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KEEP YOUR HEALTH COVERAGE COALITION PLAYBOOK

Local Readiness Guide for Hospitals and Community Partners:
Protecting HUSKY D Coverage

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I. Why local action is needed now

Federal Medicaid eligibility changes are expected to create new risks for coverage loss and disruption in care, especially for individual adults enrolled in HUSKY D. These changes are expected to include more frequent eligibility checks; new work, volunteer, education, or training requirements for some adults; expanded documentation and exemption processes; and shorter retroactive eligibility periods. Taken together, these changes may make it harder for eligible residents to stay covered and may increase confusion, administrative burden, and gaps in care.

These challenges will not be solved by state government alone, and they will not be solved by hospitals acting alone. Collaboration is critical, and much work will happen locally. Residents will need timely information, trusted messengers, practical navigation support, help understanding documentation and exemption issues, and connections to local services and opportunities. Hospitals, municipalities, community-based organizations, schools, workforce partners, social service providers, and other trusted institutions will all have important roles to play.

This playbook is designed to help local leaders and healthcare providers organize that work. It is intended to support communities in building a practical local structure for planning, coordination, outreach, and problem-solving so they are ready to help residents maintain coverage and avoid preventable coverage loss.

The Department of Social Services (DSS) is the state agency responsible for administering the HUSKY program. Local planning should therefore be understood as complementary to state administration of eligibility, renewals, verification, exemptions, and related operational processes. The work of coalitions can support the state's goal of protecting coverage by helping residents understand new requirements, reducing avoidable barriers to continued enrollment, connecting residents to trusted local supports, and elevating policy barriers and recurring operational issues that may require clarification or state attention.

II. What is a Keep Your Health Coverage Coalition?

A **Keep Your Health Coverage Coalition** is a local hospital-community partnership organized to help individuals maintain their HUSKY D coverage and prepare for the local impacts of federal Medicaid eligibility changes resulting from H.R. 1.

The coalition is meant to bring together the people and organizations most relevant to this work. At a minimum, that usually includes:

- Hospitals and other healthcare providers
- Community-based organizations serving Medicaid beneficiaries
- Municipal leaders or staff
- Social service and navigation partners
- Education and workforce partners
- Trusted community institutions such as health departments, faith-based organizations, libraries, or community centers
- Philanthropy
- Others with direct relationships to HUSKY members

A Keep Your Health Coverage Coalition does not need to look the same in every community. In some places, it may be a new task force or working group. In others, it may be built within an existing partnership or collaborative. Each coalition will need to define the towns, city, region, or other geographic area that will be the focus of its planning and implementation efforts. For larger coalitions, it may also be helpful to establish a smaller leadership or steering committee to coordinate the work between full coalition meetings and help keep planning moving. The goal is to create a local structure that is practical, credible, and capable of moving the work forward.

Community voice is essential. Local planning will be stronger if affected communities are engaged early and meaningfully to help identify the barriers residents are likely to face, clarify which barriers matter most for different populations, and co-design practical solutions that will work in real-world conditions. Some local coalitions may build this directly into their approach through listening sessions, focus groups, community partner meetings, or co-design discussions with residents and trusted organizations.

CHA's Health Equity Advisory Group may be able to help support local efforts to undertake community engagement planning.

A Keep Your Health Coverage Coalition should help a community answer questions such as:

- What towns, neighborhoods, or geographic area will be the focus of the coalition's efforts?
- Who is most likely to be at risk locally?
- What barriers could prevent residents from staying covered including for specific populations or neighborhoods?
- What support will residents need to understand requirements, complete documentation, and maintain coverage?
- What solutions should be co-designed with residents, community organizations, and trusted messengers?
- What local strengths, trusted networks, and existing resources can be built upon?
- What gaps require new partnerships, tools, funding, or state-level support?
- What issues need to be elevated beyond the local level?

III. What the coalition is building toward across the phases

This playbook is centered on building a local coalition that is the first step in a multiphase strategy.

Phase One: Organizational Phase

(April 1 to June 30, 2026)

This phase is about getting organized and beginning to prepare. Local coalitions should:

- Identify the designated core partners
- Decide what local structure will be used
- Define the towns, city, region, or other geographic area that will be the focus of coalition planning and implementation
- Identify populations likely to be affected
- Engage HUSKY D recipients and Community Health Workers (CHWs) and assisters to identify likely barriers, risks, and local assets
- Begin initial outreach messaging to organizations that support Medicaid beneficiaries and to HUSKY members themselves (***Initial messaging starter kit materials are available on the [H.R. 1 and HUSKY D Changes*](#) webpage***)
- Identify likely staffing, funding, and resource needs
- Establish a process for elevating unresolved barriers or questions

The goal of Phase One is to create a functioning local structure with a shared understanding of the work ahead, including a clear definition of the geographic area the coalition will serve. *CHA is coordinating directly with DSS and can be a means to elevate barriers or questions.*

Phase Three: Pre-implementation Phase

(October 1 to December 31, 2026)

This phase is about building and testing what was planned. It may include:

- Identifying how residents will be referred to assistance or pathway opportunities
- Developing scripts, resource lists, practical tools
- Establishing and scaling work, training, volunteer, and education opportunities
- Preparing local outreach materials
- Training hospital staff and community partners
- Testing workflows and referral pathways
- Making sure escalation channels are working when local barriers arise

This phase is about readiness for action.

Phase Two: Planning Phase

(July 1 to September 30, 2026)

This phase is about turning early organizing into a local plan. Depending on what is known and needed locally, this may include:

- Developing a local operating plan
- Clarifying how hospitals, community organizations, and municipalities will work together
- Planning how residents will get help with documentation, exemptions, and other compliance-related needs
- Identifying what outreach, education, and navigation supports are needed
- Shaping local messaging and identifying trusted messengers
- Mapping local work, volunteer, education, and training opportunities that may help residents meet requirements where applicable
- Identifying options to scale existing opportunities or establish new opportunities
- Identifying where standard tools, guidance, or additional clarification will be needed

This is the phase where local participants move from “who needs to be at the table” to “what are we actually going to do.”

Phase Four: Implementation Phase

(January 1 ongoing)

This phase is about carrying out the work and adjusting as needed. It may include:

- Helping HUSKY members understand and respond to new requirements
- Monitoring barriers and coverage risks
- Identifying local problems that can be solved quickly
- Elevating recurring or systemic issues for broader attention
- Refining outreach, navigation, and support strategies
- Helping local partners stay aligned as implementation unfolds

***Short URL: cthosp.org/HUSKYD**

IV. The four core local workstreams

To assist in keeping the effort achievable, local coalitions can organize their work around four core areas.



A. Local Coalition Planning



B. Documentation and Compliance Support



C. Work, Volunteer, Education, and Training Pathways



D. Outreach, Education, and Planning



A. Local Coalition Planning

This is the work of building and sustaining the local table.

It includes:

- Choosing the coalition structure and leadership
- Defining the towns, city, region, or other geographic area that the coalition will cover
- Identifying the designated core partners
- Establishing a simple meeting cadence and decision process
- Making sure community voice is included
- Identifying local strengths, gaps, and coordination needs
- Creating an initial action plan

The subsequent work will rest on this foundation.

B. Documentation and Compliance Support

This work area focuses on the practical barriers residents may face related to documentation, verification, exemptions, and other compliance-related requirements.

It includes:

- Identifying where residents are likely to struggle
- Thinking through what role participating organizations can and cannot play
- Identifying where community organizations may help with education, navigation, or document support
- Surfacing equity concerns and administrative burdens
- Distinguishing between issues that can be addressed locally and issues that need broader clarification

The goal is to understand likely pressure points and begin planning realistic support mechanisms.

C. Outreach, Education, and Navigation

This work area is about helping residents understand what is changing and how to get help.

It includes:

- Identifying which populations are most likely to need support
- Identifying trusted messengers and effective communication channels
- Coordinating clear and consistent local messaging
- Identifying where residents currently receive help with benefits, enrollment, or navigation
- Strengthening coordination among hospitals and community partners
- Beginning early outreach in Phase One, even while some details are still evolving



Early outreach should be honest and practical. It should let residents and community-serving organizations know that changes are coming, that more guidance will follow, and that local partners are organizing support.

D. Work, Volunteer, Education, and Training Pathways

This work area focuses on local opportunities that may help residents meet work or community engagement requirements, if applicable, and on the practical realities of the local opportunity landscape.

It includes:

- Identifying existing local programs and opportunity providers
- Understanding what kinds of opportunities are realistic and accessible
- Identifying barriers such as transportation, language, childcare, documentation, capacity, or trust
- Clarifying that hospitals are not expected to create or run these pathways on their own
- Thinking through how referral relationships may work over time



In the early phase, this work should focus on mapping and feasibility. Building programs will follow once federal and state policies, operational infrastructure, and practical constraints are better understood.

V. Funding and resource planning

Local planning should include an early look at what resources may be needed to do this work well. Even when communities can build on existing capacity, they may identify needs related to staffing, communications, translation, navigation support, meeting coordination, community outreach, pathway mapping, technology, or data support.

Each coalition should begin early to ask:

- What can be done with current staff and partner capacity?
- What functions may need dedicated staffing or outside resources?
- What costs should be estimated now to avoid delaying the project later?
- Are there hospital, municipal, philanthropic, or partner resources that can support the effort?

The goal at this stage is to begin to size the budgetary needs to support initial planning and areas where funding requirements will need to accompany Phase Two planning.

VI. Escalating Shared Challenges Beyond the Local Level: CHA Support

Some barriers can be solved locally. Others will require common guidance, broader coordination, or engagement beyond the local level.

CHA's role in this broader effort is to monitor emerging policy and operational developments, support shared learning, develop common guidance and tools where useful, elevate best practices and recurring barriers, and help bring forward issues that may require broader attention. The Department of Social Services remains the state agency responsible for administering the HUSKY program and for implementing state eligibility and operational processes. Local coalitions are not expected to perform state functions, but they can help identify barriers, support residents, and elevate operational issues that may require clarification or state attention.

CHA may have some capacity to provide limited support to local coalitions seeking to integrate community voice into planning by sharing discussion guides or other tools, helping identify common barrier themes, supporting statewide synthesis of what communities are hearing, and connecting local experience to broader planning and problem-solving. CHA's Health Equity Advisory Group is helping to inform this aspect of the work. This support should be understood as an opportunity to strengthen local planning and shared learning, not as a substitute for local relationship-building.

Local coalitions should elevate issues such as:

- Recurring documentation or verification barriers
- Role-boundary questions that remain unresolved
- Policy barriers and operational issues affecting multiple communities
- Equity concerns or access barriers that appear broader than one locality
- Questions that require clarification beyond the local level
- Issues for which common tools, guidance, or shared advocacy may be helpful.

The key point is that local coalitions should not feel that they are working in isolation. Unresolved issues that go beyond local problem-solving can be elevated to CHA for support in pursuing statewide solutions.

Appendix A

Local Coalition Planning Checklist

Use this checklist to confirm that the local Keep Your Health Coverage Coalition has completed the core activities needed to finish Phase One and move into Phase Two.

1. Establish the coalition structure

- A local coalition structure has been selected and documented. Examples may include:
 - An existing coalition or collaborative
 - A new Keep Your Health Coverage Coalition or task force
 - A smaller planning group to begin the work
 - A chair, co-chair, steering committee, or other smaller coordinating structure has been identified, if needed
- The towns, city, region, or other geographic area that will be the focus of the coalition's work has been defined.
- A basic meeting and coordination approach has been established for Phase One.

2. Confirm participating organizations

- Participating organizations have been identified and invited. This should include, as appropriate:
 - Hospital
 - Community-based organizations serving Medicaid beneficiaries
 - Municipal leaders or staff
 - Social service and navigation partners
 - Education and workforce partners
 - Local university
 - Schools
 - Library
 - Faith-based organizations
 - Health Department
 - Other trusted community institutions
 - Philanthropy
- Major participation gaps have been identified.

3. Hold an initial coalition forum and local scan

- At least one kickoff meeting, informational forum, or similar convening has been held with participating organizations.
- The coalition has identified the populations most likely to be affected locally.
- The coalition has identified the towns, neighborhoods, or other parts of its geographic area where outreach, navigation, or other supports may need to be concentrated.
- The coalition has identified initial barriers, challenges, and open questions affecting residents' ability to stay covered.
- The coalition has identified major local strengths, assets, trusted networks, and existing resources that can be built upon.
- Community voice has informed the coalition planning discussion, including through HUSKY members, CHWs, assisters, trusted community organizations, or similar sources.

4. Begin early outreach and issue identification

- Initial outreach has begun to organizations that support Medicaid beneficiaries.
- Initial outreach has begun to HUSKY members, or the coalition has agreed on how such outreach will begin.
- Trusted messengers, likely communications channels, and available starter materials have been identified.
- Initial issues requiring state clarification, common guidance, or broader support have been documented.

5. Set up the Phase Two planning work

- Phase Two planning work groups have been established for the following work areas:
 - Documentation and Compliance Support
 - Outreach, Education, and Navigation
 - Work, Volunteer, Education, and Training Pathways
- A lead and participants have been assigned for each Phase Two planning work group.
 - Documentation and Compliance Support
 - Outreach, Education, and Navigation
 - Work, Volunteer, Education, and Training Pathways
- Each Phase Two planning work group has held or scheduled an initial planning meeting.
- Each Phase Two planning work group has been assigned a short Phase Two planning task list.

6. Identify resource needs and escalation items

- A preliminary list of near-term staffing, funding, technology, communications, navigation, or other resource needs has been developed.
- The coalition has identified what can likely be done with current partner capacity and what will require added support.
- The coalition has identified issues that should be elevated to CHA for broader coordination, guidance, or state engagement.

7. Confirm readiness to close Phase One

By the end of Phase One, the coalition should be able to answer yes to the following questions:

- Do we have a clear local coalition structure and a defined geographic scope for this work?
- Have the right organizations been identified and invited?
- Have we held an initial convening to identify local barriers, assets, and open questions?
- Has community voice informed our early planning?
- Have we begun initial outreach, or agreed on how it will begin immediately?
- Have we established Phase Two planning work groups with named leads and participants?
- Have we identified the main resource needs and the issues that need to be elevated beyond the local level?