OFFICE OF THE FIRST LADY

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  - Millennium Council Projects
- DSCC Mikulski
- Maternal Health
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- Middle East
- Politics of Meaning
- Portland Money
- Prayer Group
- Press Guidance
- Moakley
- NYU—meeting on global economy
- PAHO
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- Shipley, David
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- Texas Election
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- Millennium Council Projects

❖ Treasures Tour: Pittsfield, MA
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File: Maternal Health

The Title V Maternal and Child Health Services Block Grant leads the nation in assuring the health of children, pregnant women, and their families. The Maternal and Child Health Services Block Gra is a Federal-State partnership that supports and develops community-based solutions to address the countless health threats facing families.

Title V Improves The Health of Our Nation's Mothers and Children

For example, by...

- Investing in prenatal programs which help mothers nationwide give birth to healthy babies.
  - Every dollar spent on prenatal care saves $3 in medical costs within the first year alone.
  - Every low birthweight delivery that is prevented saves approximately $14,000–$30,000 per child in health care costs.
- Preventing children from disabling diseases, injuries, and other health problems.
  - Every dollar spent on measles-mumps-rubella vaccine saves $21 on treatment costs.
  - Every dollar spent on car safety seats for low-income children saves $32 on medical care.
  - Lead poisoning prevention programs save $1,300 per child in medical costs and $3,300 per child in special education costs.

Title V Ensures Quality Health Care for Families

For example, by...

- Running toll-free hotlines in every state that link families to health services.
- Establishing clinics and other health programs in places where people need them—in schools, and underserved communities including rural areas.
- Protecting children with chronic illnesses and disabilities from long-term institutionalization through access to pediatric specialists and other needed services.
  - $15 million is saved each year in long-term care costs by enabling families in one state to care for disabled children at home.
- Creating guidelines and standards that doctors, nurses, and HMOs use to assure that families get the appropriate, quality care they need.

Title V Creates Safe & Healthy Communities

For example, by...

- Helping communities educate parents about childhood threats like Sudden Infant Death Syndrome (SIDS).
- Supporting innovative community-based programs to encourage youth and pregnant women to stop smoking.
- Working with communities to pinpoint and address their local health needs ranging from teen pregnancy to low immunization rates.

For more information contact the Association of Maternal and Child Health Programs at (202) 775-0436.

Families
Health
Community
Children

Every family deserves a strong start.

Title V Maternal and Child Health Services Block Grant

Association of Maternal & Child Health Programs
1350 Connecticut Avenue, NW, Suite 803, Washington, DC 20036.
Phone: 202-775-0436; fax: 202-775-0061; e mail: info@amchp.org

Association of Maternal and Child Health Programs

1998 Annual Meeting

First Person Introducing First Lady Hillary Rodham Clinton:

Catherine A. Hess, MSW
Executive Director
Association of Maternal and Child Health Programs

Person Presenting "Inaugural AMCHP Award for Outstanding Leadership in Maternal and Child Health" to Mrs. Clinton:

Deborah Klein Walker, EdD
President
Association of Maternal and Child Health Programs

The Association of Maternal and Child Health Programs (AMCHP) is a national non-profit organization whose mission is to provide leadership to assure the health and well being of all women of reproductive age, children, youth, and families. The Association serves as a source of new ideas and in-depth knowledge on women's and children's health and the public policies that influence them.

The membership of AMCHP, which numbers nearly 400 individuals, is principally made up of the directors and staff of state public health agency programs for maternal and child health, and children with special health care needs. These programs have a common source of federal funding, the Maternal and Child Health Block Grant, authorized under Title V of the Social Security Act. In addition to state public health leaders, AMCHP members also include academic, advocacy, and community-based maternal and child health professionals, as well as families.

• A M C H P •

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FOR IMMEDIATE RELEASE
March 9, 1998

CONTACT:
Catherine A. Hess, MSW
Executive Director
202/775-0436

FIRST LADY HILLARY RODHAM CLINTON SPEAKS AT 1998 AMCHP ANNUAL MEETING, RECEIVES MATERNAL AND CHILD HEALTH LEADERSHIP AWARD

On Monday, March 9, First Lady Hillary Rodham Clinton addressed nearly 650 members of the maternal and child health community on child care issues at the Annual Meeting of the Association of Maternal and Child Health Programs (AMCHP). The meeting, "New Environments, New Needs: Setting the Agenda for Quality," took place in Washington, D.C. from March 9-11 at the Omni Shoreham Hotel.

AMCHP President Deborah Klein Walker introduced the First Lady and presented her with the AMCHP Inaugural Award for Leadership in Maternal and Child Health. After the award ceremony, Mrs. Clinton spoke to the meeting attendees about national issues related to child care. In her remarks, Mrs. Clinton praised the work of the Association and its members on key bipartisan initiatives for child health, such as the new Children's Health Insurance Program.

In praising Mrs. Clinton's leadership on children's issues, AMCHP Executive Director Catherine Hess said, " In her years in Washington and, earlier, in Arkansas, the First Lady has demonstrated a strong and consistent commitment to supporting communities and families in caring for the health and well-being of our children and youth. We look forward to her continued leadership, particularly in the pressing area of child care, and appreciate her recognition of the need to address health and safety concerns in child care settings."

AMCHP is a national non-profit organization whose mission is to provide leadership to assure the health and well being of all women of reproductive age, children, youth, including those with special health care needs, and families. The Association serves as a source of new ideas and in-depth knowledge on women's and children's health and the public policies that influence them.

The membership of AMCHP, which numbers nearly 400 individuals, is principally made up of the directors and staff of state public health agency programs for maternal and child health, and children with special health care needs. These programs have a common source of federal funding, the Maternal and Child Health Services Block Grant, frequently referred to as Title V of the Social Security Act. In addition to state public health leaders, AMCHP members also include academic, advocacy, and community-based maternal and child health professionals, as well as families.

MAKING CHILD CARE SETTINGS HEALTHY, SAFE, AND APPROPRIATE FOR ALL CHILDREN

As growing numbers of children spend their days in child care, the need to assure that these settings are healthy and safe for all children has become even more pressing. Studies have shown that if children are healthy, safe, and well-cared for at home and in quality child care settings that meet each child's unique developmental needs, they will thrive.

State Title V Maternal and Child Health Programs and the Maternal and Child Health Bureau within the Department of Health and Human Services have long recognized the need to integrate health prevention and promotion activities into child care settings to assure high quality care and healthier children. Initial activities have focused on improving linkages between health care and child care.

The maternal and child health community recognizes that there is much to be done if we are to improve health and safety conditions in child care settings for all children, including children with special health care needs. The current need for healthy and safe child care settings will only be compounded by the increasing demand for child care by women leaving welfare. But, improvements in quality child care require additional resources devoted to health and safety functions and a clear and strong role for public health.

I. FAMILIES DEPEND ON CHILD CARE

- In 1995, 61% of infants, toddlers, and preschool children under the age of six were in child care. Among those children under age one, 45% were in child care on a regular basis.

- Approximately 24 million school-age children require care while their parents are at work. And 76% of school-age children with an employed mother spend time in at least two child care arrangements during a typical week, in addition to their time in school.

II. HEALTHIER AND SAFER CHILD CARE SETTINGS FOR ALL CHILDREN

- ***Injury Prevention***: Children must be protected from hazards and potential injuries (unintentional and intentional) at their day care settings. For example, by having safe areas for children to play as well as age-appropriate playground equipment and toys, the risk of injury is minimized. Training, support, and a national child care provider registry can help prevent intentional injury. In the event of an emergency, however, child care providers need to have policies and procedures in place as well as appropriate training to handle the situation.

- ***Disease Prevention and Control***: Children must be protected from potentially serious infectious diseases such as measles and meningitis. Training for child care workers on how to prevent the spread of disease and illness in child care settings, including information on proper sanitation and hygiene procedures, will help reduce the spread of germs and the potential for children to contract infectious diseases. Caregivers can be active partners with the children's parents and health professionals in primary prevention, early detection, and prompt treatment of diseases.

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- ***Immunizations***: Child care settings are a convenient venue to conduct preventive health screenings and assure that immunizations are provided. The child care and maternal and child health community can continue to build on ongoing activities that educate child care providers and parents about the importance of immunizations and create more opportunities to immunize children.

- ***Nutrition***: Child care providers can help improve the nutritional status of children by providing healthy, well-balanced and age-appropriate meals. They can also help parents better understand the nutritional needs of their growing child. Public health nutritionists can work with child care providers to develop healthy menus.

- ***Promotion of Child Health***: Child care settings present opportunities to promote basic health care through vision and hearing screenings, for example. Public health professionals and the child care community can continue to work together to improve opportunities to promote and integrate preventive child health practices into child care settings and to assure that each child has a medical/health home. In addition, outreach services for Medicaid and Title XXI can be offered at child care sites.

- ***Access to Quality Care for Children with Special Health Care Needs***: Families of children with disabilities have great difficulty in finding safe, appropriate and affordable child care providers to care for their children. More training and technical assistance must be available to ensure that children with special health care needs are being cared for properly. Training and support from health professionals will assure that child care settings meet the potentially complex medical needs of such children.

  In addition, parents of children with special health care needs require greater access to "respite" care. To reduce family stress and enhance work opportunities, respite care, or temporary relief for the primary caregiver, is essential for the parent or caretaker who provides 24-hour care for a child with special needs.

III. STATE MATERNAL AND CHILD HEALTH PROGRAMS' ROLES

State Title V Maternal and Child Health and Children with Special Health Care Needs programs, funded by the Title V Maternal and Child Health (MCH) Services Block Grant, are frequently involved at community and state agency levels in providing technical assistance and training to child care providers regarding child health concerns. Linkages at the local level are established in many communities to assure that health care services are available for children enrolled in child care programs.

The following are examples of how state Title V programs are pursuing activities to integrate health and child care through funding from the Health Systems Delivery in Child Care Grants, supported by the MCH Block Grant.

Building Linkages Between Child Care and Health - Utah

The Utah Maternal and Child Health Program used its grant funds to develop and implement a child care training network on child health and safety. This network, in turn, developed protocols for child care providers of children with special health care needs. In addition, the Utah MCH program is focusing on the child care setting as a place to improve immunization rates.

Improving Access to Child Care for Children with Special Health Care Needs - Minnesota
Minnesota's Maternal and Child Health Program teamed up with the Minnesota Department of Children, Families and Learning to initiate a program called Project EXCEPTIONAL to help families find child care for their children with special health care needs. The project entails recruiting providers and expanding training to increase the number of qualified providers offering safe, quality care in appropriate settings to handle the medical conditions of children with special health care needs.

Health and Safety Training - North Carolina
Under the leadership of the North Carolina Maternal and Child Health program and the North Carolina Pediatric Society, the state has launched a Healthy Child Care North Carolina program to improve health and safety in child care. This program trains pediatricians and representatives of local health departments who provide health and safety information to child care providers.

IV. FEDERAL LEADERSHIP IMPROVING THE HEALTH AND SAFETY OF CHILDREN

The Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), has taken a leadership role in helping states promote health activities in child care settings. The following activities have been supported by the Maternal and Child Health Bureau to help states and communities build linkages between health care and child care.

- ***Health Systems Development in Child Care***: The Maternal and Child Health Bureau has awarded $50,000 grants to almost every state to build statewide integrated health, child care, and social services systems. The template for these activities is the Healthy Child Care America Campaign's Blueprint for Action.

- ***The Healthy Child Care America Campaign:*** This program, launched by the Maternal and Child Health Bureau and the Child Care Bureau, has helped states and communities develop innovative programs that promote healthy child care environments; easily accessible immunizations for children in child care; access to developmental screening; health and mental health consultation; and, health, nutrition and safety education for child care providers, children and their families. Continuing support for this program is provided by the American Academy of Pediatrics.

- ***Guidelines for Care***: Child care providers and health professionals have benefitted by the publication of "Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs" developed jointly by the American Public Health Association and the American Academy of Pediatrics.

- ***Training for Child Care Health Consultants***: The University of North Carolina School of Public Health has received funding to develop and implement state-based programs to train public and private sector health professionals to serve as health consultants to child care programs.

- ***National Resource Center for Health and Safety in Child Care***: The Center, located at the University of Colorado School of Health Science in Denver, seeks to improve child care quality by supporting state and local health departments, child care regulatory agencies, child care providers and parents through training and technical assistance, conferences, and development and distribution of resource materials.

The Association of Maternal and Child Health Programs recommends that health and safety measures be adequately addressed in federal and state child care activities.

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TO: CHRISTY MACY 202/

FROM: CATHY HESS

FAX NUMBER: 456-5709

DATE: 3/4/98

PAGES TO FOLLOW: 21

COMMENTS: AS WE DISCUSSED - SOME POINTS TO CONSIDER + BACKGROUND INFO ON: TITLE V / MCH ROLE IN CHIP (FOCUSING ON RESULTS / OUTREACH OUT OF STATE EXS); MCH ROLE IN CHILD CARE; ROLE IN SSI FOR KIDS - STILL HUNTING FOR 1944 - INFO TO FOLLOW SHORTLY - DON'T MEAN TO DROWN YOU IN PAPER - CAN WALK YOU THROUGH BACKGROUND PIECES IF YOU WANT

POINTS TO INCLUDE IN HILLARY RODHAM CLINTON'S SPEECH TO AMCHP

Acknowledgements

AMCHP President Deborah Klein Walker (Massachusetts' Assistant Health Commissioner) and Executive Council (Board of Directors includes elected officers and 10 regional representatives)

Executive Director Catherine Hess and the rest of AMCHP's staff

Dr. Gil Buchanan, who has been active not only as a national leader in AMCHP and the Academy of Pediatrics, but has been a strong advocate in Arkansas, and his colleagues from Arkansas (Dr. Richard Nugent, Donnie Smith and Nancy Church)

The parents, including those whose children have special health care needs, who are working with state MCH programs, and who have joined us here at this meeting

Representatives of federal HHS agencies - HRSA, CDC, HCFA and ACF- which are key to working with our public and private partners at the national, state and community levels, as represented here today, to assure all our children develop to their full potential

AMCHP's work with the Administration

AMCHP and the state Title V programs it represents have been with us from the beginning in this Administration's work to assure that all Americans, but especially our families and children, have access to the supports they need to promote their health and well being

AMCHP joined with our efforts to secure health insurance, including our success with the Kennedy-Kassebaum insurance reforms, and more recently, with the historic child health insurance program. AMCHP has also been a consistent guide, leader and advocate in assuring that insurance cards actually translate into access to care and improved health outcomes for children. The Administration is counting on AMCHP and its members especially to help in our campaign to get eligible children, including those on SSI, enrolled in Medicaid and other health insurance; we know of the success of your previous efforts on outreach.(see attached)

AMCHP and state MCH programs have been with us in addressing major threats to our children's health. With AMCHP and its members help, we are now experiencing historically high immunization rates. AMCHP has also joined with other national public health partners to advocate for strong tobacco legislation to protect better our youth from this major killer.

AMCHP has been with us in assuring we have strong national public health leadership; we want to thank you for your strong support for our new Surgeon General, Dr. David Satcher.

AMCHP is clearly with us in our efforts this year to focus on quality of care and consumer protections- we want to applaud you for the focus on quality in your meeting here over the next few days. Your concept of quality is broad and comprehensive, and includes how all the services for children and families can work together in a community to improve the quality of life and achieve better outcomes. I want to focus especially on one of those services - day care.

Deb Bentz

Points to make about child care

A focus on quality must go hand in hand with our efforts to increase availability and affordability of child care.

Quality in child care needs to include a healthy and safe environment, protecting our children from preventable injuries and disease that can jeopardize their growth and development.

Child care needs to be linked to health care in the community, to assure our young children are immunized and screened for health problems, are enrolled in Medicaid or other insurance programs, and have access to quality health care, including access to safety net providers when they are not eligible for insurance or live in an underserved area.

And we need to pay particular attention to designing quality child care programs that are equipped and skilled in serving children with special health care needs.

We know AMCHP and its members are with us in this effort too. In states like Massachusetts, Arkansas, North Carolina, Arizona, Utah, and Minnesota, Title V programs are building links between child care and health, training and assisting child care providers to be able to serve children with special health care needs, and assuring that all children are being taken care of in healthy, safe environments and are linked to essential health services, including immunizations.

We know that state Title V programs are working in partnership with the pediatricians in their states to achieve these goals. Pediatricians like Dr. Susan Aronson, who you are honoring tomorrow, and who participated in our White House Conference on child care.

Hot button issues

Abstinence education - A new program added to the Title V MCH block grant by the welfare reform law includes a very specific eight point definition of abstinence education, including promotion of abstinence until marriage. Organized conservative groups are closely monitoring the law's implementation and exerting political pressure, while family planning and comprehensive sexuality education advocates are greatly concerned about the new program's impact. State MCH programs are doing their best to implement the law consistent with federal requirements and with good public health practice and knowledge. This abstinence education program has been identified as one element of the Administration's efforts to reduce teen pregnancy.

NGA block grant proposal - Among the proposals approved at the recent NGA meeting is one to fold Title V MCH programs, the 317 immunization program, the Vaccines for Children program and the Healthy Start program into a Child Development block grant. The proposal also would remove existing "earmarks" in the Title V MCH block grant, including one that guarantees that 30% of funding will go to services for children with special health care needs (those with chronic illnesses or disabilities). Parents of these children, present in the audience, as well as AMCHP members, are concerned about this proposal.

Julie N

AMCHP *Issue Brief*

September 1997

FOCUSING ON RESULTS: HOW STATE TITLE V AND CHILDREN'S HEALTH INSURANCE PROGRAMS CAN WORK TOGETHER FOR HEALTHIER CHILDREN

This Executive Summary and issue brief were developed by the Association of Maternal and Child Health Programs (AMCHP) as a guide to our members' perspectives and potential roles in planning and implementing 1997 federal legislative options under the State Children's Health Insurance Program (SCHIP) and Medicaid. AMCHP represents state administrators of programs to improve maternal and child health, as authorized by Title V of the Social Security Act (the Maternal and Child Health Block Grant). State maternal and child health (MCH) programs assess health and service needs of children and youth, including children with special health care needs (CSHCN), and plan and implement community based programs to improve outcomes. State health agencies' MCH Programs are a focal point for child health in states, administering or closely coordinating with related programs such as WIC and school health programs.

The issue brief discusses child health considerations in six areas: overall design, planning and administration; benefits and other services; service delivery systems; eligibility, outreach and enrollment; linkages with other programs; and monitoring and evaluation. The brief and the following summary also highlight roles state Title V MCH/CSHCN programs can play in planning and implementing new federal provisions to reach their ultimate goal - *healthier children*.

I. *Overall Design, Planning And Administration*

Title V Programs . . .

have needs assessment data and program expertise that can help determine which children to cover; what benefits and other services they need; and system capacity. MCH Directors are leading SCHIP planning in some states, such as North Carolina and Wyoming.

can administer children's insurance programs (as in Massachusetts) or administer components such as outreach, or supplemental insurance programs for Children with Special Health Care Needs (CSHCN), a role evolving in Florida.

can help plan and implement public process mechanisms, drawing on existing systems and advisory groups for involving consumers, including parents of children with special needs.

II. *Benefits And Other Services*

Title V Programs . . .

bring clinical and program expertise to benefit design. They have experience developing service packages for limited discretionary programs, as well as collaborating with Medicaid on scope of child and adolescent preventive, primary and specialty services.

have developed systems providing: access in underserved areas; enabling services; care coordination and other services for special needs children; and community-wide public health and safety programs. These programs are needed by newly insured children, as well as the remaining uninsured (including pregnant women), and could be expanded.

III. *Service Delivery Systems*

Title V Programs . . .

can analyze health system gaps and barriers, help recruit and train providers and plans, and can address non-financial barriers such as language and parent knowledge.

can provide access to care for newly insured youth, as well as the remaining uninsured, through community clinics, including school based or linked programs,

have developed service models for children with special health care needs, who are exempt from mandatory Medicaid managed care enrollment without a waiver.

IV. *Eligibility, Outreach And Enrollment*

Title V Programs . . .

all must have toll-free lines for parents to get information on health care, and must work with Medicaid to enroll eligibles. State Medicaid/MCH partnerships have demonstrated results in increasing enrollment and utilization, and improving health outcomes.

have experience in developing and conducting presumptive eligibility. Title V programs can help certify and train providers to conduct children's eligibility screenings, drawing on existing linkages with WIC, child care and Head Start.

V. *Linkages With Other Health, Children's And Family Programs*

Title V Programs . . .

have developed successful partnerships with Medicaid that provide models for coordination with SCHIP, a required element of state evaluations.

can facilitate linkages with other state health programs, as well as other child and family services, building on established agreements and networks at the community level.

VI. *Quality Improvement, Monitoring And Evaluation*

Title V Programs . . .

and their agencies have data and analytic expertise that can be used for performance measurement and other information required for federal reports and evaluations.

have skilled staff who can provide training and technical assistance for quality improvement, and participate in on-site and other methods of program monitoring.

Title V Programs Can Help States Achieve Bottom Line Results of Healthier Children and System Cost Savings. For more information in your state, contact the state health agency and ask for the maternal and child health/children with special health care needs programs. For more information on Title V programs across the country, contact the Association of Maternal and Child Health Programs.

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AMCHP *Issue Brief*

May 1997

HOW STATE TITLE V PROGRAMS PROVIDE ESSENTIAL EXPERTISE AND LEADERSHIP IN OUTREACH TO MEDICAID POPULATIONS

The Title V Maternal and Child Health (MCH) Services Block Grant statute requires states to conduct outreach activities that enhance Medicaid enrollment and improve access to preventive and primary health services for women, infants, children and adolescents, including children with special health care needs and their families.[1] While in some states Medicaid matching funds, general state revenue dollars, or private sources may fully or partially fund outreach activities, the overwhelming majority of outreach efforts are the result of state Title V program leadership and partnerships with state Medicaid agencies. State Title V programs have outreach expertise and thereby, play a central role in designing and implementing outreach activities, setting standards, providing training to providers and outreach workers, and assuring administration and oversight of outreach activities.

State Title V programs provide essential outreach activities including: 1) working collaboratively with state Medicaid agencies to enhance and simplify enrollment in Medicaid or Medicaid managed care; 2) assuming a leadership role in Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT)[2] outreach activities to children; 3) helping to increase Medicaid enrollment in prenatal, preventive and primary care programs; and 4) assuring children with special health care needs are enrolled in Medicaid and Supplemental Security Income (SSI), and receive specialty care.

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1 Under Title V of the Social Security Act, the state Title V program 1) "will provide for a toll-free telephone number (and other appropriate methods) for the use of parents to access information about health care providers and practitioners..." and 2) "provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance".

2 Medicaid's Early and Periodic Screening, Diagnosis and Treatment program is a preventive, comprehensive health program for Medicaid-eligible children up to the age of 21.

State Title V Programs Work Collaboratively with Medicaid Agencies to Enhance and Simplify Enrollment in Medicaid or Medicaid Managed Care

ILLINOIS

Family Case Management (FCM), a joint initiative of the state Title V program and the Medicaid agency, helps low-income families obtain medical care and related services. Medicaid provides matching funds and Title V administers all outreach activities of the initiative, including door-to door informational campaigns, and other activities determined by local grantees to be the most appropriate in their communities. Services are targeted to families with incomes below 185% of the federal poverty standard and that include an infant or pregnant woman. Statewide, 113,300 families are receiving services through the FCM initiative. A recent evaluation found that 66% of women who received FCM services began prenatal care in the first trimester of pregnancy. And, women receiving FCM were 30% less likely to give birth to a very low birth weight infant.

Contact: Ralph Shubert, Division of Family Health, Illinois Department of Public Health; (217) 782-2736 Fax (217) 782-4890

ARKANSAS

The Department of Human Services (DHS) contracted with the Arkansas Department of Health in 1996 to provide ***Medicaid Outreach and Education*** to Medicaid recipients and providers. The program is administered on a day-to-day basis by the state Title V program. The program's objectives include: 1) increase the effectiveness of the DHS, Medicaid Primary Care Provider (PCP) managed care program; 2) increase program enrollment; and 3) increase use of appropriate health care services. Some of the program's outreach activities include a toll-free number for Medicaid recipients who are covered by the DHS/PCP, development of educational materials, and implementation of a statewide media campaign, ***ConnectCare.*** As a result of the ***Medicaid Outreach and Education*** program, monthly emergency room referrals from the ConnectCare HelpLine have declined 42% since August 1996.

Contact: Donnie Smith, Section of Maternal and Child Health, Arkansas Department of Health; (501) 661-2199 Fax (501) 661-2243

TENNESSEE

The state Title V program provides outreach services to all families in TennCare, the Tennessee Medicaid managed care program, to educate families and help them access well child exams from their primary provider. Local health department staff, funded by Title V, enroll eligible pregnant women into TennCare when they come in for pregnancy testing. The health department staff then track these clients to assure that they are receiving appropriate prenatal care services. For these enrollment and tracking services, TennCare partially reimburses the state Title V Program.

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Contact: Mary Jane Dewey,
Maternal and Child Health,
Tennessee Department of
Health
(615) 741-0322
Fax (615) 532-2286

State Title V Programs Assume a Leadership Role in Medicaid EPSDT Outreach Activities to Children

WEST VIRGINIA

The state Title V program has been the contractor for Medicaid/EPSDT and outreach for more than 25 years. One component of the Title V outreach effort is a nationally recognized home visiting program. Home visitors, or *Family Outreach Workers,* identify children eligible for EPSDT, inform their families about the need for routine preventive primary care services, and assist the family in selecting a medical provider. West Virginia's EPSDT Outreach Program, administered by the state Title V program, has been effective in expanding the number of screenings to eligible children, with 102,567 screenings provided in 1995, an increase of 25% over 1993's total of 81,600 screens.

Contact: Pat Moss, Office of Maternal and Child Health, Department of Health and Human Resources
(304) 558-5388
Fax (304) 558-2183

MISSOURI

In 1995, an agreement was developed between the State Department of Health, Division of Maternal, Child, and Family Health (i.e., the state Title V program) and the Department of Social Services, Division of Medical Services (i.e., the state Medicaid agency) to implement a ***Well Child Outreach Project*** targeted to children ages birth to 21. Outreach efforts are being made to increase participation in the Healthy Children and Youth (HCY) program, formerly EPSDT. Some of the Title V administered activities include joint efforts with Medicaid to conduct provider training to case managers; site visits to identify barriers to HCY utilization; and outreach efforts through existing programs such as Head Start, Parents as Teachers (a statewide, publicly funded nationally recognized parent education/home visiting program), maternity fairs and other expos.

Contact: Terry Weston, Division of Maternal, Child and Family Health, Missouri Department of Health;
(573) 751-6267
Fax (573) 526-5347

NORTH CAROLINA

Primarily funded through Medicaid, the North Carolina's ***Health Check Program*** is a statewide initiative (in 49 out of 100 counties) to improve Medicaid-eligible children's (ages birth through 20 years)

access to preventive health services. ***Health Check*** participants are eligible to receive comprehensive health care checkups, immunizations, vision, hearing and dental screening services on a regular basis throughout childhood. While many state agencies collaborate on this effort, the state Title V program shares administrative responsibilities with Medicaid. One key programmatic component, the Outreach/Education campaign, promotes the importance of regular preventive care and educates parents as to when, how, and where to obtain services. The Outreach/Education campaign is accomplished through: 1) a toll-free Hotline; 2) public service announcements (PSAs); 3) brochures, posters, envelope inserts, billboards; and 4) parental notification of benefits and services. Participation in preventive health services among Medicaid eligible children in the 49 participating counties is higher than in the 51 counties without ***Health Check*** (52.2% vs. 43.5%).

Contacts: Colleen Bridger, Health Check Program Consultant and Carol Tant, Program Manager, Children and Youth Section, Division of Maternal and Child Health (919) 715-3312; (919) 715-3424; Fax (919) 715-3049

State Title V Programs' Outreach Efforts Increase Medicaid Enrollment

ARKANSAS

The state Title V program provides funding under the ***Delta Community Integrated Service System (DCISS)*** for a professional/paraprofessional home visiting model to address poor birth and health outcomes in three southeast Arkansas counties (Ashley, Chicot, and Desha counties). The Healthy Mothers, Healthy Babies Coalition awarded its *1996 National Achievement Award for Outreach to Hard-to-Reach Populations* to the Arkansas Delta CISS. The project has shown success in improving critical indicators of infant and child health including increases in immunization and breast-feeding rates, decreases in prematurity and low birth weight rates, as well as increases in the enrollment of Medicaid eligible populations and in the utilization of EPSDT. The project's successes include: 1) 75% of the women are on Medicaid (58% upon admission and 17% assisted by the program); 2) 83% of infants are on Medicaid and all of the infants receive EPSDT screenings according to a periodicity schedule; and 3) the DCISS prenatal caseload was approximately 25% non-Medicaid (non-insured) in year 3 compared to 40% in year 2. This decrease in the percentage of non-Medicaid prenatal clients is a result of the outreach efforts of the home visitors in assuring that all potentially eligible women apply for Medicaid.

Contact: Donnie Smith, Section of Maternal and Child Health, Arkansas Department of Health; (501) 661-2199 Fax (501) 661-2243

INDIANA

In the Title V supported ***Healthy Pregnancy/Healthy Baby Campaign***, a statewide pregnancy testing and referral program, 200 agencies in 88 counties assist women in obtaining early prenatal care, Medicaid, WIC, GED, and assist local communities in identifying service gaps and planning future programs. Data from the first six years of the campaign show: 23,000 women were referred to Medicaid, 34,000 to prenatal care, 26,000 to WIC, and 12,000 to educational assistance.

Contact: Nancy Mead
Indiana State Department of Health,
CSHCS/MCH/WIC
(317) 233-1257
Fax (317) 233-5609

MISSOURI

In 1992, the Missouri State Title V Program initiated an incentive educational program called ***Baby Your Baby*** to encourage early and regular prenatal care. The program included a public relations campaign emphasizing the importance of prenatal care and also a coupon book containing discount coupons for goods and services as incentives for women to receive prenatal care. A total of 15,522 Missouri residents with due dates in 1993 or 1994 were enrolled. Nearly 60% were under the age of 25, 52% were unmarried, and two-thirds participated in Medicaid and WIC. For all risk factors with the exception of first births, ***Baby Your Baby*** enrollees had lower rates of

inadequate prenatal care than did non-enrollees (11.3 vs 14.6%). The difference was even greater among the Medicaid population (21.2 vs 26.2%).

Contact: Terry Weston, Missouri Department of Health, Division of Maternal, Child and Family Health
(573) 751-6267
Fax (573) 526-5347

NEVADA

The state Title V program and state Medicaid agency support ***Baby Your Baby (BYB)***, a statewide multi-media bilingual campaign to promote early entry into prenatal care. In its first year of operation, BYB achieved 80% name recognition with new mothers, with almost one fourth calling the BYB toll-free telephone line for information and referrals. More women are accessing early prenatal care. Since July of 1993, over 17,000 individuals have been served by BYB, one quarter of whom were adolescents. In 1996, 7,194 people were served by BYB. Over half (55%) of the pregnant women who called the information and referral line or sent in a participation card indicated they were self-pay or did not know how they would pay for prenatal care. All of these women were referred to Medicaid and Title V prenatal care programs.

Contacts: Judith Wright, Bureau Chief and Cynthia Huth, Family Health Services Perinatal Nurse Consultant, Nevada State Health Division
(702) 687-4885
Fax (702) 687-1383

NORTH CAROLINA

The ***Baby Love Program*** is jointly administered by three state agencies, the Division of Maternal and Child Health (Title V), the Division of Medical Assistance, and the Office of Rural Health and Resource Development. Title V has demonstrated a leadership role in all aspects of program design and implementation, including setting standards, training and providing over 100 staff who consult with local health departments. The ***Baby Love Program*** provides a comprehensive package of services, including outreach, to pregnant women. Key components of the ***Baby Love Program*** are a statewide outreach campaign; streamlining the Medicaid eligibility process; coordinating the delivery of maternal health services to pregnant women; and process and outcome program evaluation. Women who receive care coordination in the ***Baby Love Program*** received adequate prenatal care at higher rates than women who received no care coordination (69% vs. 57.6%), were more likely to participate in WIC (92.2% vs 66.1%), more likely to receive a postpartum exam (73.2% vs 41%), and more likely to obtain well-child care for their newborns (72.7% vs. 26.8%).

Contact: Ann Wolfe, Director, Division of Maternal and Child Health, Department of Environment, Health and Natural Resources
(919) 715-3663
Fax (919) 715-3807

PENNSYLVANIA

Established in 1992, ***Love 'Em With a Check-Up***, the state's maternal and child health outreach program, uses radio and TV campaigns to bring pregnant women and children into regular health care. In 1995, the program ran 13,876 media spots precipitating 51,894 calls to the Healthy Babies and Healthy Kids Helplines: 57% of calls were pregnancy related and 27% were related to child health care; 67% of calls from pregnant women were made by women in their first trimester of pregnancy; and 2,000 calls were received where a specific referral to Medical Assistance was made. Virtually all of the calls were from individuals below 235% of the federal poverty level. Approximately 74% of the pregnant women referred for prenatal care actually attend care. Between 1992 and 1995, infant and neonatal death rates, and the adequacy of prenatal care have improved every year. Since FY 92-93, when ***Love 'Em With a Check-Up*** was first implemented the number of children (ages 0-21) enrolled in Medicaid increased from 880,000 to 928,000 in FY 94-95.

Contact: Daniel Brant, Director, Division of Maternal and Child Health, Pennsylvania Department of Health
(717) 787-7440
Fax (717) 772-0323

UTAH

The ***Baby Your Baby Outreach Program*** has two components. The first is the Presumptive Eligibility/Perinatal Program (PE/PP), initiated in 1987 to encourage early entry into comprehensive, coordinated prenatal care and to facilitate immediate access to financial assistance for such care for women with incomes at 100% of the federal poverty level. General state revenue and Medicaid matching dollars fund the PE/PP program, but the state Title V program is responsible for providing oversight to qualified providers through Memoranda of Agreements, conducting training on how to conduct presumptive eligibility screenings, and funding some qualified providers to provide prenatal care. Since 1990, eligibility for the PE/PP was extended to 133% of poverty, resulting in an almost two-fold increase in enrollees. The total number of Medicaid-funded deliveries in the state increased 379% from 1988 to 1995, exceeding the projections made by the Department of Health. The second component of the ***Baby Your Baby Program***, which is also administered by Title V, educates families statewide through public service announcements, a hotline, and free educational materials. Families receive information about the importance of early and regular prenatal and well child care, and where they may obtain such services. Every year since the hotline was implemented, approximately 40-45% of the callers were referred to Medicaid for payment of prenatal care.

Contacts: Nan Streeter and Steve McDonald, Division of Community and Family Health, Baby Your Baby, Utah Department of Health

(801) 538-6902; (801) 538-9970; Fax (801) 538-9409

VERMONT

The state Title V program has played a key leadership role in improving outcomes for mothers and children in Vermont. While Title V is still the last payor of resort for some services, Title V funds also work to assure access to needed services through outreach, planning, evaluation, data collection, and training activities. The state Title V program has played a key leadership role in: developing the first single page combined WIC/Medicaid application; increasing Medicaid eligibility at 200% for pregnant women and 225% for children birth to eighteen years; implementing the Help Your Baby, Help Yourself Hotline; increasing participation in Medicaid and decreasing in reports of no insurance for labor and delivery; and increasing enrollment in WIC early in pregnancy.

Contact: Pat Berry, Director, Division of Community Public Health Vermont Department of Health; (802) 863-7347 Fax (802) 863-7229

WASHINGTON

The Maternity Access Act of 1989, also known as ***First Steps***, increased Medicaid eligibility for pregnant women and infants to 185% of the federal poverty level, increased fees for maternity providers, streamlined application procedures, increased outreach and media activities and added two new Medicaid covered services: Maternity Support Services (MSS) and Maternity Case Management (MCM). MSS is a Medicaid funded program managed by the state Title V program, which offers preventive health services to all pregnant women on Medicaid during pregnancy and two months postpartum. Assessment, intervention and counseling are provided by an interdisciplinary team. MCM services assist high-risk Medicaid eligible pregnant/parenting women and their families in gaining access to needed medical, social, education, and other services. As a result of ***First Steps***, low birth weight rates decreased for: 1) women newly eligible for Medicaid through ***First Steps*** -- referred to as the Expansion Group which are previously uninsured women who gained health insurance coverage and access to prenatal care through ***First Steps***, 2) low income women who were cash grant recipients, and 3) high risk women. While improvements in birth outcomes were significant for all groups, the outcomes for the Extension Group were most notable: low birth weight decreased by 22%, and infant mortality decreased by 52% . The outreach and case-finding components of ***First Steps*** were key to improving low birth weight, infant mortality and neonatal mortality rates.

Contact: Beth Siemon, Maternal and Child Health, Community and Family Health, Washington Department of Health; (360) 586-6716 Fax (360) 586-7868

State Title V/Children with Special Health Care Needs (CSHCN) Programs Engage in Important Outreach Activities to Increase Participation in Medicaid, SSI and Specialty Care

NEW MEXICO

With the implementation of ***The Healthier Kids Fund (HKF)*** program in 1995, designed to provide primary care services to school age children who have no other payment source for health care, Children's Medical Services (NM's Title V CSHCN program) staff assist families of children with special health care needs with Medicaid applications. 34% of the children referred to the HKF program were enrolled in Medicaid. CMS is reimbursed by Medicaid for administrative services to assist families in the Medicaid application process.

Contact: Ann Taulbee, Chief,
Maternal and Child Health
Bureau, New Mexico
Department of Health
(505) 827-2350
Fax (505) 827-1697

PENNSYLVANIA

The Pennsylvania Department of Health launched its ***Special Kids Network*** in 1996. Through radio and TV, families of children with special health care needs are encouraged to call a toll-free number to obtain a broad range of health care information and resources. Through November 1996, the Network had received nearly 3,500 calls. Callers are routed to one of six regional offices to receive local assistance.

Contact: Mary D. Little, Director,
Bureau of MCH Preventive
Health Pennsylvania
Department of Health
(717) 787-7192
Fax (717) 772-0323

FLORIDA

Children's Medical Services (Florida's Title V CSHCN program) in collaboration with Florida Family Voices, a state CSHCN organization, established a quarterly bulletin called ***Update***. The bulletin provides families simple explanations about how to access managed care in the state, especially Florida's new managed care network for children with special health care needs, The Alternative Service Network. CMS also plans to initiate a major public awareness campaign called ***Focus on Families During Health Care Transitions*** which will be directed to families of CSHCN and provide information about the Alternative Service Network. Other activities include managed care information training and dissemination of material though a multi-agency network of technical assistance providers and family resource specialists.

Contact: Phyllis Siderits, Children's
Medical Services, Florida
Department of Health
(904) 487-2690
Fax (904) 488-3813

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MAKING CHILD CARE SETTINGS HEALTHY, SAFE, AND APPROPRIATE FOR ALL CHILDREN

As growing numbers of children spend their days in child care, the need to assure that these settings are healthy and safe for all children has become even more pressing. Studies have shown that if children are healthy, safe, and well-cared for at home and in quality child care settings that meet each child's unique developmental needs, they will thrive.

State Title V Maternal and Child Health Programs and the Maternal and Child Health Bureau within the Department of Health and Human Services have long recognized the need to integrate health prevention and promotion activities into child care settings to assure high quality care and healthier children. Initial activities have focused on improving linkages between health care and child care.

The maternal and child health community recognizes that there is much to be done if we are to improve health and safety conditions in child care settings for all children, including children with special health care needs. The current need for healthy and safe child care settings will only be compounded by the increasing demand for child care by women leaving welfare. But, improvements in quality child care require additional resources devoted to health and safety functions and a clear and strong role for public health.

I. FAMILIES DEPEND ON CHILD CARE

- In 1995, 61% of infants, toddlers, and preschool children under the age of six were in child care. Among those children under age one, 45% were in child care on a regular basis.

- Approximately 24 million school-age children require care while their parents are at work. And 76% of school-age children with an employed mother spend time in at least two child care arrangements during a typical week, in addition to their time in school.

II. HEALTHIER AND SAFER CHILD CARE SETTINGS FOR ALL CHILDREN

- ***Injury Prevention***: Children must be protected from hazards and potential injuries (unintentional and intentional) at their day care settings. For example, by having safe areas for children to play as well as age-appropriate playground equipment and toys, the risk of injury is minimized. Training, support, and a national child care provider registry can help prevent intentional injury. In the event of an emergency, however, child care providers need to have policies and procedures in place as well as appropriate training to handle the situation.

- ***Disease Prevention and Control:*** Children must be protected from potentially serious infectious diseases such as measles and meningitis. Training for child care workers on how to prevent the spread of disease and illness in child care settings, including information on proper sanitation and hygiene procedures, will help reduce the spread of germs and the potential for children to contract infectious diseases. Caregivers can be active partners with the children's parents and health professionals in primary prevention, early detection, and prompt treatment of diseases.

- ***Immunizations***: Child care settings are a convenient venue to conduct preventive health screenings and assure that immunizations are provided. The child care and maternal and child health community can continue to build on ongoing activities that educate child care providers and parents about the importance of immunizations and create more opportunities to immunize children.

- ***Nutrition***: Child care providers can help improve the nutritional status of children by providing healthy, well-balanced and age-appropriate meals. They can also help parents better understand the nutritional needs of their growing child. Public health nutritionists can work with child care providers to develop healthy menus.

- ***Promotion of Child Health***: Child care settings present opportunities to promote basic health care through vision and hearing screenings, for example. Public health professionals and the child care community can continue to work together to improve opportunities to promote and integrate preventive child health practices into child care settings and to assure that each child has a medical/health home. In addition, outreach services for Medicaid and Title XXI can be offered at child care sites.

- ***Access to Quality Care for Children with Special Health Care Needs***: Families of children with disabilities have great difficulty in finding safe, appropriate and affordable child care providers to care for their children. More training and technical assistance must be available to ensure that children with special health care needs are being cared for properly. Training and support from health professionals will assure that child care settings meet the potentially complex medical needs of such children.

  In addition, parents of children with special health care needs require greater access to "respite" care. To reduce family stress and enhance work opportunities, respite care, or temporary relief for the primary caregiver, is essential for the parent or caretaker who provides 24-hour care for a child with special needs.

III. STATE MATERNAL AND CHILD HEALTH PROGRAMS' ROLES

State Title V Maternal and Child Health and Children with Special Health Care Needs programs, funded by the Title V Maternal and Child Health (MCH) Services Block Grant, are frequently involved at community and state agency levels in providing technical assistance and training to child care providers regarding child health concerns. Linkages at the local level are established in many communities to assure that health care services are available for children enrolled in child care programs.

The following are examples of how state Title V programs are pursuing activities to integrate health and child care through funding from the Health Systems Delivery in Child Care Grants, supported by the MCH Block Grant.

Building Linkages Between Child Care and Health - Utah

The Utah Maternal and Child Health Program used its grant funds to develop and implement a child care training network on child health and safety. This network, in turn, developed protocols for child care providers of children with special health care needs. In addition, the Utah MCH program is focusing on the child care setting as a place to improve immunization rates.

Improving Access to Child Care for Children with Special Health Care Needs - Minnesota
Minnesota's Maternal and Child Health Program teamed up with the Minnesota Department of Children, Families and Learning to initiate a program called Project EXCEPTIONAL to help families find child care for their children with special health care needs. The project entails recruiting providers and expanding training to increase the number of qualified providers offering safe, quality care in appropriate settings to handle the medical conditions of children with special health care needs.

Health and Safety Training - North Carolina
Under the leadership of the North Carolina Maternal and Child Health program and the North Carolina Pediatric Society, the state has launched a Healthy Child Care North Carolina program to improve health and safety in child care. This program trains pediatricians and representatives of local health departments who provide health and safety information to child care providers.

IV. FEDERAL LEADERSHIP IMPROVING THE HEALTH AND SAFETY OF CHILDREN

The Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), has taken a leadership role in helping states promote health activities in child care settings. The following activities have been supported by the Maternal and Child Health Bureau to help states and communities build linkages between health care and child care.

- ***Health Systems Development in Child Care***: The Maternal and Child Health Bureau has awarded $50,000 grants to almost every state to build statewide integrated health, child care, and social services systems. The template for these activities is the Healthy Child Care America Campaign's Blueprint for Action.

- ***The Healthy Child Care America Campaign:*** This program, launched by the Maternal and Child Health Bureau and the Child Care Bureau, has helped states and communities develop innovative programs that promote healthy child care environments; easily accessible immunizations for children in child care; access to developmental screening; health and mental health consultation; and, health, nutrition and safety education for child care providers, children and their families. Continuing support for this program is provided by the American Academy of Pediatrics.

- ***Guidelines for Care***: Child care providers and health professionals have benefitted by the publication of "Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs" developed jointly by the American Public Health Association and the American Academy of Pediatrics.

- ***Training for Child Care Health Consultants***: The University of North Carolina School of Public Health has received funding to develop and implement state-based programs to train public and private sector health professionals to serve as health consultants to child care programs.

- ***National Resource Center for Health and Safety in Child Care***: The Center, located at the University of Colorado School of Health Science in Denver, seeks to improve child care quality by supporting state and local health departments, child care regulatory agencies, child care providers and parents through training and technical assistance, conferences, and development and distribution of resource materials.

The Association of Maternal and Child Health Programs recommends that health and safety measures be adequately addressed in federal and state child care activities.

AMCHP *Issue Brief*

March 1997

HOW TITLE V PROGRAMS CAN HELP FAMILIES DEAL WITH THE CHANGES TO THE CHILDREN'S SSI PROGRAM

At the recent AMCHP Annual Meeting, representatives from State Title V Programs expressed their concerns about helping families who may be affected by the changes to the children's Supplemental Security Income (SSI) program included in the welfare law. The following document seeks to explain the changes to the program and provide suggestions for Title V Programs as to how they can assure that families are getting the help and services they need during this transition period.[1]

New Regulations for Children's SSI Program: On February 6, the Social Security Administration announced the release of the rules containing the guidelines they will use to determine if children with disabilities meet the new definition of disability outlined in the SSI provisions of the welfare reform law.

These rules will be effective *immediately* for new claims and claims not finally adjudicated as of August 22, 1996. The regulations can be found in the February 11, 1997 edition of the *Federal Register* (20 CFR Parts 404 and 416). The announcement can also be accessed on-line. The web site address is www.gpo.gov. The deadline for comments is *April 14, 1997.*

Timeline: By January 1, 1997, SSA had notified about 263,000 children and their families that the changes to the SSI program may affect them; and that their eligibility will be re-evaluated using these new eligibility criteria. SSA estimates that approximately one-half (135,000) will be determined ineligible for SSI when re-evaluated under these new eligibility criteria. Most of the children affected by the new definition are those with certain mental impairments and mental retardation.

State Disability Determination Services Units (DDS), often located in state health and human services or vocational rehabilitation agencies, are responsible for disability redeterminations. DDS units are now under enormous pressure to both process the huge backlog of new children's claims (approximately 110,000 - 115,000) that were deferred until the new rules were published and the existing cases that need to be re-evaluated – an estimated 373,000 cases. To compound this pressure, the SSA has announced a very short time frame for this redetermination to take place. All 373,000 cases must be initiated (not necessarily completed) by August 22.

Because of the short time frame for processing and re-evaluation, families and state disability determination agencies need help from Title V Programs facilitating the redetermination process. What follows are a number of steps (by no means exhaustive) that Title V Programs can take to assure that families receive the services they need and for which they are eligible.

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[1] This document prepared with the assistance of the Center for Policy and Program Coordination at the Institute for Child Health Policy (John Reiss, PhD, Director).

STEPS TITLE V PROGRAMS CAN TAKE TO HELP FAMILIES DEALING WITH THE CHANGES TO THE CHILDREN'S SSI PROGRAM:[2]

1) Encourage families to apply to SSI

- Urge families of children with severe disabilities to apply for Supplemental Security Income (SSI). This program is still a legal entitlement.

- Help families collect as much evidence about their child as possible. Families must have access to the most complete medical documentation available. They must be able to show exactly how the disability limits what the child can do at home, in schools, and in his/her community. Such information can be provided by the child's doctors, therapists, and teachers.

2) Urge families to appeal if they receive a notice that their child is denied SSI benefits

- Remind Title V staff at the state and local levels to take every opportunity to inform Title V clients about the changes to SSI and their continuing eligibility for Medicaid. Because families receive routine correspondence from the Social Security Administration (SSA) on a regular basis and because the initial letter from the SSA was mailed during the Christmas holidays, some families may not be aware that their child's case will need to be reviewed.

- Encourage all families to appeal to their local Social Security Office if their child is denied. **If families want to continue to receive benefits during the appeals process, they must initiate the appeals process in writing within 10 days and state that they want to continue to receive benefits.** If families do not want to receive benefits during the appeals process they have up to 60 days to appeal, after which time they will lose their future rights to appeal.

- If a family appeals, the decision may be reversed. In most cases, SSI benefits and Medicaid eligibility will continue throughout the appeal process. However, families should be aware that if the final decision supports the denial, benefits paid during the appeal process must be reimbursed. Fortunately, if Social Security determines that the appeal was made "in good faith," the overpayments may be waived.

- Help families collect documents that they may need in the re-evaluation and appeals process – particularly if their child's case is more severe than when they originally applied for assistance. The medical and other evidence needed by SSA includes information about the child's medical status and clear, descriptive information about a child's functional status from

[2]Information in this section is based on the following documents, "New Rules Limit Children's Access to SSI: Families Can Take Steps to Protect a Child's Eligibility," 2/19/97. Bazelon Center for Mental Health Law and "SSI Policy Update," Institute for Child Health Policy, March 1997.

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physicians and other providers, therapists, special education and school teachers that addresses a child's functional status, including functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, and completing tasks.[3] Information should be deficit-based, focusing on the child's limitations rather than on his/her strengths.

3) **Help children remain eligible for Medicaid**

- Contact the State Medicaid office and offer your program's assistance in helping with outreach efforts to identify children whose eligibility for Medicaid may need to be redetermined. State Medical Assistance Agencies must continue Medicaid while the Social Security Administration (SSA) reviews a child's eligibility and throughout the appeals process.

  If the SSI denial is upheld on appeal, the State Medical Assistance Agency must then redetermine the child's eligibility for Medicaid. Children who lose SSI after an appeal will continue to receive Medicaid if they qualify on other grounds such as low family income or being under 13 years old.

4) **Respond to requests for information from SSA, State Disability Determination Services Units, and parents about SSI beneficiaries as quickly and completely as possible**

- The medical and other evidence needed by SSA includes information about the child's medical status, and clear, descriptive information about a child's functional status, including functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, and completing tasks.

5) **Develop new partnerships**

- Contact your State DDS office to inform them of ways the Title V Program can help support them in the re-determination process (through outreach, collecting documentation, training, etc). This is a critical time, because of the short time frame for redetermination, to build and strengthen Title V's partnerships with DDS.

  Specifically, Title V Programs may want to determine what kind of training DDS staff is receiving (including getting copies of training materials) and to offer their assistance in identifying pediatric specialists who could provide support to DDS in the re-evaluation process.

[3] SSI Policy Update (Institute for Child Health Policy).

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- Request from your state DDS a list of children who will need to be re-evaluated and establish a process of communication to receive the names of those children who have been denied benefits, children who are appealing the decisions, and the outcomes of appeals.

  If you have additional questions about how to obtain the lists or about training for DDS staff, you may contact the Social Security Administration liaison to the Federal SSI/CSHCN Work Group, Tom Gloss, at (410) 965-3987 or Tom.Gloss@ssa.gov.

- In support of the re-evaluation process, organize, coordinate, or participate in training efforts (e.g. in collaboration with the University Affiliated Program in your state) to enhance the knowledge and skills of health care providers, other professionals, and family leaders to gather and provide appropriate and adequate medical and other evidence in support of an SSI application for a potential child beneficiary.

- Work with other agencies with responsibilities for children, such as child mental health, Head Start, foster care, Medicaid, and schools as well as family organizations (e.g. Family Voices) to develop ways to 1) coordinate assistance to families preparing for the SSI reevaluation process; and 2) to link families with other benefits and services should their SSI benefits be denied on appeal.

- Consider identifying a contact person within the Title V Program to help coordinate transition and outreach efforts related to SSI. This person would be responsible for coordination and dissemination of information on the SSI changes to other agencies, family organizations and providers and clinics within the state.

- Contact your state protection and advocacy system and legal services to develop mechanisms for referring families who may need to appeal a denial of benefits. Several state protection and advocacy offices have received funding specifically to assist families with legal issues related to welfare reform.

- Encourage the Bar Association in your state to identify and recruit lawyers to handle the appeals of children denied SSI. This effort is part of a national commitment by the American Bar Association to recruit pro-bono lawyers to help families in the appeals of children denied SSI benefits.

Additional resources

- ***Upcoming Video Conference on SSI Changes:*** On April 15, 1997 from 11:00-12:30 EST, the Institute for Child Health Policy will be hosting a video conference. Join Federal staff from the Social Security Administration, the Maternal and Child Health Bureau, the Health Care Financing Administration, and the Department of Education for a policy update on SSI for Children. *For additional information, including uplink/downlink specifics, contact Denise Matthews at the Institute for Child Health Policy (352/392-5904, ext. 227 or denise_matthews@qm.server.ufl.edu).*

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- ***Educational video materials on SSI Determination:*** Contact the Institute for Child Health Policy (352/392-5904) for information about their video, *SSI Insights: Childhood Disability* and accompanying curriculum which explains how to provide the documents Disability Determination Services (DDS) need to decide if a chronically ill or disabled child is eligible for SSI. These materials are designed for health, education, social service professionals, and family leaders.

- For additional background information on the changes to the Children's SSI Program, contact Treeby Brown at AMCHP or check the following web sites:

  Institute for Child Health Policy
  (www.ichp.ufl.edu)

  Bazelon Center for Mental Health Law
  (www.bazelon.org)

  SSA Office of Disability
  (www.ssa.gov/odhome/)

  Family Voices
  (www.ichp.ufl.edu/MCH-NetLink/Family Voices/)

Schedule Proposal

January 23, 1998

___ACCEPT ___REGRET ___PENDING

TO: Patti Solis Doyle

FROM: Maria Echaveste

REQUEST: For the First Lady to speak at the opening luncheon of the Assocation of Maternal and Child Health Programs' annual meeting. key early

PURPOSE: To provide a broad perspective on the importance of family health programs and most importantly, the Administration's commitment to quality **child care**.

BACKGROUND: Since 1944, the Association of Maternal and Child Health Programs has served as a source of ideas and in-depth knowledge on women's and children's health. In addition to monitoring policy, providing a voice for women and children, and sponsoring forums, AMCHP maintains active relationships with national organizations that represent the interests of state policymakers, consumers, advocates, and health care providers and circulates 5,000 reports.

AMCHP's members are 300 senior leaders and staff of state public agency programs which promote the health of women, children, and those with special health care needs. These programs are authorized by Title V of the Social Security Act, also known as the MCH Block Grant. Another 100 members bring in the perspectives of consumers, researchers, and community health foundations. AMCHP has been very involved in the assessment of welfare reform consequences, tobacco control efforts, SSI for children, and the development of early childhood services.

The First Lady's participation will once again highlight the Administration's current priority of quality child care and her own concern for maternal and family health.

PREVIOUS PARTICIPATION: None.

DATE AND TIME: Preferrably March 9, 1998 between 12-1:30 pm. Otherwise, any time during March 9-11, 1998.

BRIEFING TIME: 5 minutes.

DURATION:	20-30 minutes.
LOCATION:	Omni-Shoreham Hotel, Washington, D.C.
PARTICIPANTS:	500 attendees, including 150 AMCHP's directors and staff. Others include consumers, families with special health care needs, and members of national research, policy, and advocacy organizations concerned with maternal health.
OUTLINE OF EVENTS:	TBD.
REMARKS REQUIRED:	Speech Writers.
MEDIA COVERAGE:	TBD.
CONTACT:	Barbara Woolley, Office of Public Liaison 456-2155.

Catherine Hess 775-0436

- **Reaching Full Participation in WIC**: The Clinton Administration is committed to full funding in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), reaching 7.5 million participants by the end of FY97. This program works: Every dollar invested in WIC has been proven to save $ 3 in preventive health-care costs.[Federal Department and Agency Documents, 2/6/97]

need to include two more thanks. They partner w/ HHS to do this!

Improving Health and Safety with Healthy Child Care America. In an effort to improve the health and safety of child care programs and to provide child health education to child care providers and parents, in 1995, the Clinton Administration launched the Healthy Child Care America initiative. This effort has established partnerships between child care providers and health care services in 46 states, helping to ensure that children in child care are in safe and healthy environments.

→ Camp David
SIT Room.

Catherine A. Hess, M.S.W.
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Sound Health Care

Safe Homes

Caring Communities

Informed Parents

Every family deserves a strong start.

The Association of Maternal and Child Health Programs

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The Association of Maternal and Child Health Programs

1998 Annual Meeting

March 9-11, 1998

Omni-Shoreham Hotel—Washington, DC

PROGRAM

In Partnership with
The Maternal and Child Health Bureau, Health Resources and Services Administration, and The Centers for Disease Control and Prevention

Co-sponsored by
The Adolescent Health Training Programs ✦ The Association of Teachers of Maternal and Child Health ✦ CityMatCH ✦ Family Voices ✦ The Institute for Family-Centered Care ✦ State Adolescent Health Coordinators Network