February 17, 1998

CHILDREN'S HEALTH INSURANCE OUTREACH EVENT

DATE:	February 18, 1998
LOCATION:	Children's Hospital
EVENT TIME:	1:10 pm - 2:00 pm
FROM:	Bruce Reed/Chris Jennings

I. PURPOSE

To announce the first states to join the Children's Health Insurance Program and new efforts by the federal government and private sector to enroll millions of uninsured children into Medicaid or other state-based children's health programs.

II. BACKGROUND

Over 10 million children in America are uninsured, with 4.7 million of them eligible for but not enrolled in Medicaid. To address this problem, you fought for and signed into law the Children's Health Insurance Program (CHIP) last year, which provides funding for states to expand health care coverage to uninsured children. This event will provide you with an opportunity to highlight steps the Administration is taking to implement this initiative; to detail your 1999 budget proposal to improve children's health outreach; to announce executive actions complementing this legislative proposal; and call attention to significant private sector commitments to children's outreach.

At this event, you will make the following specific announcements:

- **COLORADO AND SOUTH CAROLINA HAVE JOINED ALABAMA AS THE FIRST COVERAGE EXPANSIONS UNDER THE NEW CHIP PROGRAM.** You will announce that Colorado and South Carolina join Alabama as the first states to come into the children's health program. In late January, Alabama received approval to expand its Medicaid program to children ages 14 to 18 up to 100 percent of poverty. South Carolina will expand its Medicaid program to provide coverage to all children up to 150 percent of poverty. And, Colorado builds upon its current non-Medicaid program to cover children up to 185 percent of poverty. You will also announce that many more States are well on their way to expanding coverage to more

uninsured children. Currently, 14 states have submitted plans to HHS for approval, and another 18 States have active working groups or task forces to design plans to address the needs of uninsured children.

- **A NEW PRESIDENTIAL DIRECTIVE TO LAUNCH A GOVERNMENT-WIDE EFFORT TO ENROLL UNINSURED CHILDREN.** In an executive memorandum to seven Federal agencies with jurisdiction over children's programs — the Departments of Agriculture, Interior, Education, HHS, HUD, Labor, and Treasury and the Social Security Administration -- you will direct the establishment of a multi-agency effort to enroll uninsured children. These agencies run programs such as WIC, Food Stamps, Head Start, and public housing that cover many of the same children who are uninsured and eligible for Medicaid or other health insurance. Your memorandum instructs these agencies: (1) to identify all their employees and grantees who might come into contact with these children and ensure that these individuals are aware of the health insurance programs available to children; (2) to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and (3) to report back in 90 days on their plan to help enroll uninsured children.

- **NEW BUDGET PROPOSALS THAT PROVIDE MEDICAID ENROLLMENT INCENTIVES TO STATES.** Your FY 1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund so that it can underwrite the costs for <u>all</u> uninsured children — not just the limited population allowed under current law.

- **A HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH.** To complement the public outreach effort, you will announce unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

  - **A new toll-free number that directs families around the nation to their state enrollment centers.** You will announce that Bell Atlantic will establish and operate a toll-free number to help states enroll uninsured children. The number, which will be put in place during the upcoming months, will be used by the nation's Governors to help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

  -- **Over $23 million in commitments from private foundations across the country.** The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the

Robert Wood Johnson Foundation and the American Academy of Pediatrics, will mobilize corporations such as Smith Kline Beecham and Sheering Plough and local communities nationwide in children's health outreach efforts.

- **New initiatives from corporate and advocacy organizations to reach out to uninsured children.** Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, giving families information about available health insurance options. Chain drug stores across the country will provide information about the new Bell Atlantic toll-free number to their customers. The National Education Association is launching an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

III. PARTICIPANTS

- The First Lady
- Secretary Shalala
- Ned Zechman, President and CEO of Children's Hospital
- Linda Haverson, parent whose son was recently enrolled in Medicaid because of a local outreach effort. Her son was able to have necessary ear surgery because of his coverage.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- You will be announced onto the stage accompanied by the First Lady, Secretary Shalala, Ned Zechman, and Linda Haverson.
- Ned Zechman, President and CEO of Children's Hospital, will make welcoming remarks.
- Secretary Shalala will make remarks and introduce the First Lady.
- The First Lady will make remarks and introduce Linda Haverson.
- Linda Haverson will make remarks and introduce you.
- You will make remarks.
- You will work a ropeline and then depart to the holding room.
- You and the First Lady will briefly meet with private sector representatives who have made commitments to do children's health outreach. (Please see attached list.)

VI. REMARKS

Remarks provided by June Shih in Speechwriting.

PRESIDENT CLINTON ANNOUNCES A SERIES OF NEW EFFORTS TO ENROLL UNINSURED CHILDREN IN HEALTH INSURANCE PROGRAMS
February 18, 1998

Today, the President is announcing the first major state coverage expansions under the recently enacted Children's Health Insurance Program (CHIP) and released information showing that many States will soon follow. He also unveiled an unprecedented set of public/private initiatives designed to enroll the millions of uninsured children who are eligible but not enrolled in Medicaid and other state-based children's health programs. These initiatives have been designed in partnership with Governors, health care providers, children's health advocates, foundations, businesses and many others who are committed to providing health care coverage for the nation's uninsured children.

Over 10 million children in America are uninsured. Nearly 90 percent of these children have parents who work, but do not have access to or cannot afford health insurance. Over 3 million of these uninsured children are already eligible for Medicaid. However, many families are not aware that their children are eligible for Medicaid, and others have difficulty filling out the application. Similar problems could undermine the new Children's Health Insurance Program's goal to enroll millions of uninsured children. With these challenges in mind, the President:

- ✔ **ANNOUNCED THAT COLORADO AND SOUTH CAROLINA HAVE JOINED ALABAMA AS THE FIRST COVERAGE EXPANSIONS UNDER THE NEW CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).** Today, the President is announcing that Colorado and South Carolina join Alabama as the first states to come into the children's health program. In late January, Alabama received approval to expand its Medicaid program to children ages 14 to 18 up to 100 percent of poverty. South Carolina will expand its Medicaid program to provide coverage to all children up to 150 percent of poverty. And, Colorado builds upon its current non-Medicaid program to cover children up to 185 percent of poverty. The President is also announcing that many more States are well on their way to expanding coverage to more uninsured children. Currently, 14 additional states have submitted plans to HHS for approval, and another 18 States have active working groups or task forces to design plans to address the needs of uninsured children.

- ✔ **RELEASED A NEW PRESIDENTIAL DIRECTIVE TO LAUNCH A GOVERNMENT-WIDE EFFORT TO ENROLL UNINSURED CHILDREN.** In an executive memorandum to eight Federal agencies with jurisdiction over children's programs — the Departments of Agriculture, Interior, Education, HHS, HUD, Interior, Labor, and Treasury and the Social Security Administration -- the President is directing the establishment of a multi-agency effort to enroll uninsured children. These agencies run programs such as WIC, Food Stamps, Head Start, and public housing that cover many of the same children who are uninsured and eligible for Medicaid or other health insurance. The memorandum instructs these agencies: (1) to identify all their employees and grantees who might come into contact with these children and ensure that these individuals are aware of the health insurance programs available to children; (2) to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and (3) to report back in 90 days on their plan to help enroll uninsured children.

✔ **HIGHLIGHTED BUDGET PROPOSALS THAT PROVIDE MEDICAID ENROLLMENT INCENTIVES TO STATES.** The President's FY 1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund so that it can underwrite the costs for all uninsured children — not just the limited population allowed under current law.

✔ **ANNOUNCED A HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH.** To complement the public outreach effort, the President is announcing unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

- **A new toll-free number that directs families around the nation to their state enrollment centers.** The President is announcing that Bell Atlantic will establish and operate a toll-free number to help states enroll uninsured children. The number, which will be put in place during the upcoming months, will be developed in cooperation with the nation's Governors. This will help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

- **Over $23 million in commitments from private foundations across the country.** The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations such as SmithKline Beecham and Sheering Plough and local communities nationwide in children's health outreach efforts.

- **New initiatives from corporate and advocacy organizations to reach out to uninsured children.** Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, providing families information about available health insurance options. Grocery stores and chain drug stores across the country will provide information about the new Bell Atlantic toll-free number to their customers. The National Education Association is launching an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

✔ **ISSUED A CHALLENGE ACROSS AMERICA TO FIND NEW WAYS TO REACH OUT TO UNINSURED CHILDREN.** The President is challenging every physician, nurse, health care provider, business, school, parent, grandparent, and community across the nation, to find new ways to ensure that uninsured children eligible for health insurance are enrolled in Medicaid or CHIP. This national commitment should not stop until every eligible child across the country is enrolled in one of the existing health care programs.

President Clinton
Improving the Health of Our Nation's Children

Proposed New Incentives To Encourage Medicaid Enrollment. The President's FY1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund so that it can underwrite the costs for all uninsured children — not just the limited population allowed under current law.

Enacted Single Largest Investment in Children's Health Care since 1965. The Balanced Budget that President Clinton signed into law on August 5, 1997 included $24 billion for the President's Children's Health Initiative -- the single largest investment in health care for children since the passage of Medicaid in 1965. The Children's Health Initiative will provide meaningful health care coverage to up to five million currently uninsured children -- including prescription drugs, vision, hearing, and mental health services.

Passed Meaningful Health Insurance Reform. The President signed the Health Insurance Portability and Accountability Act which limits exclusions for pre-existing conditions, makes coverage portable and helps individuals who lose jobs maintain coverage. This law helps millions of children keep their health care coverage when their parents lose or change jobs.

Raised Immunization Rates to All Time High. Ninety percent or more of America's toddlers in 1996 received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal set by the President in 1993. In July 1997, President Clinton proposed new child care regulations to ensure that children in child care receive the immunizations they need on time. The proposed rule would require that all children in federally subsidized child care be immunized according to state public health agency standards. This proposed regulation will particularly affect those children in child care arrangements that are legal but exempt from state licensing requirements.

Ensured that Prescription Drugs Will Be Adequately Tested for Children. President Clinton announced an important Food and Drug Administration regulation requiring manufacturers to do studies on pediatric populations for new prescription drugs -- and those currently on the market -- to ensure that prescription drugs have been adequately tested for the unique needs of children.

Helped Protect Children From Environment Health Risks. Last year, the President signed an Executive Order to reduce environmental health and safety risks to children by requiring agencies to strengthen policies and improve research to protect children and ensure that new regulations consider special risks to children.

Established Protections for Mothers and Their Newborns. The President spearheaded legislation requiring insurance companies to cover at least 48 hour hospital stays following most normal deliveries and 96 hours after a Caesarean section. This legislation ensures that mothers and babies do not leave the hospital before they and their doctors decide they are ready.

A NATIONAL EFFORT TO INSURE AMERICA'S CHILDREN: WORKING TOGETHER FOR A HEALTHIER FUTURE

February 18, 1998

To meet the challenge of insuring millions of children, health care providers, foundations, corporations, teachers, child care providers, advocates, and public health officials are coming together to inform families about insurance options for their children. The following is a list of some major activities.

Enlisting Health Care Providers:

- The American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists, and the American Nurses Association are educating physicians and nurses throughout the country on how to enroll low-income uninsured children in CHIP and Medicaid.

Engaging Hospitals and Health Centers:

- The American Hospital Association has launched the *Campaign for Coverage... A Community Health Challenge* to expand health care coverage to 4 million more Americans through outreach and education efforts designed to bolster participation in CHIP, Medicaid, and other programs.

- The National Association of Children's Hospitals and the National Association of Public Hospitals are identifying and promoting innovative models of outreach and enrollment to uninsured children within hospital facilities and throughout the community.

- The Catholic Health Association has launched the *Children's Health Matters* campaign to provide support to local hospitals and social service agencies in 23 states in their efforts to enroll Medicaid eligible children.

- The National Association of Community Health Centers is working through its 700 centers to identify and enroll low-income uninsured children — including the 1.3 million such children they now serve — through Medicaid/CHIP enrollment services at Community Health Centers.

Making Children's Health Insurance a Public Health Priority:

- The National Association of County and City Health Officials, the American Public Health Association, and the Association of Maternal and Children Health Programs are working to inform all their members on ways to increase health insurance coverage for the children that they treat.

Investing in Innovative National, State and Local Outreach:

- The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs.

- The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children are uninsured, how best to provide insurance coverage for them, and which outreach initiatives work.

- America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations and local communities nationwide in children's health outreach efforts. Already, two of the nation's major pharmaceutical companies have joined this effort -- SmithKline Beecham and Schering Plough.

- The David and Lucile Packard Foundation will spend over a million dollars on children's health programs such as the Children's Health Collaborative Project, a joint project of the National Association for State Health Policy, the National Governors' Association, and the National Conference of State Legislatures.

Mobilizing Major Corporations:

- Bell Atlantic, in collaboration with the nation's Governors, will establish and support a single toll free phone number that directs families to their local eligibility offices.

- Pampers will distribute information on available health insurance options, including the toll-free number, in its childbirth education packages, which are given to 90 percent of first-time mothers.

- Safeway will display the toll-free number and information on children's health programs on their shopping bags.

- The National Association of Chain Drug Stores and the National Community Pharmacists Association will distribute the toll-free number to more than 150,000 pharmacists in over 60,000 pharmacies and will provide them with information so that they may refer parents to state health insurance programs.

Involving Teachers and Child Care Referral Centers:

- The National Education Association is launching an unprecedented campaign to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions.

- The National Association of Child Care Resource and Referral Agencies, which help over 1.5 million parents a year to find child care, will launch a campaign to inform parents of health insurance options for their children.

Strengthening Grassroots Efforts to Sign Up Uninsured Children:

- The Children's Defense Fund is disseminating information to over 10,000 individuals and organizations on state plans to enroll more children in coverage.

- The Center on Budget and Policy Priorities has increased its *Start Healthy, Stay Healthy* campaign, which works with community organizations, schools, child care programs, health clinics, and hospitals on ways to identify eligible children and get them enrolled in Medicaid and CHIP.

- Families USA is providing technical assistance to advocates nationwide to devise innovative strategies to enroll more children.

- The March of Dimes has committed funds to support demonstration projects to help states plan or implement creative outreach initiatives to reach and enroll children.

- The Children's Health Fund is organizing a major outreach campaign designed to enroll eligible children in Medicaid and CHIP, in order to reach an additional 50,000 uninsured children.

At this event, you will make the following announcements:

- **COLORADO AND SOUTH CAROLINA HAVE BEEN APPROVED TO PARTICIPATE IN THE CHILDREN'S HEALTH INSURANCE PROGRAM.** Colorado and South Carolina join Alabama -- approved on February 2 -- as the first states to participate in the Children's Health Insurance Program. To be eligible, states must submit plans for approval by HHS explaining how they will expand coverage to uninsured children. For example, Alabama will expand its Medicaid program to children ages 14 to 18 up to 100 percent of poverty, South Carolina will expand its Medicaid program to children up to 150 percent of poverty, and Colorado will expand it's current non-Medicaid program to cover children up to 185 percent of poverty. 15 more states have submitted plans and another 18 states are currently preparing their plans.

- **A NEW PRESIDENTIAL DIRECTIVE TO LAUNCH A GOVERNMENT-WIDE EFFORT TO ENROLL UNINSURED CHILDREN.** At this event, you will sign an executive memorandum to seven federal agencies with jurisdiction over children's programs -- the Departments of Agriculture, Education, HHS, HUD, Labor, and Treasury and the Social Security Administration -- directing them to establish a multi-agency effort to enroll uninsured children. These agencies run programs such as WIC, Food Stamps, Head Start, and public housing, that target many of the same children who are uninsured and eligible for coverage. The memorandum instructs these agencies: (1) to identify all their employees and grantees who might come into contact with these children and ensure these individuals are aware of the health insurance programs available to children; (2) to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and (3) to report back in 90 days on their plan to help enroll uninsured children.

- **A HISTORIC PRIVATE SECTOR COMMITMENT TO OUTREACH.** To complement the public outreach effort, you will announce unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

  -- **A new 1-800 number that directs families around the nation to their state enrollment centers.** Bell Atlantic will finance a 1-800 number to help states enroll uninsured children. The number will be in place within the next few months, and will help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

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Johnson Foundation and the American Academy of Pediatrics, will mobilize the corporate community and local communities nationwide in children's health outreach efforts.

-- Corporate America and advocacy organizations will also reach out to uninsured children. Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, describing health insurance options. Supermarket chains and chain drug stores across the country will put the new Bell Atlantic 1-800 number on their paper bags. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children. The National Education Association is launching an effort to educate teachers on how they can inform children and their families about health insurance.

III. PARTICIPANTS

- The First Lady
- Secretary Shalala
- Ned Zechman, President and CEO of Children's Hospital
- Linda Haverson, parent whose son was recently enrolled on Medicaid because of a local outreach effort. Her son was recently able to have necessary ear surgery due to his coverage.

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VI. REMARKS

Remarks provided by June Shih in Speechwriting.

Points

- Two years ago, my husband was between jobs and we had no health insurance. A Salvation Army worker, who learned of my second son Michael's ear infections, referred us to the Child Health Investment Program's home visitors. They came and helped us sign up our children for Medicaid.

- We need Medicaid because we cannot afford private health. My husband and I remain uninsured, as is my oldest son Raymond who turned six years and lost his Medicaid eligibility.

- Because of Medicaid, Michael's ear infections were treated with antibiotics. The ear infections had caused a delay in Michael's speech development. Now, with speech therapy, he has become as talkative as any 3 year old.

- Medicaid has also helped my baby Andrew, who also has had many ear infections. The doctors told us that he had lost 20 percent of his hearing. Just two weeks ago, he had surgery to insert tubes in his ears and remove his adenoids. Without Medicaid, we could not have afforded this surgery. And since the surgery, Andrew, who is 18 months old, has said his first four words: Mama, Dada, Shoe and Bubble.

- I hope that in the near future, Governor Gilmore can pass his "KidsCare" proposal, that will enable us to insure our oldest son Raymond. And, I thank the President and First Lady for their leadership on children's health. It has made and will continue to make a real differences in our lives. I am honored to introduce the President of the United States.

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- The Center on Budget and Policy Priorities has increased its *Start Healthy, Stay Healthy* campaign, which works with community organizations, schools, child care programs, health clinics, and hospitals on ways to identify eligible children and get them enrolled in Medicaid and CHIP.

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✔ **ANNOUNCED A HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH.** To complement the public outreach effort, the President is announcing unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

- **A new toll-free number that directs families around the nation to their state enrollment centers.** The President is announcing that Bell Atlantic will establish and operate a toll-free number to help states enroll uninsured children. The number, which will be put in place during the upcoming months, will be developed in cooperation with the nation's Governors. This will help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

- **Over $23 million in commitments from private foundations across the country.** The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations such as SmithKline Beecham and Sheering Plough and local communities nationwide in children's health outreach efforts.

- **New initiatives from corporate and advocacy organizations to reach out to uninsured children.** Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, providing families information about available health insurance options. Grocery stores and chain drug stores across the country will provide information about the new Bell Atlantic toll-free number to their customers. The National Education Association is launching an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

✔ **ISSUED A CHALLENGE ACROSS AMERICA TO FIND NEW WAYS TO REACH OUT TO UNINSURED CHILDREN.** The President is challenging every physician, nurse, health care provider, business, school, parent, grandparent, and community across the nation, to find new ways to ensure that uninsured children eligible for health insurance are enrolled in Medicaid or CHIP. This national commitment should not stop until every eligible child across the country is enrolled in one of the existing health care programs.

A NATIONAL EFFORT TO INSURE AMERICA'S CHILDREN: WORKING TOGETHER FOR A HEALTHIER FUTURE

February 18, 1998

To meet the challenge of insuring millions of children, health care providers, foundations, corporations, teachers, child care providers, advocates, and public health officials are coming together to inform families about insurance options for their children. The following is a list of some major activities.

Enlisting Health Care Providers:

- The American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists, and the American Nurses Association are educating physicians and nurses throughout the country on how to enroll low-income uninsured children in CHIP and Medicaid.

Engaging Hospitals and Health Centers:

- The American Hospital Association has launched the *Campaign for Coverage... A Community Health Challenge* to expand health care coverage to 4 million more Americans through outreach and education efforts designed to bolster participation in CHIP, Medicaid, and other programs.

- The National Association of Children's Hospitals and the National Association of Public Hospitals are identifying and promoting innovative models of outreach and enrollment to uninsured children within hospital facilities and throughout the community.

- The Catholic Health Association has launched the *Children's Health Matters* campaign to provide support to local hospitals and social service agencies in 23 states in their efforts to enroll Medicaid eligible children.

- The National Association of Community Health Centers is working through its 700 centers to identify and enroll low-income uninsured children — including the 1.3 million such children they now serve — through Medicaid/CHIP enrollment services at Community Health Centers.

Making Children's Health Insurance a Public Health Priority:

- The National Association of County and City Health Officials, the American Public Health Association, and the Association of Maternal and Children Health Programs are working to inform all their members on ways to increase health insurance coverage for the children that they treat.

Investing in Innovative National, State and Local Outreach:

- The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs.

- The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children are uninsured, how best to provide insurance coverage for them, and which outreach initiatives work.

- America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations and local communities nationwide in children's health outreach efforts. Already, two of the nation's major pharmaceutical companies have joined this effort -- SmithKline Beecham and Schering Plough.

- The David and Lucile Packard Foundation will spend over a million dollars on children's health programs such as the Children's Health Collaborative Project, a joint project of the National Association for State Health Policy, the National Governors' Association, and the National Conference of State Legislatures.

Mobilizing Major Corporations:

- Bell Atlantic, in collaboration with the nation's Governors, will establish and support a single toll free phone number that directs families to their local eligibility offices.

- Pampers will distribute information on available health insurance options, including the toll-free number, in its childbirth education packages, which are given to 90 percent of first-time mothers.

- Safeway will display the toll-free number and information on children's health programs on their shopping bags.

- The National Association of Chain Drug Stores and the National Community Pharmacists Association will distribute the toll-free number to more than 150,000 pharmacists in over 60,000 pharmacies and will provide them with information so that they may refer parents to state health insurance programs.

Involving Teachers and Child Care Referral Centers:

- The National Education Association is launching an unprecedented campaign to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions.

- The National Association of Child Care Resource and Referral Agencies, which help over 1.5 million parents a year to find child care, will launch a campaign to inform parents of health insurance options for their children.

Strengthening Grassroots Efforts to Sign Up Uninsured Children:

- The Children's Defense Fund is disseminating information to over 10,000 individuals and organizations on state plans to enroll more children in coverage.

- The Center on Budget and Policy Priorities has increased its *Start Healthy, Stay Healthy* campaign, which works with community organizations, schools, child care programs, health clinics, and hospitals on ways to identify eligible children and get them enrolled in Medicaid and CHIP.

- Families USA is providing technical assistance to advocates nationwide to devise innovative strategies to enroll more children.

- The March of Dimes has committed funds to support demonstration projects to help states plan or implement creative outreach initiatives to reach and enroll children.

- The Children's Health Fund is organizing a major outreach campaign designed to enroll eligible children in Medicaid and CHIP, in order to reach an additional 50,000 uninsured children.

SUNTUM_M @ A1
02/18/98 02:16:00 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: 1998-02-18 President's Remarks at Children's Hospital

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 18, 1998

REMARKS BY THE PRESIDENT
ON CHILDREN'S HEALTH INITIATIVE

Children's Hospital
Washington, D.C.

1:43 P.M. EST

THE PRESIDENT: Thank you, Linda. Ned Zechman, thank you. Thank you, Secretary Shalala, for your wonderful work. And I thank the First Lady for what is now a more than 25 year crusade to bring quality health care to children. We're delighted to be joined by Mayor Barry and members of the D.C. City Council, Congresswoman Eleanor Holmes Norton, and Congresswoman Diana DeGette from Colorado, and many, many child advocates in this audience who have been working on these issues a long, long time.

Last month in the State of the Union address I asked the American people to work together to strengthen our nation for a new century, and especially to build the right kind of future for all our children, with world-class education and quality, affordable health care.

Let me begin by thanking the men and women who work in this hospital for their efforts to restore our most fragile children to health, to give many of them second chances at life. This is a place where medicine shines and miracles happen every day. But it should not take a miracle to ensure that children like Linda's children have the care and insurance they need to stay healthy and to be treated when they're sick.

I still have a hard time believing that this country,

with the finest health care system in the world, cannot figure out how to give affordable, quality health insurance coverage to every single child in America. (Applause.)

Step by step we are working hard to make sure all Americans get the health care they deserve. Two years ago we passed a law, and I signed a law, to make sure every American could keep his or her insurance when they change jobs or when someone in the family is ill. Last year, in the historic balanced budget agreement, we extended the life of the Medicare Trust Fund for more than a decade. We also made this unprecedented $24 billion commitment to provide health care to up to 5 million more children, and I want to say more about that, obviously.

In addition to implementing the provisions of the balanced budget law to cover children, this year we're also going to attempt to pass a Health Care Consumer Bill of Rights, which is all the more important since 160 million Americans are now in managed care plans. We want to extend Medicare to Americans age 55 to 65 who have lost their health insurance who can buy into the program. And of course we want to protect all our children from the dangers of tobacco, and we're hoping and praying for a comprehensive resolution of that issue.

But let's go back to the question of covering children. Congress appropriated the money, $24 billion over five years, with the goal of insuring 5 million of the 10 million children who don't today have health insurance. Now, 3 million -- as the First Lady said, 3 million of the 10 million kids who don't have health insurance are eligible for the Medicaid program today. If we could get 100 percent of those children into the Medicaid program, we could

actually insure more than 5 million children for the $24 billion. But if we don't get any new children into the Medicaid program, or very few, then we're going to have a very hard time meeting that 5 million goal.

So this issue of not only helping the children and their families, but also the hospitals and the providers who have to be reimbursed for the care they give, with expanding the Medicare program to the children who are eligible, is profoundly important if we are to reach what I know is the goal of every person in this audience, which is to provide affordable health insurance coverage to our children.

Now, this children's health initiative that was part of the balanced budget agreement, is part of the -- kind of the vision of government that has driven our administration from its first days. I always believed that we had to get rid of the deficit and balance the budget, because otherwise the economy wouldn't work right, we couldn't get interest rates down, we couldn't have new investment for businesses to create new jobs, people couldn't afford to buy homes --

we'd have all kinds of problems. But I also always believed that we had to do it in a way that left more money to invest in our future, particularly in education and health care and the environment and the things that will shape the quality of life. So that's what we're trying to do.

But I want to say again, just the fact that this money has been appropriated is not enough. We cannot let the appropriation of money just sit there. We can't just have laws on paper that say we're going to cover 5 million more people. Those of you who work in these programs understand that this a complex and challenging task.

Most of these children are like Linda's children. Most of these kids that we're trying to cover are the children of working people, who are working hard and doing their very best every day and paying their taxes and simply cannot afford a traditional health insurance plan.

One of the ways that we have to deal with this is to expand Medicaid coverage to the 3 million who are already eligible under the law. One of the most shocking things to people who don't have this problem is to find out that huge numbers of these kids are prevented from getting medical care, simply because their parents don't know they're eligible.

Therefore, all of us have an obligation to see to it that every child who can take advantage of this historic investment in health care does so, and does it now, beginning with the Medicaid program. The federal government must do its part. States and businesses and individuals must step up to the plate. And our message to parents and to teachers, to preachers and to coaches must be: What you do not know can hurt your children. You have to find out if your child is eligible for the Medicaid program.

Today, I am launching an all-out effort to let every family know about health insurance, whether it's Medicaid or another state program, that is currently or soon will be available because there are now new children's health programs coming on line under the program passed in the balanced budget bill.

In a few moments, I will sign an executive memorandum directing the eight federal agencies who run our children's program, such as WIC and food stamps, to cooperate in a comprehensive effort to make sure that every family gets the information they need to enroll their children, whether from an agency employee or from pamphlets, toll-free numbers or simplified application form. And I call on Congress to pass the new funds I am requesting in this balanced budget to help states publicize their new child health

programs and their child centers and enroll the children in Medicaid automatically, even as they wait for final approval of their

applications.

Next, and most important, every state must take responsibility for ensuring that every eligible child within its borders gets insured. Medicaid is one of the best ways to expand health insurance to more children and it is a state-run program. I'm pleased to announce that Colorado and South Carolina will join Alabama as the first states to expand insurance coverage to more uninsured children under the bill we passed last year.

But you should know that over 40 more states are well on their way to expanding their own insurance programs. I applaud the governors for their commitment and their innovative efforts to enroll more children. And I thank Ray Scheppach from the Governor's Association for being here today. We can't rest until every state has a program and a commitment to implement it.

Finally, the private sector has to help us get the job done. Many businesses and foundations have already joined in. Bell Atlantic will provide the leadership to establish a new 800 number that will direct families to state agencies in charge of Medicaid. Safeway has agreed to put the 800 number on their shopping bags. The National Association of Chain Drug Stores and the National Community Pharmacists Association will help us get the words out whenever parents pick up prescriptions. Pampers has agreed to include a letter in parent education packages that go to millions of new mothers in the hospital. I thank all of them for being exemplary corporate citizens.

And I'm pleased to announce the Robert Wood Johnson Foundation and the Kaiser Family Foundation have committed more than $23 million to finding better ways to expand coverage and outreach efforts. America's Promise, the outgrowth of the President's Summit on Service, made a healthy future for all children one of its five goals. And along with the American Academy of Pediatrics, the American Hospital Association, the National Association of Education, all have launched their own efforts to target and enroll uninsured children. And I thank them.

This is an extraordinary partnership to make sure that every child gets the health coverage he or she needs to have a fair and healthy shot at life. But it is only the first step. We need every parent, every grandparent, doctor, nurse, health care provider, teacher, business leader, foundation, every community all across America to work until they find the ways to reach all our children who can be covered by Medicaid or by the new children's health insurance program.

Like all parents, Hillary and I know from experience that nothing can weigh more heavily on your mind than the health of your child. The slightest cough, the most minor accident can cause enormous worry. I can barely imagine what it would be like to also have to worry about finding the money to pay for your children's health care in the first place.

Too many parents live with these worries every day. Millions of our fellow Americans -- people who are dedicated citizens, people who get up every day and go to work, people who pay the taxes they owe to the government, people who do everything that is expected of them and still have to worry about the health care of their children for lack of insurance coverage. This is wrong. If we really want to make America strong for the 21st century, we will correct it. We have the tools; it is now up to us to use them.

Thank you very much and God bless you all. (Applause.)

END 1:55 P.M. EST

Message Sent To: _____

REMARKS BY HILLARY RODHAM CLINTON
CHILDREN'S HEALTH OUTREACH ANNOUNCEMENT
CHILDREN'S NATIONAL MEDICAL CENTER
FEBRUARY 18, 1998

Thank you. I am so honored to join the President and all of you today as we take another important step forward in putting quality health care within the reach of every child in America. None of this would have been possible without the leaders and advocates and parents in this room...and I especially want to thank Secretary Shalala; Congresswoman Diana DeGette; Congresswoman Norton; Mayor and Mrs. Barry; Charlene Drew Jarvis; Sandy Allen; Ned Zechman and the entire Children's National Medical Center; Linda Havemann and her family; and all the children here, who are counting on us not only to improve their health tomorrow, but to keep our remarks brief today.

As we drove over here, I thought about one of my favorite children's folktales, where a group of travelers arrive in a village hungry. So, they go to the center of town and boil a pot of water with nothing but a stone in it. Soon, curious villagers come by to ask what they're cooking. And one by one, they each add something useful to the pot -- the butcher brings salt beef, someone else brings carrots, another cabbage -- ultimately transforming a mere stone into a wonderful "stone soup," created by all and benefiting all.

Like this fable, the success story that we celebrate today is really the timeless story of what works in meeting our biggest challenges. Last August, with the support of a bipartisan Congress, the President signed into law the largest expansion of health care in 30 years. On that day, our nation not only made a commitment of $24 billion dollars, we created a federal-state partnership to fulfill an historic promise to millions of uninsured children and their parents. We make it clear: Whether your children need check-ups or immunizations, broken bones healed or deadly diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

As I said when the bill was enacted, fulfilling its promise would depend on what we did in the months ahead. We knew that finding these children scattered across the country, and then insuring them, would not be easy. Three million are eligible for Medicaid, but not enrolled. Some lose coverage when their parents lose jobs. And the majority have parents who work hard, but make too much to qualify for Medicaid, and not enough to afford private insurance.

So, we knew that while states would devise their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and enroll their children if they're eligible, either through Medicaid or the new Children's Health Insurance Program (CHIP). And, like the travelers making stone soup, we knew that doing this would take an entire village...that when everyone contributes, the product is always richer than any single ingredient.

As the President will announce today, that's exactly what's happening. While, the Federal government is doing its part with new resources and new

ways to reach kids...States are answering the call with plans that devise local solutions to fit their local needs. Businesses and Foundations are finding innovative approaches to get information to parents and get kids insured. Doctors and teachers are learning how to be front-line soldiers in the battle to enroll our children. And the National Governor's Association is issuing a best practices report on state efforts to insure children that shines a spotlight on what's working around the country.

As I've traveled the nation, talking to parents and other citizens who are trying to do right by our children, I've often been struck by the fact that there isn't a problem in America that isn't being solved by someone somewhere. Just think about how much we could accomplish if we took those models that work and helped every community apply them to address their own problems. Well, that's what we're doing today.

I still remember how scared we were when Chelsea had her tonsils out...and I can only imagine how we'd have felt if she didn't have health insurance. Whenever children are hurt, whenever children are sick, parents shouldn't have to worry that there's no where to take them to heal their wounds or ease their pain. Our next speaker is the best expert around on this subject -- she's a parent. And, as her family has learned from personal experience, these new efforts will help parents who work hard and play by the rules get what all parents want -- more peace of mind for themselves, and more health and hope for their children.

It is my great honor to introduce Linda Havemann.

SUNTUM_M @ A1
02/18/98 02:16:00 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: 1998-02-18 President's Remarks at Children's Hospital

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 18, 1998

REMARKS BY THE PRESIDENT
ON CHILDREN'S HEALTH INITIATIVE

Children's Hospital
Washington, D.C.

1:43 P.M. EST

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Last month in the State of the Union address I asked the American people to work together to strengthen our nation for a new century, and especially to build the right kind of future for all our children, with world-class education and quality, affordable health care.

Let me begin by thanking the men and women who work in this hospital for their efforts to restore our most fragile children to health, to give many of them second chances at life. This is a place where medicine shines and miracles happen every day. But it should not take a miracle to ensure that children like Linda's children have the care and insurance they need to stay healthy and to be treated when they're sick.

I still have a hard time believing that this country,

with the finest health care system in the world, cannot figure out how to give affordable, quality health insurance coverage to every single child in America. (Applause.)

Step by step we are working hard to make sure all Americans get the health care they deserve. Two years ago we passed a law, and I signed a law, to make sure every American could keep his or her insurance when they change jobs or when someone in the family is ill. Last year, in the historic balanced budget agreement, we extended the life of the Medicare Trust Fund for more than a decade. We also made this unprecedented $24 billion commitment to provide health care to up to 5 million more children, and I want to say more about that, obviously.

In addition to implementing the provisions of the balanced budget law to cover children, this year we're also going to attempt to pass a Health Care Consumer Bill of Rights, which is all the more important since 160 million Americans are now in managed care plans. We want to extend Medicare to Americans age 55 to 65 who have lost their health insurance who can buy into the program. And of course we want to protect all our children from the dangers of tobacco, and we're hoping and praying for a comprehensive resolution of that issue.

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this is where the Pres. gets confusing

So this issue of not only helping the children and their families, but also the hospitals and the providers who have to be reimbursed for the care they give, with expanding the Medicare program to the children who are eligible, is profoundly important if we are to reach what I know is the goal of every person in this audience, which is to provide affordable health insurance coverage to our children.

Now, this children's health initiative that was part of the balanced budget agreement, is part of the -- kind of the vision of government that has driven our administration from its first days. I always believed that we had to get rid of the deficit and balance the budget, because otherwise the economy wouldn't work right, we couldn't get interest rates down, we couldn't have new investment for businesses to create new jobs, people couldn't afford to buy homes --

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But I want to say again, just the fact that this money has been appropriated is not enough. We cannot let the appropriation of money just sit there. We can't just have laws on paper that say we're going to cover 5 million more people. Those of you who work in these programs understand that this a complex and challenging task.

Most of these children are like Linda's children. Most of these kids that we're trying to cover are the children of working people, who are working hard and doing their very best every day and paying their taxes and simply cannot afford a traditional health insurance plan.

One of the ways that we have to deal with this is to expand Medicaid coverage to the 3 million who are already eligible under the law. One of the most shocking things to people who don't have this problem is to find out that huge numbers of these kids are prevented from getting medical care, simply because their parents don't know they're eligible.

Therefore, all of us have an obligation to see to it that every child who can take advantage of this historic investment in health care does so, and does it now, beginning with the Medicaid program. The federal government must do its part. States and businesses and individuals must step up to the plate. And our message to parents and to teachers, to preachers and to coaches must be: What you do not know can hurt your children. You have to find out if your child is eligible for the Medicaid program.

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programs and their child centers and enroll the children in Medicaid automatically, even as they wait for final approval of their

applications.

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Thank you very much and God bless you all. (Applause.)

END 1:55 P.M. EST

Message Sent To: _____

DRAFT

MEMORANDUM TO THE FIRST LADY

cc:

FROM: Chris Jennings and Jennifer Klein

RE: Children's Health Implementation Update

This memo summarizes the activities related to the implementation of the Children's Health Insurance Program (CHIP) and our efforts to promote outreach for CHIP and Medicaid. There has been a tremendous amount of energy and activity surrounding the implementation of CHIP in the six short months since the Balanced Budget Act was signed. We expect the next six months to be even more intense, since States need to file their State Plans for CHIP by July 1 to access their 1998 funding allotment.

Next week, you and the President are scheduled to participate with the President in an event announcing some of the first states coming on line in CHIP and highlighting a series of public and private initiatives aimed at enrolling eligible children in Medicaid and/or CHIP. This memo provides you background on what we have done to date in implementing CHIP and summarizes future initiatives to ensure success in enrolling uninsured children in Medicaid and CHIP.

IMPLEMENTATION ACTIVITIES TO DATE

The first phase of CHIP implementation consisted primarily of issuing Federal guidance on the new program. To date, there have been over 10 White House-approved, written communications from HHS to States that contain information necessary to implement the program. These and forthcoming communications include: recommended format for the State plans, financial reporting forms, what constitutes a "public process" and interpretation of certain provisions (e.g., coordination requirement for CHIP and Medicaid). In the next two months, this policy guidance will be collapsed into regulations that will go through the ordinary public process. HHS has also been conducting regional conferences to assist States in the development of their plans.

Right now, we are at the beginning of the second, important phase of implementation: the State plan submissions. To date, we have received 17 State plans and have approved one. Interestingly, 9 States plan to expand coverage for children through Medicaid, 4 through non-Medicaid State programs, and 4 through a combination of the two. We approved the first plan for Alabama on January 30;

the State simply expanded Medicaid to cover all poor children. Because by law we have to either approve a State's plan within 90 days or "stop the clock" with a request for additional information, we had little choice in the timing of the Alabama approval. However, we are close to approving several more plans, two of which we will announce next Wednesday at the children's health event (Colorado and South Carolina).

Beyond the States that have already submitted their State plans, another 19 have some type of task force or work group assigned to identify children's health needs in the State and design the appropriate program. Preliminary reports suggest that another 5 States want to expand through Medicaid, 7 through a non-Medicaid program, and 6 through a combination of the two.

The White House has played a significant role in implementation. We run a weekly children's health implementation meeting, with HHS, OMB and Treasury. These meetings focus mostly on pressing policy issues and HHS's progress in meeting our aggressive implementation schedule. In addition, we run a weekly meeting with HHS staff that focuses on children's health outreach. This meeting serves to generate ideas and promote administrative actions to improve the enrollment of children.

ISSUES AND FUTURE ACTIVITIES

We can fairly say that implementation of the Children's Health Insurance Program, and the parallel focus on children's health outreach, has gone well to date. HHS has mobilized a large group of people to work on the State plan review, and we have had fewer than expected complaints from States and advocates.

That being said, our involvement has been necessary both to facilitate decisions being made and actions being taken by HHS. The Department tends to be divided on major policy issues and slow to resolve those divisions. In addition, we are beginning to get involved in what is sure to be myriad, difficult, State-specific issues. We are often put in this position because the Department does not like to take the hard-line stance with States, and even when they do, States often appeal to the White House. We already have several of these instances (Missouri, Maryland, Wisconsin). This has the effect of making children's health a major part of our daily work.

In addition to this oversight / policy making role, the most critically important activity that we can undertake is to engage in aggressive public/private outreach efforts to enroll eligible but uninsured children. To accomplish this, we need a short and long-term strategy. On February 18th, you and the President will launch a national outreach campaign in a large event. The goal is to both emphasize the opportunities that now exist for children's health coverage, describe what is going

on in States, and issue a challenge. This challenge is that Federal agencies that work with children, foundations, provider groups, children's groups, private businesses, and children themselves learn about Medicaid and CHIP and help enroll uninsured children. More details of this event will be provided to you soon.

For the long-term, we need to follow up on this challenge with additional activities that focus on outreach. Assuming that the first event is successful, we have confidence that we can attract commitments from additional foundations, business group, etc. This could be highlighted in additional events or announcements. For example, HHS will soon release a manual for child care workers. We could announce that release along with a commitment by the association for child care resource and referral centers to educate their workers on enrollment opportunities. We are also working on an all-purpose brochure that describes Medicaid, CHIP and how people can get applications in their State. We could have the President or Secretaries send this brochure to Federal workers who assist children (e.g., school lunch eligibility workers). Our sustained spotlight on children's health outreach will surely make a difference in meeting our goal of covering uninsured children.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) IMPLEMENTATION UPDATE

February 10, 1998

FEDERAL UPDATE

Public Information. The following is a list of the releases of information to date:

- **Program announcement** (State Medicaid Directors' letter, August 27):Informed the states of the organization of the program at HHS, its basic parameters, and a summary of the statute.

- **State allotments** (Federal Register notice, September 10): Announces the states' preliminary allotments from the over $4 billion appropriation for fiscal year 1998.

- **Qs and As #1** (September 10): Responses to some of the most frequently asked questions.

- **State plan template** (September 15): Guide on the minimum requirements for a state children's health insurance plan

- **Qs and As #2** (October 3): Responses to some of the most frequently asked questions.

- **Medicaid issues** (State Medicaid Directors' letter, October 10): Describes the Medicaid provisions in the children's health program and includes model state plan amendments for these options as well as a set of q.s. and as on Medicaid issues.

- **Qs and As #3** (November 26): Responses to some of the most frequently asked questions.

- **State plan approval** (State Medicaid Directors' letter, December 2): Describes the process for filing from the states and review and approval by HHS.

- **State financial reporting** (December 8): Details the financial rules and reporting requirements for CHIP.

- **Legal immigrants** (January 14): Describes rules regarding financing health care for legal immigrant children.

- **Outreach** (January 23): Describes options for receiving Federal funding for outreach as well as options that are effective.

All documents can be found on the Internet; www.hcfa.gov.

STATES UPDATE

STATE	ACTIVITIES UPDATE
STATES WITH APPROVED CHILD HEALTH PLANS	
Alabama	**PLAN**: Medicaid expansion for poor children up to age 19 **STATUS**: Plan submitted: 11/3/97; plan approved: 1/30/98. Implementation: 2/1/98 **BACKGROUND**: After a contentious special legislative session, $5 million was budgeted for health with a contingent $10 million if revenues are sufficient. The Governor signed the state plan on November 1. Although the plan only includes Medicaid benefits for children at or below 100 percent of the poverty line, a State commission voted to create a non-Medicaid program for children between 100 and 200 percent of poverty. However, since they also proposed to fund this expansion through a tobacco tax, the Governor is objecting.
STATES WITH SUBMITTED CHILD HEALTH PLANS (in chronological order)	
Missouri	**PLAN**: Medicaid expansion for children up to 200 percent of poverty **STATUS**: Plan submitted: 9/26/97 (including Medicaid 1115 waiver request); request for additional information: 11/12/97; additional information submitted: 2/6/98. Expected implementation: 7/98. **BACKGROUND**: The State has been seeking a Medicaid 1115 waiver that combines children with adults. The proposal would expand Medicaid to 200 percent of poverty through CHIP and from 200 to 300 percent of poverty through a Medicaid 1115 waiver. The State wants to waive Medicaid's requirement to cover non-emergency medical transportation and to use illegal provider taxes as their source of State share.
Colorado	**PLAN**: Non-Medicaid expansion for children up to 185 percent of poverty **STATUS**: Plan submitted: 10/14/97; request for information: 11/97; additional information submitted: 1/21/98. Expected implementation: 3/1/98. **BACKGROUND**: The State had funded a State program expansion through "Child Health Plan Plus" prior to the passage of the Balanced Budget Act. It intends to build upon this expansion in a second phase, to be applied for next year. Colorado's benefits are actuarially equivalent to the State employee health plan. The State is planning a second phase of the expansion to subsidize children in employer health plans.
Pennsylvania	**PLAN**: Non-Medicaid expansion for children up to 185 percent of poverty **STATUS**: Plan submitted: 11/3/97; request for additional information: 12/97; additional information received: 2/4/98. **BACKGROUND**: Governor announced on October 1 that he will expand the state's existing Children's Health Insurance Program (CHIP); its benefits are grandfathered in the statute. It would fully subsidize premiums up to 185 percent of poverty, and allow for enrollment of children on current waiting list.
New York	**PLAN**: Non-Medicaid expansion for children up to 222 percent of poverty **STATUS**: Plan submitted: 11/5/97; request for information: 1/6/98; additional information received: 1/31/98. Implementation: 10/1/97. **BACKGROUND**: Governor plans to expand Child Health Plus; its benefits are grandfathered in the statute. Democratic Assembly proposed an alternative plan on 2/9/98 to cover children up to 300 percent of poverty with more generous benefits.

California	**PLAN**: Medicaid expansion for children up to 100 percent of poverty; non-Medicaid expansion for children up to 200 percent of poverty **STATUS**: Plan submitted: 11/20/97; additional information requested: 1/9/98; some additional information received: 2/10/98. Expected implementation: 7/1/98. **BACKGROUND**: The "Healthy Families" plan passed the State legislature on 10/2/97. It expands Medicaid to 100 percent of poverty for all children and creates a new program for children 100 to 200 percent of poverty equivalent to benefits offered to State employees through the State group purchasing coop or employers.
Florida	**PLAN**: Medicaid expansion for poor children; non-Medicaid expansion for children between 100 and 185 percent of poverty **STATUS**: Plan submitted: 12/4. Implementation: 1/1/98. **BACKGROUND**: Expanding the Healthy Kids program whose benefits are grandfathered in the statute. Uses school-based enrollment to facilitate access to health services. Tobacco settlement money may be used as the state contribution.
South Carolina	**PLAN**: Medicaid expansion for children up to 150 percent of poverty **STATUS**: Plan submitted: 12/9; additional information requested: 1/98; additional information received 1/28/97. Implementation: 10/1/97. **BACKGROUND**: "Partners for Healthy Children". State passed Medicaid expansion over the summer, will cover children up to 19 to 150 percent of poverty through Medicaid on October 1. Uses simple mail-in applications distributed through schools, doctors' offices, neighborhood pharmacies, and hospitals. May add a second, non-Medicaid expansion for children with income between 150 to 200 percent of poverty.
Ohio	**PLAN**: Medicaid expansion for children up to 150 percent of poverty **STATUS**: Plan submitted: 12/24/97; request for additional information: 1/26/98. Implementation: 1/98 **BACKGROUND**: The State had already planned this Medicaid expansion and the Governor has appointed support for expanding Medicaid to children up to 200 percent of poverty and appointed a task force to make recommendations by 7/1/98
Michigan	**PLAN**: Non-Medicaid expansion to children up to 200 percent of poverty **STATUS**: Plan submitted: 12/30/97. Expected implementation: 4/98. **BACKGROUND**: Michigan's Department of Community Health has developed a non-Medicaid program called "MIChild".
Tennessee	**PLAN**: Medicaid expansion for children up to 200 percent of poverty **STATUS**: Plan submitted 1/3/98 (expanding Medicaid 1115 waiver); request for additional information: 1/26/98. Implementation: 4/1/97 **BACKGROUND**: Re-opened enrollment in TennCare to uninsured children in April 1997 and again on 1/1/98 for a limited period (through 3/30, since the State may use enrollment caps). State has removed $250 deductible and lowered copayments to 2 percent (still may be out of compliance with CHIP guidelines).
Illinois	**PLAN**: Medicaid expansion for infants up to 200 percent of poverty, for children 1 to 18 up to 133 percent of poverty. **STATUS**: Plan submitted: 1/6/98. Implementation: 1/5/98. **BACKGROUND**: Governor announced plan in early 12/97, and also appointed an 8-member, bipartisan legislative task force to look at additional options. The Governor also announced an outreach effort that includes signing up children for Medicaid at schools, clinics, neighborhood centers and other settings.

Rhode Island	**PLAN**: Medicaid expansion for children up to 250 percent of poverty **STATUS**: Plan submitted 1/6/98. Implementation: 5/1/97. **BACKGROUND**: The State expanded its Medicaid RIteCare program in May and wants to receive enhanced Federal match for this group.
Oklahoma	**PLAN**: Medicaid expansion for children up to 185 percent of poverty **STATUS**: Plan submitted: 1/12/98. Implementation: 12/1/97. **BACKGROUND**: Implementing SoonerCare program under an 1115 waiver. Part of the expansion planned under SoonerCare would be covered through CHIP.
Connecticut	**PLAN**: Medicaid expansion for children up to 185 percent of poverty; non-Medicaid expansion for children between 185 and 300 percent of poverty **STATUS**: Plan submitted: 1/15/98. Expected implementation: 4/1/98. **BACKGROUND**: Governor Rowland signed a law creating " HUSKY: Healthcare for Uninsured Kids and Youth" on 10/30/97. Builds on a Medicaid outreach effort funded earlier in 1997. The non-Medicaid program's benefits would be modeled on the State employee health plan. The State intends to use a single application for both programs, the presumptive eligibility option to facilitate enrollment; and schools and child care sites for enrollment.
Massachusetts	**PLAN**: Medicaid expansion for infants up to 200 percent of poverty, children ages 1 to 18 up to 150 percent of poverty; non-Medicaid expansion for children between 150 and 200 percent of poverty. **STATUS**: Plan submitted: 1/16/98 (including Medicaid 1115 waiver request). Expected implementation: 3/98. **BACKGROUND**: State wants to expand its Medicaid 1115 waiver proposal "MassHealth" and its non-Medicaid program, the Children's Medical Security Plan. State funds are appropriated and supported by a tobacco tax.
Wisconsin	**PLAN**: Medicaid expansion for children (and parents) up to 185 percent of poverty **STATUS**: Plan submitted: 1/21/98 (including Medicaid 1115 waiver request). Expected implementation: 7/1/98 **BACKGROUND**: Requesting a Medicaid 1115 for "BadgerCare" which would cover all children in uninsured families up to 185 percent of poverty plus their parents. Premiums will be charged to children in newly eligible families.
ACTIVITIES IN OTHER STATES	
Alaska	**PLAN**: Medicaid expansion and non-Medicaid expansion for children up to 200 percent of poverty (Governor's proposal) **STATUS**: Proposal submitted to State legislature in session beginning 1/98. Plan to submit plan 7/98. Expected implementation: 10/98. **BACKGROUND**: Informal working group has been meeting; expected to meet with the Governor on October 3 to discuss their proposal. Governor appears to want to expand to 200 percent of poverty by the end of 1998.
Arizona	**PLAN**: None yet **STATUS**: **BACKGROUND**: Governor has stated that getting a children's health program going soon is a priority and included State funds in her projected budget. She will work with State legislature to fund the State contribution and on plans for the use of those funds.

Arkansas	**PLAN**: None yet **STATUS**: Debating whether to seek CHIP funding for its Medicaid 1115 waiver expansion that began in October 1997. **BACKGROUND**: Within weeks of the passage of CHIP, Arkansas received a Medicaid 1115 waiver to expand coverage to children up to 200 percent of poverty. Benefits in this waiver are below the standards outlined in CHIP. The State is considering whether it should submit its Medicaid expansion through a Medicaid 1115 waiver or convert its Medicaid to a non-Medicaid program for the purposes of CHIP.
Delaware	**PLAN**: None yet **STATUS**: **BACKGROUND**: State Health Care Commission will submit a proposal to the legislature during this session.
DC	**PLAN**: Medicaid expansion for children up to 200 percent of poverty (tentative) **STATUS**: Plan to submit a plan 3/98. **BACKGROUND**: In review process with Mayor, City Council and pending final approval by the Financial Authority.
Georgia	**PLAN**: Medicaid expansion for children under age 6 up to 200 percent of poverty; non-Medicaid expansion for children ages 6 to 18 up to 200 percent of poverty (Governor) **STATUS**: Plan to submit plan by 7/1/98. **BACKGROUND**: Health Policy Center at Georgia State University, the official task force, recommended Medicaid expansion for children between 100 and 200 percent of poverty. Legislature meets in January.
Hawaii	**PLAN**: None yet **STATUS**: **BACKGROUND**: Considering expanding its 1115 Medicaid waiver which covers children up to 300 percent of poverty.
Idaho	**PLAN**: Medicaid expansion for children up to 160 percent of poverty **STATUS**: Working on a state plan. Implementation: Medicaid: 10/1/97 **BACKGROUND**: Expanded Medicaid to children up to 160 percent of poverty in 10/97. Committee to discuss other long-term options beginning 1/98.
Indiana	**PLAN**: None yet **STATUS**: Plan to submit a plan 3/7/98. **BACKGROUND**: Governor created a children's health task force.
Iowa	**PLAN**: None yet **STATUS**: Working on a plan to submit by 7/98 **BACKGROUND**: Nine public forums occurred in 10/97. The State Public Policy Group, a task force, recommended in 11/97 a Medicaid expansion for children up to 133 percent of poverty, and a non-Medicaid program for children between 133 and 200 percent of poverty. A legislative task force will also present options.
Kansas	**PLAN**: Medicaid expansion for children up to 150 percent of poverty, and a non-Medicaid program for children between 150 to 200 percent of poverty (tentative). **STATUS**: Plan to submit plan in the Spring of 1998. **BACKGROUND**: Two planning groups (Insurance Department and Department of Social and Rehabilitation Services) to report to Governor and state legislature in 1/98. Preliminary recommendation described above.

Kentucky	**PLAN**: Medicaid expansion for poor children; non-Medicaid program for children between 100 and 200 percent of poverty (Governor announced 1/7/98) **STATUS**: Governor announced plan on 1/7/98, plan to submit a plan on 4/1/98. Expected implementation: 7/1/98. **BACKGROUND**: Set up work group; considering a range of options, including implementing and expanding their 1115 Medicaid waiver. Health Services Secretary proposes to expand Medicaid to cover children ages 14 to 18 whose family incomes are at 100 percent of poverty and a non-Medicaid expansion for children between 100 and 200 percent of poverty.
Louisiana	**PLAN**: None yet **STATUS**: **BACKGROUND**: Governor-appointed and legislative task forces held public meetings; developing costs of options.
Maine	**PLAN**: Medicaid expansion for children up to 150 percent of poverty; non-Medicaid program for children between 150 to 185 percent of poverty (Commission) **STATUS**: Plan submitted to State legislature; plan to submit Spring 1998 **BACKGROUND**: Governor & State legislature-appointed Maine Commission on Children's Health Care, which made its recommendations on 12/27/97. The State already has sufficient State share funding reserved.
Maryland	**PLAN**: Medicaid expansion for children up to 200 percent of poverty (Governor); **STATUS**: Debate in the early part of the year **BACKGROUND**: Maryland's Children's Health Program would have no cost sharing for families up to 200 percent of poverty. The Legislature has proposed a Medicaid expansion for children up to 185 percent of poverty and non-Medicaid expansion for children between 185 and 250 percent of poverty. There is some question about how the State's current Medicaid 1115 program will be integrated or cordoned off from the new program.
Minnesota	**PLAN**: None yet **STATUS**: **BACKGROUND**: State already covers children up to 275 percent of poverty. May seek a waiver to cover children at current levels (e.g., outreach) or create a new program.
Mississippi	**PLAN**: None yet **STATUS**: **BACKGROUND**: Interagency task force is developing proposal.
Montana	**PLAN**: **STATUS**: **BACKGROUND**: Health officials plan to submit a funding plan during 1999 Legislature session. Public hearing were held in November and December.
Nebraska	**PLAN**: Non-Medicaid program up to 185 percent of poverty (Governor announced on 1/12/98) **STATUS**: Proposal still being developed. Plan to submit plan 3/30/98. Expected implementation: 9/98 **BACKGROUND**: "Kids Connection". State working group will give recommendations to Governor. Members agree that expanding Medicaid would be the simplest approach, but are concerned that there would be a welfare stigma.

Nevada	**PLAN**: Non-Medicaid expansion for children up to 200 percent of poverty (Governor announced on 1/7/98) **STATUS**: Plan in development. Expected implementation: 6/98. **BACKGROUND**: "Nevada Check-Up". Governor working with state health agency to plan non-Medicaid program based on the most common HMO in the state; he has announced plans to use Family Resource Centers, school based clinics and Early Children programs to deliver services.
New Hampshire	**PLAN**: None yet **STATUS**: **BACKGROUND**: Governor announced intention to develop plan on 1/7/98. State legislature may appoint a special panel to develop options.
New Jersey	**PLAN**: Medicaid expansion for children up to 133 percent of poverty and non-Medicaid expansion for children between 133 and 200 percent of poverty. **STATUS**: Governor signed legislation on 12/19/97; developing state plan. Expected implementation: 2/1/98 for Medicaid, 3/1/98 for non-Medicaid. **BACKGROUND**: "New Jersey KidCare". Governor has committed State share and has appointed a commission to come up with recommendations for permanently funding the program. Benefits based on the most common HMO in the State. Plan includes outreach through schools, Scout groups, Head Start programs, child-care agencies, and other community organizations.
New Mexico	**PLAN**: Medicaid expansion for children up to 235 percent of poverty **STATUS**: Legislature working on the proposal. Expected implementation: 3/1/98 **BACKGROUND**: May expand through a Medicaid 1115 waiver funded by a 16-cent tobacco tax.
North Carolina	**PLAN**: Non-Medicaid expansion for children up to 200 percent of poverty **STATUS**: Legislature working on a plan. Expected implementation: Summer 1998. **BACKGROUND**: Task force recommended non-Medicaid expansion on 11/17/97. On 12/15/97, the Governor proposed this recommendation. North Carolina is putting emphasis on providing coverage to children with special needs. Also likely to be included in the new package are dental and hearing coverage.
North Dakota	**PLAN**: None yet **STATUS**: **BACKGROUND**: No planning process in place
Oregon	**PLAN**: Non-Medicaid expansion for children up to 170 percent of poverty (pending) **STATUS**: State still in the planning process **BACKGROUND**: Likely to build on existing 1115 Medicaid program and a recently passed State subsidy program for low-income families. Its Medicaid expansion will begin in 1/98; its state program requires a waiver since they want to use children's health subsidies to purchase family policies. The State held a public hearing 10/21/97.
South Dakota	**PLAN**: None yet **STATUS**: **BACKGROUND**: Health advisory committee reviewing State options
Texas	**PLAN**: None yet **STATUS**: State plans to submit a plan by 3/1/98 **BACKGROUND**: Working group of state agency and legislative staff to brief lawmakers on present options in mid-October. Public hearing held 1/7/98. Considering 1115 Medicaid waiver and / or new program. The legislature doesn't meet until January 1999.

Utah	**PLAN**: Non-Medicaid expansion for children up to 200 percent of poverty **STATUS**: Close to submitting a plan. Implementation: 4/1/98 **BACKGROUND**: Governor's Health Policy Commission planning on building on State insurance program. Benefits actuarially equivalent to Public Employees Health Plan for state workers. On 12/6/97, the Governor proposed a budget that included $16 million for State matching funds and on 12/23/97 announced that the State health department would administer the program.
Vermont	**PLAN**: Medicaid expansion for children up to 300 percent of poverty (tentative) **STATUS**: Plans to submit a plan in 2/98 **BACKGROUND**: State officials will probably request an expansion its Medicaid 1115 waiver ("Dr. Dynasaur") to 300 percent of poverty.
Virginia	**PLAN**: Non-Medicaid expansion to 175 percent of poverty (Governor's proposal 2/9/98) **STATUS**: **BACKGROUND**: The former Governor recommended on 12/15/97 that the State expand coverage through a non-Medicaid program called "KidsCare" for children up to 175 percent of poverty. Legislative committee recommended on 1/6/98 that the State expand through Medicaid to 200 percent of poverty.
Washington	**PLAN**: Non-Medicaid expansion to children up to 250 percent of poverty (Governor announced on 12/15/97) **STATUS**: Disagreement in the State legislature **BACKGROUND**: State already covers children up to 200 percent of poverty. The State wants to be able to access its allotment for newly covered children below 200 percent of poverty because the state legislature does not want to expand higher. The Washington Congressional delegation may introduce legislation to support this approach.
West Virginia	**PLAN**: None yet **STATUS**: **BACKGROUND**: Governor appoint task force and legislative leaders are looking at options for both expansion and the State share of the program.
Wyoming	**PLAN**: None yet **STATUS**: **BACKGROUND**: Work group to plan for legislative session in February. Looking at new program with implementation in the summer of 1998.

REMARKS BY HILLARY RODHAM CLINTON

CHILDREN'S HEALTH OUTREACH ANNOUNCEMENT

CHILDREN'S NATIONAL MEDICAL CENTER

FEBRUARY 18, 1998

Thank you. I am so honored to join the President and all of you today as we take another important step forward in putting quality health care within the reach of every child in America. None of this would have been possible without the leaders and advocates and parents in this room...and I especially want to thank Secretary Shalala; Congresswoman Diana DeGette; Congresswoman Norton; Mayor and Mrs. Barry; Charlene Drew Jarvis; Sandy Allen; Ned Zechman and the entire Children's National Medical Center; Linda Havemann and her family; and all the children here, who are counting on us not only to improve their health tomorrow, but to keep our remarks brief today.

As we drove over here, I thought about one of my favorite children's folktales, where a group of travelers arrive in a village hungry. So, they go to the center of town and boil a pot of water with nothing but a stone in it. Soon, curious villagers come by to ask what they're cooking. And one by one, they each add something useful to the pot -- the butcher brings salt beef, someone else brings carrots, another cabbage -- ultimately transforming a mere stone into a wonderful "stone soup," created by all and benefiting all.

Like this fable, the success story that we celebrate today is really the timeless story of what works in meeting our biggest challenges. Last August, with the support of a bipartisan Congress, the President signed into law the largest expansion of health care in 30 years. On that day, our nation not only made a commitment of $24 billion dollars, we created a federal-state partnership to fulfill an historic promise to millions of uninsured children and their parents. We make it clear: Whether your children need check-ups or immunizations, broken bones healed or deadly diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

As I said when the bill was enacted, fulfilling its promise would depend on what we did in the months ahead. We knew that finding these children scattered across the country, and then insuring them, would not be easy. Three million are eligible for Medicaid, but not enrolled. Some lose coverage when their parents lose jobs. And the majority have parents who work hard, but make too much to qualify for Medicaid, and not enough to afford private insurance.

So, we knew that while states would devise their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and enroll their children if they're eligible, either through Medicaid or the new Children's Health Insurance Program (CHIP). And, like the travelers making stone soup, we knew that doing this would take an entire village...that when everyone contributes, the product is always richer than any single ingredient.

As the President will announce today, that's exactly what's happening. While, the Federal government is doing its part with new resources and new ways to reach kids...States are answering the call with plans that devise local solutions to fit their local needs. Businesses and Foundations are finding innovative approaches to get information to parents and get kids insured. Doctors and teachers are learning how to be front-line soldiers in the battle to enroll our children. And the National Governor's Association is issuing a best practices report on state efforts to insure children that shines a spotlight on what's working around the country.

As I've traveled the nation, talking to parents and other citizens who are trying to do right by our children, I've often been struck by the fact that there isn't a problem in America that isn't being solved by someone somewhere. Just think about how much we could accomplish if we took those models that work and helped every community apply them to address their own problems. Well, that's what we're doing today.

I still remember how scared we were when Chelsea had her tonsils out...and I can only imagine how we'd have felt if she didn't have health insurance. Whenever children are hurt, whenever children are sick, parents shouldn't have to worry that there's no where to take them to heal their wounds or ease their pain. Our next speaker is the best expert around on this subject -- she's a parent. And, as her family has learned from personal experience, these new efforts will help parents who work hard and play by the rules get what all parents want -- more peace of mind for themselves, and more health and hope for their children.

It is my great honor to introduce Linda Havemann.

Send June's speech too similar

DRAFT REMARKS BY HILLARY RODHAM CLINTON
CHILDREN'S HEALTH OUTREACH ANNOUNCEMENT
CHILDREN'S NATIONAL MEDICAL CENTER
FEBRUARY 18, 1998

1

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As I said when the bill was enacted, fulfilling its promise would depend on what we did in the months ahead. We knew that finding these children scattered across the country, and then insuring them, would not be easy. Three million are eligible for Medicaid, but not enrolled. Some lose coverage when their parents lose jobs. Millions have parents who work hard, but make too much to qualify for Medicaid, and not enough to afford private insurance. So, we knew that while states would devise their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and enroll their children if they're eligible, either through Medicaid or the new Children's Health Insurance Program (CHIP). And, like the travelers making stone soup, we knew that doing this would take an entire village...that when everyone contributes, the product is always richer than any single ingredient.

too mixed

As the President will announce today, that's exactly what's happening. While, the Federal government is stepping up to the plate with new resources and new ways to reach kids...States are submitting plans that devise local solutions to fit their local needs. Businesses and Foundations are finding innovative approaches to get information to parents and get kids insured. Doctors and teachers are learning how to be front-line soldiers in the battle to enroll our children. And the National Governor's Association is sending the states a best practices report on insuring children that shines a spotlight on what's working around the country.

As I've traveled the nation, talking to parents and meeting children in need, I've often been struck by the fact that there isn't a problem in America that isn't being solved by someone somewhere. Just think about how much we could accomplish if we took those models that work and helped every community apply them to address their own problems. Well, that's what we're doing today. This is not only good public policy, it's good family policy. Because, as our next speaker will make clear, these continuing efforts will make a very real difference in the lives of parents who work hard, play by the rules and want more than anything simple peace of mind for themselves and health and hope for their children. Now it is my great honor to introduce Linda Havemann.

To: Neera

AMERICA'S PROMISE
THE ALLIANCE FOR YOUTH™

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February 17, 1998

TO: Jeanne Lambrew

FR: Rae Grad

RE: Healthy Children Event

Attached are the blurbs about the two companies that we will be working closely with (among others) on our Healthy Start activities.

Attending will be:

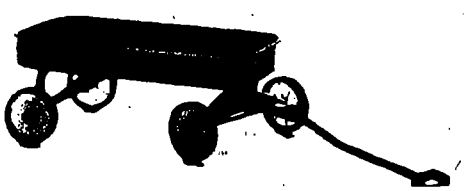
Schering Plough – Rob Lively (202/463-7372)

SmithKline Beecham – pending

America's Promise – Irwin Redlener (tentative) and Michelle Rothengast (703/684-4500)

When the press release announcing this event is ready, I will need a copy to show Col. Smullen and the other folks here.

Thank you for all your hard work.



SMITHKLINE BEECHAM

SmithKline Beecham is supporting the children's Medicaid outreach effort on both the local and national levels.

Locally, SB is supporting the Philadelphia Citizens for Children & Youth in their two year effort to reach out and enroll Philadelphia's Medicaid eligible children.

Nationally, as a part of their commitment to America's Promise, SB committed to provide $ 1.4 million to 140 summit communities that are organizing efforts around the Healthy Start/Healthy Future resource. These communities are asked to identify the health care gaps within their communities and strategies to overcome them. The non-enrolled Medicaid eligible children have been identified in many of these communities. To date approximately 60 communities have been awarded organizing grants.

SCHERING PLOUGH CORPORATION

Schering-Plough is committed to America's Promise and their Healthy Start activities and would do whatever they can to improve health care for children and youth. Through programs that Schering Plough is supporting such as mobile vans which provide health care to hard-to-reach children and youth, the American Lung Association's Open Airways Program, Schering-Plough will be partners in expanding health care to Medicaid eligible children.

David & Lucile Packard Foundation
Center For the Future of Children

300 Second Street, Suite 102
Los Altos, CA 94022

Fax

Date: 2/11/98

Number of pages including cover sheet: 5

To: Jean Lambrew

Phone: (202) 456-1414

Fax: (202) 456-2223

From: Gene Lewit

Phone: (650)-917-7184

Fax: (650)-941-2273
or 941-2481

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

Title XXI information and memo from Eugene Lewit.

Note new area code of 650 and two new fax numbers.

THE DAVID AND LUCILE PACKARD FOUNDATION

Center For The Future Of Children

Date: February 11, 1998

To: Jean Lambrew

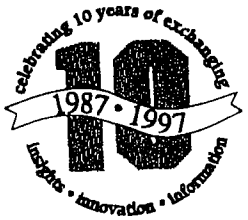
From: Gene Lewit

RE: Packard Title XXI activities

As we discussed on the phone yesterday, I'm sending you the announcement of the NASHP's Children's Health Insurance Program Implementation Center, which we're funding, as well as a copy of my article from Grantscene. We have also made small grants to NCSL and NGA to work with NASHP on a Children's Health Collaborative Project also focused on implementation of Title XXI. Several other grants focused on Title XXI implementation are under consideration but will not be decided until March.

Please keep me informed about your plans to bring attention to the issue. I will be in Sacramento Thursday and Friday, but will be in touch with my office by phone.

300 Second Street, Suite 102
Los Altos, California 94022
(415) 948-3696



NATIONAL ACADEMY
for STATE HEALTH POLICY

ANNOUNCING!

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) IMPLEMENTATION CENTER

NASHP'S new Center, supported with funds from the David and Lucile Packard Foundation, is available to help states plan, implement and refine CHIP programs. Services available to states include:

- **Small meetings on key topics**
- **Policy papers (Available now: "A Policymakers' Guide to the State Children's Health Insurance Program")**
- **Case studies/best practices**
- **Technical assistance, including on-site expert team visits to your state.**
- **Teleconferences**
- **WEB Page and interactive forum "CHIP CHAT" to exchange experiences and questions: www.nashp.org** ***[Just click the help button on CHIP CHAT's page and a full set of directions will walk you through the process.]***
- **Annual survey and analysis of state progress in implementing CHIP**
- **Preconference - "Implementing CHIP" - August 9, 1998 San Diego, California.**
- **Collaboration with the National Governors' Association and The National Conference of State Legislatures**
- **Other activities in response to requests from state officials**

For more information see our WEB page or call us directly at:

Phone:	***207-874-6524***
Fax:	***207-874-6527***
Email:	***info@nashp.org***
Website:	***www.nashp.org***

AMERICAN CANCER SOCIETY

On behalf of its two million volunteers nationwide, the American Cancer Society is committed to providing health insurance for the ten million children in the United States who are uninsured. In 1997, the Society co-chaired a coalition, with the Children's Defense Fund, of more than two hundred public health and child advocacy organizations that worked with the Clinton Administration and Congress to provide health insurance, through grants to the states, to five million uninsured children. The grants will be funded, in part, by a tax on tobacco.

Now, the American Cancer Society is taking the fight for uninsured children to state capitols across America. The Society wants to raise state tobacco taxes and use part of the revenue generated from the tax to insure even more children. In addition to giving children access to health care, increasing the tax on tobacco products can save millions of lives by stopping children, who are price-sensitive, from smoking and risking premature death from this deadly product.

701 PENNSYLVANIA AVE., N.W., SUITE 650, WASHINGTON, DC 20004 • 202-661-5700 • FAX 202-661-5750

[redacted]

THE COUNCIL OF
Women's and Infants'
SPECIALTY HOSPITALS

One State Street, Suite 102
Providence, Rhode Island 02908
(401) 274-0758

February 13, 1998

The Council of Women's and Infants' Specialty Hospital (CWISH) applauds the Administration's leadership in insisting on inclusion of the State Children's Health Insurance Initiative (SCHIP) in the Balanced Budget Act. This initiative is an important step toward our shared goal of meaningful health insurance for all pregnant women and infants. CWISH represents eight of the nation's largest hospitals dedicated to the delivery of quality high risk obstetrical and neonatal services.

As advocates for pregnant women and infants, CWISH hospitals across the country are seeking to influence the development and implementation of state plans. Beyond the threshold objective of urging states to make full use of their SCHIP allotments, our primary objectives are:

1) assure access to neonatal specialty services, i.e., by providing for prompt enrollment of high risk infants including pre-enrollment during the prenatal period and
2) use the flexibility afforded by SCHIP so that all babies benefit from prenatal care i.e., extend coverage of pregnant women to those over the age of eighteen.

Representatives from our hospitals are attending the SCHIP regional meetings conducted by HCFA and HRSA and they are working within their states to promote and shape implementation of SCHIP plans. Attached, for example, is a letter sent from Woman's Hospital in Baton Rouge, Louisiana to members of the Louisiana Children's Health Insurance Program (LaCHIP) Task Force Members. Indications are that LaCHIP will propose Medicaid expansion up to 150% of poverty and subsidized private insurance for families between 150% and 200% of poverty at its final meeting on March 6.

NATIONAL ASSOCIATION OF
PSYCHIATRIC TREATMENT CENTERS
FOR CHILDREN

TELEFAX MEMORANDUM

To: Barbara Wooley

From: Joy Midman, Executive Director

Fax No: 456 - 6218

Date: 2/13/98

Subject: Outreach

Number of pages including this page:

(If there are any problems with this transmission please call 202-416-1669).

Thank you for contacting us regarding our outreach efforts. As health care providers we do not now qualify as "qualified entities" for determining eligibility. Hopefully, after the President's 1999 budget is approved and passed, health care providers will be able to qualify.

In the interim, we have long encouraged our membership to serve as EPSDT screeners and assessors. This is one way to identify children's needs and assure that appropriate care and services be recommended, regardless of whether they are in the state's health plan. Secondly, we have, since the passage of the Balanced Budget Act, encouraged our members to contact community agencies and assist in outreach efforts. Our programs operate on-campus and off-campus schools which provide an ideal locus to identify and contact parents and children. Furthermore, our members' services cross multi-system lines which allow them to come into contact with children, families - natural or otherwise, guardians, foster care parents and systems of care, to assist in the identification, and hopeful enrollment of Medicaid eligible children.

NAPTCC represents programs which exclusively serve the under-21 population. Our mission is to promote the availability and delivery of appropriate and relevant services to children, youth, and adolescents with, or at risk of, serious emotional or behavioral disturbances, and their families.

American Dental Hygienists' Association
McDermott, Will & Emery
600 13th Street, N.W.
Washington, D.C. 20005-3096
(202) 756-8000

February 13, 1998

The American Dental Hygienists' Association (ADHA), commends your leadership role in ensuring that the Balanced Budget Act included a truly significant state children's health insurance initiative (SCHIP).

ADHA is the largest national association representing the professional interests of the more than 100,000 dental hygienists across the country. Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who are committed to the promotion of optimal oral health, a fundamental part of total health.

ADHA feels strongly that all Americans should have access to affordable quality health care services, including preventive oral health care services. SCHIP is an important step in that direction. ADHA members across the country are working hard to promote the strongest possible oral health component in state plans. In particular, our members are working to increase access to preventive oral health care services.

For example, in Connecticut, State Representative Vickie Nardello, a dental hygienist, was instrumental in ensuring that Connecticut's Healthcare for Uninsured Kids and Youth (HUSKY) program included a strong oral health component.

Our members continue to look for every opportunity to increase access to oral health care services. They are greatly concerned that fifty percent of Americans do not receive regular oral health care services, according to the Institute of Medicine. Of particular concern is that only 1 in 5 (4.2 million out of 21.2 million) Medicaid eligible children actually received oral health care services in 1993, according to an April 1996 Department of Health and Human Services (HHS) report.

We look forward to participating in the upcoming HHS conference "Building Partnerships to Improve Children's Access to Medicaid Oral Health Care Services," to be held directly following the June Medicaid Directors' meeting in Lake Tahoe.

\14468\010\10LETKSS.004

THE SOUTHERN INSTITUTE
on Children and Families

MEMORANDUM

TO: Bruce Reed

FROM: Sarah Shuptrine

RE: Medicaid Enrollment Outreach for Children

DATE: January 19, 1998

Bruce, rumors are flying that the President is planning to talk about Medicaid outreach in the State of the Union. I mentioned to you at the White House announcement on child care that we were having a lot of success in getting the southern states to adapt the outreach brochures (which emphasize Medicaid for children). You will recall that we first developed the brochures in North Carolina through the use of 18 focus groups and then did nine more focus groups in Georgia.

Attached is the list of the 10 southern states now using our outreach brochures statewide. There are three more states (Missouri, Oklahoma and Texas) that have recently decided to use them and we are currently working with them on drafts. I think this southern states initiative on Medicaid outreach provides a great example of collaboration on outreach strategies. If you've interested in a one state example, I would highly recommend Georgia.

I think the fact that so many southern states are adapting the brochures for use in their outreach efforts provides solid evidence of their intent to get kids enrolled for Medicaid coverage. These states know they will have to expend more money on state Medicaid match for kids when they use these brochures, so they wouldn't be using them if they weren't serious about outreach.

Technical assistance has been a key to the willingness of states to adapt the brochures. Many states just don't know how to do it. Our Robert Wood Johnson Foundation grant pays for technical assistance to allow us to work with each southern state to adapt the brochures to reflect the state's income eligibility level.

We have also developed outreach videos to use in coordination with the brochures. Jeanne Landrew has dubs of the videos if you want to see them. The videos are generic (no state eligibility information) and are also available in Spanish. The ***Have You Heard About Benefits for Working Families???*** is the brochure and video which is designed for general community outreach to get the message out about Medicaid for children in working families.

Please call if I you would like additional information.

Attachments

cc: Jennifer Kline
Jeanne Landrew

620 Sims Avenue
Columbia, South Carolina 29205
(803) 779-2607

STATUS OF INFORMATION OUTREACH BROCHURES DECEMBER 1, 1997

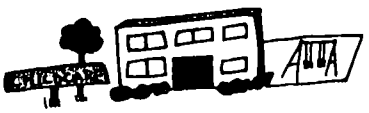
STATE	IN USE	IN DRAFT STAGE	DECISION PENDING	NOT PLANNING TO USE
Alabama			√	
Arkansas			√	
Delaware	√			
District of Columbia		√		
Florida	√			
Georgia	√			
Kentucky	√			
Louisiana			√	
Maryland	√			
Mississippi	√			
Missouri		√		
North Carolina	√			
Oklahoma			√	
South Carolina	√			
Tennessee	√			
Texas			√	
Virginia	√			
West Virginia			√	

Note: Most states produced all three outreach brochures for use statewide. South Carolina and Tennessee did not produce the "Facts for Employers" brochure.

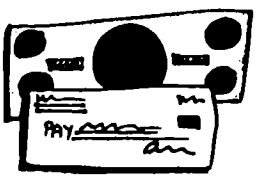
Source: Southern Institute on Children and Families, 1997.

HAVE YOU HEARD ABOUT BENEFITS FOR WORKING FAMILIES???

MEDICAID COVERAGE FOR CHILDREN

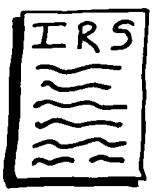


CHILD CARE ASSISTANCE

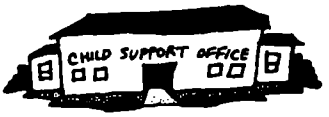


EARNED INCOME TAX CREDIT

FOOD STAMPS



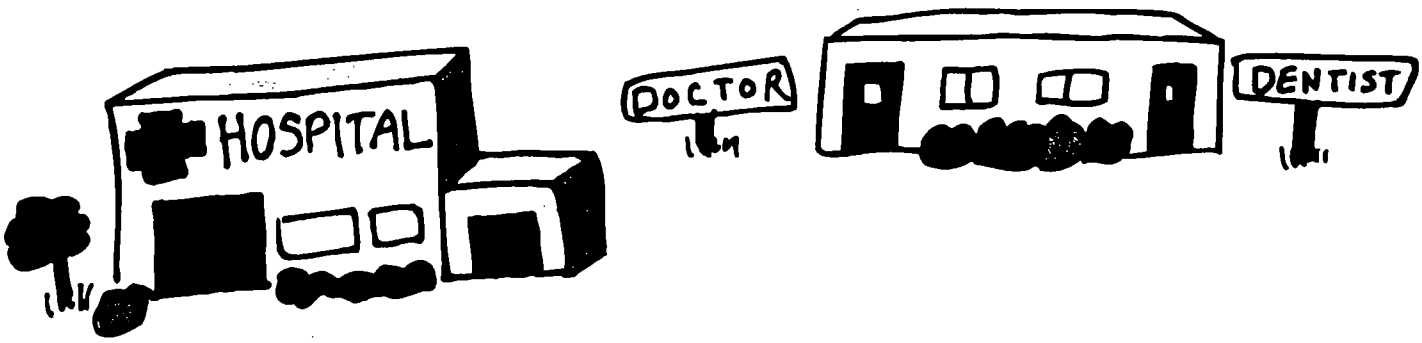
FREE HELP WITH FILING TAX RETURN



ASSISTANCE WITH CHILD SUPPORT

READ ON TO LEARN ABOUT BENEFITS
THAT CAN HELP LOW INCOME FAMILIES WITH CHILDREN!

HEALTH COVERAGE



MEDICAID BENEFITS FOR CHILDREN IN LOW INCOME WORKING FAMILIES

- ✔ **Hospital care**
- ✔ **Medicine**
- ✔ **Immunizations**
- ✔ **Visits to the doctor**
- ✔ **Dental care**
- ✔ **Eyeglasses**
- ✔ **Preventive care**

Medicaid eligibility for children is based on income, age of children and citizenship. Children through age 18 may get Medicaid. Eligibility levels are higher for children under age 6.

EXAMPLES:

In 1996, a mother with two children **under age 6** can have gross income of **$1,529** a month and get Medicaid coverage for both children.

If the two children are **age 6 through age 18**, she can have gross income of **$1,172** a month and still get Medicaid coverage for her children.

Children through age 18 may get Medicaid.

Children do not have to be on welfare to get Medicaid.

Children may get Medicaid even if both parents live in the home.

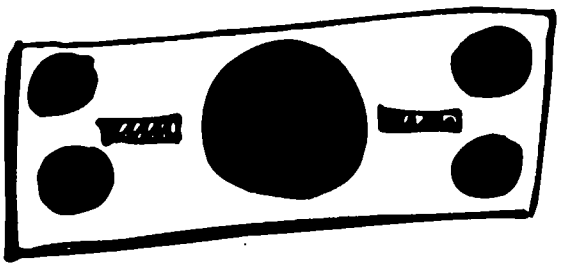
One or both parents can work full time and the children may still get Medicaid.

Children may get Medicaid even if their family has a car, a house and a savings account.

A family with health insurance may still get Medicaid for their children.

To obtain Medicaid coverage for children, an application must be filed providing information such as the family's income and social security numbers for the parent(s) and children. A family can apply at their local Department of Family and Children Services and, in most areas, they can apply at a regional hospital, a health department or a rural health clinic. (Call 1-800-869-1150 for more information.)

EARNED NCOME TAX CRED T



Low income families (with children) who work part time or full time can get more take home pay through the Earned Income Tax Credit (EITC). The amount of extra money depends on income and family size. **A family does not have to owe any taxes to get the EITC.**

There are two ways a family can get the extra EITC money.

✔ **They can get all the extra EITC money when they file their federal tax return.**

OR

✔ **They can get part of the extra EITC money in advance with each paycheck and the rest when they file their tax return.**

To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer. (It does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

EXAMPLE: In 1996, a family (with two children) with gross income between **$741** and **$967** a month can get $3,556 in extra EITC money. The family can get the $3,556 when they file their federal tax return **OR** they can get $107 per month and the remaining $2,272 when they file their federal tax return.

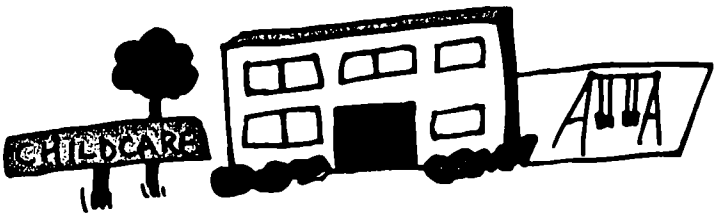
The EITC money is not counted as income when applying for Medicaid, Cash Assistance, Food Stamps, Supplemental Security Income (SSI) or housing assistance.

To get the **EITC** a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)

Families can also apply for the **Georgia Low Income Credit.** For information, check your local telephone directory or call the information operator to get the number of the State Department of Revenue.

CHILD CARE

Assistance with child care may be available based on income. For example, in 1996, a family of three with gross income of **$1,417** a month may qualify for child care assistance.



Due to limited funding, the family may be placed on a waiting list. A family can get information on child care assistance at their local Department of Family and Children Services.

Families may choose where they place their child for child care. Choices may include child care centers and family child care in a home setting.

FOOD STAMPS

Low income families may qualify for Food Stamps while working full time. For example, in 1996, a family of three with gross income of **$1,250** a month may qualify to get $158 a month in Food Stamps.

CHILD SUPPORT

The local Child Support Office can help custodial parents obtain child support payments from absent parents. They can also assist in obtaining medical support and in establishing paternity.

A parent does not have to be on welfare to get help in collecting child support or to receive other child support services.

There are no guarantees that money will be collected, but getting help from Child Support Enforcement can improve the chances of success.

Services do not include custody, visitation or other matters.

There is a charge of only $25.00 for services provided by Child Support Enforcement, but there may be court filing fees and other court costs.

(For more information, call your local child support office.)

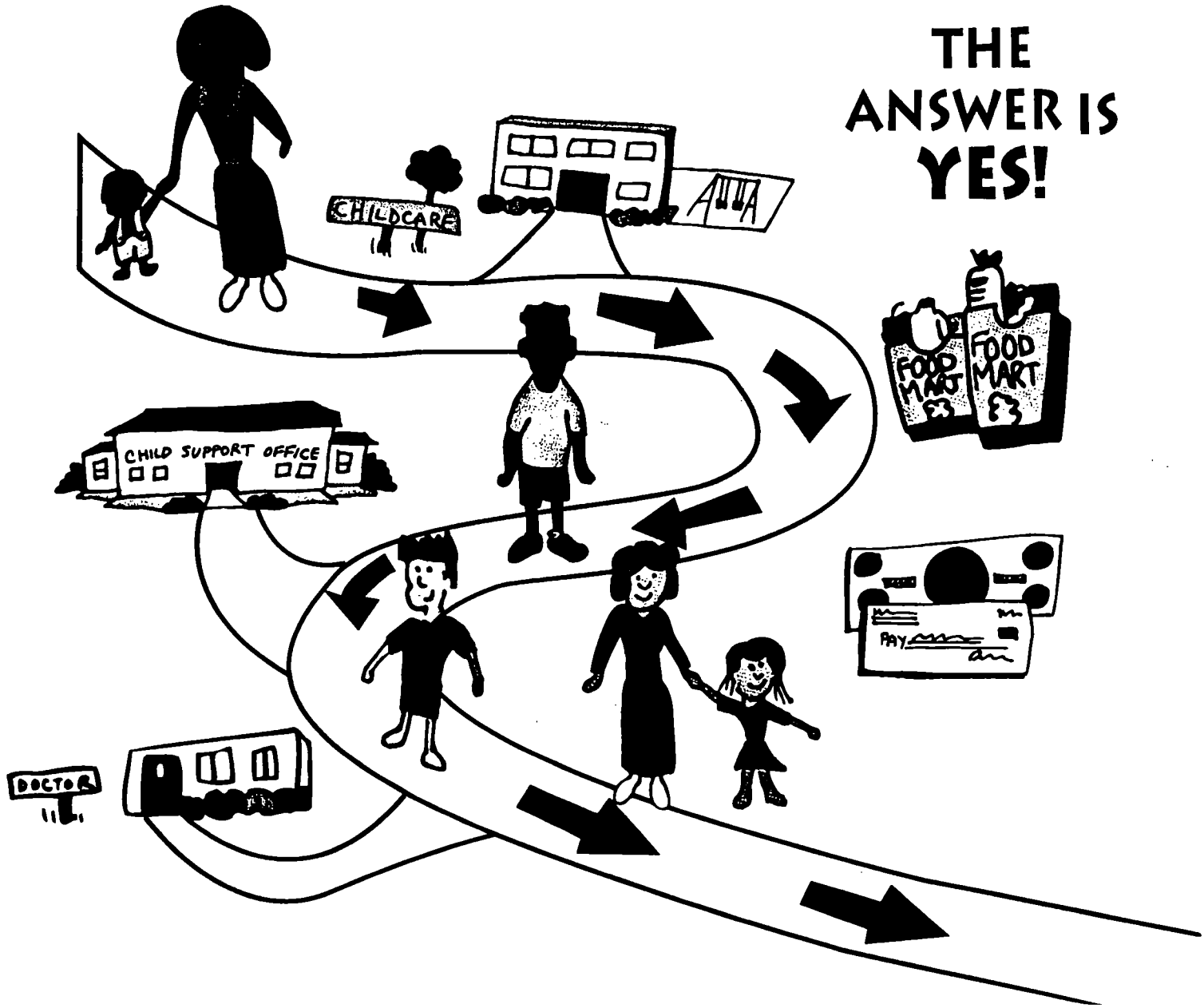
To learn more about benefits available for low income working families, call your local Department of Family and Children Services.

DHR
GEORGIA DEPARTMENT OF HUMAN RESOURCES

Design: Southern Institute on Children and Families/Shiben. Permission granted by the NC Department of Human Resources

LEAVING WELFARE FOR WORK ISNT AS SCARY AS IT SEEMS

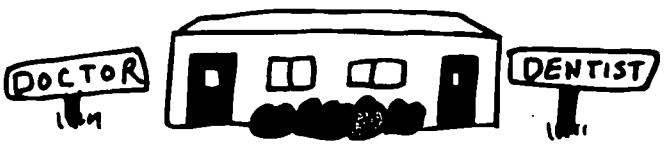
DID YOU KNOW YOU COULD WORK FULL TIME AND STILL RECEIVE SOME BENEFITS?



WHAT ARE THE BENEFITS FOR FAMILIES WHO LEAVE WELFARE FOR WORK?

Medicaid (doctor visits, medicine, hospital care and checkups)
Child care assistance
More take home pay
Food Stamps
Free help with filing tax return

HEALTH COVERAGE



Families who get off of welfare because of work may still get family health coverage for parents and children for up to one year! It's called **Transitional Medicaid Assistance (TMA).**

After one year, depending on family income, the children are still likely to get health coverage through Medicaid–especially if they are under the age of six.

EXAMPLES:

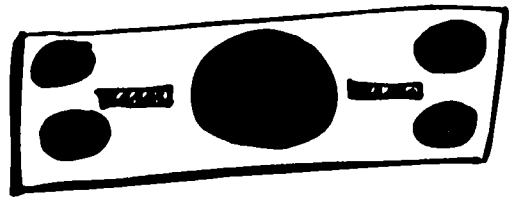
In 1996, a mother with two children **under age 6** can have gross income of **$1,529** a month and get Medicaid coverage for both children.

If the two children are **age 6 through age 18**, she can have gross income of **$1,172** a month and still get Medicaid coverage for her children.

MEDICAID FOR CHILDREN IN LOW INCOME WORKING FAMILIES

- ✔ **Children through age 18 may get Medicaid.**
- ✔ **Children do not have to be on welfare to get Medicaid.**
- ✔ **Children may get Medicaid even if both parents live in the home.**
- ✔ **One or both parents can work full time and the children may still get Medicaid.**
- ✔ **Children may get Medicaid even if their family has a car, a house and a savings account.**
- ✔ **A family with health insurance may still get Medicaid for their children.**

EARNED INCOME TAX CREDIT



Low income families (with children) who work part time or full time can get **more take home pay** through the Earned Income Tax Credit **(EITC).** The amount of extra money depends on income and family size. **A family does not have to owe any taxes to get the EITC.**

There are two ways a family can get the extra EITC money.

✔ **They can get all the extra EITC money when they file their tax return.**

OR

✔ **They can get part of the extra EITC money in advance with each paycheck and the rest when they file their tax return.**

To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer or caseworker. (The advance does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

EXAMPLE: In 1996, a family (with two children) with gross income between **$741** and **$967** a month can get $3,556 in extra EITC money. The family can get the $3,556 when they file their federal tax return OR they can get $107 per month and the remaining $2,272 when they file their federal tax return.

To get the **EITC** a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)

There's more good news! The EITC money is not counted as income for Medicaid, Cash Assistance, Food Stamps, SSI or housing assistance.

WHICH IS MORE?

WELFARE

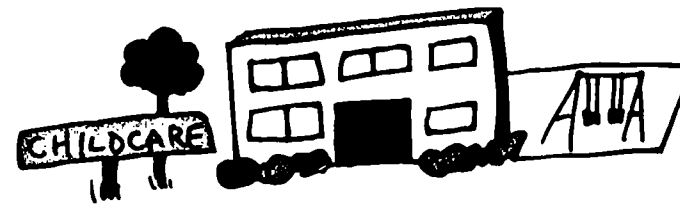
In 1996, a parent (with two children) on welfare without a job and no other income would get **$3,360** for the entire year.

EITC + PAYCHECK

If the same parent went to work earning **$11,600** a year (**$967** a month), the parent would get a paycheck **plus $3,556** in extra EITC money.

Families can also apply for the **Georgia Low Income Credit.** For information, check your local telephone directory or call the information operator to get the number of the State Department of Revenue.

CHILD CARE



Parents who get off welfare because of work may get some help with child care expenses for up to one year! The parent **must ask** for help with child care expenses. It's called **Transitional Child Care (TCC).**

After one year, the parent may still be able to get some help. The parent will still have to pay part of the fee, depending on income.

When receiving child care assistance, parents can choose where to take their children for child care.

FOOD STAMPS

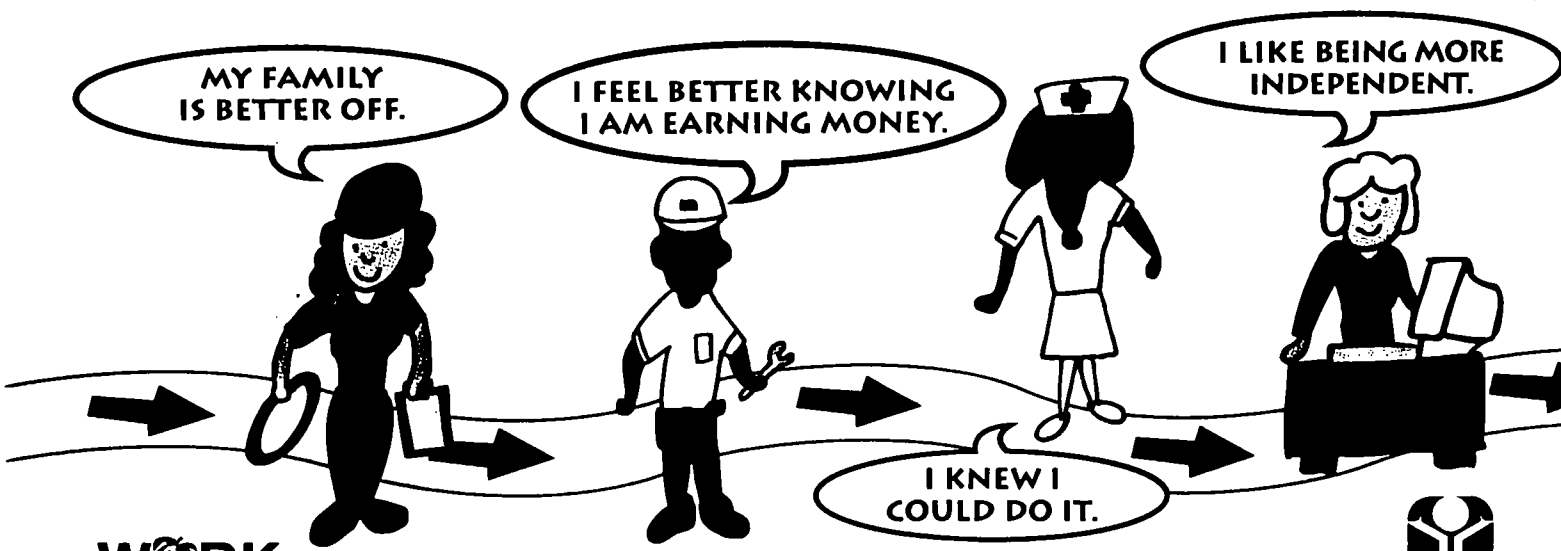
Parents who get off welfare because of work may still receive some assistance through the Food Stamp program.

EXAMPLE: In 1996, a family of three with gross income of **$1,250** a month may qualify to get $158 a month in Food Stamps.

SO, YOU SEE, FAMILIES DON'T LOSE ALL OF THEIR BENEFITS WHEN THEY LEAVE WELFARE FOR WORK. THEY MAY STILL GET:

•EITC cash **•Child Care** **•Medicaid** **•Food Stamps**

To learn more about leaving welfare for work (including getting child support), call your local Department of Family and Children Services.



WORK FIRST

DHR
GEORGIA DEPARTMENT OF HUMAN RESOURCES

Facts For Employers

EMPLOYERS CONNECTING EMPLOYEES TO BENEFITS FOR LOW INCOME WORKING FAMILIES

Did you know you can help your low income workers make more money, get help with family health coverage and child care at no additional cost to you?

✔ **Check out these benefits that can help you hire and retain workers.**

Children do not have to be on welfare to be eligible for Medicaid coverage. Medicaid eligibility for children is based on family income, age of children and citizenship. Medicaid is available for children through age 18 in single and two parent families.

Parents who leave welfare for work may receive Medicaid for up to one year - children too! After one year, depending on the family's income, the children may still be eligible for Medicaid coverage.

Parents who leave welfare for work may receive help with child care expenses for at least one year. After one year, depending on the family's income and the availability of funding, the family may still qualify for assistance with child care expenses.

Low income working families can get more take home pay in their paycheck through the Earned Income Tax Credit (EITC). A portion of the EITC money can be received monthly and the remainder when they file their federal tax return—regardless of whether or not they owe taxes.

Low income families may qualify for Food Stamps while working full time. For example, a family of three with income at one and a half times the minimum wage may qualify for assistance through the Food Stamp program.

It's good business to be informed about benefits for low income working families.
Read on!

GEORGIA MEDICAID PROGRAM FOR CHILDREN

Medicaid Benefits

- **Hospital Care**
- **Medicine**
- **Immunizations**
- **Visits to the doctor**
- **Dental Care**
- **Eyeglasses**
- **Preventive Care**

✔ **Eligibility is based on income, age of children and citizenship**

✔ **No test for assets or resources**

✔ **Available for children in single and two parent families**

✔ **Available for children with health insurance**

To obtain Medicaid coverage for children, an application must be filed providing information such as the family's income and social security numbers for the parent(s) and children. A family can apply at their local Department of Family and Children Services and, in most areas, they can apply at a regional hospital, a health department or a rural health clinic. Call 1-800-869-1150.

EXAMPLE

In calculating Medicaid eligibility, certain deductions from income are allowed. For example, a two parent working family with children ages three and five and gross monthly income of $2,167 can take standard deductions for work ($90 each parent) and child care expenses (up to $175 for each child). These standard deductions reduce their monthly countable income to $1,637, making the children eligible for Medicaid.

MEDICAID ELIGIBILITY WORKSHEET	
Combined Gross Income (Both parents)	$2,167
Minus Standard Work Deduction ($90 for each parent)	-180
Minus Standard Child Care Deduction ($175 for each child)	-350
Countable Monthly Income	**$1,637**

The following table provides 1996 monthly Medicaid income guidelines by income and age of children. As illustrated on the worksheet above, families with gross incomes greater than the amount displayed below may still qualify for Medicaid due to standard deductions.

MONTHLY INCOME GUIDELINES MEDICAID ELIGIBILITY FOR CHILDREN (1996)			
Family Size (Parents and Children)	Infants up to age 1	Children Age 1 up to age 6	Children Age 6 through age 18
2	$1,597	$1,148	$863
3	$2,001	$1,439	$1,082
4	$2,405	$1,729	$1,300
NOTE: Income guidelines are adjusted upward annually to reflect increases in the poverty level.			

EARNED INCOME TAX CREDIT

Low income working families (with children) can qualify to get more take home pay through the Earned Income Tax Credit (EITC). The amount of the EITC a family can receive depends on their income and the number of children in the household. In 1996, a family with two or more children can earn up to $28,495 a year and qualify for the EITC. A family does not have to owe taxes to receive the EITC.

There are two ways a family can get the EITC

✔ **A family can get all the EITC when they file their federal tax return.**

OR

✔ **A family can receive some portion of the EITC <u>in advance</u> with each paycheck and the rest when they file their tax return.** Employers should have employees complete Form W-5. (Call 1-800-829-3676 for free W-5 forms.) The employer adds a portion of the credit to the paycheck. The amount of the credit is then subtracted from the federal withholding deposit.

EXAMPLE

In 1996, a family with gross income between $8,890 and $11,610 per year (with two children) can qualify to receive the maximum EITC—$3,556. The family can elect to receive $3,556 in one refund payment when they file their federal tax return OR the family can elect to receive $107 a month in advance with their paycheck and the remaining $2,272 when they file their federal tax return.

To receive the EITC, a family <u>must</u> file a federal tax return. Free help is available in filing tax returns for families applying for the EITC. For information call the IRS at 1-800-829-1040. **Information can also be obtained from the Internet at http://www.irs.ustreas.gov.**

Promoting the EITC is smart business. It will increase the amount of a family's take home pay at no additional cost to the business.

Families can also apply for the **Georgia Low Income Credit.** For information, check your local telephone directory or call the information operator for the number of the State Department of Revenue.

CHILD CARE

Assistance with child care may be available based on income. Due to limited funding, the family may be placed on a waiting list.

Families may choose where they place their child for child care. Choices may include child care centers and family child care in a home setting.

A family can get information on child care assistance at the local Department of Family and Children Services.

MAKING THE TRANSITION FROM WELFARE TO WORK
Benefits for Families and Employers

✔ **Transitional Benefits.** Families who leave welfare for work are eligible for transitional benefits. Families on welfare for three of the preceding six months can receive the following assistance:

- **Medicaid for parent and children for up to one year**
- **Child care assistance for up to one year**

After one year, assistance may still be available depending on family income.

✔ **Employer Incentive.** There is a special on the job training program called Work Supplementation which provides incentives for public and private employers to hire welfare recipients. The jobs must represent newly created positions or positions that have been unfilled for 30 days. The jobs cannot be jobs that are unfilled due to a hiring freeze, layoff or strike. Here's how it works:

- **The employer agrees to hire a welfare recipient, just as he would any other employee.**
- **The amount of government assistance check the recipient would have received is paid to the employer to offset the cost of training for up to nine months.**

During the training period, the employee and the children, receive Medicaid coverage and child care. Once the training period is over, the employee and the children are eligible for the extended Medicaid and child care transitional benefits. The employer is expected to retain successful participants as regular employees.

It makes good *business* sense to help families move from welfare to work.

ACTIONS EMPLOYERS CAN TAKE TO HELP LOW INCOME FAMILIES

- **Obtain brochures on Medicaid, the EITC, Food Stamps and available child care assistance.**
- **Post information on Medicaid, the EITC, Food Stamps and available child care assistance in employee break rooms, rest rooms and on bulletin boards.**
- **Provide verification of an employee's wages and income promptly when requested. (Encourage your employees to retain check stubs for purpose of verification.)**
- **Have W-5 forms on hand for employees who wish to receive advance payment of the EITC.**
- **Have representatives from Medicaid, child care, Food Stamps and the EITC visit your company to present information on their programs.**
- **Have representatives from Medicaid visit your company to take applications for Medicaid.**

If you or an employee would like more information on Medicaid, the Earned Income Tax Credit, Food Stamps, child care assistance or Work Supplementation, call your local Department of Family and Children Services.

DHR
GEORGIA DEPARTMENT OF HUMAN RESOURCES

Design: Southern Institute on Children and Families/Shiben. Permission granted by the NC Department of Human Resources.

GOVERNORS' ASSOCIATION

Governor of Ohio
Chairman

Thomas R. Carper
Governor of Delaware
Vice Chairman

Executive Director

Hall of the States
444 North Capitol Street
Washington, D.C. 20001-1512
Telephone (202) 624-5300

Date: 2/18/98

TO: Nelra

FAX COVER SHEET

To: Jeanne Lambrew

Fax Number: 2024567431

From: Joan Hennessey

Fax Number: 202-624-5313

Number of Pages: 8 (including this page)

If you had any problems receiving this transmission, please call: 624364 4

Remarks: The bracketed text is new. Everything else was pulled from the Press Background. The charts are final & will be in the done Briefing are release 3/15.

Thanks

Joan

****
*** TX REPORT ***
****

TRANSMISSION OK

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for Jeanne

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE: 2/17/98

TO: Neera Tanden

FAX: 456-2878 **PHONE:**

FROM: Michele Patrick

MICHELE PATRICK
Phone: (202) 690-7470
Fax: (202) 690-7318

TOTAL NUMBER OF PAGES TRANSMITTED: 4

COMMENTS:

Attached, Secretary's remarks for tomorrow's event.

A National Effort to Insure America's Children: Working Together for a Healthier Future

February 18, 1998

To meet the challenge of insuring millions of children, foundations, corporations, health care providers, teachers, child care providers, advocates, public health officials, are coming together to inform families about insurance options for their children. The following is a list of some major activities.

Investing in Innovative National, State and Local Outreach:

- The Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs.

- The Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children are uninsured ~~children~~, how best to provide insurance coverage for them, and which outreach initiatives work.

- America's Promise, with support from the Robert Wood Johnson Foundation and the American Academy of Pediatrics, will mobilize the corporate community and local communities nationwide in children's health outreach efforts.

- The David and Lucile Packard Foundation will spend several hundred million dollars on children's health programs such as the Children's Health Collaborative Project, a joint project of the National Association ~~for~~ State Health Policy, the National Governors' Association, and the National Conference of State Legislatures. what are they doing?

Mobilizing Major Corporations:

- Bell Atlantic, in collaboration with the Nation's Governors, will establish and support a single ~~1-800~~ toll free phone number that directs families to their ~~local eligibility~~ offices.
- Pampers will put a letter in its child birth education packages, given to 90 percent of first-time mothers, describing health insurance options available to certain families. More descriptive. See other page
- Supermarket chains [which ones?] will put the Bell Atlantic ~~1-800~~ toll free number on their paper bags.
- Chain drug stores will put the Bell Atlantic ~~1-800~~ on prescription drug packaging.

Enlisting Health Care Providers:

- The American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians are educating doctors throughout the country on how to enroll low-income uninsured children in CHIP and Medicaid.

I wouldn't separate doctors from health centers

Engaging Hospitals and Health Centers:

- The American Hospital Association has launched the *Campaign for Coverage... A Community Health Challenge* to expand health care coverage to 4 million more Americans through outreach and education efforts designed to bolster participation in CHIP, Medicaid, and other programs.

- The National Association of Children's Hospitals and National Association of Public Hospitals are identifying and promoting innovative models of outreach and enrollment to uninsured children within hospital facilities and throughout the community.

- The Catholic Hospitals Association has launched the *Children's Health Matters* campaign to provide support to local hospitals and social service agencies in 23 states in their efforts to enroll Medicaid eligible children.

- The National Association of Community Health Centers is working through its 700 centers to identify and enroll low-income uninsured children — including the 1.3 million such children they now serve — through ~~outstationed~~ Medicaid/CHIP enrollment services at Community Health Centers.

Involving Teachers and Child Care Referral Centers:

- The National Education Association is launching an awareness campaign this year to educate teachers about CHIP and on ways to inform the parents of uninsured children on how to enroll their children.

- The Child Care _____[AWAITING INFO]

Put reference to this in other document too.

Strengthening Grassroots Efforts to Sign Up Uninsured Children:

- The Children's Defense Fund is disseminating information on state plans to enroll more children in coverage to over 10,000 individuals and organizations.

- The Center on Budget and Policy Priorities has increased its *Start Healthy, Stay Healthy* campaign, which works with community organizations, schools, child care programs, health clinics, and hospitals on ways to identify children and get them enrolled in Medicaid and CHIP.

eligible

- Families USA is working with advocates nationwide to devise innovative strategies to enroll more children.

More specific?

- The March of Dimes has committed funds to support demonstration projects to help states plan or implement creative outreach initiatives [AWAITING DESCRIPTION OF PROGRAM.]

- The Children's Health Fund is organizing a major outreach campaign designed to enroll eligible children in Medicaid and CHIP, in order to reach an additional 50,000 uninsured children.

Making Children's Health Insurance a Public Health Priority:

- The National Association of County and City Health Officials, the American Public Health Association, and the Association of Maternal and Children Health Programs are working to inform all members on ways to increase health insurance coverage for the children that they treat.

March of Dimes
Birth Defects Foundation
National Government Affairs Office
1901 L Street, N.W., Suite 200
Washington, DC 20036
Telephone 202 659 1800
Fax 202 296 2964

MEMORANDUM

February 10, 1998

TO: Barbara Woolley
FR: Jo Merrill
Marina L. Weiss
RE: Outreach Efforts by March of Dimes

The March of Dimes is working to ensure enrollment in and access to quality health services and health education for children and all pregnant women. To guarantee that our initiatives are state-of-the-art, the Foundation is reviewing the literature and identifying successful programs, including those developed by March of Dimes chapters, to determine "best practices." These will be incorporated into a "best practices" inventory and disseminated widely.

Many March of Dimes chapters have long standing experience in prenatal care enrollment, media blitzes, immunization drives, teen pregnancy education, and prenatal care incentives. We have also committed funds to support demonstration projects to help states plan or implement creative outreach initiatives. Two outreach programs funded by the March of Dimes have been identified as successful models by the Department of Health and Human Services. The following is a short description of one of them.

"Growing Into Life Task Force" Aiken, South Carolina

An infant mortality reduction program targeted to low-income pregnant women funded collaboratively by the March of Dimes and the SC Department of Health and Human Services.

Outreach strategy: The community built a 120 member coalition that includes representatives from health care providers, social service agencies. law enforcement, clergy, local government , schools, etc. The coalition established a toll-free pregnancy care line, developed a portable medical record for pregnant women, conducted cross-training of community-oriented police officers as prenatal outreach workers, established review board investigation of every child death in the county, and identified accountability measures to monitor and strengthen linkages among systems.
Results: infant mortality dropped by 50%, from 12.1 to 4.9 per thousand.

For further information call us.

456-6218

CENTER ON BUDGET AND POLICY PRIORITIES

MEMO

To: Barbara Wooley
From: Donna Cohen Ross
Subject: Medicaid Outreach Activities
Date: ~~February 9, 1998~~ Feb. 12

Barbara:

I hope this is what you are looking for. The Center has been conducting outreach activities to facilitate the enrollment of children in Medicaid since 1993. We work with state Medicaid agencies and advocates on simplifying and streamlining the application process, as well as with community organizations, schools, child care programs, health clinics, hospitals, and others on ways to identify eligible children and get them enrolled.

old practices

Please let me know if you need any additional information. I can be reached at 202-408-1080.

Donna

820 First Street, NE, Suite 510, Washington, DC 20002
Tel: 202-408-1080 Fax: 202-408-1056 center@center.cbpp.org http://www.cbpp.org

March of Dimes 1901 L Street, NW, Suite 260 Washington, D.C. 20036

FAX

Date: 2/10/98

Number of pages including cover sheet: 2

To:
Barbara Woolley

Phone:

Fax: 456-6218

CC:

From:
Jo Merrill
Marina L. Weiss

Phone: 202-659-1800

Fax phone: 202-296-2964

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

As promised, attached is information on March of Dimes outreach efforts.

What has Families USA done on outreach and CHIP to date? We have written a number of materials for advocates and others that want to encourage state outreach by removing barriers and adopting innovative strategies to enroll more children. The materials include a section in our Preliminary Guide to Children's Health Expansion, and our fact sheets on CHIP and an upcoming paper on the topic. We have provided technical assistance to advocates nationwide through national audioconferences, workshops, and individualized support such as meetings with Georgians on their Right From the Start program and with DC advocates and officials on their program.

Children's Health Outreach
February 18, 1998

~~Additional qs and~~ as

Q: Why does the President's budget request additional money for children's health so soon after Congress passed a $24 billion expansion?

A: The $24 billion for the Children's Health Insurance Program targets children who have never been eligible for health insurance assistance before. The President's children's outreach proposals in the FY 1999 budget target uninsured children who are already eligible for Medicaid. Over one-third of uninsured children are already eligible for Medicaid but do not know it or find the system too difficult to navigate. The President's proposals aim to eliminate those barriers.

Q: Why is it taking so long to get CHIP up and running? It went into effect on October 1, 1997, yet not a penny of this money has been spent, and you have "stopped the clock" on almost every CHIP plan submitted to date. Why?

A: ~~I strongly disagree that~~ It has not taken a long time to implement CHIP. This program was created only 6 months ago, yet already the Department of HHS has issued over ten sets of implementation guidelines, has ~~been holding~~ held a series of nine regional conferences for State officials on CHIP, and has been working one-on-one with states on their submitted plans. Governors and state legislators have also been extremely active. To date, 18 states have submitted plans and another 18 have working groups or task forces to plan for their programs. HHS has only stopped the 90 day deadline for approvals when a state has not submitted information required by law. Once a state's plan is approved, it can receive funds retrospectively for an approved expansion after October 1, 1997.

needs more explanation

Q: How many children will be covered under the new CHIP program?

A: CHIP is a brand new program. As a result, it is difficult to ~~know~~ determine how many children will enroll. We do know that there is a tremendous need for this program, since there are at least 10 million uninsured children in the country. We will continue to work with States and to support States in their efforts to create CHIP programs. Local officials are best positioned to determine the needs of uninsured children in each State. That's why we're working with each state to craft a program that will be most effective and successful for that State. NEED SENT ON WHY THINK IT WILL BE $24 b.

Q: Won't this new children's health insurance program just be used by families as a substitute for having to buy dependent health care for their children or as a substitute by employers who will not provide dependent care?

A: ~~HHS~~ The Clinton Adm is making every effort to assure that private insurance is not dropped in favor of the new CHIP program. The law clearly states that CHIP funds are to be spent on children who are currently not covered by health insurance. As part of the CHIP plans, states must design ways to avoid the so-called "crowd out" phenomenon whenever possible.

NEED BETTER ANSWER - DO WE HAVE ANY HISTORY here or studies?

Q: How long do ~~you think that it~~ will take to get all states to adopt plans?

A: We expect that virtually all states will have operational Children's Health Insurance Plans by the end of the year. The Governors and the Administration have made this a high priority and are working collaboratively on approving state plans as rapidly as possible.

Q: A recent George Washington University report found that 43 percent of health centers who, by law, are supposed to have Medicaid eligibility workers on site do not do so. Shouldn't the Federal government's first step in children's health outreach be to enforce the laws that they already have on the books?

A: HCFA, which oversees Medicaid, is committed to ensuring that all Federal laws relating to children's health outreach are enforced. As part of its outreach effort, it will work with states to assess their compliance with the "outstationing" requirement.

What are you announcing today?

DEPARTMENT OF HEALTH & HUMAN SERVICES

Washington, D.C. 20201

JAN 23 1998

Dear State Health Official:

This letter highlights new and existing opportunities for outreach to uninsured children. We share a mutual interest in and commitment to enrolling uninsured children in both Medicaid and the new State Children's Health Insurance Program (CHIP). An estimated 3 million children are eligible for Medicaid, but remain uninsured. Millions more will be eligible for CHIP because of historic, bipartisan legislation passed by the Administration and Congress. Successfully enrolling these eligible but uninsured children is critical to both the success of these programs and the health of these children; as such, outreach is a high priority for the President, First Lady, and Department of Health and Human Services.

In this letter, we describe examples of and options for successful outreach and enrollment and Federal funding available for these activities. Most of these provisions are currently options within Medicaid or reflect preliminary guidance for CHIP. Two of these provisions -- expanding the entities that can determine presumptive eligibility and expanding access to a special fund for outreach -- are proposals in the President's fiscal year 1999 Budget that would provide nearly $200 million a year in additional Federal dollars to States that choose to take advantage of these initiatives. If passed, they would be effective on October 1, 1998.

I. Funding for Outreach

States have several options for receiving Federal matching funds to find and enroll uninsured children in Medicaid and/or CHIP. Medicaid will match States' expenditures associated with outreach to Medicaid-eligible children. Similarly, CHIP funds may be used to pay for outreach to CHIP-eligible children (up to the 10 percent limit, described below). Because of the importance of outreach, the President's fiscal year 1999 Budget contains proposed legislation that, if enacted, would provide a higher matching rate for outreach activities for all children, regardless of their eligibility. This section describes these options.

- **Federal Matching of Outreach under Medicaid**

  There have been questions about what types of outreach activities Medicaid will fund. The Federal government matches State Medicaid expenditures for outreach activities that bring potential eligibles into the Medicaid system to determine if they qualify for Medicaid benefits. These activities include: informing families about Medicaid through brochures or other promotional material; assisting families in completing Medicaid applications; and providing the necessary forms and packaging for Medicaid eligibility determinations. These activities are considered allowable Medicaid administrative activities for the purpose of Federal matching. Since the Medicaid program is an open-ended entitlement program, there is no limit on the amount of allowable Medicaid outreach expenditures States may claim for Federal matching.

- **Federal Matching of Outreach under CHIP**

Title XXI places a strong emphasis on outreach. State child health plans cannot be approved without a description of how States will educate families, assist them in enrolling children in the appropriate program, and coordinate health insurance programs across the State. There are several ways that CHIP outreach expenditures may be matched.

Non-Medicaid CHIP Option. Outreach activities related to a non-Medicaid CHIP program only would be matched from the State's CHIP allotment. States may spend up to 10 percent of their total CHIP expenditures (Federal and State) on non-benefit activities, including: outreach conducted to identify and enroll eligible children in CHIP; administration costs; health services initiatives; and other child health assistance. These expenditures are matched at the enhanced CHIP matching rate and count against both the 10 percent limit and the allotment.

Medicaid CHIP Option. Outreach activities related strictly to a Medicaid expansion under CHIP can be matched either from the State's CHIP allotment or under regular Medicaid, at the State's option. If a State elects to claim Federal matching for its outreach expenditures from the CHIP allotment, such Federal payments will count against the State's 10 percent limit and allotment and will be matched at the enhanced CHIP matching rate. Once the State reaches its 10 percent limit and/or its CHIP allotment, it may then claim Federal matching for any additional Medicaid outreach expenditures under the Medicaid program. States may claim Federal matching for outreach expenditures under the Medicaid program only if such expenditures are for CHIP-related Medicaid expansion groups. Alternatively, a State may elect to claim Federal matching for outreach expenditures for CHIP-related Medicaid expansion groups under the Medicaid program at the regular Medicaid administrative matching rate. If claimed in this way, Federal payments for these expenditures would not count against the 10 percent limit or the CHIP allotment.

Joint Medicaid-CHIP Option. Joint outreach efforts for Medicaid and CHIP may similarly be matched by either Medicaid or CHIP. Detailed guidance on these options was provided in a December 8, 1997 letter to State Health Officials on financial issues.

- **Enhanced Matching for Children's Outreach Efforts [Proposed Legislation]**

In the welfare reform bill that created the Temporary Assistance for Needy Families (TANF) program, a $500 million Medicaid fund was established to help States ensure that children and parents losing welfare know about their continued eligibility for Medicaid. These funds, which are allotted to States, provide an enhanced Federal matching rate for outreach and administrative costs related to this narrow group of Medicaid-eligible people. Certain outreach activities are eligible to receive a 90 percent matching rate from the fund. (See the May 14, 1997 *Federal Register* notice for details.) Few States, however, have

taken advantage of this fund so far, in part, due to the difficulty of targeting outreach only to a subset of Medicaid-eligible children.

The President's fiscal year 1999 Budget includes a legislative proposal that, if enacted, would expand the use of this fund. States would be able to receive a 90 percent matching rate for outreach activities for all uninsured children, not just those who would have been eligible for welfare. The Federal funds to cover the extra matching (above Medicaid's regular matching amount) would come from this fund. In addition, the proposal would remove the sunset on the fund in 2000 and add another $25 million to assist States with increased outreach activities.

II. Expanding Sites for Enrolling Children

In the wake of welfare reform, families often misunderstand their children's continued eligibility for Medicaid. They also may be unsure about differences between Medicaid and CHIP. Thus, it has become more important than ever that States have and pursue options to conduct educational activities and enrollment of children in a wider array of community settings.

- **Allowing Immediate Medicaid Coverage Through Schools, Head Start, and Child Care Centers [Proposed Legislation]**

  The Balanced Budget Act (BBA) of 1997 gave States a new option in Medicaid to grant "presumptive eligibility" to children. Certain children may receive immediate health care coverage without having to wait for a full Medicaid eligibility determination. Under this option, a "qualified entity"and/or its employees may presume that a child is temporarily eligible for Medicaid if, using preliminary information, family income does not exceed the State's applicable income eligibility level. The child's parent or guardian has until the end of the following month to submit a full Medicaid application for the child. Until a final eligibility determination on that application is made by the State, the child is covered for Medicaid services. Although the CHIP statute does not expressly provide for presumptive eligibility, States also could use this option in their eligibility for a CHIP separate State program.

  The BBA defines "qualified entities" as providers of health care items and services under the Medicaid State plan (including IHS, Tribal and urban Indian health care providers that participate in a Medicaid State plan) and entities that determine eligibility for Head Start, WIC and child care subsidies under the Child Care and Development Block Grant. It also requires that certain costs associated with presumptive eligibility be subtracted from the State's child health allotment (see the December 8, 1997 letter on financial issues).

The President's fiscal year 1999 Budget proposes to make this presumptive eligibility option more flexible and attractive to States. First, it would broaden the definition of "qualified entities" to include sites such as schools, child care resource and referral centers, child support enforcement agencies and CHIP eligibility workers. Second, it would eliminate the requirement that States subtract the costs of presumptive eligibility from their CHIP allotments. Instead, these costs would be matched as a regular Medicaid State plan option. Both of these changes would give States greater incentives and flexibility for using this important authority.

- **"Outstationing" Eligibility Workers in Communities**

Outstationing eligibility workers is a promising outreach strategy for enrolling Medicaid and CHIP-eligible children. "Outstationing" means locating eligibility workers in places other than welfare offices to assist with the initial processing of applications. (The final Medicaid eligibility determination must be made by the appropriate State agency.) Current Medicaid law requires States to outstation eligibility workers in Federally qualified health centers and disproportionate share hospitals. States also can receive Federal matching for outstationing eligibility workers in other locations.

We encourage States to consider outstationing eligibility workers at sites that are frequented by families with children such as schools, child care centers, churches, Head Start centers, WIC offices, community centers, Job Corps sites, GED programs, local Tribal organizations and Social Security offices.

- **Using Mail-In Applications**

One option that allows States to ease the enrollment process is the use of mail-in applications. Mail-in applications, especially for Medicaid, can significantly reduce the barriers to enrollment that may occur with requiring in-person applications. Transportation costs are eliminated, the stigma of going to a social services office is removed, parents will not have to miss work, and community groups like PTAs and church organizations can assist in distributing applications and information regarding Medicaid and CHIP. Many, but not all, States use this option in Medicaid today. We encourage all States to adopt this option.

III. Simplifying Enrollment

A key to successfully enrolling children at a wide range of sites is a simple application and enrollment process.

- **Simplifying the Medicaid Application and Eligibility Process**

  One barrier to enrollment in Medicaid is the complexity of the application. Some States have applications over 20 pages long, posing an often insurmountable challenge for families. We encourage States to develop strategies to simplify these processes by: preparing a simplified Medicaid application for the eligibility groups that include most children; using a "less restrictive" eligibility methodology that drops the Medicaid assets test for children; shortening the Medicaid application form generally; and allowing mail-in applications. Also, there are few verification requirements under Federal law that are mandatory. While it is important to maintain program integrity by verifying income, excessive requirements can deter families from completing the application process.

  Medicaid administrative funds can be used to redesign the Medicaid application form. Attached are some examples of shortened and simplified Medicaid applications used in some States (see attachment A).

- **Using a Single Application for Medicaid and CHIP**

  We encourage States to use one application for both Medicaid and CHIP. The advantages of a single application form include a reduction in paperwork for the State and a simplified process for families potentially eligible for Medicaid or CHIP. Attachment B includes a model joint application form and its instructions. We also encourage States to use single applications for health and non-health programs like TANF.

- **Eligibility Screening and Enrollment for Medicaid and CHIP**

  CHIP requires States to ensure that only targeted low-income children are furnished child health assistance and that children found eligible for Medicaid through screening are enrolled in Medicaid. At a minimum, State screening processes should assure that all children who are potentially eligible for Medicaid under the poverty-level-related groups are identified. The State may initially use a gross income test that compares total family income to the applicable Medicaid standard. The initial gross income test would immediately identify children whose family income is low enough that Medicaid eligibility would be almost certain. A second test would be needed, however, to detect those children whose gross family income exceeds the Medicaid standard but who are Medicaid-eligible when income disregards are applied. Without this second test, the State would not be meeting its responsibility to ensure that children eligible for Medicaid are identified and enrolled in Medicaid. (Some States have used this technique with simplified Medicaid applications.) Screening is not required for States that elect to expand Medicaid under CHIP, because the child's eligibility for regular Medicaid will be determined as part of the State's eligibility determination process.

The statute clearly says that States must include in their State child health plans a description of procedures to ensure that children found to be eligible for Medicaid must be enrolled in Medicaid; a simple referral procedure to Medicaid will not meet this requirement. The Department of Health and Human Services (DHHS) will be providing guidance on options to meet this requirement in the near future. Some examples include:

- **Single State agency for eligibility determination**: States can use the Medicaid State agency to make eligibility determinations for non-Medicaid CHIP expansions as well as Medicaid CHIP expansions.

- **Joint application for both CHIP and Medicaid**: States can use a joint CHIP and Medicaid application. As noted earlier, DHHS has developed a model application form for CHIP and Medicaid (see attachment B). States could use interagency agreements to send applications to the appropriate place for processing.

- **Presumptive eligibility**: If the President's fiscal year 1999 Budget proposal is enacted, States will have the option of allowing their CHIP eligibility workers to make presumptive Medicaid eligibility determinations as well as CHIP eligibility determinations. (The final Medicaid eligibility determination must be made by the appropriate State agency.)

♦ **Granting 12-Month Continuous Eligibility**

Another way to increase the number of children with health insurance is to grant children eligibility for Medicaid for a longer period of time. Many families fall in and out of income eligibility due to job changes or fluctuations in paychecks. The BBA provides States the option to provide individuals under age 19 with up to 12 months of continuous eligibility after they are determined eligible for Medicaid, even if there is a change in the family's income, assets, or size. Under this option, Medicaid eligibility is granted for a period of up to one year regardless of changes in circumstances. States that use their CHIP funds for separate State programs can also provide continuous eligibility, since they have the flexibility to determine how frequently follow-up screening (redetermination) will be conducted.

IV. Other Outreach Strategies

In addition to expanding sites for enrollment and simplifying the process, States have used a number of valuable approaches to help them locate children and facilitate their enrollment in Medicaid and other health programs. This has been especially true for children who are members of special populations, such as children with special health care needs, homeless children and migrant children. State strategies to reduce barriers to enrollment range from advertising on billboards to linking health with other types of public programs like Head Start. Promising examples of State outreach activities are described in attachment C.

Summary

Every successful outreach model requires cooperation among diverse entities. Potential partners for outreach programs include school districts, community-based organizations, local health and human service providers, Head Start programs and child care centers. In addition, collaboration between the Federal and State governments, private businesses, foundations and advocacy groups could also produce creative and effective outreach initiatives.

We believe that the new children's health insurance program provides a unique opportunity to ensure that the millions of eligible children are enrolled in public or private health insurance plans and receive essential health care services. We hope you will join us in meeting this challenge.

Sincerely,

Nancy-Ann Min DeParle
Administrator
Health Care Financing Administration

Claude Earl Fox, M.D., M.P.H.
Acting Administrator
Health Resources and Service Administration

Enclosures

cc: HHS Regional Directors
HCFA Regional Offices
PHS Regional Offices
TANF State Agencies
Title IV-D Agencies
Child Care Directors
Child Welfare Directors
Ms. Lee Partridge, American Public Welfare Association
Ms. Jennifer Baxendell, National Governors' Association
Ms. Joy Wilson, National Conference of State Legislatures
Ms. Cheryl Beversdorf, Association of State and Territorial Health Officials
Ms. Mary Beth Senkewicz, National Association of Insurance Commissioners

(Attachment A)

EXAMPLES OF SIMPLE MEDICAID APPLICATION FORMS

- List of States that have Simplified the Medicaid Application Process
- Delaware's Application
- Georgia's Application
- South Carolina's Application

States That Have Simplified the Medicaid Application Process

The following States have taken steps to simplify their Medicaid application processes, by allowing mail-in applications, shortening the Medicaid application form, or eliminating the assets test for children or by using a combination of these techniques.

Mail-In Applications (24)
Alabama
Alaska *
Connecticut
Delaware
District of Columbia
Hawaii *
Illinois *
Maine *
Massachusetts
Michigan (local decision)
Minnesota
Mississippi
Missouri
New Mexico *
North Dakota *
Ohio
Oklahoma
Oregon
Pennsylvania
Utah *
Vermont
Virginia
Washington
Wyoming *

Short Application (29) **
Alabama
Alaska
Arkansas
Colorado
Georgia
Hawaii
Illinois
Indiana
Iowa
Kentucky
Michigan
Mississippi
Missouri
New Hampshire
New Mexico
New York
Ohio
Oklahoma
Oregon
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wyoming

No Assets Test (36) ***
Alabama
Alaska
Arizona
Connecticut
Delaware
District of Columbia
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Mississippi
Missouri
Nebraska
New Hampshire
New Jersey
New Mexico
New York
North Carolina
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Vermont
Virginia
Washington
West Virginia
Wisconsin

* After the mail-in application is received, the Medicaid agency will conduct a telephone interview.
** Applications are the same length or shorter than the HCFA model application
*** AR, CA, HI & UT count assets in determining Medicaid eligibility for some children.

Source: Center on Budget and Policy Priorities, August 1997

FAMILY AND COMMUNITY
MEDICAL ASSISTANCE APPLICATION

This form must be completed before we can see if you are eligible for medical assistance. If you need help completing the form, ask your worker. Return this application within 30 days of the date you asked for Medicaid. If you do not, this may change the date your Medicaid will start.

We must take action on your application for Medicaid within 45 days from the date we receive your application in our office (90 days for disabled children or others who apply on the basis of disability).

We need you to give us proof of the following items for you and your family:

- Birth (birth certificate, driver's license, marriage license)
- Social Security number (copy of card or proof you have applied for one)
- Lawful alien status (registration card, immigration papers)
- Current income (pay stubs, letter from employer, award letter or check)
- Child care costs (receipts or letter from provider)
- Delaware residency and address (enclosed household form, utility bill, lease)
- Medical insurance, such as Medicare (copy of card, benefit letter)
- Pregnancy and due date (statement by medical professional)
- Disability for Disabled Child Program (enclosed medical forms)
- Emergency medical condition for illegal aliens (enclosed medical forms)
- Resources for QMB, SLMB, Disabled Child and SSI related programs (bank statements, life insurance policies, burial fund, savings bonds, trust fund)

You may need to give us more information. If you have already given this information to a Department of Health and Social Services office, let us know. You may not have to give it again. Failure to provide the above information may result in delayed or denied benefits.

HEAD OF HOUSEHOLD:

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
DEVELOPMENT OR APARTMENT NAME		APT.NO
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
PLEASE LIST ANY OTHER NAMES THAT YOU HAVE USED		

HOUSEHOLD MEMBERS

Please list everyone in your household (including yourself) and complete each space by their name.

ARE YOU APPLYING FOR THIS PERSON?	LAST NAME	FIRST NAME	M.I.	OFFICE USE ONLY (MCI #)
YES NO				
YES NO				
YES NO				
YES NO				
YES NO				
YES NO				
YES NO				

1. Have you ever been eligible for and received both a Social Security check and a Supplemental Security Income (SSI) check in the same month?
   Circle one: Yes No

   If yes, list the last month and year you were eligible for and received both benefits:_____

2. Does anyone in your family have unpaid medical bills from the last three months?
   Circle one: Yes No

   Was your income the same as it is now during those months?
   Circle one: Yes No

3. If you pay child care costs, please give names of the children and the monthly amount you pay for each child. Please also include any fees for summer camp or nursery school.

NAME OF CHILD	MONTHLY AMOUNT	NAME OF CHILD	MONTHLY AMOUNT

HOUSEHOLD MEMBERS

SOCIAL SECURITY NUMBER	SEX	RACE/ ETHNIC GROUP	IS THIS PERSON A U.S. CITIZEN OR A LEGAL ALIEN?	ALIEN REGISTRATION NUMBER
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	

YOUR RIGHTS AND RESPONSIBILITIES

I have read or have had read to me all statements on this form. I understand the questions on this form and the information is true and complete to the best of my knowledge. I understand that the State of Delaware has a law that prohibits giving false information or withholding information to get any type of assistance, including Medicaid, or to get more assistance than I am entitled to get. I understand that if I give any false information or withhold any information, I may be prosecuted to the full extent of the law.

I agree to help establish my eligibility by giving as much information as I can about my circumstances and by giving proof of statements on my application.

I certify, under penalty of perjury, that I am a U.S. Citizen or alien in lawful immigration status. I must provide proof of lawful immigration status. Lawful alien status requires submission of certain information to the Immigration and Naturalization Service for verification. Nonlawful aliens may be eligible for emergency services only.

All information and documentation gathered for determining my Medicaid eligibility is confidential. Medicaid has safeguards and limits disclosure of information about me. Disclosure of information concerning my Medicaid eligibility to anyone not authorized to receive the information is a violation of State and Federal laws and may result in legal sanctions. While Medicaid will keep my eligibility information confidential, these provisions do not affect my right to give specific written consent to release information to other persons or sources.

YOUR RIGHTS AND RESPONSIBILITIES

I understand that I am required by law to assign to the State all rights to medical support and other third party payments (hospital and medical benefits) and to cooperate with the State in establishing paternity and securing medical support. This assignment is a condition of Medicaid eligibility. Medicaid cannot be denied to e[illegible]le children because of their parent's refusal to establish paternity or secure support from absent parents. I u[illegible]stand that pregnant women are not required to cooperate in establishing paternity and securing medical support.

I agree to allow the Department of Health and Social Services, or its representatives, to have access to all medical records that are related to payment and medical services by Medicaid. I agree to allow the Department of Health and Social Services, or its representatives, to act as my agent in recovering money spent by the Medicaid Program when other money from insurance, estates, etc., becomes available to pay my medical bills.

I understand that I may appeal to the Division of Social Services or the U.S. Department of Health and Human Services if I am not satisfied with any decision on my application or if I feel that I have been discriminated against because of race, color, national origin, religion, sex or handicap.

I understand that I may be represented by an attorney at a fair hearing, or any other person I choose. If I am not satisfied with the decision on my fair hearing, I understand that I may request a judicial review in Superior Court in the County where I live. I also understand that I must file for a judicial review within 30 days of the date of my fair hearing decision.

I certify that I have had the services of the Division of Child Support Enforcement explained to me and have been offered an opportunity to participate in their program.

I agree to enroll in a Managed Care Organization if I am required to by the Medicaid Program.

I understand that pregnant or nursing women and children age five and under may apply for WIC benefits by contacting the Division of Public Health at 1-800-222-2189.

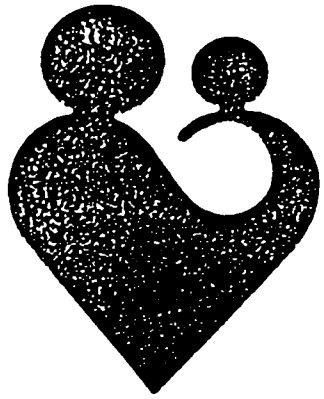
I agree to report within ten days changes in my household situation that could affect my eligibility, such as a change in how many people live with me, a change in income, or if I move.

This application must be signed by an adult household member (age 18 or over) or by an emancipated minor (under age 18).

Sign, date and return the application as soon as possible. Include copies of all the items listed on page one that apply to your family. If you have questions, call your local Medicaid office.

IMPORTANT REMINDER

Signature of Applicant or Representative	Date
Signature of DSS Worker	Date



Right from th Start

FREE

A HEALTHY START IN LIFE FOR YOU AND YOUR BABY.

- GET FREE PRENATAL CARE RIGHT NOW.
- YOU CAN QUALIFY IF YOU'RE MARRIED OR SINGLE.
- YOU DON'T HAVE TO BE PREGNA TO RECEIVE FREE MEDICAL CARI FOR YOUR CHILD.
- YOUR LOCAL HEALTH DEPART- MENT CAN GIVE YOU A MEDICAII CARD THE SAME DAY YOU VISIT.

Medicaid Program: Patient Rights and Responsibilities

I agree to give correct information to see if I can receive Medicaid.

I agree to provide the county information to prove any statements given in this application and hereby give permission to the county to get such proof.

I understand that for Medicaid I must report any changes in my circumstance within ten (10) days of becoming aware of the change.

I understand that if I DO NOT like the decision made on my case, I have the right to a fair hearing. I can request a hearing by writing or calling the county where I applied.

If you want AFDC for any family member, you will have to sign a different application form. However, we will use the date on this form to determine your eligibility.

FACTS : RIGHT FROM THE START

- SEE THE SAME DOCTOR FROM FIRST EXAMINATION TO DELIVERY.
- APPLYING IS SIMPLE AND EASY.
- FREE MEDICAL CARE IS AVAILABLE FOR ELIGIBLE CHILDREN BORN AFTER SEPTEMBER 30, 1983.

For more information, contact your county health department or county Department of Family and Children Services.

Georgia Department of Medical Assistance
Recipient Inquiry Unit
Post Office Box 38420
Atlanta, Georgia 30334

Place Stamp Here

To:

County Department of Family and Children Services

Address

City State Zip Code

MEDICAID NOW HELPS ALMOST ,000 GEORGIA WOMEN LIKE YOU.

Married or single. Insured or uninsured. You and ir children can receive FREE medical help immedi- y. Apply today, Medicaid forms are now simple to d. The approval process is now faster. And more tors than ever before will care for you and your ldren. Ask at your local health clinic how you can join Right from the Start program. Get the right care. Get right start. It's simple. It's easy. And it's smart.

Right from the Start has the right stuff.

When you become pregnant you create life. It's a racle. Suddenly, a little person lives within you. To help baby grow inside, you must care for him or her from outside. See a doctor early and regularly. Get prenatal e. Only you can keep the baby inside happy. Eat right. it smoking or cut back. Don't drink alcohol, including r or wine. Give your baby the right stuff Right from the rt.

So, if you think you're pregnant but can't afford a tor-- we can help you. If you are pregnant but can't pay ir medical bills -- we can help you. And if you have ng children who have not seen a doctor regularly -- we help you.

T HELP NOW -- Right from the Start.

Apply for medical care inside and out.

If you are pregnant or have a child under a year , you will qualify for Right from the Start Medicaid if ir yearly income is about $14,000 or less. If you already e two children, you can earn almost $21,000 a year and l qualify.

Your baby can stay in the Medicaid program until first birthday. After that, the income requirements ome a little stiffer, but most children will still be ered until age 5.

Getting medical care for you and your children is ier than ever before. If you think you might qualify, t fill out this application and send it in or contact your unty health department or county Department of Family l Children Services.

Application Date: _____

NAME _____
First Initial Last Maiden Name Telephone #

ADDRESS _____
Street Apt. City County State Zip Code

1. Is anyone in your house pregnant? ☐ Yes ☐ No If yes who? _____
   Is she on Medicaid? ☐ Yes ☐ No
2. Whom do you want to receive Medicaid?

List all people in your home (write your name first):

First	M.I.	Last	Social Security No.	Date of Birth	Race	Sex	Relationship	U.S. Citizen yes/no
MYSELF							Self	

3. INCOME: Do you or does anyone in your home get money from:

			Amount Before Any Deductions	How Often Received	Name of Person(s) Receiving
Current Job Employer's Name:	Yes ☐	No ☐			
Social Security Income/SSI	Yes ☐	No ☐			
AFDC	Yes ☐	No ☐			
Pensions or Retirement Benefits	Yes ☐	No ☐			
Child Support or Contributions	Yes ☐	No ☐			
Unemployment Benefits	Yes ☐	No ☐			
Student Loan/Grant	Yes ☐	No ☐			
Other Income	Yes ☐	No ☐			

4. Do you have health insurance on anyone for whom you are qualifying? ☐ Yes ☐ No
   (Provider: Complete Form 285) Health insurance company _____
   Policy number _____
5. Do you have any unpaid medical bills from the past three months? Yes ☐ No ☐

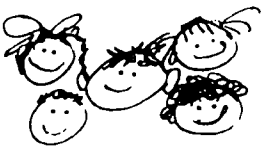
Medicaid Program • I agree to give correct information to see if I can receive Medicaid. • I agree to provide the county information to prove any statements given in this application and hereby give permission to the county to get such proof. • I understand that I am breaking the law if I give wrong information. • I understand that for Medicaid, I must report any changes in my circumstance within ten (10) days of becoming aware of the change • I understand that if I DO NOT like the decision made on my case, I have the right to a fair hearing. I can request a hearing by writing or calling the county where I applied.

I certify that the information I have provided is correct.
I have read (or had read to me) and understand the information on this form.
I agree to apply for a social security number if I do not have one.

_____ _____
Applicant's Signature Date

_____ _____
Representative's Signature Date

_____
Title



South Carolina
Partners for Healthy Children

Dear Parent,

Welcome to **Partners for Healthy Children**, our new program of health coverage for children. **Partners for Healthy Children** provides free health care to children in families with low income. Health care can be expensive. I am pleased that South Carolina can offer this help to your family as you struggle to meet your child's needs.

So I want to join in a partnership with you. We will provide **Partners for Healthy Children** and, if your family qualifies, your child's health care will be free. But you need to join us as a partner, too. You are in charge of the health care your child receives. You need to fill out and mail an application for **Partners for Healthy Children**. After you get your **Partners for Healthy Children** card in the mail, you will need to make appointments with a doctor and make sure your child gets the health care he needs.

Look at the chart on the back of this letter. If your family income is no more than the amount shown for your family size, your children should qualify for **Partners for Healthy Children.** To apply, simply fill out the attached application form and mail it in.

If your income is greater than the amount on the chart, *your children may still qualify*. In that case, go to one of the locations listed on the back of this letter and ask for assistance in applying for **Partners for Healthy Children**.

I hope this will be a great year for your family and I hope **Partners for Healthy Children** will help you provide the health care for your children that you decide they need.

Sincerely,

David M. Beasley

David M. Beasley

Office of the Governor
Post Office Box 11369
Columbia, South Carolina 29211

Do Your Children Qualify for Free Health Care from Partners for Healthy Children?

Number of people in family (Count parent(s) and children)	Income levels to qualify for Partners for Healthy Children (Income slightly above may still qualify. See **NOTE** below.)			
	Hourly wage	Weekly income	Monthly income	Annual income
2	$7.65	$306	$1,327	$15,915
3	$9.63	$385	$1,667	$19,995
4	$11.58	$463	$2,007	$24,075
5	$13.53	$541	$2,347	$28,155
6	$15.50	$620	$2,687	$32,235
7	$17.45	$698	$3,027	$36,315
8	$19.43	$777	$3,367	$40,395

The number of people in the family includes the parents and the children. Add together all the income received by all family members and see if your income is not more than the amounts above. If so, your children should qualify. If more than 8 people live in your family, please call 1-888-549-0820 for assistance.

NOTE: If your family income is slightly more than the amounts on the chart above, you may still qualify but you will need to apply in person, at one of the following offices. Call the phone number in your county to find out where and when to go to apply. Many county DSS offices have Medicaid eligibility workers located at hospitals, health departments, or federally qualified health centers where applications can be filed also.

Abbeville County DSS
459-5481

Aiken County DSS
642-3650

Allendale County DSS
584-7063

Anderson County DSS
260-4100

Bamberg County DSS
245-4363

Barnwell County DSS
541-1210

Beaufort County DSS
525-7861

Berkeley County DSS
761-8044

Calhoun County DSS
874-3384

Charleston County DSS
792-0444

Cherokee County DSS
487-2704

Chester County DSS
377-8131

Chesterfield County DSS
623-2150

Clarendon County DSS
435-4305

Colleton County DSS
549-6090

Darlington County DSS
398-4420

Dillon County DSS
774-8284

Dorchester County DSS
563-4337

Edgefield County DSS
637-4040

Fairfield County DSS
635-5502

Florence County DSS
669-3354

Georgetown County DSS
546-5134

Greenville County DSS
467-7700

Greenwood County DSS
229-5258

Hampton County DSS
943-3641

Horry County DSS
365-5565

Jasper County DSS
726-7747

Kershaw County DSS
432-7676

Lancaster County DSS
286-6914

Laurens County DSS
833-0100

Lee County DSS
484-5376

Lexington County DSS
957-7333

McCormick County DSS
465-2627

Marion County DSS
423-4623

Marlboro County DSS
479-4520

Newberry County DSS
321-2155

Oconee County DSS
638-4400

Orangeburg County DSS
531-3101

Pickens County DSS
898-5810

Richland County DSS
735-7048

Saluda County DSS
445-2139

Spartanburg County DSS
596-3099

Sumter County DSS
773-5531

Union County DSS
429-1660

Williamsburg County DSS
354-5411

York County DSS
684-8108

Partners for Healthy Children

If you have Medicaid, you do not need to fill out this form.

1. Tell us who you are and where you live.

Last name (Parent's)	First Name (Parent's)	Middle Initial	Phone	
Street Address	City	State	Zip Code	County
Mailing Address, if different	City	State	Zip Code	

2. Tell us who in your family lives with you. List the parent shown in item 1, on the first line below.

Last name *List parent(s) and children*	**First Name** *List parent(s) and children*	**Middle Initial**	**Sex**	**Race**	**Date of Birth**	**Social Security Number**	**How is this person related to you?**

3. Tell us how much income your family has.

Fill in the amount of money you make. If you are married and your spouse works, fill in the amount of money your spouse makes, too. Check one box to show if the amount is hourly, weekly, monthly or yearly. **Enter GROSS pay, not take home pay.** Enter zero ("0") if you or your spouse have no earned income.

Your Income	**Spouse's Income**
Amount you earn: $_____	Amount your spouse earns: $_____
☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly	☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly
Hours worked each week _____	Hours worked each week _____
Employer Name and Phone Number	Employer Name and Phone Number

4. Tell us if you have any other income.

List any additional income you or family members living with you may have from the sources listed below and tell us how often you get this income (for example, once each week, every three months, once a year, etc.)

Source	**Amount**	**How Often**	**Who Gets this Money?**
Interest from bank account	$		
Child support	$		
Alimony	$		
Social Security payment	$		
Other (Please explain)	$		

5. Attach proof of income.

We need proof of your income. For earnings, provide copies of pay stubs for the last four weeks. If you do not have pay stubs, you may provide a letter from your employer or a copy of your most recent state or federal income tax form. Other documents can be used to provide proof of income. If you are not sure what to send, call our toll-free number 1-888-549-0820 and we will help you.

6. Tell us about any health insurance you already have.

Tell us the name of your insurance company, the policy number and the insured persons name on the policy. Even if you already have health insurance, you can still qualify for **Partners for Healthy Children.**

Insurance Company or Employer	Phone Number of Insurance Company or Employer	Policy Number or Group Plan Number	Insured (Name on policy)

7. Tell us whether any child received medical services in the last three months.

Did any of your children living with you receive medical services in the past 3 months:

☐ Yes ☐ No

8. Please sign this statement.

I certify that the information I have provided above is true to the best of my knowledge and I give permission for the State of South Carolina to make any necessary contacts to check my statements. I have read the list of my rights and responsibilities that is printed below. I know that I could be penalized if I knowingly give false information. I certify that the children listed on this application are U.S. citizens or lawful immigrants.

Signature of applicant:_____Date:_____

9. Mail this completed, signed form, together with proof of income, to:

South Carolina Partners for Healthy Children
Post Office Box 100101
Columbia, South Carolina 29202-3101

If you need more information, please call this toll-free number: 1-888-549-0820.

Rights and Responsibilities

Partners for Healthy Children is a program funded through a partnership with regional hospitals, state government and the federal government.

1. I know that my children under age 19 who are eligible for Partners for Healthy Children can have free health checkups under a special Partners for Healthy Children prevention program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT) programs.

2. I know that the information I have given is confidential. I agree that medical information about my children can be released only if needed to administer this program.

3. I know that any information I have given may be reviewed and verified by State of South Carolina staff. Also I understand that I must cooperate fully with state and federal workers if my case is reviewed. No additional permission is needed to get verification or other information.

4. I know that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin or political belief.

5. I know that I may ask for a hearing if I am not satisfied with any action taken by the State of South Carolina in connection with the Partners for Healthy Children program. I may also ask for a hearing if I feel that I have been discriminated against.

6. I know that the State of South Carolina will request and use information from a computer system called the State Income and Eligibility Verification System (IEVS). This computer system compares the Partners for Healthy Children information about me and other members of my family with information from other agencies. Other agencies may include the Internal Revenue Service, Social Security Administration and Employment Security Commission.

7. I know that Partners for Healthy Children does not pay medical expenses that a third party, such as a private health insurance company, is supposed to pay. If my children get Partners for Healthy Children, I give my rights to any third party payments to the Department of Health and Human Services. These payments may include payments from hospital and health insurance policies. I know that if I refuse to give my rights to third party payments to the Department of Health and Human Services, my children will not be eligible to receive a Partners for Healthy Children card.

(Attachment B)

MODEL JOINT APPLICATION FOR CHIP/MEDICAID FOR CHILDREN

Purpose: The attached model joint application can be used for both the Children's Health Insurance Program (CHIP) and children's Medicaid eligibility (under the children's poverty level related groups). States could allow individuals to use this form to apply for both programs and the information on this form would be sufficient for determining which program a child is eligible for. It includes only that information which is required in all circumstances and is provided as a base form which a State can adapt to meet its own needs. As presented, the form is suitable for completion by an intake worker. Modifications would be required to make the form suitable for direct completion by the applicant.

Screening: This application will meet the statutory requirement in Title XXI that States identify children who are eligible for Medicaid.

NOTE: In situations where the State has contracted out the CHIP program eligibility (i.e., determinations will be made by non-State employees), this form can be modified to be used as a pure screening form (or a combination of an application for CHIP and screening form) by removing all references to Medicaid. The statement about the use of the Social Security number [33] would be required. Inclusion of the rights and responsibilities section (without reference to Medicaid), however, would be at State option. Non-State employees cannot make a determination of Medicaid eligibility. If the form is so modified, in order to permit the information on the form to be submitted for use in making a Medicaid determination, the non-State employees could have a separate page for those whom the screen indicates are Medicaid-eligible. On that page, the individual should consent to submission of the information as part of a Medicaid application, and accept the rights and responsibilities outlined on this draft (including a statement under penalty of perjury that the information provided on the "attached screening form" or "attached CHIP application" is correct). After this page is completed, the form could be forwarded to the State for a Medicaid eligibility determination.

Mandatory Information About Medicaid: If a State uses a joint CHIP/Medicaid application and denies the Medicaid application, then the State must thoroughly inform the individual about the availability of Medicaid and his or her right to apply for Medicaid on a basis other than as a poverty-level child. This includes an explanation of the Medicaid program and the various eligibility groups, the advantages of Medicaid over CHIP and information about how and where to apply for Medicaid.

Federal Verification Requirements: Under Federal law, there are no verification requirements pertaining to eligibility for the children's poverty-level-related groups under Medicaid other than those related to alien status of non-citizens, and the posteligibility requirements of §1137 pertaining to use of the individual's social security number and an income and eligibility verification system. Eligibility of a citizen child may be established on the basis of a declaration under penalty of perjury. States are permitted to require further verification as a condition of eligibility.

Additional Simplification of Medicaid Eligibility Determination: If the total gross income of the family is at or below the applicable Medicaid income standard, the questions in the shaded areas need not be answered. The individual is obviously income eligible for Medicaid without further information.

Explanation of Certain Fields: There are some questions on the application that may not elicit all the information needed to make a determination. Under certain circumstances, additional information will be required. For example:

- If the answer to the question about citizenship [18] is no, actual status will need to be determined, official documents submitted, etc.

- If the child has insurance [22] and is Medicaid-eligible, information about the insurance company and policy number will be needed; and

- If the child had medical bills in the last 3 months [32] and is Medicaid-eligible, eligibility information for the last three months will be needed to establish retroactive eligibility, in addition to information about the bills.

In addition, the question concerning employment by a public agency in the State [25] is only needed for CHIP eligibility and is not needed for Medicaid. This field does not ask directly about the availability and nature of health insurance on the assumption that the eligibility worker would have access to a list of public agencies which offer State health insurance of the type which precludes CHIP eligibility. If this is not the case in your State, this field would need to be expanded.

Examples of State Modifications:

- A State may wish to include voter registration; or

- A State may want to use this as an application for Medicaid for the adults which would require additional information about the adults and stock affidavits concerning assignment of rights and pursuit of support.

- A State will need to add a question concerning each individual's resources (assets) if:

    - the State applies a resource test for the poverty level children; or

    - the State has not chosen to cover children born before 10/1/83 under the poverty level group AND the State applies a resource test for the optional group of categorically needy children ("Ribicoff children").

CHILDREN'S HEALTH INSURANCE PROGRAM / MEDICAID
JOINT APPLICATION FORM

I. **Person Applying for the Child or Children**					
Name [1] FIRST MIDDLE LAST			Home Phone [2]		Work Phone [3]
Home Address [4] Street	Apt. # [5]	City [6]	State [7]	Zip [8]	County [9]
Mailing Address (if different from above) [10] Street	Apt. # [11]	City [12]	State [13]	Zip [14]	County [15]

II. **Family Members Living in the Home** (Attach extra sheet if needed)						
Children (under 19) living in the home NAMES [16]	Date of Birth [17]	Citizen (Yes or No) [18]	Social Security Number [19]	Mother's Name [20]	Father's Name [21]	Covered by Health Insurance other than Medicaid [22]
Adults living in the home NAMES [23]	Social Security Number [24]		If employed by a public agency in the State, what agency? [25]			

III. Income and Child Care Payments

List all the Income Received by Family Members Listed Above (Attach Extra Sheet if Needed)

Name of person(s) working or receiving money* [26]	**Who provides the money?** [27] Employer, program or person	**How Often?** [28] Weekly, twice a month, monthly	**What amount?** [29] Before taxes or any deductions
1.			
2.			
3.			

*Be sure to include all sources of gross income (before taxes) such as wages, dividends & interest, TANF, SSI annuities, pension, disability, child support, alimony, cash gifts, & other unearned income.

List the payments made for child care (or care for an adult who cannot care for himself) so that someone in your household can work. [30]

Name of person(s) who works	**Name of Person Care For**	**Under Age 2?**	**How Often?**	**What amount?**
		Yes ☐ No ☐		

IV. Medicaid Questions

Is any child: [31] Pregnant: Yes ☐ No ☐ In an Institution: Yes ☐ No ☐	**Do any of the children have unpaid medical bills from the last 3 months?** [32] Yes ☐ No ☐

Social Security Number (SSN) [33]

You must give us your SSN in order to receive Medicaid. This is required by section 1137(a)(1) of the Social Security Act and the Medicaid regulations of 42 CFR 435.910. The Medicaid agency will use the SSN to verify you Income, eligibility, and the amount of medical assistance payments we will make on your behalf. It is possible that we will also use the SSN to determine another person's right to Medicaid or to comply with Federal law requiring that we release information from Medicaid records. The information may be matched with the records in other agencies, such as the Social Security Administration or the Internal Revenue Service. These matches may be done by computer or on an individual basis.

Rights and Responsibilities [34]

I agree to the release of personal and financial information from this application form and supporting documents to the agencies that run these programs so that they can evaluate it and verify eligibility. I understand that the agencies that run the programs will determine confidentiality of this information according to the federal laws, 42CFR 431.300-431.307 1, and any applicable federal and state laws and regulations

Officials from the programs that I, or members of my household, have applied for may verify all information on this form.

I understand that I must immediately tell the Medicaid agency about any changes in information on this form.

I understand that I may be asked to provide additional information.

I understand my eligibility will not be affected by my race, color, national origin, age, disability, or sex, except where this is restricted by law.

I understand that this application is an application for one kind of children's health benefits under Medicaid and is not a full Medicaid application. I understand that if I am not found eligible for this kind of children's health benefits under Medicaid, I may be eligible for Medicaid benefits on some other basis and have a right to complete a full Medicaid application.

I have the right to appeal any decisions made by a local Medicaid program. Information on the appeals process can be obtained from the local Medicaid agency.

I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under federal law, state law, or both. I understand that I may also be liable for repaying in cash the value of the benefits received and my be subject to civil penalties

I certify under penalty of perjury that everything on this application form is the truth as best I know.

Signature [35] _____ **Date** _____

Date Received by Agency [36] _____

(Attachment C)

DISCUSSION OF PROMISING OUTREACH STRATEGIES

Significant barriers exist to providing health care coverage for uninsured children and enrolling them in Medicaid. States and local communities are implementing a variety of approaches to reducing these barriers. Many States are simplifying the complicated application forms and enrollment processes, as well as allocating more resources to developing innovative outreach activities. The Department of Health and Human Services (DHHS) is prepared to assist States and local communities by facilitating the exchange of information regarding successful outreach endeavors and information related to enrollment simplification. The following are examples of promising outreach strategies currently practiced or being considered in various places.

- Implement an 800 hotline number for enrollment information in each State, to provide information (in appropriate languages) on child health insurance programs, referrals, and telephone assistance in completing application forms. To the extent possible, publicize a single number; several 800 numbers may lead to confusion. Most States already have an effective toll-free hotline through their Title V Maternal and Child Health offices that could be serve as a base for disseminating information relating to Medicaid and CHIP.

- Streamline the eligibility process, have simplified application forms in appropriate languages, and allow application by mail. Ask only for necessary information. Allow for enrollment on certain evenings and Saturdays at convenient sites. Allow appropriate entities, especially in remote areas, to determine eligibility presumptively.

- Use billboards in bus and subway stations and radio stations to publicize the programs, including information that uninsured children of low-income working parents may also qualify for Medicaid or CHIP. Place posters (that have been field-tested in that community) at locations frequented by target families -- e.g., thrift shops, discount stores, fast-food restaurants, laundromats, and ethnic festivals.

- Encourage prenatal care and child health through unified State-wide public service outreach campaigns which are advertised with an identifiable logo and reader-friendly materials that appeal to lower-income families.

- Distribute information about child health insurance programs through child care centers, Head Start programs, schools, child support enforcement agencies, community action programs, refugee resettlement programs, TANF offices, family preservation and support programs, Special Education and Social Security offices -- with materials in simple, appropriate languages. Also, verbally ask the children in the above settings (as they take the literature home) to tell their families that they may be eligible for health care.

- Provide enrollment opportunities at local sites where children receive health care; school-based health centers are a particularly good vehicle for identifying and enrolling children in insurance programs.

- Station eligibility workers in hospitals to assure prompt enrollment of newborns, in health centers, and at locations where immunizations are provided.

- Coordinate with other programs, such as TANF, child support enforcement agencies, family support councils, local Tribes, WIC, food stamps, Title V, free or reduced-price lunch programs, Head Start, Special Education and Social Security offices.

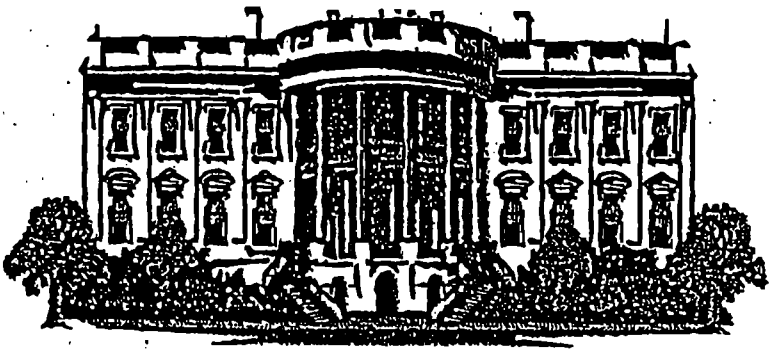
- Establish a State-wide computer program, wherein applications for any one public assistance program will (with the client's permission) be automatically "cross-referred".

- Develop outreach strategies with local community-based organizations, and have them assist in outreach efforts, including at events such as community fairs. Word-of-mouth can be the best outreach tool in communities where there is mistrust of the system. Provide speakers and program information to community, school and religious programs.

- Use trained, trusted persons within the local community to do eligibility outreach and to provide assistance to their neighbors in completing application forms.

- De-stigmatize Medicaid to the extent possible. Some States have addressed this issue by renaming the program with names such as "Dr. Dynasaur", or "KIDMED" or "Child Health Plus." Encourage eligibility workers to treat clients with courtesy and respect. Ensure that the card issued to the family is free of any perceived "welfare stigma." Have posters reflect a positive image of Medicaid and those who use Medicaid.

- Enlist the support of businesses and foundations to provide incentives (e.g., gift certificates, coupons for free meals or merchandise, movie passes) for families who apply for and/or use services.



THE WHITE HOUSE

Domestic Policy Council

DATE: _____

FACSIMILE FOR: ~~Lavne Boeckx/Gary Gaxton~~ Neera

FAX:
PHONE:

FACSIMILE FROM: Sarah Binder

FAX:
PHONE:

NUMBER OF PAGES (INCLUDING COVER): _____

COMMENTS: _____

Draft

PRESIDENT CLINTON ANNOUNCES A SERIES OF NEW EFFORTS TO ENROLL UNINSURED CHILDREN IN HEALTH INSURANCE PROGRAMS

February 18, 1998

Today, the President announced the first major state expansions under the recently enacted Children's Health Insurance Program (CHIP) and released findings that indicate that many States will soon follow. He also unveiled an unprecedented set of public/private initiatives designed to enroll the millions of uninsured children who are eligible but not enrolled in Medicaid and other state-based children's health program. These initiatives have been designed in partnership with Governors, health care providers, children's health advocates, foundations, businesses and many others who are committed to providing health care coverage for the nation's uninsured children.

Over 10 million children in America are uninsured. Nearly 90 percent of these children have parents who work, but do not have access to or cannot afford health insurance. Over 3 million of these uninsured children are already eligible for Medicaid. However, many families are not aware that their children are eligible for Medicaid, and others have difficultly filling out the application. Similar problems could undermine the new Children's Health Insurance Program's goal to enroll millions of uninsured children. With these challenges in mind, the President:

- ✔ **ANNOUNCED THAT COLORADO AND SOUTH CAROLINA HAVE BEEN APPROVED AS THE FIRST MAJOR COVERAGE EXPANSIONS UNDER THE NEW CHIP PROGRAM.** Today, the President announced that Colorado and South Carolina are joining Alabama, as the first States to come into the children's health program. Alabama will expand their Medicaid program to children ages 14 to 18, and South Carolina will expand its Medicaid program to provide coverage to children up to 150 percent of poverty. Colorado builds upon its current non-Medicaid program to cover children up to 185 percent of poverty. The President also released data that illustrates that many more States are well on their way to expanding coverage to more uninsured children. There are currently 15 States that have already submitted their plans to HHS for approval, and another 18 States that have active working groups or task forces to design programs to address the needs of uninsured children in their States.

- ✔ **RELEASED A NEW PRESIDENTIAL DIRECTIVE TO LAUNCH A GOVERNMENT-WIDE EFFORT TO ENROLL UNINSURED CHILDREN.** In an executive memorandum to seven Federal agencies with jurisdiction over children's programs -- the Departments of Agriculture, Education, HHS, HUD, Labor, and Treasury and the Social Security Administration the President directed the establishment of a multi-agency effort to enroll uninsured children. These agencies run programs such as WIC, Food Stamps, Head Start, and public housing, that target many of the same children who are uninsured and eligible for coverage. The memorandum instructs these agencies: to identify all their employees and grantees who might come into contact with these children and ensure these individuals are aware of the health insurance programs available to children; to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and to report back in 90 days on their plan to help enroll uninsured children.

✔ **HIGHLIGHTED BUDGET PROPOSALS THAT PROVIDE MEDICAID ENROLLMENT INCENTIVES TO STATES.** The President's FY 1999 budget invests $900 million over 5 years in children's health outreach policies, including encouraging states to use schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund, allowing it to underwrite the costs for all uninsured children -- not just the limited population allowed under current law.

✔ **ANNOUNCED A HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH.** To complement the public outreach effort, the President announced unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

-- **A new 1-800 number that directs families around the nation to their state enrollment centers.** The President announced that Bell Atlantic will finance a 1-800 number, to help states enroll uninsured children. The number, that will be in place in the upcoming months, will help millions of families around the nation by directing them automatically to their local state Medicaid enrollment agency.

- **Over $23 million in commitments from private foundations across the country.** Robert Wood Johnson Foundation will spend $13 million over the next 3 years to fund innovative State-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. Kaiser Family Foundation will spend up to $10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the Robert Wood Johnson Foundation and the American Academy of Pediatrics, will mobilize the corporate community and local communities nationwide in children's health outreach efforts.

New initiatives from advocacy organizations and corporate America to reach out to uninsured children. Pampers has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, describing health insurance options. Supermarket chains and chain drug stores across the country will put the new Bell Atlantic 1-800 number on their paper bags. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children. The National Education Association is launching an effort to educate teachers on how they can inform children and their families about health insurance.

✔ **ISSUED A CHALLENGE ACROSS AMERICA TO FIND NEW WAYS TO REACH OUT TO UNINSURED CHILDREN.** The President challenged every physician, nurse, health care provider, business, school, parent, grandparent, and community across the nation, to find new ways to reach out to ensure that uninsured children eligible for health insurance are enrolled in Medicaid or CHIP. This national commitment should not stop until every eligible child across the country is enrolled in one of the existing health care programs.

National Governors' Association
Center for Best Practices
444 North Capitol Street
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NGA *Center for Best Practices*

February 13, 1998

M E M O R A N D U M

To: Jeanne Lambrew
From: Joan Henneberry
Re: Enclosed materials

Enclosed are the outreach and marketing materials used by Arkansas and Oklahoma. I am still waiting to receive materials from Vermont, Florida, New York, South Carolina, Ohio, and Delaware. We're getting duplicate sets so these are yours to keep. I will send the other materials over by messenger on Tuesday morning (including the frisbee).

I have also enclosed a press background paper we did that highlights some of the ways states are planning to conduct outreach under the new children's health insurance program, and two charts that will be included in an issue brief we'll be releasing on outreach and enrollment. The issue brief will be released around March 1. Feel free to cite or use the information from the charts. They reflect current practice in states to streamline enrollment procedures, and reach out to Medicaid eligible children.

I would be happy to work with you as you develop the design for the nationwide toll-free number. As I mentioned on the conference call a similar system was developed by the Maternal and Child Health Bureau at HRSA to link a national number with each state toll-free number for prenatal care and children's health services. This was part of the Healthy Start marketing campaign, and in fact the toll-free hotline services for Colorado were housed in the section I managed at the state health department. There were a few bugs to work out but eventually the system worked pretty well.

We're working closely with HRSA and the Maternal and Child Health Bureau, and the Bureau of Primary Care to help states with implementation of Title XXI, particularly in the areas of outreach and enrollment. Please let us know if there is anything else we can do to help prepare for next Wednesday.

NATIONAL GOVERNORS' ASSOCIATION

Media Backgrounder

Contact: Becky Fleischauer, 202/624-5364
February 3, 1998

STATES ENACT AGGRESSIVE CHILD HEALTH INSURANCE OUTREACH —

"States take action before federal approval, seeking to insure all children"

Washington, D.C.—Before the ink was dry at the signing of the Balanced Budget Act of 1997 in August, states teemed ahead with plans to implement Title XXI of the Budget Act, the new children's health insurance program. Today, less than six months later, states have made significant progress in providing health insurance to more children. In the first year alone, states are projecting they will enroll more than 2 and a half million currently uninsured children. More than one quarter of the states have or plan to have programs up and running by the end of March. "It's remarkable how quickly some of the states moved forward considering that the rules and regulations aren't even written and most state legislatures just came back into session in January," said Raymond C. Scheppach, executive director of the National Governors' Association (NGA).

Acting Quickly to Insure Children

The first day new funding for states was available—October 1, 1997—several states began enrolling children in the new program. This action was initiated *before* the first Title XXI children's health insurance program plan was even approved by the federal government's oversight agency, the Health Care Financing Administration (HCFA). Several states took these bold steps to enroll children immediately, banking on negotiating approval of their plans with HCFA and receiving the new enhanced federal matching funds.

> "In prosperous times, it's easy to forget that the voice of the poor is often the voice of a child. It does little good to speak of a healthy economy if we tolerate a society of unhealthy children."
> –West Virginia Gov. Cecil H. Underwood

- **Idaho** will mail more than 5,000 postcards to families who are no longer eligible for cash assistance under the new welfare program, Temporary Assistance to Needy Families (TANF), to advise them of expanded Medicaid eligibility. Since October 1, Idaho enrolled 755 new children into Medicaid.
- **South Carolina** initiated aggressive outreach and enrollment. Since an expansion in August 1997, 30,000 additional children have enrolled in Medicaid. By comparison, in the previous six months, 9,000 children were enrolled in Medicaid.
- **New York** made remarkable progress in expanding the Child Health Plus program through aggressive marketing and outreach. Since June of 1997, New York experienced a four-fold increase in the number of new children enrolled per month, increasing from about 1200 children in June to 5,000 in December.

Seeking Out and Enrolling Every Eligible Child

> "I will ask that this legislature give us the authority to spend federal money this year to increase the Dr. Dynasaur income threshold so that we can insure children in families with incomes up to $48,000 per year for a family of four. This is 300 percent of poverty. This program will be almost entirely paid for with federal money. Once we achieve this level of coverage we will have the lowest number of uninsured children in the United States of America."
> *–Vermont Gov. Howard Dean*

An impressive array of outreach activities is already at work across the nation. The new program in the budget law provides an opportunity to coordinate these outreach strategies to find and enroll every child. States are making it a top priority to locate uninsured families, educate people about taking advantage of the new program, and make enrollment easy. Sometimes this process is as simple as giving the program a name that attracts low-income working families whose children are uninsured. Successful outreach programs have found that health insurance programs are more attractive to low-income working families if they are not associated with welfare programs. Marketing names like Arkansas' Arkids, California's Healthy Families, Florida's Healthy Kids, New Jersey KidCare, South Carolina's Partners for Healthy Children, and Vermont's Dr. Dynasaur, provide the opportunity to educate the public about the availability of health insurance for children and at the same time send a message promoting healthy behaviors and prevention.

Keeping the Enrollment Process Simple

Keeping the enrollment process simple is the key to overcoming several barriers for families. Over thirty states currently allow, or plan to allow families to mail in application forms for Medicaid and other health insurance programs for children. Many families report that lack of transportation and the inability to leave work during the day in order to apply for programs are significant barriers that prevent their children from receiving needed health care services. By dropping the requirement that families apply for programs in person, states are removing these obstacles. Several states also accept forms by fax, and under the new Title XXI program they are exploring the possibility of allowing families to send applications electronically.

Forty states dropped the assets test and use income as the only criteria to measure eligibility for Medicaid and other insurance programs for children. This simplifies and speeds up the application process by minimizing the documentation and paperwork families must produce. Also, many states now accept copies of documents such as birth certificates, saving the family the time and money it often takes to obtain original documents.

> "Today, on behalf of New York's most precious resource, its children, I ask you to join me in taking the next step—perhaps the boldest step we've ever taken in the area of health care. In the next few weeks, I will send you legislation guaranteeing access to comprehensive health coverage for every single child of New York through the age of eighteen."
> *–New York Gov. George Pataki*

In addition to the routine outreach of holding sign-up opportunities and stationing employees in communities and neighborhoods, instituting media campaigns, and maintaining toll-free telephone numbers families can call for information, many states are trying innovative, grassroots efforts to identify and enroll children.

California Gov. Pete Wilson proposed a multipronged outreach strategy in the state's children's health plan. California is positioned to conduct a multimedia campaign and a primer for the business and provider community, as well as to forge contracts with community-based organizations to identify and help families enroll their children into Medi-Cal and the new Healthy Families insurance program. California is considering offering a $25 one-time bonus to organizations and individuals that successfully enroll children into the insurance program.

"I am proposing a program called KidsCare that will provide health insurance to Arizona's most in-need children, the children of working poor families. These are people who work. They just don't make very much money. Their children deserve to be protected."
–Arizona Gov. Jane Dee Hull

Colorado Gov. Roy Romer is using technology to extend the reach of his state's program. Colorado will market information about the new Child Health Plan Plus on the Internet, where the public can access information about the program and complete applications on line. Most public libraries have computers with access to the Internet that can be used by families without home personal computers.

Florida Gov. Lawton Chiles' Healthy Kids program relies heavily on partnerships with schools to identify and enroll eligible children. Marketing materials are written at a fifth-grade reading level and are available in several languages. Florida took advantage of an eligibility database to identify more than 80,000 children who receive food stamps but are not eligible for Medicaid. The Florida Healthy Kids Corporation plans to reach out to those families with information and application forms.

Massachusetts Gov. Argeo Paul Celluci proposes to offer mini-grants to community-based organizations to find and enroll traditionally hard-to-reach populations, including adolescents, seasonal workers, and young parents. Provider outreach and education is being coordinated with the Massachusetts Medical Society and Hospital Association. MassHealth is a combined Medicaid and state-designed health insurance program.

Michigan Gov. John Engler plans to award funds to counties for outreach and marketing of the new MIChild health insurance program for children. The state will require the counties to involve key stakeholders including public health agencies, schools, hospitals, temporary employment agencies, Head Start, food banks, churches, the business community, and neighborhood associations.

South Carolina Governor David M. Beasley spearheaded a comprehensive outreach effort that included contacting every school district, working with providers and pharmacies, and streamlining enrollment forms and procedures. The Governor held four news conferences to kick off the new health insurance program for children—Partners for Healthy Children. The program uses a one-page, bright yellow form that is easy to complete and can be mailed in with copies of pay stubs or tax forms to meet income eligibility requirements. South Carolina is also using existing databases with income and age information to match up potentially eligible children.

"Our Kids Connection program will provide [families] with basic health coverage by using existing state funds to match new federal funding. It's an investment in healthy children, an investment that will pay off by reducing health care expenses for all of us now and into the future."
–Nebraska Gov. E. Benjamin Nelson

Reaching Inward—States and Communities

States are adding enrollment sites so families can complete and submit forms at schools, Head Start centers, clinics, hospitals, WIC sites, public health and social services agencies, community and family centers, and driver's license application offices.

States also recognize the importance of starting with themselves—educating state, county, and local employees who can spread the word and refer consumers to the appropriate agency or toll-free hotline. Internal education campaigns include putting notices in public employee newsletters and on web sites, providing cross training for staff, and making presentations on program eligibility and enrollment at staff meetings. Internal education also includes cooperative efforts between state and local agencies to streamline administrative procedures and application requirements.

Developing State Plans

Seventeen states submitted plans to the federal government's oversight agency—the Health Care Financing Administration (HCFA) and more are coming in every week. Only one plan—Alabama—has been approved. Of those submitted, four are expanding or developing new state-designed programs, eight are proposing expanding Medicaid to insure more children, and five are proposing a combination of Medicaid and a state-designed program. Four of the eight states that are proposing Medicaid expansions stated they will continue to explore options for further expansions of children's health insurance programs, possibly outside of the Medicaid program. States have until July 1, 1998 to submit a plan to HCFA in order to secure their allotment for the first year of funding.

Conclusion

Governors and their states are charting a course of aggressive outreach to cover uninsured children. The Governors believe that a constructive solution to the difficult problem of locating and signing up millions of uninsured children lies in a joint federal-state-local partnership. Governors and their states will continue to develop and implement creative strategies for reaching eligible children in their communities. However, as the level of government that tracks and keeps data on population and demographics, it is appropriate for the federal government to help provide states with information about who the uninsured are and where they are located.

"The cost is dirt cheap - the benefits last a lifetime."

–Alaska Gov. Tony Knowles

--END--

Table 1:
Streamlining the Medicaid Application Process

State	Dropped the Assets Test	Shortened Application	Mail-In Eligibility Forms	Available at Multiple Sites	Submit at Other Sites	Combined Forms	Presumptive Eligibility for Pregnant Women
Alabama	✔	✔[a]	✔	✔	✔		
Alaska	✔	✔	✔	✔	✔		
Arizona	✔			✔	✔	✔	
Arkansas		✔	✔[c]	✔	✔		✔
California	✔	✔[b]		✔	✔		✔
Colorado	✔[a]	✔	✔	✔	✔		✔
Connecticut	✔	✔[c]	✔	✔	✔		✔
Delaware	✔	✔[b]	✔	✔		✔	✔[g]
Florida	✔	✔		✔			✔
Georgia	✔	✔	✔	✔	✔		✔
Hawaii	✔	✔	✔[c]	✔			
Idaho				✔			✔
Illinois	✔	✔	✔	✔			✔
Indiana	✔[f]		✔	✔		✔	
Iowa		✔		✔	✔		✔
Kansas	✔	✔[d]					
Kentucky	✔	✔[a]		✔		✔	
Louisiana	✔	✔[a]		✔	✔		✔
Maine	✔		✔	✔		✔	✔
Maryland	✔	✔		✔	✔	✔	
Massachusetts	✔	✔[b]	✔	✔			✔
Michigan	✔	✔	✔	✔	✔	✔[e]	
Minnesota		✔	✔	✔			
Mississippi	✔	✔	✔	✔	✔		
Missouri	✔	✔		✔		✔	✔
Montana				✔			
Nebraska	✔	✔	✔	✔			✔
Nevada		✔		✔			
New Hampshire	✔	✔	✔	✔			✔
New Jersey	✔	✔	✔	✔	✔		✔

National Governors' Association
Center for Best Practice
February 1998

Table 1:
Streamlining the Medicaid Application Process

State	Dropped Assets Test	Shortened Application	Mail-In Eligibility Forms	Available at Multiple Sites	Submit at Other Sites	Combined Forms	Presumptive Eligibility for Pregnant Women
New Mexico	✔	✔	✔	✔			✔
New York	✔[2]	✔		✔	✔	✔	✔
North Carolina	✔	✔	✔				✔
North Dakota	✔		✔	✔			
Ohio	✔	✔	✔	✔	✔	✔	
Oktahoma		✔	✔[a]	✔	✔		✔
Oregon	✔	✔	✔	✔	✔		
Pennsylvania	✔	✔[a]	✔[a]	✔		✔	✔
Rhode Island		✔		✔	✔	✔	
South Carolina	✔	✔	✔[5]	✔	✔		✔
South Dakota	✔	✔				✔	
Tennessee	✔	✔[b]		✔			✔
Texas	✔[3]	✔		✔	✔	✔[7]	
Utah		✔	✔	✔	✔	✔[7]	✔
Vermont	✔	✔	✔	✔	✔	✔	
Virginia	✔	✔	✔	✔	✔	✔	
Washington	✔	✔[c]	✔	✔			
West Virginia	✔	✔	✔	✔	✔		
Wisconsin	✔	✔	✔	✔	✔		✔
Wyoming		✔[b]	✔	✔	✔	✔	✔
Total	16	25	23	17	17	10	22

Notes
[a] For women only
[b] Applies to entire Medicaid population
[c] For children only

[1] Indiana is reinstating the assets test for pregnant women.
[2] New York has dropped the assets test for children born after August 30, 1983.
[3] Texas has dropped the Assets test for pregnant women only.
[4] Kansas is in the process of redesigning their application form.
[5] South Carolina's mail-in application forms are for the new Title XXI program only.
[6] Michigan uses a joint income calculation form for WIC and MICH-Care (Medicaid program for pregnant women).
[7] Texas and Utah have combined the Medicaid application with TANF and Food Stamps.
[8] Delaware began presumptive eligibility in 1997.

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Coaches Campaign: Youths reach out to youth, in this innovative program run by **Allison Stanton at HealthCare for All in Mass** (617.350.7279). Loyal teenagers design and promote outreach materials informing teens and their families about a wide variety about health coverage options available in the state. With corporate and community support, the teens have created bold posters and flyers that draw on popular sport images of healthy athleticism. Through the Coaches Campaign, you reach out to youth on their own terms about the important issue s of health coverage.

Right From the Start Medicaid: Working in the community, this highly successful 4 year old project, run by **Becky Shoas of the State of Georgia Medicaid Program,** grew out of a special governor's initiative . Statewide approximately 20 teens of medicaid eligibility workers spread the word about children's medicaid coverage and process applications in a sweeping variety of public forums. These include churches, chicken processing plants, fast food restaurants, barbers and nail salons, schools, parades, and local military basis. Each eligibilty worker must work at least 12 hours a week outside normal business hours (i.e., before 9 am and after 5 pm) and make several community presentations a month.

KidsCare Outreach: Family Centered program builds Consumer strength
In Wisconsin, **the ABC for Health Incorporated Program led by Bob Peterson, Jr.,** (608.261.6739) trains local health departments and community organizations to provide face to face counseling to families in need of health coverage. FHBC helps families sort out complicated eligibility, requirements, fill out forms, and follow-through when administrative errors cause wrongful denials. Recently, 3 WI counties published figures showing the significant success of this program in increasing coverage for kids.

Community Health Workers: Outreach through trust
Erna Koch at the Harrison Institute of Georgetown University Law Center (202.662.9605) has a wealth of information about the community health worker concept an important and growing form of outreach that shows marked success nationwide. Community health workers conduct outreach in the communities where they live bringing low income families and children into health coverage programs that they avoided previously because of fear of discrimination due to race or social economic status.

Ecu-Healthcare: The strength of the multimedia led by Chip Jaffe-Halpern in Massachusetts (413.663.8711) is its multimedia approach. Ecu Healthcare publicizes health coverage options and town programs to help families apply through large eye-catching billboards radio broadcasts, and flyers sent home with public school students twice a year. One parent recently described the impact of a steady multimedia effort saying. "I heard the radio spot, I saw the ad and then when my child brought home the flyer, I finally decided to apply for health coverage".

TO: Neera

nea
NATIONAL EDUCATION ASSOCIATION

1201 16th Street, N.W.
Washington, D.C. 20036-3290

February 13, 1998

Memorandum

TO Jeanne Lambrew, White House Office of Health Policy
Barbara Wooley, White House Public Liaison

FROM Jerald Newberry, Executive Director, Health Information Network
Diane Shust, Senior Professional Associate

RE Child Health Initiative

As you can well imagine, our members are confronted daily with the serious problems stemming from children's inadequate or nonexistent health care.

As requested, a bullet about our Child Health Initiative:

- NEA will launch an awareness campaign in July 1998 at our Representative Assembly, our annual meeting of 9,000 elected state and local association leaders, in New Orleans, Louisiana. The goal of this campaign is to better position educators and education support personnel as a communication vehicle between the parents of uninsured children and the agencies charged with enrolling families in CHIP. NEA's Commission on Urban Children, comprised of over 20 national organizations, including the Child Welfare League and the Academy of Pediatrics, will co-sponsor this launch.

put in short

Please call Diane Shust (202/822-7325) or Jerald Newberry (202/822-7776) if you need additional information. Thank you.

cc: Bob Chase
Denise Rockwell (Woods)
LaMar Haynes
Jerald Newberry
Mary Elizabeth Teasley

Format: Underline or italicize name of organization?

•A NATIONAL EFFORT TO INSURE AMERICA'S CHILDREN:

—Subhead: "Examples of Private Efforts" or something.

Enlisting Our Health Care Providers:

~~Educating Our Doctors~~:

- The American Medical Association and the American College of Physicians ~~is~~ are educating ~~its~~ their member doctors on how to enroll low-income uninsured children in CHIP and Medicaid.

Involving Teachers:

The National Education Association is launching an awareness campaign this year to educate teachers to let the parents of uninsured children know about CHIP and how they can enroll their children.

~~Enrolling Children Where They Are:~~

- The American Hospital Association has launched the Campaign for Coverage... A Community Health Challenge to expand health care coverage to 4 million more Americans through outreach and education efforts designed to bolster participation in CHIP, Medicaid, and other programs.
- The National Association of Children's Hospitals is collaborating with the American Hospital Association and the Center for Budget and Policy Priorities, and others to identify and promote innovative models of outreach and enrollment to uninsured children within hospital facilities and throughout the community.
- ~~In addition,~~ the Catholic Hospitals Association of the United States has launched the "Children's Health Matters campaign to provide support to local hospitals and social service agencies in 23 states in their efforts to enroll Medicaid eligible children.

Linking Child Care Centers: The Child Care ———

Starting Grassroots Efforts to Sign Up Uninsured Children:

- The Children's Defense Fund is disseminating information on state ~~proposal~~ plans to enroll more children in coverage to over 10,000 individuals and organizations.
- The Center on Budget and Policy Priorities has launched a Start Healthy, Stay Health campaign, which is working with community organizations, schools, child care programs, health clinics, hospitals and others on ways to identify children and get them enrolled in Medicaid and CHIP.
- Families USA has provided technical assistance to advocates nationwide on innovative strategies to enroll more children.

Mark of Pines Children's Health Fund [Barbara — can you find out more of what they're doing?]

Making Children's Health Insurance a Public Health Priority:

- The National Association of County and City Health Officials (NACCHO) is working to educate its members on how to insure children through this new national effort.
- The National Association of Community Health Centers (NACHC) is working through its network of 700 member Health Centers to significantly increase their efforts to identify and enroll low-income uninsured children -- including the 1.3 million such children they now serve -- in state Medicaid and CHIP programs, ~~NACHC is working with HHS and state Medicaid Directors to develop innovative outreach activities and~~ especially through

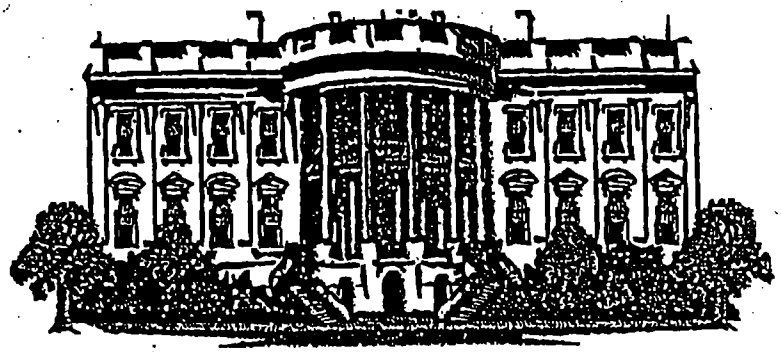
~~fully establish~~ outstationed Medicaid/CHIP enrollment services ~~at every~~ at Community Health Center ~~in at least 12 states.~~

- The American Public Health Association is informing all public health officials about ways to increase health insurance coverage for the children that they treat.
- The Association of Maternal and Children Health Programs (AMCHP) ~~is a national non-profit organization that represents~~ nearly 500 members, ~~which has a long history of~~ ~~conducting~~ outreach and enrollment activities to Medicaid ~~and is~~ now ~~doing the same for~~ CHIP.

expand it by will encourage its

Neera - I think that this is good - I do think we'll need to have a 1-pager on the Commitments we'd highlighting Corporate/Foundation that total unless you want shot

I can take a to try.



THE WHITE HOUSE

7 #NW Q - why do you need more money when already have $24 billion?

Domestic Policy Council

DATE:

FACSIMILE FOR: Neera

FAX:
PHONE:

FACSIMILE FROM: Sarah

FAX:
PHONE:

NUMBER OF PAGES (INCLUDING COVER):

COMMENTS: Here's ~~NSA~~ q + a's HHS gave me Friday afternoon. I was not aware they were doing

DRAFT

CHIP Q's and A's - Outreach Event

Q: There are an estimated 3 million children eligible for Medicaid, but not enrolled. How will the President's plan help states find and enroll these children?

A: Providing health insurance coverage to children who need it is among the highest priorities of the President, the First Lady and the Department of Health and Human Services. In addition to the emphasis on outreach that is embodied in the Children's Health Insurance Program (CHIP), President Clinton has made two legislative proposals in his Fiscal 1999 budget to assist states in their outreach programs.

First, the President wants to help states by allowing them to use a fund that was created with the TANF program (Temporary Assistance For Needy Families) to help pay for outreach. This fund--$500 million--is to help states with Medicaid outreach to children losing welfare. This fund was originally intended only for this subset of Medicaid-eligible kids. Few states have taken advantage of these funds, partly because of the difficulty of targeting such a narrow group. The President would expand use of those funds. States would receive a 90 percent matching rate for outreach activities for all uninsured children, not just those who would have been eligible for welfare. Also, the proposal would remove the fund's sunset date of 2000 and add an additional $25 million.

Secondly, the president's plan would greatly increase the number of places children could be designated as "presumptively eligible" for Medicaid services. Such a designation means immediate access to medical care for children whose income appears to qualify them for Medicaid. These children will have access to care for up to two months while the regular application process occurs--the child no longer has to wait for care. The law already allows workers in some settings (Indian health care providers, WIC and Head Start workers) to grant this presumed eligibility. The President's plan would expand that authority to schools, child care resource and referral centers and child support enforcement agencies.

Q: What other money is available to states to pay for outreach?

A: States have several options for receiving federal funds to find and enroll uninsured children in the Medicaid or CHIP programs. Medicaid will match states' expenditures associated with outreach to Medicaid-eligible children. Similarly, CHIP funds may be used to pay for outreach to CHIP-eligible children (up to 10 percent of a state's total CHIP expenditures). The President's budget proposals would enhance the outreach activities already supported by the federal government.

Q: What else can states do to get more kids covered by health insurance?

A: HHS is encouraging states to put Medicaid and CHIP eligibilty workers into more places frequented by potentially-eligible children and their families. Current Medicaid law requires states to "outstation" eligibility workers in federally-qualified health centers and certain hospitals (disproportionate share). But, the administration believes that to really reach children, workers should be available in schools, child care centers, churches, community centers, Job Corp sites, and Head Start centers. States already have the authority to outstation these workers, HHS is encouraging states to use this strategy.

Q: Are there other approaches that work?

A: Yes. Two other options HHS is strongly encouraging states to adopt are simplified application forms and mail-in forms. We have learned that some states have Medicaid application forms that are 20 pages long. The Department believes that such a form could serve as a significant barrier to Medicaid enrollment. Medicaid administrative funds can be used by states to redesign their forms. HHS also is sending states examples to simplified applications. Designing a single form for both the CHIP and Medicaid programs is another way states can increase the likelihood that more families will enroll in these programs.

Q: How are you going to encourage States to simplify enrollment?

A: HHS will continue to provide information about practices that have been tested and found successful.

For example:

- We will encourage states to allow most or all of the application process to be handled by phone and/or mail. This procedural alternative makes it easier for those with child care obligations, transportation difficulties, or inability to take time off work to navigate through the system. For such individuals, the necessity of a face-to-face appointment can be an insuperable barrier to accessing the program.

- We will work with states to streamline excessive demands on applicants to supply various documentation.

- Many experts suggest that the complexity of Medicaid eligibility policy adds significantly to the difficulty of the application process. Therefore we will also encourage states to adopt policies that are permissible under current law -- for example, simplifying or even eliminating limits on personal assets -- that are problematic.

Q: Outreach is a big component of the new CHIP program. What is the current status of the CHIP program?

A: The Department is pleased to have received proposals from 17 states to expand health insurance to children. We are also pleased to note that to date three states have received approval by HHS to move forward with their plans. Alabama was the first state, followed by Colorado and South Carolina. Those states still in review include (in order of submission) include Missouri, Pennsylvania, New York, California, Florida, Ohio, Michigan, Tennessee, Illinois, Rhode Island, Massachusetts, Connecticut and New Jersey.

Q: How soon will HHS approve the other state plans?

A: We anticipate being able to grant additional state approvals very soon. We are still working out some final details, but expect to make further announcements in the near future. Our goal is to get this program up and running as soon as possible and to get good quality health plans available to kids who need them.

Q: What are you doing as far as outreach in the FY 1999 Budget?

A: President Clinton's FY 1999 budget includes a significant effort to help states reach out to uninsured children, and ensure that all children eligible for Medicaid and the new CHIP program are enrolled. Over five years, the proposal provides $900 million for new outreach efforts which include a broad expansion of the number of places children could get Medicaid coverage immediately on a temporary basis while formal applications are processed. This process, known as "presumptive eligibility," allows workers in specially designated locations to bring a child immediately into the program on a temporary basis. Under current law, workers in such places as Head Start centers and agencies that certify families for the Women, Infants and Children program can grant a child immediate Medicaid coverage. The President's plan would expand the authority to other agencies, such as schools, child care resource and referral centers and child support enforcement programs.

Q: Why is it taking so long to get the CHIP program up and running? It went into effect on October 1, 1997, yet not a penny of this money has been spent, and you have "stopped the clock" on almost every CHIP plan submitted to date. Why?

A: I do not agree that it is taking a long time to get CHIP "up and running". In Fact, the Department is making impressive progress in helping States to design and implement their programs.

Specifically, we have already provided states with the following technical assistance documents:

- A summary of the new law,
- Estimates of each state's FY 1998 allotment,
- Four sets of frequently-asked questions and answers about the program,
- A sample format for a state CHIP plan,
- Several letters to states providing detailed guidance on a range of topics including outreach, financial procedures, and the process for reviewing and approving state plans.

In addition, the Department is currently holding a series of nine regional conferences for State officials, to provide them with an opportunity to ask questions and receive technical assistance.

Q: How many children will be covered under the new CHIP program?

A: CHIP is a brand new program. As a result, it is difficult to know how many children will enroll. We do know that there is a tremendous need for this program, since there are at least 10 million uninsured children in the country. We will continue to work with States and to support States in their efforts to create CHIP programs. Local officials are best positioned to determine the needs of uninsured children in each state. That's why we're working with each state to craft a program that will be most effective and successful for that state.

Q: Won't this new children's health program just be used by families as a substitute for having to buy dependent health care for their kids?

A: HHS is making every effort to assure that private insurance is not dropped in favor of the new CHIP program. The law clearly states that CHIP funds are to be spent on children who are currently *not* covered by health insurance. As part of their CHIP plans, states must design ways to avoid the so-called "crowd out" phenomenon whenever possible. [In fact, we have just sent state Medicaid directors a letter..- **Working on additional information]**

Q: Alabama was the first state to win approval of its children's health insurance plan. What does the program do and what is its federal allotment?

A: Alabama's plan will expand Medicaid coverage to children up to age 19 with income levels up to 100 percent of the federal poverty level ($16,050 for a family of four). The state hopes to enroll an additional 20,000 children under this new expansion. The state will have access to a tentative allotment of $86 million for FY 1998.

Q: How are state CHIP allotments determined?

A: All states with approved plans have until 2000 to spend their full 1998 allotment. The same is true for allotments set aside for subsequent years. The state allotments were based on Census Bureau estimates of the number of low-income uninsured children in the state.

Q: What process do states have to go through to get state CHIP programs approved?

A: All states wishing to participate in the CHIP program must submit an application form designed by the Health Care Financing Administration. The form requests information from the states that is outline in the statute that created the CHIP program. States must include information on the type of program design it has elected (such as a Medicaid expansion or newly designed insurance plan), how it will raise the state matching funds for the program, and how it will design the program to avoid "crowd out," a situation where states or employers might drop children from private insurance in order to put them in the new public program.

Q: Twenty-four billion dollars is a lot of money. Is this just more big government?

A: Absolutely not. Our best estimates show that around 10 million children lack health insurance coverage. The Clinton Administration and Congress joined together last year in a bipartisan effort under the historical Balanced Budget Act to build on the promise of Medicaid to reach those children who are falling through the cracks. The Clinton Administration is committed to working with the states to make sure that all of the eligible children are covered on traditional Medicaid or the new CHIP program.