

Preparing Kinship/ Grandfamilies to Respond to Medicaid and CHIP Changes

Approximately 15 million people may lose their Medicaid or Children’s Health Insurance Program (CHIP) coverage in the coming months, including 6.8 million people who are actually still eligible. A full 72% of the children who lose coverage may still be eligible. This resource aims to provide information to professionals who work with kinship/grandfamilies so that they can better support the families and help them maintain their health insurance coverage.

Throughout this tip sheet, we use the term “kinship/grandfamilies” to refer to all families in which grandparents, other relatives, or close family friends are raising children whose parents are unable to do so. The terms “grandfamilies” and “kinship families” can be used interchangeably to refer to these families.

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Background

The [Centers for Medicare & Medicaid Services \(CMS\)](#) waived selected requirements and conditions associated with Medicaid and CHIP coverage in March 2020 due to the public health emergency.

This ensured that people who were relying on Medicaid and CHIP for health insurance did not lose their coverage (also known as “continuous enrollment”). However, this special provision is [ending](#) on March 31, 2023, meaning that states, territories, and the District of Columbia will be required to conduct eligibility reviews for Medicaid and CHIP participants. Millions of people will be

affected by these reviews, also known as the “unwinding” process. Due to the length of the process, individuals may lose their Medicaid or CHIP coverage as early as April 1, 2023, or as late as June 1, 2024.

Many children and adults in kinship/grandfamilies rely on Medicaid and/or CHIP to help cover their health care expenses, and they will be affected by the unwinding process. Although the percentage of children raised by kin who access Medicaid is lower than

the percentage who are eligible, it is a much-needed support for at least [42 percent](#) of these children. We lack data on how many kin/grandfamily caregivers are covered by Medicaid, Medicare, or private health insurance. We do know that almost half of all grandparent caregivers are age 60 and older, and about 25 percent have disabilities.

How You Can Help

Children and adults in kinship/grandfamilies who rely on Medicaid and/or CHIP need to know about this change, and they may need support as they navigate the unwinding process. Providing families with information and support could help to prevent people from losing their coverage. Those who lose their Medicaid and/or CHIP coverage even though they remain eligible may need help getting reenrolled. Those who lose their Medicaid and/or CHIP coverage because they are no longer eligible (as a result of an increase in income, a decrease in household size, or some other change) may need assistance transitioning to a new health insurance provider and avoiding a gap in coverage.

Spread the Word

CMS has prepared a [communications toolkit](#) to help with outreach. It is important to note that CMS [recommends](#) several methods of outreach to people who may be affected by the unwinding process. CMS suggests that agencies mail information directly to families and supplement this contact through email and Medicaid portals. Because postal delivery and broadband services are limited on Indian reservations, the [National Association of Medicaid Directors Unwinding Workgroup](#) is “encouraging states to engage with Tribes and IHCPs [Indian Health Care Providers] to ensure that Tribes can share meaningful input on state unwinding plans and to sustain coverage and assist with seamless coverage transitions.” Tribal input and collaboration are critical to the unwinding process.

All government and nonprofit professionals who interact with kinship/grandfamilies can help spread the word. CMS provides suggestions for [key messages](#), a [drop-in article](#), [social media and outreach products](#), [emails](#), [SMS/text messages](#), a [call center script](#), and [a tip sheet for CMS partners](#). Certain resources are tailored for outreach to Native communities.

Health Reform: Beyond the Basics, a project of the Center on Budget and Policy Priorities, has created a [Frequently Asked Questions resource](#) for community providers that is available in eight languages. The document provides the following [guidance](#):

The most important step enrollees should take [to maintain their Medicaid coverage] is to make sure the state Medicaid agency has their current mailing address and phone number so that they receive important notices and renewal forms. Enrollees can update their contact

information by calling the state Medicaid agency or visiting the agency's website. States are currently mailing important notices and will begin mailing renewal forms in the coming months. Once people receive a renewal form, they should respond by providing the requested information or get in touch with someone who can help.

It is crucial to note that individuals and families who do not respond to a request for information or a renewal package may end up losing their coverage. For example, a [flowchart from CMS](#) shows what happens if income data sources indicate that a child is no longer eligible for Medicaid. If the sources suggest that the child qualifies for CHIP but the family does not respond to a request for information/renewal package and the state does not have enough independent information to determine the child's eligibility for CHIP, the child will lose Medicaid coverage and will not be enrolled in CHIP. The child will be without health care coverage.

Inform Dual Enrollees of Their Rights

As a result of a 2020 Interim Final Rule from the U.S. Department of Health and Human Services (HHS), individuals who were enrolled in Medicaid and became eligible for Medicare during the Public Health Emergency may have been moved from Medicaid to a Medicare Savings Program, which provides less coverage. A federal judge ruled that this violated the continuous enrollment provision of the Families First Coronavirus Response Act and issued a nationwide preliminary injunction on January 31, 2023. The preliminary injunction is in effect through March 31, 2023, and it requires HHS to reinstate earlier guidance that mandated retroactive reinstatement of anyone who experienced a wrongful termination or reduction in their Medicaid coverage after March 18, 2020. An [Advocate Guide](#) shared by Justice in Aging and the National Health Law Program notes that “[a]lthough the injunction expires on March 31, an individual’s restored full Medicaid eligibility will continue until the state’s Medicaid program conducts a redetermination for that individual and provides advance notice of a change.” Kin/grandfamily caregivers are more likely than parents to qualify for Medicare due to age and/or disability, so it is important to be aware of this particular issue.

Support Transitions to Coverage through the Marketplace

Children and adults in kinship/grandfamilies who are no longer eligible for Medicaid and/or CHIP are likely to qualify for free or low-cost health insurance through the Marketplace. CMS has [announced](#) that there will be a Marketplace Special Enrollment Period (SEP) from March 31, 2023 through July 31, 2024 “for qualified individuals and their families who lose Medicaid or CHIP coverage due to the end of the continuous enrollment condition.” While this SEP covers the entire unwinding period, coverage will not begin until the first day of the month after an individual or family selects a plan, so application timing matters for continuity of coverage. Individuals and families can apply for Marketplace coverage before their Medicaid or CHIP coverage ends, and, after

submitting their application, they have 60 days to select a plan. State-Based Marketplaces may have different policies. Kinship/grandfamilies might benefit from help with the application and/or assistance in selecting a plan. [Agents, brokers, and assisters](#) are trained to provide support.

Further Resources

In addition to the sources linked throughout this document, other resources that may be useful are linked below.

- ▶ The National Health Law Program (NHeLP) has posted a list of “[10 Issues for Advocates to Monitor During the Medicaid Continuous Coverage Unwinding](#)” and “[Unwinding Medicaid Continuous Coverage: Checklist for Redeterminations.](#)” Other direct-service professionals may also find these documents useful as they help individuals and families to navigate this process. NHeLP has also prepared a [14-page document](#) full of links to unwinding resources.
- ▶ A brief slide deck from CMS, called “[Consumer Research on Unwinding Phase I: Preventing Churn.](#)” highlights key takeaways on strategies, such as constructive messaging, to keep eligible people enrolled in Medicaid (preventing them from moving off the rolls only to be readded shortly after). The information is based on “in-depth interviews with 49 people/caregivers receiving Medicaid/CHIP.”
- ▶ The “[Unwinding and Returning to Regular Operations after COVID-19](#)” page on Medicaid.gov provides links to many additional resources.

The Grandfamilies & Kinship Support Network: A National Technical Assistance Center (Network) helps government agencies and nonprofits in states, tribes, and territories work across jurisdictional and systemic boundaries to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children whose parents are unable to do so. For more information, please visit www.GKSNetwork.org.

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