Age Groups** | | |
| 18 to 29 yrs | 6 | 16.2% |
| 30 to 39 yrs | 8 | 21.6% |
| 40 to 49 yrs | 8 | 21.6% |
| 50 to 59 yrs | 13 | 35.1% |
| 60 to 64 yrs | 2 | 5.4% |
| **Individual Income Level** | | |
| Under $10,000/yr | 17 | 45.9% |
| $10,001 to $20,000 | 9 | 24.3% |
| $20,001 to $30,000 | 2 | 5.4% |
| $30,001 to $40,000 | 4 | 10.8% |
| $40,001 to $48,735 | 4 | 10.8% |
| **Have a Disability** | 36 | 97.3% |
| **Disability Type (Duplicated Count)** | | |
| Cognitive | 2 | |
| Mental Illness | 10 | |
| Physical | 17 | |
| Blind or Visual Disability | 3 | |
| Deaf or Hard of Hearing | 4 | |
| Brain Injury | 2 | |
| Other[2] | 8 | |
| **Language spoken in home** | | |
| English | 30 | 81.1% |
| Other[3] | 7 | 18.9% |
| **Employed (paying job)** | 12 | 32.4% |
| **Insurance (Duplicated Count)** | | |
| None | 6 | |
| Private | 7 | |
| Medicaid | 15 | |
| Medicare | 6 | |
| Colorado Indigent Care | 4 | |
| Other[4] | 2 | |
| **Health Provider See Regularly** | 28 | 75.7% |

**Source:** Data is from a written questionnaire completed by focus group participants; participants could select more than one type of disability and type of insurance. A total of 37 out of 37 focus group participants completed questionnaires and percentages are based on the total number of respondents.

[2] Of the eight who marked Other disability, one person listed Attention Deficit Disorder as the "other disability."
[3] Of the seven people who spoke a language other than English at home, three identified their language as American Sign Language and one identified Spanish.
[4] The other insurance types listed were: "Getting US Covered" and "Rocky Mountain Health."

WIN created a recruitment flyer in collaboration with HCPF (see Appendix 2 for recruitment flyers). The recruitment flyer identified who could attend the focus groups, location, date, time, how to register and the requirements to confirm attendance in order to receive a $25.00 gift card for their participation. Registration could be done online, by e-mail or by calling a toll free number. Each registrant had to answer yes to three questions in order to participate: 1) Do you have a disability, 2) Are you between the ages of 16 – 64, and 3) Do you have an income up to $4,061 per month or $48,735 per year. Once the flyers were approved, they were translated into Spanish and both the English and Spanish versions were distributed to recruitment contacts in each of the four locations.

WIN also created a draft of the focus group questions based on the scope of work with HCPF. Once approved by HCPF, WIN worked closely with an advocacy organization to recruit five individuals to test the questions for comprehension and feedback. Each of the five individuals received a $25.00 gift card for their feedback. The questions were revised based on the consumer feedback and were submitted to HCPF for final approval (see Appendix 3 for the final focus group questions).

A discussion guide and protocol for each of the focus groups was developed by WIN (see Appendix 4 for the discussion guide and protocol). The discussion guide served as the script for each focus group to ensure fidelity across the sessions. The focus group protocol explained the format for the focus groups including timelines, instructions for introductions, description of focus group purpose, permission to record, dissemination of gift cards, reassurance of confidentiality and a strict adherence to a 90-minute group discussion. Discussions during focus groups were guided by a facilitator. Each focus group participant was given a $25 gift card for attending the focus group. An audio tape was made of each focus group and notes were taken for each session by a note taker. This information is kept in a secure and confidential file at the University of Colorado.

Table 1 provides an overview of the demographics of the participants across all five focus groups. This information was collected prior to each focus group session (see Appendix 5 for a copy of the demographic sheet used to collect the data for each focus group participant).

## Demographics

- **Gender:** The percentage of males and females are relatively equal;
- **Age Groups**: All the age groups have relatively equal representation;
- **Income:** There is a high percentage of individuals who make less than $10,000/year;
- **Language:** The majority of the group interviewed primarily speaks English in their home;
- **Disability:** Most participants (97.3%, n=36 out of 37) reported having a disability;
- **Disability Type:** The most common type of disability reported were persons with physical disabilities. 46 percent of all focus group members listed this as a disability; and,
- **Employed:** One third of the individuals were employed at the time of the focus group.

When looking at demographic patterns across groups, the Denver focus group varied the most from the other groups. This focus group had the highest percentage of individuals who had private health insurance and the lowest percentage of individuals on Medicaid. Five of the seven individuals with private health insurance (71.4%) were in the Denver focus group. It is important to note, however, that less than half of the Denver group did not have private health insurance. Also, it is important to note that two thirds of the Denver group made between $30,000 and $45,000 annually. This group had the highest percentage of high earners. Based on that, it is not surprising that this group had the highest percentage (66%) of participants who were working at the time of the focus group (compared to 16% to 25% for the other groups).

As stated earlier, WIN collaborated with state and local agencies who serve this targeted population to recruit individuals to participate in the focus groups. Table 2 provides information on how participants learned about the focus groups.

**Table 2: How Group Reported Learning about Focus Group**

| How Learned about Focus Group | Number (Could list more than one way) |
|---|---|
| Independent Living Center | 3 |
| Phone Call or Email | 9 |
| Facebook | 0 |
| Flyer | 7 |
| Friend | 7 |
| Service Provider | 10 |

It should be noted that none of the focus group participants learned about the focus group through Facebook. In Greeley, most participants (55%) reported learning about the focus group through a flyer. In Alamosa, 50 percent reported hearing about the focus group from a friend. In Denver, 67 percent heard about the focus group through an email or phone call. In Grand Junction the primary method for learning about the focus group was through a service provider (54%).

# Findings of Focus Groups

## Topic #1: List of which public health insurance programs, such as Medicaid, each participant is knowledgeable, or is/was enrolled.

Focus group participants were asked about their knowledge of public health insurance programs such as Medicaid. 67 percent (n=25) of participants on the demographics questionnaire indicated that they received some type of public insurance (Medicaid, Medicare and/or Colorado Indigent Care Program). However, in four of the focus groups, participants indicated that they were unfamiliar with these insurance programs.

Some participants admitted that they knew nothing about the program or did not even know who to contact to find out about them. This apparent discrepancy could be attributed to the fact that some participants indicated they just became eligible while others commented that they were still trying to figure out the programs.

Comments from individuals who demonstrated an awareness of the programs stated that they thought the program was "hard to get on" and was for "people without good income." Others who used public insurance acknowledged that the program was for health care and allowed them coverage to see doctors and receive medicine.

## Topic #2: Participant's experience in obtaining health insurance coverage and how they currently access health care services, including their usual source of care.

When participants were asked about their experience accessing health insurance, there were three ways that made acquiring insurance easy – when insurance came with Social Security Administration disability benefits, when someone helped the participant apply, and when insurance came through work.

Eleven of the participants reported that they got insurance easily because it came with their Social Security disability benefit (n=11, 30%). A second way that made access to insurance easy was when individuals received assistance through family members and community providers. This was mentioned by participants in two different communities. Examples of places and personnel within a local community who helped participants apply for public health insurance included: emergency rooms, hospitals, Departments of Social Services and Human Services, Independent Living Centers, and Disability Program Navigators housed at local Workforce Centers. Finally, participants reported that it was easy to get health insurance when it came as part of their employment. This may have been more common if there were a higher percentage of participants who were currently working.

When participants reported that obtaining health insurance was difficult, there were three common barriers reported. The first was that the paperwork required to apply for insurance was lengthy, overwhelming and difficult to understand. Participants reported that the time it requires to apply and qualify for public health insurance was lengthy due to the amount of paperwork and documentation required and the number of questions to be answered. One participant stated that "it's too much to keep track of."

The second theme centered on the inability to get information about available health insurance programs. This was reported in four focus groups with descriptions such as, "I did not know about the program," and, "I did not know who to talk to."

Finally, participants reported that the time it requires to qualify for health insurance was lengthy. The range of responses about this was that individuals felt the wait to get on the insurance was very long while others commented that they had to apply multiple times for the insurance and still did not qualify. They also reported that there was an extensive wait time to meet with staff.

Focus group participants were asked where they access health care services. About 50 percent of the participants indicated they received their services from a primary doctor. This was stated in four of the five focus groups. One focus group in particular identified the local clinic as their primary location to access health care services. Three other groups listed this as one of a number of options. Another common response was use of the local emergency room to seek care. In one of the communities, using the emergency room to seek care was a predominant response. This community also reported that finding a local provider accepting Medicaid was a challenge. In addition, six participants reported using WebMD as a way to access health care services in this community.

While participants were responding to this question, three barriers were identified that interfered with individuals receiving health care services. The first barrier identified was affordability. This was noted in all five focus groups. Participants stated that co-pays were too high which prevented individuals from accessing health care from doctors on a regular basis. Participants reported that they just could not afford the out-of-pocket expenses to see the doctors and specialists as needed. They also cited that co-pays for prescriptions could also be unaffordable.

The second barrier identified was reported in three focus groups. Participants reported that insurance did not cover dental and vision appointments. Individuals stated that this care was important to their overall health and paying out of pocket for these expenses was just too much.

Finally, focus group participants expressed frustration that their insurance did not cover preventative care or alternative health strategies. Individuals reported that care such as physical therapy was not covered by their insurance yet this type of treatment could prevent deterioration of their health. At the same time, other participants stated that they felt medical providers only prescribed drugs to treat certain diseases and did not consider alternative health practices like acupuncture or other forms of treatment to manage their health.

## Topic #3: Participant's opinion of the potential barriers that exist for individuals to apply and enroll in the Medicaid Buy-In Program.

Focus group participants were asked why they believed individuals might not apply for a Medicaid Buy-In program even though they might qualify. Participants from all five focus groups clearly stated that paperwork was a barrier for individuals applying for assistance. Some individuals believed that the paperwork was too long. Many individuals reported that they did not understand the terminology used in the documents. Still others commented that the process was difficult to understand. In

addition, participants stated that the forms needed to be in the language that individuals spoke in their community, i.e. Spanish.

Another barrier identified by participants was cost. Cost was defined in terms of monetary expenses as well as time and effort. Individuals expressed concern that folks will not apply if they believe that the insurance is not affordable or that they could not see the benefit of spending the time and effort to apply for the program. Individuals may not apply if they feel that it would take too much time and it would be difficult to qualify.

Finally, participants commented that the level of trust individuals have with the local Departments of Social Services and Human Services (the terms of Social Services and Human Services are synonymous and are determined locally) is a barrier to apply to the program. Three of the focus groups commented on how important trust was when deciding to apply for public health insurance. Trust was described in a couple of ways. The comments about trust reflected individuals' feelings that they were not treated respectfully or received inaccurate and/or incomplete information.

## Topic #4: Participants opinion on the outreach strategies and methods that would be effective in generating awareness of the existence of these programs as well as methods for effectively facilitating application to and enrollment in the Medicaid Buy-In program.

Focus group participants offered a wide variety of ideas for outreach strategies and methods for generating awareness of the Medicaid Buy-In program. When asked who should hear about the program, the most frequent response was "everybody." In asking focus group participants for more specific examples, a number of audiences emerged. The most common responses were clinics, doctors and hospitals. Since this is where individuals are obtaining health care, they also thought these would be important locations to have information available regarding the Medicaid Buy-In program.

Additionally, respondents indicated that individuals with disabilities and organizations serving this population needed to hear about this new program. The following is a list of organizations and people identified as needing to hear about the program: Departments of Social Services and Human Services, Independent Living Centers, Division of Vocational Rehabilitation, Workforce Centers, Catholic outreach, churches, businesses, homeless shelters, food banks, colleges, schools, aged population, farmers, ranchers, veterans, teachers, and the working poor.

When focus group participants were asked how individuals should hear about the Medicaid Buy-In program, responses were diverse and also complemented statements made earlier about who should hear about it. All the focus groups reported that social media should be used. A common response was to use websites. Individuals were interested in having information posted on an easy to access website. Ideas for websites included a state web site as well as having local providers and organizations post or link to this information. Participants wanted to see information on the websites that were familiar to them.

Along with the website strategy, people recommended utilizing the networks and listservs of organizations where people receive help. The examples provided were Departments of Social Services and Human Services, Independent Living Centers, Mental Health Centers, doctors, hospitals, and clinics. Additional strategies using social media were suggested, such as putting information on YouTube, having it come up when searched on Google, putting information on a banner such as with Yahoo, and putting it to video. Participants stated that they wanted to access information directly within their local communities via word of mouth and through their local community networks.

Other ideas for increasing public awareness were the use of local newspapers, TV and public service announcements (PSA). Participants made a point to note that minority publications should be used to get the word out to underrepresented communities. Two

focus groups also recommended using local radio as a medium to get the word out on the Medicaid Buy-In program.

Focus group participants were asked how HCPF could assist individuals with the application process. The first set of recommendations centered on information. The most frequent response was to make the information simple to understand. Participants recommended using language at the fifth grade level and have it printed in Spanish and other languages as needed.

Another recommended strategy included showing the Medicaid Buy-In program in a side by side comparison to other programs. The comparison would illustrate: co-pays, income guidelines, benefits, length of program, how to apply, who it covers, what's not covered and who to call. One person even recommended looking at the Medicare program as an example of how to lay it out. To ensure the readability of the document, participants suggested that individuals with disabilities review the information and provide feedback regarding the comprehension level.

The second set of strategies recommended by three focus groups centered on staff training. This included conducting staff sensitivity training to the local Departments of Social Services and Human Services on providing good customer service to individuals with disabilities and also training staff to understand the Medicaid Buy-In program. Another recommendation was to make sure there are individuals in the community who can assist people with disabilities completing the application process. Most importantly participants stated that this assistance needs to be provided by someone trusted and does not necessarily need to represent a particular agency. Participants provided three examples of this type of assistance: outreach specialists, independent living staff and disability program navigators. Two sites suggested that Medicaid should invest financial support to establish these positions instead of printing brochures and flyers. Participants also recommended that the following agencies receive training on the Medicaid Buy-In program: Workforce Center staff, Departments of Social Services and

Human Services staff, Independent Living Center staff, Division of Vocational Rehabilitation (DVR) staff and local disability advocacy organizations such as Colorado Cross Disability Coalition. Of important note is that assistance in the application process needs to be provided by someone trusted in their local community.

When participants were asked how to apply, two major themes emerged. The most popular suggestion was to apply in person. This was followed by the recommendation of allowing individuals to apply online. When individuals suggested applying in person, they recommended that they be able to apply where people frequently visited in the community. Some examples included the local pharmacy, Wal-Mart, the Department of Social Services and Human Services, DVR, doctors' offices, hospitals and emergency rooms.

## Conclusions and Implications

The five focus groups conducted in four Colorado communities provided valuable information on the barriers that currently impede application and enrollment into public health insurance, the preferred outreach strategies to counter these barriers to assist with enrollment, and the various methods that will facilitate enrollment of individuals with disabilities in to the Medicaid Buy-In program. The analysis on the topic of barriers to application and enrollment revealed three primary issues. Participants from all five focus groups stated that long and difficult to understand paperwork was a barrier for individuals applying for public insurance. The second barrier impeding application was cost. Focus group participants defined cost in terms of monetary expenses as well as time and effort. Individuals expressed doubt whether they could afford the public health insurance's co-pays and if the application effort was worth the time. The third major barrier that emerged centered on trust. Respondents commented that if they did not trust the local Departments of Social Services and Human Services then they would not apply for the program. The comments about trust centered around feeling that they

were not treated respectfully or did not always receive accurate and/or complete information.

At the same time, focus group participants offered a variety of ideas regarding who should hear about the Medicaid Buy-In program and methods for generating awareness. When asked who should hear about the program, the common response was "everybody." In asking focus groups for more specific examples, a number of audiences emerged. The most common responses were clinics, doctors and hospitals. Additionally, respondents indicated that individuals with disabilities and organizations serving this population needed to be aware of this program.

The responses for how individuals should hear about the Medicaid Buy-In program really focused on where individuals with disabilities obtain information. All the focus groups reported that social media should be used. A common suggestion was to use websites. Along with the website strategy, people recommended utilizing the networks and listservs of organizations where people already receive help. Other social media recommendations including have information posted on YouTube, having it come up when searched on Google, having information on a banner such as with Yahoo, and putting it to video. Outside of social media, the focus group participants recommended using local newspapers, TV, local radio and Public Service Announcements. Importantly, participants noted that minority publications should be used to get the word out to underrepresented communities.

Focus group participants also offered a variety of recommendations that could mitigate or remove these obstacles to applying and enrolling. The first set of recommendations focused on information. The most frequent response was to make the information simple to understand. Participants recommended using language at the fifth grade level, have it printed in Spanish and other languages as needed, and ask members of the disability community to review for content and comprehension. The second recommended strategy was to show the Medicaid Buy-In program in a side by side

comparison to other programs. The comparison would illustrate: co-pays, income guidelines, benefits, length of program, how to apply, who it covers, what it does not cover and who to call.

The next set of strategies to facilitate enrollment in to the Medicaid Buy-In program centered on staff training. Respondents suggested the local Departments of Social Services and Human Services staff receive sensitivity training on providing good customer service for individuals with disabilities and the details of the new Medicaid Buy-In program. Another key suggestion was to make sure there are individuals in the community who can assist people with disabilities completing the application process. Most importantly, focus group participants stressed that this assistance needs to be provided by someone trusted in their community. This person does not necessarily need to represent a particular agency. Participants provided three examples of who might provide this type of assistance: outreach specialists, independent living center staff and disability program navigators.

Finally, in responding to the question of how individuals should apply for the Medicaid Buy-In program, two major methods emerged. The most popular suggestion was to apply in person. This strategy was followed by the recommendation of allowing individuals to apply online.

This Page Left Blank Intentionally

# Appendices

## Appendix 1: Comprehensive List of Stakeholders Contacted by WIN to Assist with Recruitment Efforts

### Alamosa

- Mary Russell - 719-580-4029, mrussellco@msn.com
- San Luis Valley Mental Health Center: Victoria Romero (TIGERS member) - 719 589-2590 ext 8006, victoriar@slvmhc.org
- Adams State College: Karl Jolliff - jolliffkg@adams.edu
- Division of Vocational Rehabilitation: Candace Lewis - 719-589-5158
- Department of Social Services: Laurie Rivera - 719-589-2511
- SLV Dweller.com
- Valley Courier: alamosanews@.com

### Ft. Collins and Greeley

- Larimer Workforce Center: Michelle Miller, Disability Program Navigator - 970-498-6657
- Larimer Workforce Center: Mark Johnston, WIA Youth Manager - 970-498-6624
- Larimer Workforce Center: Kristina Bulik Hocum, TANF Orientation - 970-498 6615
- Greeley Workforce Center: Laurie Speck, Disability Program Navigator – lspeck@co.weld.co.us
- Greeley Center for Independence: Lisa Hart, TBI Work Group – lhart@gciinc.org
- TBI Professional Work Group (Greeley, Loveland, Ft Collins): Cheryl Catsoulis - 970-506-0008
- Larimer Center for Mental Health and Northeast Behavioral Health Partnership: Laurie Seiler, advocate – 970-347-2451, laurie.seiler@larimercenter.org
- Menda Warne - 970-545-1344, access-ability@prodigy.net

### Grand Junction

- Mesa Workforce Center: Hollie VanRoosendaal, Disability Program Navigator - 970-257-2217
- CP of Colorado Community Work Incentives Coordinator: David Nelson - 970-256-2457
- Center for Independence: Linda Taylor - 970-241-0315
- Division of Vocational Rehabilitation: Ron Miracle - 970-248-7103, Ronald.miracle@state.co.us
- TBI Circle Network: Jennifer Shook - 970-241-6371
- Mesa Developmental Services: Jeff Nichols - 970-256-8601
- Hilltop: Lisa Vega - 970-245-3952
- Mesa County Human Services: Jeremy Kuebler - 970-241-8480
- Mosaic: Cheryl Wicks - 970-245-0519

**Denver/State Contacts:**

- American Council of the Blind of Colorado: Barbara Boyer - 303- 831-0117 X5, barbara.boyer@acbco.org
- Colorado Center for the Blind: Julie Deden - 303-778-1130, jdeden@cocenter.org
- Colorado Post-Polio connections: Ileta Smith - 303-755-7491, CouncilChair2010@aol.com
- National MS Society/Colorado Chapter: Carrie Nolan - 303-698-7400
- Assistive Technology Partners/UCD: Julia Beems - 303-315-1284
- Colorado Department of Public Health and Environment/Youth Transitions: Anne Marie Braga - 303-692-2946
- Colorado Department of Public Health and Environment/Community Health Centers: Steve Holloway - 303-692-2582
- Colorado Coalition for the Medically Underserved: Gretchen Hammer - 303-875-5399, Gretchen.Hammer@ccmu.org
- State Independent Living Centers: http://coloradosilc.org/resources/cocils.htm
- Boulder Independent Living Center (Center for People with Disabilities): an Engle - 303-442-8662 X104
- Federally Qualified Health Centers: Steve Holloway - 303-692-2582
- Clinic Net (uninsured)(Safety new Providers) – non-federally qualified health care centers: Steve Holloway - 303-692-2582
- State Independent Living Council (SILC): Julia Beems, chair - 303-315-1284
- Denver Options: TBI Trust Fund & Operation TBI Freedom: Jennifer Anderson - 303-636-5829, JNAnderson@denveroptions.org
- At the hang out for TBI Trust Fund Project: Jane - 720-341-8437, ScottJaneMcCray@comcast.net
- HIV/Aids – The Treatment Education Network (outreach to HIV/AIDS population): Rod Rushing - 720-435-5320 rushingtravel@hotmail.com
- Billy S. Allen - ADALeader.Billy@yahoo.com
- Kaiser Permanente: Elizabeth Newsome - Elizabeth.E.Newsom@kp.org
- Colorado Commission for the Deaf and Hard of Hearing: Cliff Moers – cliff.moers@state.co.us
- Colorado Cross-Disabilities Coalition: Julie Reiskin - 303-839-1775, jreiskin@ccdconline.org
- Developmental Disabilities Planning Council: Marna Aires - (720) 941-0176
- Denver Workforce Center, Tom Muniz - tom.muniz@denvergov.org

**Appendix 2: Recruitment Flyers**

**Free $25 Gift Card**

NEED Health Insurance?

Experience using Public Health Insurance?

We want to hear from YOU!

**Who:** Individuals with a disability
Ages 16 to 64
Income up to $4,061 per month or $48,735 per year

**Where and When:** **September 20, 2010 – 4:30 - 6:00pm**
Grand Junction Workforce Center – Conference Room 120
2897 North Avenue
Grand Junction, CO 81501

Refreshments will be provided along with a $25.00 gift card to Walmart for participating in the focus group.

**Registration:** Space is limited. Participants must register to confirm attendance and participate to receive the gift card.

**RSVP by:** **Registering online at** http://cowinpartners.org/Workshops.asp **or**
**Emailing** edie.bridge@ucdenver.edu **or**
**Calling Edie at 303.315.1271 x1, 303.837.8964 TTY, and Toll free at 877.726.9735.**

The Department of Health Care Policy and Financing contracted with Colorado WIN Partners/UCD to conduct focus groups. The goal of the focus groups is to hear your enrollment experiences with Medicaid and use the information to start a new Medicaid Buy-In Program.

**Reasonable accommodations to participate will be provided upon request. Requests must be received by September 14, 2010.**

## Tarjeta de regalo gratuita de $25

¿NECESITA seguro médico?

¿Tiene experiencia con seguro médico público?

¡Queremos oír SUS comentarios!

**Quién:** Personas con alguna discapacidad
De 16 a 64 años de edad
Con ingresos de hasta $4,061 al mes o $48,735 al año

**Dónde y Cuándo:** **20 de septiembre de 2010 – 4:30 - 6:00pm**
Grand Junction Workforce Center – Sala de conferencias 120
2897 North Avenue
Grand Junction, CO 81501

Se ofrecerá un refrigerio y se regalarán tarjetas de regalo de Walmart de $25 por participar en este grupo de enfoque.

**Registración:** El cupo es limitado. Los participantes deben registrarse para confirmar su asistencia y deben participar para recibir la tarjeta de regalo.

**Confirmar:** **Regístrese por Internet en** http://cowinpartners.org/Workshops.asp **o**
**Por correo electrónico a** edie.bridge@ucdenver.edu **o**
**Llame a Edie al 303.315.1271 ext. 1, 303.837.8964 TTY, 877.726.9735.**

El Department of Health Care Policy and Financing ha contratado a Colorado WIN Partners/UCD para realizar los grupos de enfoque. El propósito de los grupos de enfoque es conocer sus experiencias al inscribirse en Medicaid y usar esta información para iniciar un nuevo programa para que un individuo pueda comprar más servicios de Medicaid.

**A petición, se harán arreglos especiales razonables para que usted pueda participar. Las peticiones deben recibirse antes del 14 de septiembre de 2010.**

**Appendix 3: Final Focus Group Questions**

1)
   a. Do you have insurance? If yes, how did you get it? What made it easy to access? What made it difficult to access?
   b. Does your insurance meet your needs and why or why not? If change was needed how would you change it?
   c. Where do you see your doctor, where do you get home health services and/or Where do you get your Consumer Directed Attendant Services (CDAS) services from? (ER, clinic, health fairs, not at all)

2)
   a. Tell me about the Colorado Medicaid and Medicare programs you know about?
   b. Where did you find out about these programs? (friends, local office, Internet, email)
   c. Are your Medicaid or Medicare services what you expected? Why or why not?

3) The Medicaid Buy-In Programs are for working and nonworking individuals with disabilities and children with disabilities who are currently not eligible for or enrolled in Medicaid. The Buy-In programs will allow you (individuals/families with disabilities) to purchase some Medicaid benefits. It is important to know that there will be some income and asset limits. The programs are still being developed, and the benefits are not yet defined.

   a. What is your initial reaction to what Medicaid is planning on doing? Who needs to hear about this?
   b. What have you heard about the Medicaid Buy-In program?
   c. Would you know how to apply for this program?
      i. How do you think you might apply for this program?
      ii. How do you recommend providing assistance in applying for the buy-in? (Examples are in person, online, telephone, etc.)
   d. Why do you think someone would choose not to apply even though they can? (facilitator needs to know that some may say they believe the county would turn them down)

4) Medicaid Buy-In program.

a. How should people hear about this program?
b. What kind of information would you find helpful to know about the Medicaid buy-in? (Examples are cost, benefits, services, etc.)
c. Where would you like to hear or see information about the Medicaid Buy-In program? (website, T.V., newspaper, radio, friends, local organizations, etc)
   How do you find out about other things happening in your community?

5) What else do you think we need to know about the Medicaid Buy-In and letting people know about it?

## Appendix 4: Discussion Guide and Protocol

Thank you very much for taking time to join us here today. The goal of this focus group is to hear your enrollment experiences for Medicaid and hear why you may not have chosen to enroll. We have a contract with the Colorado Department of Health Care Policy and Financing to run the focus group and we will share what we learn. We will not share individual names of participants. We will provide the Medicaid state agency with a summary of what we heard. We will keep the information you provide private and confidential.

We are NAMES. We work at Colorado WIN Partners at the University of Colorado Denver. I will be leading the group today. NAME will take notes during the discussion and may ask some questions too.

This is one of six focus groups we are doing around the state. Again, we will tell the people at the Colorado Department of Health Care Policy and Financing what we learn from all the focus groups so they can use that information to develop good outreach strategies and effectively assist you in applying for new Medicaid programs. None of you will ever be quoted by name.

The session today will last up to 90 minutes. Please let us know if you need a break. For your participation, we will be providing you a $25.00 gift card after this session.

In a group like this it is very important that you say what is on your mind. There is no right or wrong answers. We are interested in all of your ideas and comments, both positive and negative, and if you do not agree with what someone said, let us know that. Occasionally, I may ask how many of you agree with a statement one or two of you make.

We would like to record the discussion because even though NAME is taking notes, it's impossible to write down everything and we want to be sure that we record your comments accurately. We will not share the recording with anyone else; it is strictly to help us remember what was said. The recordings will be kept in a secure file at the University of Colorado Denver. Even though no full names or identifying information will be used anywhere in our reports to the Medicaid state agency, you can make up a fake name if you don't want to use your first name only. Everything you share will not be linked to you in any way. Is it alright if we tape record this?

- Here are a few tips that will make our discussion go better:
- Please speak one at a time, repeating your first name each time, so the recorder can pick up each voice.
- Remember we have much to talk about during our time today, so I'll be moving us along.
- Please respect other people's privacy by not discussing the comments you hear today with anyone else. It is OK to talk about the program itself, but not any personal information that participants might share.
- We are not here to fix individual problems today but rather hear your answers to these questions.

Let's go around, introduce yourself using only your first name:

**Appendix 5: Demographic Sheet**

To help us better understand who we talked to, we have some questions. You do not have to answer any questions that make you uncomfortable. We will not link this information to your answers. It is really just to help us understand which groups we got feedback from.

1. Are you male or female? Circle one: M or F

2. Is a language other than English spoken in your home?

   Circle one: Yes or No

   If yes what language?

3. Below we ask about different types of insurance. Please place an X in the row to show what type of insurance you currently have.

| | Insurance |
|---|---|
| Private Health Insurance | |
| Medicaid | |
| Medicare | |
| CICP (Colorado Indigent Care Program) | |
| Other: _____ | |
| None | |

4. Do you have a health care provider you see regularly?

   Circle one: Yes or No

5. How old are you? Please place an X by the age range that best fits.

   _____ 16 to 17 years
   _____ 18 to 29 years
   _____ 30 to 39 years
   _____ 40 to 49 years
   _____ 50 to 59 years
   _____ 60 to 64 years

6. The new Medicaid Buy-In program will take into account your individual income. We need to know if we talked to people in the income ranges that could benefit from this program. Think of all your wages or benefits (like Social Security, pension). Place an X by the range that best fits.

_____ under $10,000 per year
_____ $10,001 to $20,000 per year
_____ $20,001 to $30,000 per year
_____ $30,001 to $40,000 per year
_____ $40,001 to $48,735 per year

7. Do you have a disability? Circle one: Yes or No

Please identify your type of disability with an "X":
Cognitive_____ Mental Illness _____ Physical _____
Blind or visual disability_____ Deaf or Hard of Hearing _____
Brain Injury _____ Other _____

8. Do you currently have a paying job? Circle one: Yes or No

9. How did you hear about the focus group today? (check all that apply)
_____ through my Independent Living Center _____ saw a flier
_____ got an email or phone call _____ a friend
_____ saw it on Facebook _____ service provider

10. What county do you live in?
_____