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insure Kids Now!

**a new nationwide effort
to enroll kids
in low-cost or free
health insurance**

THE WHITE HOUSE
WASHINGTON

February 12, 1999

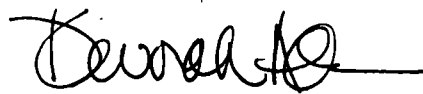
Dear Mr. Borgoyne,

Please accept this letter as the notification necessary to officially activate the Insure Kids Now Website with the domain name of <www.insurekidsnow.gov>.

The Insure Kids Now website is a cross-agency website supporting the Child Health Insurance Program and the White House "Insure Kids Now" Initiative. Featuring content from the HHS, HCFA, HRSA, and the participating States, www.insurekidsnow.gov will bring together the essential State-specific information for families looking to participate in the CHIP program, including contact information, benefits, income requirements, and other important information.

If you have technical questions about the website or its content, please contact John Booth of the Health Care Financing Administration at 410 786 6577. If you have questions about the activation of the website, please feel free to call me at 202 456 5777.

Thank you very much.



Devorah Adler
Assistant Director
Domestic Policy Council

Ann Lewis met mtg

Shalala

POTUS

FLOTUS

2 governors

real person

} reach/identify/enroll
uninsured children
in CHIP/MC

goal: reach family; news is how
about making prog work

Welfare letter?

Cisneros

~~then~~ POTUS

FLOTUS

Shalala

Governor (1) Hearitt

Governor (2) Carper

Success
Story

INSURE kids
now + shirts
walk in
w/ POTUS
reference
story

show FLOTUS PSA

run PSA in foyer

blow up 1877 #
fayline

FLOTUS
Shalala (ASA)

#POTUS

FLOTUS 1800# thank illeg groups

Shalala children's health & ed. cnt miss

Hearitt 1800#

Carper 1800#

POTUS thank NBC & ABC shows PSA
talk about governors

¹⁰⁰
briefing ~~press~~ ~~meet & greet~~

170 people
in audience
only ant mtg

¹³⁰⁻¹⁵⁰
raining line @ one

2 pm event

Erskine
Frank Raines

send press out to local areas

47 states

POTENTIAL OUTREACH ANNOUNCEMENTS: UPDATE -- 2/11/99

- **Unveil new national toll free number for children's health outreach.** As of 2/11, all states but Florida are hooked into the hotline (Florida may come on board today). There are 5 states with technical issues so that callers from those states (OK, OH, GA, SD, HI) will hear an automated message that refers them to the appropriate line. HRSA has agreed to assume responsibility for the line beginning in October. The NGA will send out a best practices report on toll-free numbers this month.
- **Launch a nationwide media campaign**

TELEVISION

- **NBC:** NBC has agreed to run two different the "The More You Know" ads. They will use their own talent (the African American woman from Law and Order, unnamed second person). Also need to find out about Today Show. (HHS and WH: Marcia) *prime time*
- **ABC:** Tentatively, will run the First Lady's PSA. (Marcia) *prime time*
- **CBS:** Not sure if they will make a commitment. (Marcia)
- **Univision:** Tentatively agreed to air HHS's Hispanic spot once a day, rotating the time between morning, afternoon and evening, for 12 months. (HHS)
- **Black Entertainment Television:** Made a tentative commitment, trying to get specifics.

RADIO

- **HHS:** Tentatively will fund radio ads in 43 states (7 states not interested) plus DC. In each state, the spots will run for 4 weeks (15 per week). The spots will be staggered, so that they will be run in groups of 10-11 states at one time. The first round will be: CA, UT, CO, AL, IL, OH, KY, NC, NJ, CT, ME. HHS will also fund specialized ads (e.g., Native American radio and on a Chinese station in San Francisco).
- **Radio Disney:** They may be interested in running spots specialized for children in their 25 markets. Megan is following up on.
- **ABC radio:** Will be contacted by WH (Megan) to see if they will air PSA and distribute to its hundreds of local radio affiliates.

PRINT

- Readers Digest *BC/BS*
BC/BS Time advertisement

- **New private sector efforts. ALL TENTATIVE -- PENDING FOLLOW-UP CALLS**

American Medical Response will include the 1-800 national outreach campaign materials on all ambulances and other transport vehicles, such as school buses. They will display outreach posters and have brochures available.

The National Association of Chain Drug Stores will include 1-800 national outreach campaign materials with each prescription filled. Additionally, NACDS will display outreach posters and have brochures available in each of its stores.

The American Hospital Association will distribute and incorporate the 1-800 national campaign materials into their "Campaign for Coverage" and will reproduce materials when they receive camera ready material.

USA WEEKEND has agreed to do an editorial on CHIP that will include the 1-800 national number.

Safeway agreed to incorporate the 1-800 national campaign message onto their grocery bags.

Pfizer agreed to incorporate the 1-800 message onto their patient/parent resource publication, mailings to their pediatricians, and in their Pharmacy Assistance Program.

Schering Plough has committed to funding for the media campaign.

Glaxo Wellcome has agreed to help in North Carolina's specific outreach efforts by including information about CHIP and the national hotline into their existing outreach efforts, including the reduced and no-cost pharmaceuticals program and the Healthy Start Foundation.

National Community Pharmacists Association will put information on Initiative out to membership.

In addition, Cisco, General Mills, SmithKline Beecham, Gerber, All State Insurance, Bank Boston, Taco Bell, All State Insurance, AT&T, NFL, NBA/WNBA, Nike, Eli Lilly, Schering Plough are expected to make commitments.

- **New Federal efforts**

- **Budget proposal**
- **Status report on CHIP**
- **Interagency group update.** Working on posters for widespread distribution
- **Americorps.** Seeing if we can add them to the Interagency group.
- **New Federal website to provide Medicaid and CHIP application and enrollment information.** HCFA and HRSA have been working together to develop a website to provide information on the Federal outreach effort, State specific outreach efforts,

public/private partnerships, and links to other State specific information.

S O U T H C A R O L I N A

Children's Hospital Collaborative

The Children's Hospital Of Greenville Hospital System • McLeod Children's Hospital
Children's Hospital Of Palmetto Richland Memorial Hospital • Children's Hospital Of Medical University Of South Carolina

March 1, 1999

Chris Jennings
Deputy Assistant to the President
For Health Policy
The White House
Old Executive Office Building
1700 Pennsylvania Avenue, Room 212
Washington, DC 20502

Dear Chris:

I wanted to express my appreciation for your setting up the meeting on February 10, 1999 for representatives of the South Carolina Children's Hospital Collaborative to discuss the federal issues reported in the South Carolina Medicaid Study. It was extremely helpful to have staff from the various federal agencies attend the meeting.

We are hopeful that the paternity/medical support issue can be addressed through administrative interpretation of the federal law. I am very eager to hear back from you soon on the follow-up work being conducted on this issue.

On the school lunch issue, we will do what we can to spread the word that USDA encourages the use of check boxes and that applications with check boxes are posted on their website (believe me, that word is not out). It would be great if you can find a way to allow computer matches to take place, but there definitely is some statutory language to deal with in that regard.

The INS rule on verification remains of concern. I am willing to be involved with that issue further if needed.

Our meetings on the Hill went well, as did the joint meeting we had with representatives from several public policy/advocacy organizations. I left a message for you and also Devora to give me a call so I can share information with you on these meetings. A frequent question in these meetings was whom did we meet with in the Administration, so your name was mentioned on several occasions. I indicated that follow up was under way and that I would get back to folks when I heard from you. Several congressional staff are interested in sending a letter to President Clinton indicating support for assuring that paternity establishment and medical support procedures do not create barriers to child Medicaid coverage. Laura Morris with Senator Holling's office may be giving you a call to discuss the letter.

Chris Jennings

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March 1, 1999

If I can provide additional information on any of the subjects we discussed, please let me know.

Again, thanks for arranging the meeting with Administration officials and for all your efforts to help low income children obtain and retain health coverage.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah", with a long horizontal flourish extending to the right.

Sarah C. Shuptrine

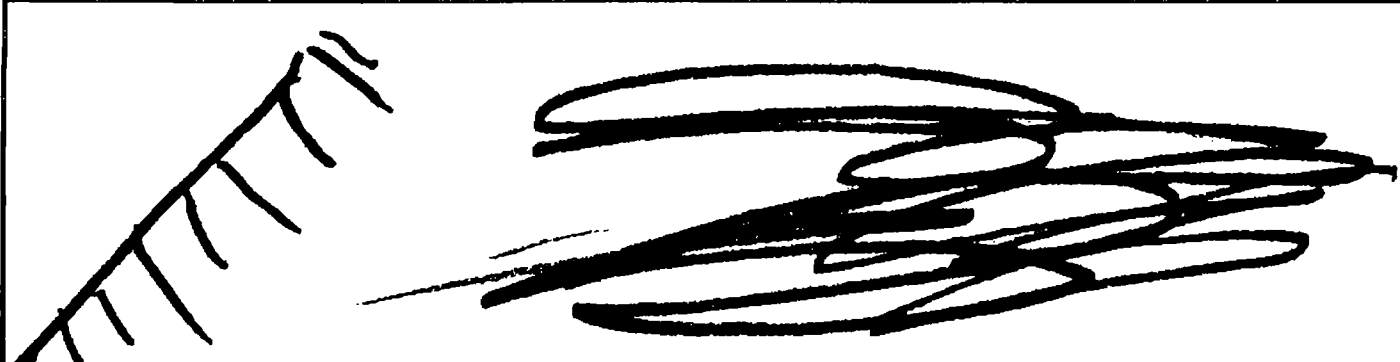
Cc: Jeanne Lambrew
Devorah Adler

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

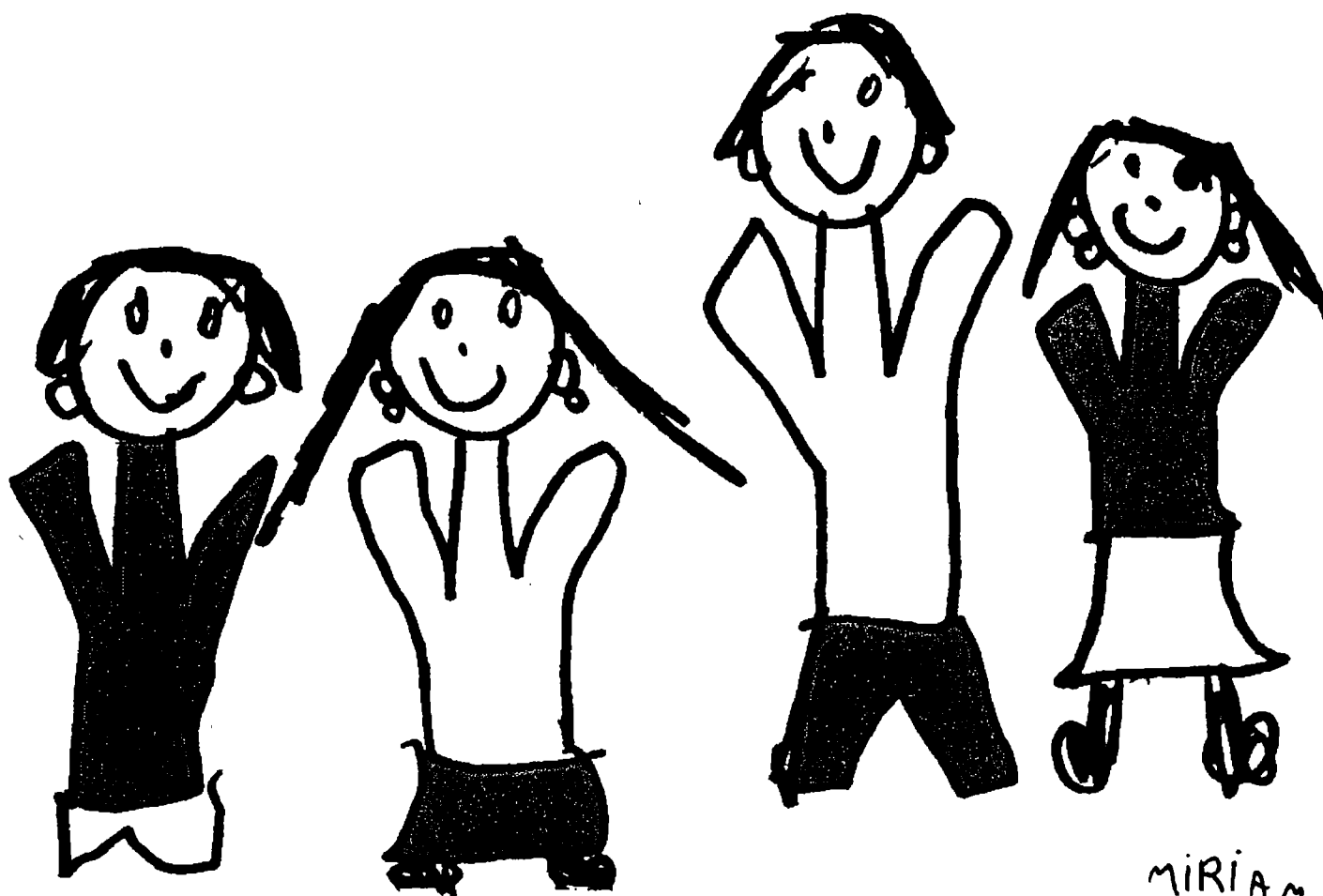
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



Supporting Families in Transition

A Guide to
Expanding Health Coverage in
the Post-Welfare Reform World



MIRIAM



DEPARTMENT OF HEALTH & HUMAN SERVICES

April 1, 1999

ADMINISTRATION FOR CHILDREN AND FAMILIES

Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Ms. Sarah C. Shuptrine
The Southern Institute on Children and Families
620 Sims Avenue
Columbia, South Carolina 29205

Dear Ms. Shuptrine:

This is a follow-up to your letter in which you commented on the Administration for Children and Families (ACF) efforts to actively pursue outreach for the Children's Health Insurance Program (CHIP). This response serves to update you on our progress in facilitating CHIP outreach. I apologize for the delay in our response. ACF is committed to ensuring that our programs are empowered with the knowledge and information necessary to collaborate with states' health agencies to promote successful implementation of CHIP.

ACF Regional and Program offices have been involved in CHIP implementation at all levels. Over the last year, we have reviewed State and US Territory plan submissions; provided CHIP and Medicaid information to grantees; conducted training and or technical assistance to States, staff and other stakeholders regarding CHIP and Medicaid; and collaborated with other federal, State and local partners on a variety of Medicaid/CHIP outreach initiatives and projects. I am enclosing a copy of ACF's first CHIP report. Since this is an internal document, I ask you to use this for your own review only.

To address your issues more specifically, I will respond to your comments in the order in which they were listed in your correspondence:

Adoption/Foster Care

The Children's Bureau agrees with your premise and objective that Medicaid coverage should continue uninterrupted for foster children returning home. As you know, Medicaid automatically covers children in foster care due to their foster care status, irrespective of their income eligibility. When children return to their families, eligibility for continued Medicaid coverage is based on the families' income. This requires a separate determination of Medicaid eligibility. To reach children who may no longer be eligible for Medicaid, through a letter to State Child Welfare Directors, we have encouraged states to make referrals to CHIP programs to ensure continuity of health coverage. In addition, for the substantial number of foster children whose families meet Medicaid income eligibility criteria, we also intend to work with HCFA to identify ways for states to make those eligibility determinations without unnecessary documentation requirements or delaying application procedures. Our goal would be to ensure uninterrupted Medicaid coverage, whenever possible.

Child Support Enforcement

The Office of Child Support Enforcement (OCSE) has been consulting and collaborating with the Health Care Financing Administration (HCFA) to ensure that paternity establishment and child support collection requirements are not barriers to health coverage. In addition, a Congressionally mandated Medical Support Working Group was officially launched March 3, 1999. The Working Group is charged with the responsibility for identifying barriers and recommending solutions for effective medical support enforcement. In remarks to this working group, I urged them to address Medicaid and child support interaction issues. It is my understanding that you had a recent conversation with Samara Weinstein, ACF Executive Director, Medical Support Working Group, in which she brought to your attention the Health Care Financing Agencies fact sheet which clarifies states' obligations regarding paternity establishment cooperation in the Medicaid application process. Pursuant to the guidance in this fact sheet, it is clear that states are not required to impose a cooperation requirement for families seeking child-only coverage. Furthermore, if adults seek coverage for the whole family, states may choose to require cooperation after the client interview and as late as the notification of eligibility determination. We hope to disseminate this fact sheet to both State Medicaid and IV-D Directors. If you have further questions in this area, please contact Samara Weinstein (202) 401-6953.

Family Assistance

The Office of Family Assistance (OFA) has been looking at ways to assist in the enrollment of children at the earliest opportunity. States have been encouraged to enroll uninsured children in both Medicaid and or CHIP. Several State letters from OFA, in partnership with HCFA, have been sent to explain the new program and provide examples and options for outreach and enrollment. This information can be accessed through the ACF web page at [//www.acf.hhs.gov/](http://www.acf.hhs.gov/). In addition, we have been working with HCFA to develop materials outlining states' obligations and opportunities to provide health insurance to poor families with children through CHIP and Medicaid, including clarification of section 1931 flexibility. I am pleased to tell you that on March 22, 1999, ACF and HCFA jointly released a guide, "Supporting Families in Transition: A Guide to Expanding Health Coverage in the Post-Welfare Reform World." I am enclosing a copy for you. We also intend to pursue a technical assistance strategy to work with states in these areas.

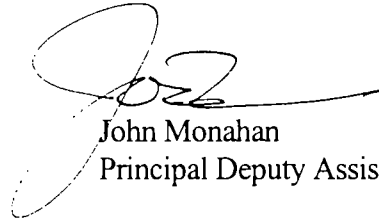
Tribal Services

The Administration for Native Americans supplemented four grantee organizations to develop and provide CHIP outreach and implementation guidance to tribes and off reservation Native American organizations. This resulted in the development and distribution of CHIP brochures, posters and meetings to inform the Native American community about CHIP and its importance. In South Carolina this information was sent to several off-reservation organizations and the Catawba Tribe. If you are interested in more information on these grants, please call Jeff West at (202) 401-9305.

Page 3 – Ms. Sarah C. Shuptrine

In closing, I want to stress to you that ACF is committed to working with federal, state and local partners to ensure that children are provided with health coverage. Thank you once again for your comments and suggestions. Please feel free to contact, Pat Montoya, Commission, Administration for Children, Youth, and Families, to discuss CHIP outreach further. She can be reached at (202) 205-8347.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Monahan', with a large loop at the start and a horizontal line extending to the right.

John Monahan
Principal Deputy Assistant Secretary

Enclosures

Administration for Children and Families (ACF)

Children's Health Insurance Plan (CHIP)

Outreach Implementation Review

December 1998

INTRODUCTION: Since late 1997, ACF Central and Regional staff have worked closely with HCFA and HRSA to contribute to the successful implementation of State Children's Health Insurance Program (CHIP). ACF's CHIP Implementation Team, comprised of staff from all program, staff, and regional offices, developed an ACF CHIP Implementation plan which was approved by ACF Senior Staff in March 1998. In turn, this plan has been incorporated by the President's Interagency Working Group on Children's Health into its June 1998 report to the President. We are pleased that it has served as a model for other non-health agencies of the federal government.

The purpose of ACF's overall plan was to set forth a list of specific commitments from each ACF program and regional office in support of successful CHIP implementation. Individual office and regional plans were developed in the following major areas: (1) coordination efforts with federal and state health agencies (e.g., ACF involvement on interagency CHIP committees); (2) review by ACF of State CHIP plans; (3) general information dissemination regarding CHIP to ACF grantees and the families they serve; (4) technical assistance and training to ACF staff and partners regarding CHIP and outreach opportunities; and (5) assistance with a national CHIP media campaign.

This document will attempt to capture the hard work and efforts of ACF staff involved in ensuring that we have met our commitments to the outreach and implementation of CHIP in the States and Territories. While this report does not include everything that has been done this year, it does provide you with examples of what offices and programs have done; a glance at the number of activities conducted by offices and the regions; and finally a look at what is being planned for the coming year.

ACKNOWLEDGMENTS: Special recognition is due for all members of the ACF Implementation Team that started this process and who have dedicated so much of their time and energy into making CHIP a priority for all of us: In the Regions - Marilyn Lasky, Barbara Andrews, Dick Gilbert, Virginia Beakey, Betty Smith, Ramona Warren, Annie Boston, Jane Browning, Judith Flynn, Pat Brown, Sheila Ewig, Harry McDaniel, F. Scottie Seawell, John Kersey, Lou Weissman, and Ed Singler; In Central Office - Nehemiah Rucker, Margaret Washnitzer, Mireille Kanda, Curtis Porter, Elsbeth Wyatt, Sharon McCully, Moniquin Huggins, Thelma Lucas, Kimchi Nugyen, Martha Kirby, Mary Ann MacKenzie, K.A. Jagannathan, Laura Oliven, Brandy RayNor, and Jorge Velazquez.

I. Meeting Commitments in ACF's Implementation Plan:

All ACF program and regional offices have reported that they have completed the commitments they made in ACF's 1998 CHIP Outreach Plan which contains hundreds of individual outreach activities. A copy of this plan is attached.

Over this last calendar year ACF staff have: reviewed and commented on 51* State and US Territory plan submissions; provided information to grantees and other stake holders on CHIP in over 140 letters, conferences, Information Memorandums and Internet "hot links; conducted training and or Technical Assistance to States, staff, and other stakeholders at over 45 workshops or meetings; and collaborated with other federal, State or local partners on over 60 CHIP/Medicaid outreach initiatives and projects.

* Not all states have chosen to implement a CHIP program.

EXAMPLES OF ACTIVITIES: The following list is a representation of the hundreds of activities ACF Program Offices and Regions have engaged in to implement and promote CHIP/Medicaid outreach in 1998.

A. Reviewing State Plans:

Region VIII - In conjunction with HCFA and HRSA, reviewed the Colorado, Montana, North Dakota, South Dakota and Utah state plans. Focused attention on the outreach strategies of each state.

Region V - Reviewed the Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin state plans. Provided comments to HCFA and made suggestions for the inclusion of Child Support and Head Start in their outreach and coordination efforts.

Region III - Each program unit reviewed the Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia state plans. Comments were provided to HCFA and suggestions were made to specifically include Child Support and Developmental Disabilities in their outreach and coordination efforts.

Region II - In conjunction with HCFA and HRSA, met with New Jersey, New York, Puerto Rico and the Virgin Islands to discuss their outreach plans and review implementation. Explored ways for federal agencies to support and enhance state efforts.

B. Providing Information to Grantees and other Stakeholders:

OCSE - Participated in more than 5 national, regional and state Child Support meetings, conferences and workshops to discuss linkages with CHIP and other public/private partners to conduct outreach.

OCS - Provided an Information Memorandum to State and Tribal Low Income Home Energy Assistance Program (LIHEAP) Coordinators to advise them that federal funds were available to expand health coverage for uninsured children who might be in LIHEAP households.

Region VI - Held a Regional conference on Children's Health Insurance in conjunction with the Regional ACF Mid-Winter Leadership conference. Informed grantees, Community Action Agencies, Health Officials and workers, State Medicaid Directors, and Executive staff about CHIP/Medicaid outreach.

ADD - Prepared and distributed Dear Colleague letters to the Developmental Disabilities network (State DD Councils; protection and advocacy agencies). Materials included HCFA Fact Sheets and a letter to State Medicaid Directors.

Region VII - Co-sponsored a Healthy Child Care America/CATCH Summit in May. This was attended by 90 child care providers and administrators, nurses, Head Start personnel, and Pediatricians. State representatives developed plans for increasing child health efforts and CHIP outreach.

FYSB - Distributed CHIP information to all grantees and youth serving organizations and advocates using a national monthly update newsletter ("NCFY networks").

OFA - Developed and opened a "Hot-Link" to the HCFA CHIP web page. This computer-based information system contains the latest updates and material on State and Federal level implementation/outreach.

C. Providing Training and Technical Assistance to States, Staff, and other Stakeholders:

Region X - Provided CHIP training at the Regional Child Welfare conference on communication and media which was attended by representatives of the Governors' offices, Child Support agencies, and Attorneys' General offices.

ANA - Supplemented 4 TANF grantees (funded to provide Welfare Reform information dissemination and outreach to tribes and off reservation Native American Organizations) and ANA's national TA provider for the development of CHIP outreach and implementation activities. These awards were made in the following states: California (\$35K), Oklahoma (\$10K), Alaska (\$5K), Oregon (\$5K), and Virginia (\$5K).

Region IV - Provided TA to states during visits (when needed/requested). Discussed CHIP outreach and encouraged involvement by state TANF, Child Care, Child Welfare and Child Support Directors in the implementation process.

D. Collaborating with Partners in CHIP Implementation:

CCB - Collaborated with HCFA to develop the "Medicaid Child Care Guide: Partners for Healthy Children". The guide provides general information about the Medicaid program and highlights successful outreach models.

Region I - Participated in a Federal Interagency CHIP Outreach working group. In conjunction with State partners, co-sponsored six state-specific outreach meetings. Primarily targeted to the state's outreach network/partners.

HSB - Met with HCFA staff to develop a joint publication "Head Start, Medicaid and CHIP: Partners for Healthy Children". This guide is designed to include basic information about the three programs, outreach strategies and successful models.

Region IX - Worked closely with HCFA, HRSA, California state and contractor representatives to plan and conduct a CHIP and Medicaid training session for Federal employees (HRSA, HCFA, CDC, OCR, HUD, DOL, and USDA).

CB - Serves on a public/private partnership with HRSA examining the health care needs of children in the foster care system. Part of this effort is to identify promising practices that include CHIP activities that better meet the multiple health care needs of children in foster care.

ORR - Engaged in an ongoing partnership with HCFA through an interagency agreement in support of the Office of Refugee Health (Collocated with HCFA) which ensures that eligible refugees gain access to Medicaid and CHIP programs.

E. Assistance with National CHIP Media Campaign:

IOAS - Working with the Federal Interagency Task Force on Children's Health Insurance Outreach (FITF) to develop media/public relations materials for use in a national CHIP marketing effort lead by the White House. Additionally, edited and provided information for inclusion in the FITF Report to the President on CHIP Outreach Implementation.

II. ACF Outreach Data:

Understanding that ACF cannot gather actual CHIP enrollment data on children served by ACF programs, the CHIP Implementation Team carefully considered methods for measuring the impact of ACF outreach work. Additionally, the Team knew that

completing the activities set forth in the ACF CHIP Implementation Plan would not necessarily guarantee that ACF grantees and agencies would actually engage in CHIP outreach. So, not satisfied with tracking the completion of commitments in the ACF Implementation Plan, the CHIP Implementation Team chose to measure the extent to which ACF mobilized its network of programs and agencies to become involved in their States' CHIP plan development and implementation.

To perform this measurement in a cost-effective manner, the Team asked each ACF program to inquire of at least one state-level contact in every state to determine whether ACF's programs in that state are involved in CHIP outreach. The team understands that the views of a single person do not necessarily accurately reflect CHIP outreach on the "streets" of that state. Nonetheless, these data should give ACF a rough sense of programs and/or states that may require additional follow-up or more concentrated information dissemination. The ACF Performance Plan is attached.

(For detailed information or additional data on specific Regional or Program activities, the ACF CHIP Implementation Team member for that particular office should be contacted.)

III. FUTURE ACTIVITIES:

The ACF CHIP Implementation Team proposes to continue our work in support of successful CHIP implementation in 1999. The Team envisions a two-point strategy:

First, ACF program and regional offices will continue to explore ways to disseminate information relating to CHIP to our grantees and partners. Examples of already planned activities include:

- Addition of a "Hot-link" from Regional home pages to HCFA's CHIP information web page.
- Translation and distribution of one-page information sheets to language minority communities.

Second, based on data provided by ACF's state-level contacts, ACF's CHIP Implementation Team will target efforts to programs and/or states where ACF agencies and grantees have reported that they are not engaged in CHIP outreach. In those locations, ACF staff will tailor the distribution of information in order to maximize the likelihood that ACF grantees and agencies actually become involved in CHIP outreach.

Department/Agency	Narrative	New Strategies	Updated Chart
HCFA	X	X	X
HRSA	X	X	X
SAMHSA	X	?	X
AHCPR	X	?	X
ACF	X	X	X
IHS	X	?	X
CDC	X	X	X
ATSDR	X	NONE PLANNED	X
Regions	X	X	X (FORMAT)
Agriculture	X	X	X
Justice	X	?	X
Commerce	X	?	?
Education	X	CAN'T READ FILE	CAN'T READ FILE
EPA	X	NONE PLANNED	X
HUD	X	?	X
Interior	X	X	?
Labor	X	X	X
SSA	X	X	?
Treasury	X	NONE PLANNED	X

Report to the President from the Interagency Task Force on Children's Health Insurance Outreach

The Department of Justice

Mission Statement

The mission of the United States Department of Justice is to enforce the law and defend the interests of the U.S. according to the law, to provide Federal leadership in preventing and controlling crime, to seek just punishment for those guilty of unlawful behavior, to administer and enforce the Nation's immigration laws fairly and effectively and to ensure fair and impartial administration of justice for all Americans.

Focus on Children

One of the priorities of the Department of Justice is crime prevention. Working in partnership with state and local governments -- and recognizing the vital importance of strong social, economic and political institutions -- the Justice Department encourages innovative, community-based strategies aimed at reducing crime and delinquency. The Department supports improved criminal and juvenile justice capabilities at the Federal, Tribal, State and local levels. Among other tools is a web site, Justice for Kids and Youth at www.usdoj.gov/kidspage, which encourages young people to get involved in crime prevention and provides information on health, safety, conflict resolution, and civil rights.

The Department, through the Office of Juvenile Justice and Delinquency Prevention and other components, provides leadership in efforts to prevent juvenile crime and to understand the factors contributing to criminal or delinquent behavior through various programs, including the following:

- Safe-Futures, a comprehensive prevention, intervention and treatment program designed to reduce the number of serious, violent and chronic juvenile offenders;
- Comprehensive County-Wide Approach to Gang Prevention; and
- Youth Gun Violence Reduction programs.

Additionally, in 1998 the Department of Justice joined forces with the Departments of Education and Health and Human Services and United Way of America to form "**5 Goals 4 Kids: A Coalition to Prevent Youth Violence.**" Building on the America's Promise Summit, this coalition of public and private partners has striven toward five key goals to reduce violence and improve outcomes for children and youth:

- Help enroll at least 500,000 in children's health insurance programs.
- Reduce truancy by at least one-third in 200 schools across the nation;
- Create constructive after-school opportunities for at least 100,000 more kids;
- Develop new programs in at least 200 communities to reduce gun injuries; and
- Ensure that at least 100,000 more children participate in effective programs to prevent and discourage drug and alcohol abuse.

The Department of Justice has been developing strategies to fulfill each of these goals to help prevent crime and support the healthy development of our nation's children and youth.

FY 1999 Funding for Programs That Affect Children or Children's Health

In FY 1999, the Department's Office of Juvenile Justice and Delinquency Prevention was appropriated \$573,665,000. Additionally, the Department's Bureau of Justice Assistance is administering two youth-related earmarks -- \$40,000,000 for the Boys and Girls Clubs of America and \$1.75 million to continue the Drug Abuse Resistance Education (D.A.R.E.) Program -- and was appropriated \$1,000,000 for the taping of the testimony of children in criminal cases. Other components also provide support for programs that affect children, although no funds are presently allocated specifically for children's health insurance education and outreach. Accordingly, the Department has more than \$600,000,000 appropriated for programs and initiatives that affect children and youth.

Principal Activities to Educate Federal Workers, State Workers and Grantees about Children's Health Insurance

Since committing to supporting child health insurance education and enrollment efforts in mid- 1998, the Department has been learning about CHIP and developing partnerships with other agencies and groups in the Child Health Coverage Committee. The Department has also been working to establish clear principles about whether the receipt of CHIP benefits renders a non-citizen removable or ineligible for adjustment as a "public charge" under the immigration laws.

Principal Activities to Educate Families about Children's Health Insurance

The Department of Justice is committed to supporting the child health insurance goal of 5 Goals 4 Kids: A Coalition to Prevent Youth Violence by reaching out to families in at-risk neighborhoods that receive funding from the Department's Operation Weed and Seed. There are 205 Weed and Seed sites nationwide employing an innovative community-based, multi-agency approach to crime prevention and community

revitalization that involves United States Attorneys and community and political leaders in united efforts to "weed out" criminals and "seed" human services to create safer and healthier neighborhoods for adults and children.

On March 10, 1999, the Department of Justice chaired a pilot meeting at a Weed and Seed site in North Philadelphia to ascertain our local partners might work together to educate families about CHIP. Based on feedback from that meeting, we are preparing letters to all Weed and Seed sites, which would include United Way of America and state and federal HHS contact numbers, two toll-free number posters, and enrollment training materials derived from the Insure Kids Now kit. The Department is also working with United Way of America to link our Weed and Seed sites with local United Ways that are committed to CHIP outreach efforts as part of 5 Goals 4 Kids. Additional assistance and support in planning neighborhood education and outreach campaigns will be given to any community requesting this.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

The Department of Justice is part of the Child Health Coverage Committee co-hosted by our primary partners in this initiative, HHS/HCFA (Health Care Financing Administration) and United Way of America. In regular meetings of this committee, the Department has gathered input and garnered support from the American Academy of Pediatrics, the Center on Budget and Policy Priorities, the National Collaboration for Youth, the National Council of La Raza, Children's Defense Fund, and the National Association of Community Health Centers. Additionally, the Committee is creating relationships with the Departments of Education and Agriculture (school lunch program) to reach eligible children during the upcoming "Back-to-School" campaign.

Unresolved Issues

Whether the receipt of CHIP benefits renders a non-citizen removable or ineligible for adjustment as a "public charge" under the Immigration and Nationality Act. The public charge issue is in the process of being resolved. The Department of Justice has consulted with HHS and other agencies and is developing clear guidelines on this matter. A proposed rule on the meaning of "public charge" is in development and will be published in the Federal Register. The Department of Justice also notes that there are privacy issues with respect to data confidentiality that may be raised by public/private partnerships on outreach or education efforts.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

The Department of Justice is preparing letters to all Weed and Seed sites, which would include state and regional HHS and United Way of America contact numbers, two toll-free number posters, and enrollment training materials derived from the Insure Kids Now kit. The Department intends to encourage leaders of local United Ways and of Weed and Seed sites to commit to CHIP education efforts as well as the other parts of 5 Goals 4 Kids. The Department will give additional assistance and support to those communities requesting our help in planning neighborhood education and outreach campaigns.

Time Line for These Efforts

In conjunction with other agencies and as part of the 5 Goals 4 Kids Coalition, the Department of Justice intends to help enroll 500,000 uninsured children in CHIPs by the end of the year 2000.

New Activities to Conduct Outreach for Children's Health Insurance

The Department of Justice, in conjunction with the Child Health Coverage Committee, is cultivating a relationship with the Departments of Education and Agriculture (school lunch program) to reach eligible children in Weed and Seed neighborhoods during the "Back-to-School" campaign this year. We also anticipate some follow-up efforts, such as at parent-teacher conference time. Additionally, we are exploring ways to include affiliates of the National Assembly, such as the Boy Scouts and Girl Scouts in education efforts this year.

Resources Needed to Initiate New Efforts

Additional Insure Kids Now kits and posters will probably be needed. No funds are presently allocated.

Report to the President from the Interagency Task Force on Children's Health Insurance Outreach

The Administration for Children and Families

Mission Statement

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS), promotes the economic and social well-being of families, children, individuals, and communities. Through its federal leadership, ACF fosters: 1) the safety and healthy development of children; 2) the empowerment of individuals and families, with a strong commitment to special populations; and 3) the development of strong, healthy, supportive communities.

Focus on Children

ACF programs are targeted to meeting the needs of children and families. ACF operates several programs that are primarily child-focused, such as: child care, Head Start, child welfare, and runaway and homeless youth services. Moreover, programs such as Temporary Assistance for Needy Families (TANF) and Child Support Enforcement are designed to ensure that parents have adequate resources to be able to care for their children, and the Office of Community Services works to strengthen the communities in which children and families live. Finally, ACF also operates programs that address the needs of specific populations — including children — such as Native Americans, refugees and individuals with developmental disabilities. (For more details, see brief descriptions of programs in answer below).

FY1999 Funding For Programs That Affect Children Or Children's Health

In FY99, ACF will spend more than \$43 billion on children (including \$13.4 billion collected through Child Support Enforcement). Although many of these investments support children's healthy development and help ensure their health and safety, it is difficult to break out a separate figure for children's health investments. Investments by program are shown below:

- **Child Care (\$3.2 billion):** provides funds to States, Tribes and Territories to assist low-income families and those transitioning off public assistance to obtain child care that is safe, healthy and affordable to enable parents to work or attend training/education programs.
Target population: All children under the age of 13 and all youth under court supervision, older youth that are mentally and/or physically challenged to the age of 19. (*serving older youth, over age 13 is a State option) Approximately 1.25 million children are regularly served through the child care subsidy program.*

- **Child Support/IV-D Program (\$13.4 billion collected):** locates parents, establishes paternity and support obligations and modifies and enforces those obligations (to assure financial support is available to children) through State agencies that administer the program.

Target

population: Nationwide, approximately 13 million children are benefiting from child support payments by a non-custodial parent.

- **Child Welfare (\$641 million):** funds State programs that provide services focused at assisting at-risk children and their families in achieving the best and most appropriate outcomes for the children: preventive intervention services to strengthen the family unit; services to move children more rapidly from foster care to safe, permanent homes; and reunification services to facilitate the return home of the child if in the child's best interest.

Target population: All children, newborns to 18 years of age that may be at risk for abuse and/or neglect. It is estimated that 2.8 million children are at-risk of abuse or neglect.

- **Foster Care (\$3.98 billion)/Adoption programs (\$914 million)/Independent Living (\$70 million):** for children who cannot remain safely in their homes, foster care provides a stable environment that assures a child's safety and well-being while their parents attempt to resolve the problems that led to the out-of-home placement or when the family cannot be reunified, until the child can be placed permanently with an adoptive family. Independent Living programs provide education and employment assistance, training in daily skills, and individual and group counseling to youth reaching adulthood.

Target population: All children that are in foster care (foster care/adoption) and teenagers who were or are in foster care ages 16+ (Independent Living). Approximately 500,000 children and youth are in foster care; more than 31,000 are adopted each year; and 84,000 are served by the Independent Living Program.

- **Head Start/Early Head Start (\$4.66 billion):** provides comprehensive child development services to children and families, primarily for preschoolers from low-income families through grants to local, public and private nonprofit agencies.

Target population: Low income, pre-school children; Head Start serves children ages three to five, while Early Head Start provides some prenatal services and serves children from birth to age three. There are currently 837,500 children being served by Head Start, with 38,400 of these in Early Head Start. At least 10% of the enrollment opportunities in each program are made available to children with disabilities.

- **Temporary Assistance for Needy Families (\$16.5 billion):** promotes work, responsibility and self-sufficiency and strengthens families through funding of State-designed and administered programs that provide support to needy children and help move their parents into work.

Target population: All families that meet States' new public assistance criteria.

- **Youth Programs (\$73.6 million):** provide support services through local agencies to meet the needs of runaway, homeless and street youth through street outreach, shelters, counseling and transitional living programs to provide alternate activities give them the tools they need to successfully move into independent adulthood. ACF's youth programs also promote positive youth development activities to help prevent high-risk behavior for at-risk youth.

Target population: Runaway, homeless and street youth to ages 11 through 18 (approximately 83,000 per year).

Funding for Outreach for Children's Health Insurance

While ACF did not have a separate set of funds for CHIP outreach, individual programs and regional offices have been resourceful in their outreach activities, incorporating CHIP presentations into regularly scheduled ACF conferences and discussing CHIP during site visits related to ACF programs, (e.g., Child Care, TANF, Child Support). As such, there is no exact figure reflecting the cost of printing and material dissemination, travel to conferences/site visits during which outreach occurred, and the significant investment of staff time; however, an estimate based on various reports from the programs and regional offices would be about \$15,000 (not including staff time). One specific investments that can be documented is the investment of \$5,600 to purchase HRSA "Insure Kids Now" outreach kits, in order to equip program offices, regions and contractors to get the message out about helping eligible families access children's health insurance..

Related CHIP investments include the allocation of over \$100,000 of OCSE funds, in addition to staff time, for the Medical Child Support Working Group (jointly formed by the Secretaries of HHS and Labor), which involves public and private partners in an effort to ensure the effective enforcement of medical support by State IV-D agencies. Also, the Administration of Developmental Disabilities provided a \$100,000 grant to fund the Developmental Disabilities Institute at Wayne State University in Detroit, Michigan to do a demonstration project, with TA and research components, regarding the effects of welfare reform and CHIP on families whose children have significant disabilities.

Principal Activities to Educate Government Workers and Grantees About Children's Health Insurance (Provide 1-3 of ACF's best examples with numbers)

Over the past year, ACF's principal activities to educate federal and state workers and grantees about CHIP included: a) organizing internal staff briefings (often utilizing HCFA and HRSA staff); b) letters to State administrators and grantees; c) the development and distribution of guidebooks and monographs; d) presentations and distribution of CHIP materials at meetings and conferences; e) the provision of information and technical assistance to States and local communities through site visits or State meetings; and f) general education efforts (newsletters, newspaper articles, monographs on special topics).

EXAMPLES:

- ACF's Region VI Mid-Winter conference held in Dallas in January 1999 had a CHIP session and CHIP literature available to participants. There was representation from all of the ACF programs, as well as representatives from HRSA and HCFA and the medical community. Invitations were sent out to more than 3,000 and there were more than 2,000 attendees, the majority of whom represented local programs such as Head Starts, Early Head Starts and Community Action Agencies.
- The Child Care Bureau worked closely with the Health Care Finance Administration to develop the Medicaid Child Care Guide: Partners for Healthy Children. The Guide assists child care administrators in outreach activities to enroll children in Medicaid and other public health insurance programs, such as CHIP. The Guide was published in July 1998 and disseminated to more than 3,000 child care administrators, State Medicaid Offices and other child care and health related organizations. The guide includes examples of child health insurance outreach that individual states and communities have developed for reaching parents. The guide also provides examples of various activities that child care programs can do to enroll eligible children in public health insurance programs.
- ACF's Region IV office publishes a quarterly newsletter, The ACF Informer, which is distributed to State TANF, Child Care, Child Support, and Child Welfare staffs; all Head Start grantees, as well as Regional ACF staff and other Federal agencies (e.g., HCFA, SSA, DOL, DOE). It is also distributed to the Developmental Disability Councils in each State. Each issue includes information on CHIP and the latest updated information. A total of 400 newsletters are distributed quarterly.

Principal Activities to Educate Families About Children's Health Insurance

While ACF has primarily focused on educating federal and state workers and grantees, outreach directly to families has occurred through: a) Head Start conference presentations and dissemination of materials through Head Start centers; b) Regional Office support for local outreach initiatives; and c) federal dissemination of Insure Kids Now posters throughout the ACF direct service network.

EXAMPLES:

In 1998, ACF's Region I office served as a sponsor of the first annual "Dads Make a Difference" Fathers Day event on Boston Common, where ACF arranged for information about Massachusetts' Medicaid and CHIP programs to be included in the 3,000+ "goodie bags" that were distributed at the event.

In October 1998, ACF's Region II office coordinated the "We Care About Children and Families!" Information Day, with fourteen federal agencies staffing booths and distributing information to 400+ individuals.

ACF is awaiting a shipment of the CHIP outreach poster designed and printed by HRSA to

disseminate it to 17,000 Head Start centers, 450 runaway and homeless youth programs, and 250 child welfare/family support programs, as well as hundreds of Community Action Agencies and other places in the ACF network where families can be reached with the CHIP message.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

ACF participates in interagency CHIP outreach taskforces both in the Central Office and in the regions. This has not only fostered information sharing across Departments, but has also led to joint initiatives. There have also been outreach efforts to draw in private partners.

EXAMPLES:

- Through coordination efforts with HCFA and HRSA, ACF's Region VI was able to provide comprehensive training, roundtable discussions, literature and follow-up information to local service providers consisting of 124 Community Action Agencies covering every county and Parish in the Region, over 200 Head Start/EHS programs, and the Tribal programs within the Region. Through these efforts, Regional staff assisted in the development of promotional activities, promoted local agency attendance at State conferences and meetings addressing CHIP, educated the local providers on the CHIP program in their State, and above all promoted the inclusion of these local programs as important outreach sites for families in need of CHIP services in discussions with the State agencies. As a result, all the local programs provide literature regarding CHIP at their sites and assist applicants. In addition, two states — Oklahoma and Louisiana — reimburse the Community Action Agencies and Head Starts to assist applicants in completing their applications.
- The Child Care Bureau continues to partner with the Maternal and Child Health Bureau and the American Academy of Pediatrics to promote the activities of the Healthy Child Care America (HCCA) Campaign. The HCCA promotes collaboration between child care and health at the State and local level. Fifty-one States/Territories have successfully launched Healthy Child Care America Campaigns. Information and technical assistance is provided through a dedicated toll free number staffed by personnel from the American Academy of Pediatrics. One of the 10 action steps of the Campaign is to enroll eligible children in available public or private health insurance, and this is a major focus of a number of the State campaigns. For example, States are: promoting the use of child care as an access point to enroll children in health insurance programs; using Child Care Resource and Referral Agencies as places where parents and child care providers can get information about CHIP and Medicaid; funding local public health agencies to conduct outreach and enrollment activities; and training child care providers on presumptive eligibility.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

CHIP will remain a key issue for joint planning with other agencies and Departments, States, Tribes and grantees, both in the context of participation in CHIP working groups and in broader programmatic discussions. ACF plans to continue ongoing education on CHIP (both internal and external), information dissemination, technical assistance and support for State, local and Tribal outreach initiatives. ACF will also continue to work with its various networks (Head Start Centers, runaway and homeless youth centers, Developmental Disability Councils, etc.) to get the word out about CHIP and help enroll eligible children.

EXAMPLES:

- Distribution of posters to every Head Start center, as well as Community Action Agencies, family preservation and support programs, youth shelters and other ACF grantees.
- Distribution of the Center on Budget and Policy Priorities' Health Insurance Outreach Kit to all 50 States, plus the Territories and 250 Tribal Child Care and Development Fund grantees through the Child Care Bureau's clearinghouse.
- Distribution of more than 100 CHIP outreach kits throughout the ACF network (primarily to the Head Start State Collaboration Offices and Head Start training and technical assistance providers), to ensure that federal and state staff and key contractors will have appropriate materials to make effective presentations on accessing children's health insurance.
- Development and distribution of monographs on outreach to immigrants, the homeless and to migrant workers by ACF's Region II.
- The Administration of Native Americans (ANA) has started making a series of calls to States to assess whether or not States have included provisions for outreach to Native Americans and raise awareness about the need for specialized outreach.
- Region IV is holding a Head Start Teleconference that will focus on innovative strategies to increase health insurance coverage for the thousands of uninsured children in the Southeast. The satellite broadcast from the Georgia Public Television (GPTV) station in Atlanta will include Head Start Directors, Policy Council members, Boards of Directors, and Health Services Advisory Committee members. Community health service providers are also invited to participate in this interactive teleconference. An estimated 300 participants will be linking into the broadcast in addition to over 200 in the studio audience.

Time Line for These Efforts

Most plans are ongoing activities.

Central Office Activities:

- The Insure Kids Now kits and posters will go out in Spring 1999.
- The CBPP kits will go out to Child Care grantees in April 1999.
- ANA report to be completed April 10, 1999.

Regional Activities:

- Region II: Monograph on immigrant populations has been completed; timeframes are now being determined for the monographs on the homeless and migrant workers.
- Region IV: Health Teleconference (April 7, 1999)

Resources (funds, materials, personnel) Necessary to Sustain Current Efforts

Funds are needed for conferences, travel to States for meetings/reviews, materials to be distributed at conferences or through grantees, etc. Commitment of staff time is also critical.

New Activities to Conduct Outreach for Children's Health Insurance

Efforts with Identified Time Frames

- Full-scale effort to involve Head Start grantees in active outreach (screening, providing applications, etc. where appropriate), in addition to current efforts to equip Head Start centers with posters and Head Start State Collaboration Offices with outreach kits.
 - Conduct CHIP session at annual the National Head Start Association conference in Minneapolis, Minnesota (April, 1999)
 - Print and disseminate a guide for developing partnerships in Head Start, CHIP and Medicaid (Summer, 1999)
- Identify potential sources for CHIP/Head Start data (HCFA, training and technical assistance providers) (April, 1999); Implement CHIP/Head Start data collection plan (Fall, 1999)
- Conduct a written analysis of the impact of the proposed CHIP regulations on Head Start programs (April, 1999); Inform all Head Start grantee and delegate agencies about the final CHIP regulations and implications for Head Start programs, children, and families (late 1999).

Timeframes to be Determined

- A collaborative effort among Federal, State, and local agencies to reach families who leave the welfare rolls. While these families are eligible for 12 months of transitional Medicaid, there's a great potential for CHIP eligibility when the Medicaid expires. A concerted effort to reach these families would increase valuable supports to these vulnerable families.
- Outreach campaign geared towards adolescents.
- Efforts to ensure bilingual materials (and encourage States to provide bilingual forms) for non-English speakers.
- Enhance child health insurance outreach coordination between ANA, IHS, and Indian Head Start.
- Targeted technical assistance efforts to States with high levels of poor children who are uninsured to help them utilize ACF networks to reach out to families.
- Region V to host a CHIP roundtable where successful states can make presentation sharing their outreach methodologies with other states who could use some assistance.
- Region V to host a discussion with TANF Directors and CHIP Directors to open a

- dialogue exploring options for connecting TANF more directly to CHIP outreach.
- Region VIII to continue to identify outreach opportunities within the Region, i.e., links to Head Start State Collaboration grants, child support in-hospital paternity establishment activities, include CHIP information and links to other web sites containing information and best practices on children's health insurance programs.
- Region IX to conduct joint ACF/HCFA reviews in CA to provide additional technical assistance around CHIP outreach.
- Region X to launch Head Start outreach effort.

Resources (funds, materials, personnel) Needed to Initiate New Efforts

As is true for continuing past activities, new activities will also require funds for conferences, travel, and materials, along with the commitment of staff time.

NEW STRATEGIES CHART

Administration for Children and Families	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>	
1. Distribution of more than 100 Insure Kids Now Outreach Kit to all ACF Regional Offices, Head Start State Collaboration Offices, Head Start Training and Technical Assistance providers, and to the Office of Community Services.	June 1999
2. Distribution of Center on Budget and Policy Priorities Health Insurance Outreach Kits to all 50 states, plus the Territories and 250 Tribal Child Care and Development Fund grantees through the Child Care Bureau's clearinghouse.	June 1999
3. Development and distribution of monographs on outreach to immigrants, the homeless and migrant workers by ACF's Region II.	Immigrant monograph: Completed Homeless/Migrant monographs: TBD
4. Regional Best Practices Conferences. For example: Region IV Head Start Health Teleconference with an estimated 500 participants to share innovative strategies to increase health insurance coverage for uninsured children in the Southeast. Region V proposed roundtable where States who have been successful in CHIP outreach efforts can provide peer TA to others.	Region IV: April 1999 Region V: TBD
5. Survey/awareness call to States with tribes to assess whether or not the States are providing specialized CHIP outreach to Native Americans.	April 1999
6. Targeted technical assistance to States with high levels of uninsured children to help them fully utilize the outreach capacity of ACF grantees.	Ongoing
NEW STRATEGY: <i>Educating Families</i>	
7. Distribution of Insure Kids Now Posters to every Head Start Center, as well as Community Action Agencies, family preservation and support programs, youth shelters and other ACF grantees.	June 1999
8. Collaborative Federal, State, and local initiative to reach families leaving welfare.	Design: Spring/Summer 1999

(This effort will include proposed regional initiatives to open the lines of communication between State CHIP Directors and State TANF Directors.)	Implementation: Ongoing
9. Outreach campaign geared towards pre-adolescents and adolescents.	Design: Spring/Summer 1999 Implementation: Ongoing
10. Efforts to ensure that bilingual outreach materials are available and to encourage states to offer bilingual application and enrollment forms.	Ongoing
NEW STRATEGY: <i>Collaborating with Other Public or Private Partners to Conduct Outreach</i>	
11. Head Start Health Outreach Initiative, including: CHIP session at National Head Start Association Conference aimed at getting Head Starts involved in active outreach efforts; guide for developing Head Start/CHIP/Medicaid partnerships; Head Start CHIP data collection; information to all Head Start grantee and delegate agencies on the final CHIP regulations and implications for Head Start programs, children and families.	CHIP session: April 1999 Guidebook: Summer 1999 Data Collection: Fall 1999 Information on CHIP Regs: Fall 1999
12. Coordination between the Administration of Native Americans and Indian Head Start (in ACF) and the Indian Health Service to provide promote CHIP among the tribes.	Ongoing

**Report to the President
Interagency Task Force on Children's Health Insurance Outreach**

**Submitted by the
Secretary of Health and Human Services**

In Collaboration With

**The Secretary of Agriculture
The Attorney General
The Secretary of Commerce
The Secretary of Education
The Administrator of the Environmental Protection Agency
The Secretary of Housing and Urban Development
The Secretary of the Interior
The Secretary of Labor
The Commissioner of Social Security
The Secretary of Treasury**

OVERVIEW: REPORT OF THE TASK FORCE ON CHILDREN'S HEALTH INSURANCE OUTREACH

This report outlines the progress that the Departments of Agriculture, Education, Housing and Urban Development, Health and Human Services, Interior, Labor, Treasury, and the Social Security Administration have made towards executing a series of multi-agency proposals to educate families and facilitate the enrollment of children in Medicaid and the new Children's Health Insurance Program (CHIP). It is clear that the activities initiated by these Departments to date have made an important contribution to reducing the number of uninsured children in America.

The report also provides a list of new activities and new Federal partners to promote children's health insurance outreach nationwide. These new activities could be implemented in the time frames described, should the President approve of the proposals.

BACKGROUND

Federal departments can play a critical role in children's health insurance outreach. A number of these Federal employees directly administer programs that assist low to middle income families; others work through state-based or tribal programs. Virtually all of these employees work with private grantees, contractors, and technical assistance providers. On February 18, 1998, the President issued an Executive Memorandum to The Departments of Agriculture, Education, Housing and Urban Development, Health and Human Services, Interior, Labor, Treasury, and the Social Security Administration requesting that they develop options to participate in his public-private initiative to enroll uninsured children in Federal-State insurance programs.

The Departments responded on June 26, 1998 with a list of over 150 activities that: (1) identify all employees and grantees who work with families; (2) develop an educational strategy to ensure that employees and grantees are educated about the availability of Medicaid and CHIP; (3) develop an Agency-specific plan as part of the Administration-wide outreach plan, and (4) identify any legislative or statutory barriers which affect the identification and enrollment of uninsured children in Federal-State insurance programs.

This report summarizes the successful implementation of these activities and the addition of three new partners – the Departments of Justice and Commerce and the Environmental Protection Agency – to sustain a complementary and aggressive outreach effort that is consistent with the overall initiative to cover uninsured children.

CHILDREN'S HEALTH INSURANCE PROGRAMS

These new Federal activities are an important step towards the President's goal of improving the health and development of American children. As recent studies have confirmed, children

without health insurance are more likely to be sick as newborns, less likely to be immunized as preschoolers, less likely to receive medical treatment when they are injured, and less likely to receive treatment for illnesses such as acute or recurrent ear infections, asthma, and tooth decay (National Academy of Sciences, 1998). Uninsured children are also more likely to be hospitalized for conditions that could have been managed with appropriate outpatient care than insured children. (GAO, 1998). Without treatment, these diseases can have lifelong consequences (IOM, 1998; GAO, 1998). Yet, the number of uninsured children is large. The Agency for Health Care Policy and Research (1998) found that 4.7 million children are eligible but not enrolled in Medicaid. Several million more have income too high for Medicaid but too low to afford private insurance.

To help these children, the President, with bipartisan support from the Congress, signed the **Children's Health Insurance Program (CHIP)** into law. The Balanced Budget Act of 1997 allocated \$24 billion over the next five years to extend health care coverage to uninsured children. CHIP enables States to insure children from working families with incomes too high to qualify for Medicaid through non-Medicaid state programs, Medicaid expansions, or a combination of both. Each state with an approved plan gets its expenditures matched with Federal funds up to a fixed state allotment. As of May, 1999, 47 States, the District of Columbia and four U.S. Territories have implemented CHIP to date. Of these approved plans, 14 create a separate grant program, 26 expand Medicaid and 12 include a combination of a grant program and Medicaid expansions.

CHIP builds on **Medicaid**, a joint Federal-State program that provides health insurance for most poor children. All States extend Medicaid eligibility to children under the age of 6 in families with incomes below 133 percent of the poverty level; children between 6 and 15 in families with incomes below 100 percent of the poverty level; and, by 2002, children between the ages of 16 and 18 in families below 100 percent of the poverty level. Many States have taken advantage of options that allow them to cover children in families with higher incomes. The President's initiative to reduce the number of uninsured children also included policies to increase enrollment of poor children in Medicaid.

In its first release of state enrollment data, the Department of Health and Human Services (DHHS) reported that approximately 982,000 children enrolled in CHIP in the 43 States with programs operating during 1998. This indicates that States met the DHHS enrollment estimates for 1998, that states are well on their way to enrolling their target of 2.5 million children by 2000, and that we have made significant progress towards the President's goal of reducing the number of uninsured children in the United States by 5 million. In addition, according to the National Governors Association (NGA), 26 States have opted for strategies such as "continuous eligibility" and 12 States use "presumptive eligibility," both of which were included in the Balanced Budget Act of 1997 to increase traditional Medicaid enrollment. The initial enrollment estimates from DHHS represent only those children for whom the State receives CHIP funding. It does not include children being enrolled through the regular Medicaid program. The number

of children enrolled in Medicaid also should have increased in 1998 because of increased outreach efforts and the requirement to screen children applying for CHIP and, if found eligible, enroll them in Medicaid.

IMPORTANCE OF OUTREACH

While Medicaid and CHIP have the potential to cover many of the 11 million uninsured children in America, the programs will not succeed without an aggressive, broad-based outreach effort. Experience with Medicaid has shown that many families do not know about their children's eligibility. A 1998 study by the Southern Institute for Children and Families demonstrated that 55% of families did not understand that even if they are no longer eligible for welfare because they have started working, their children are often still eligible for Medicaid, and that 57% of adults did not understand that even if a child's parents live together, the child can still get Medicaid. In addition, many families associate Medicaid with a family that cannot provide for itself, and do not want to be labeled as welfare recipients, even if the law entitles their children to benefits. Low-income working families who have never been eligible for traditional public assistance programs – but who are now eligible for CHIP – may not realize that they are currently eligible for benefits. In some states, the application process can be long, arduous, and beyond the ability of many families to complete. Cultural barriers, like difficulties in language comprehension, also pose a barrier for some families.

To reduce these barriers, the President has launched a public-private children's health insurance outreach initiative. The centerpiece of this effort is the Interagency Task Force on Children's Health Insurance Outreach. The full Task Force has met quarterly throughout the past year to learn about existing public health insurance programs, discuss specific ideas, and to coordinate the implementation of their new outreach efforts. Workgroups examined outreach for migrant and rural children, data sharing, and developed outreach tools materials.

The interagency task force model has been replicated in all ten of the Department of Health and Human Services' regional offices. These regional Children's Health Outreach Initiative committees include officials from participating DHHS operational and staff divisions and from the Departments of Agriculture, Labor, Housing and Urban Development, Education, and Treasury, the Small Business and Social Security Administrations, and other Federal departments and agencies. These committees review actions, identify barriers, and share solutions in support of the Presidents' outreach initiative.

As part of these efforts, the President, the First Lady, and Secretary Shalala launched the Insure Kids Now Campaign in February 1999, designed to enroll eligible but uninsured children in Medicaid and the Children's Health Insurance Program. Building on prior efforts and expanding on existing public-private partnerships, this campaign will engage a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include the launch of a nationwide, toll-free number set up by the

National Governors Association in partnership with the Administration and Bell Atlantic to provide families with essential information about Medicaid and CHIP; placing the toll-free number on corporate products; airing public service announcements on TV and radio; and enlisting grass-roots organizations to get the word out. The Administration will continue to work through public and private actions to improve children's health coverage.

The Task Force has been actively involved in the development of materials to support the Insure Kids Now campaign. DHHS developed the "insurekidsnow.gov" website that provides general and State-by-State information about children's health insurance programs. DHHS also developed and distributed to 100,000 posters to Federal grantees and field offices as part of efforts.

Some Federal workers expressed concerns that they would provide misinformation to families or be unable to answer questions about CHIP and Medicaid. To address their concerns, the Task Force, with DHHS, developed an outreach training kit that can be used by all Federal and State workers. The kit contains a presentation outline, posters, and materials that can be used as handouts and promotes the toll-free number. More than 2,800 of these kits will be distributed. The kit can be also be accessed through HRSA's website.

In addition to these efforts, the FY 2000 budget includes over \$1 billion to give States the funds and flexibility to find and enroll hard-to-reach children. These new funds will enable States to simplify enrollment systems, launch ad campaigns, educate community volunteers, outstation eligibility workers, and conduct outreach campaigns to identify and enroll uninsured children in both Medicaid and CHIP.

THE FEDERAL GOVERNMENT'S CONTRIBUTION TO OUTREACH

Many children eligible for Medicaid or CHIP are currently in contact with one or more Federal programs, making these programs appropriate places for reaching out to uninsured children. Most children are enrolled in school, child care, or Head Start. Many participate in school breakfast and lunch programs. Others are enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Federal Food Stamp Program. They attend public health clinics for immunizations and school nurses for injuries. Their parents interact with the IRS, job programs, or housing assistance. Some uninsured children are American Indians and benefit from Bureau of Indian Affairs and/or Indian Health Service programs. In addition to this vast workforce, Federal agencies also have a network of private sector counterparts and partners who can get involved in children's health insurance outreach.

Over the past year, as they have begun to implement the 150 initiatives they presented to the President in June of 1998, the Departments of Agriculture, Education, Housing and Urban Development, Health and Human Services, Interior, Labor, Treasury, and the Social Security Administration have taken a leadership role in children's health insurance outreach efforts. Their

achievements include activities to: (1) educating the 1.2 million Federal workers, State workers and grantees about children's health insurance outreach; (2) educating families about their children's potential eligibility for health insurance; and (3) coordinating efforts across Departments and with private sector groups.

Educating Federal Workers, State Workers, and Grantees

The week of April 20, 1999 was 'Chips Ahoy' week at the Department of Education, during which **HOW MANY** ED employees were given detailed briefings about CHIP. By then, however, they and thousands of other Federal and State workers, as well as grantees, had already been at least initially informed about the children's health insurance program through efforts that included newsletter distribution, convening regional task forces and considerable letter writing. Following are some specific strategies the Task Force used:

- Housing and Urban Development sent letters describing CHIP to all 9,500 employees, 80,000 grant applicants, 25,000 multi-family property owners and managers, 3,400 public housing authority directors, 585 state and local jurisdictions administering HOME program funding and others..
- A message about CHIP and an Insure Kids Now toll-free number was put on wage and earning statements that went to 92,000 employees at the Department of Agriculture and 17,000 at the Department of Labor.
- DHHS' Health Care Financing Administration (HCFA), with HRSA, sponsored cultural competency and social marketing training for **HOW MANY** of its Medicaid/CHIP outreach employees while another DHHS agency, Agency for Children and Families, developed the Medicaid Child Care Guide to assist 3,000 child care administrators in enrolling children in public health insurance programs..
- The Department of the Interior notified all Bureau of Indian Affairs (BIA) Area Offices, agencies and field offices, BIA-funded schools and 557 Tribal leaders about CHIP and provided technical assistance to BIA agencies, tribal contractors and social service program personnel in developing culturally relevant materials for Indian families.
- **HOW MANY** Federal and state workers who adjudicate social security claims for children were reminded several times about CHIP by the Social Security Administration.
- At the Treasury Department all 158,000 employees were encouraged to participate in outreach efforts in a memorandum from the Secretary.

Getting the word out to government workers and grantees was clearly the focus of first year of the children's health insurance outreach campaign. Now the agencies are beginning hands-on implementation of various outreach programs. DHHS, for instance, will organize and run an intensive focused outreach campaign in a major metropolitan areas, demonstrating how States can enroll Hispanic/Latino children in Medicaid/CHIP. A similar activity will address outreach in rural areas. The Social Security Administration is developing scripts referring interested callers to CHIP State agencies and will continue to remind local office managers about the

program with a monthly information package. Having recently completed a model for disseminating CHIP information to rural outreach agencies, the Department of Agriculture will put it to work and the Labor Department will also target rural area enrollment with articles for newsletters, such as 'The Rural Voice'.

Educating Families

Getting information on CHIP is as easy as dialing a nationwide toll-free number, now being heavily promoted by television, radio and the print media. The hotline links callers with eligibility workers in their States and provides information on eligibility, benefits and how to apply for children's health insurance. In five weeks between February and March, 1999, 41,291 people called in to the hotline, demonstrating that many families are being reached. Other efforts include making informational materials understandable and easily available and coordinating program enrollment across agencies so that enrollees in any given program can be informed of their children's eligibility for CHIP.

A major concern of the Task Force agencies is finding and enrolling hard-to-reach children. Hence, a considerable amount of the past year's effort has been with that in mind:

- DHHS conducted **HOW MANY** focus groups to identify barriers to enrollment in the Hispanic population, as well as among urban dwellers, rural residents and Alaskan natives.
- All **HOW MANY** Interior Department Bureau of Indian Affairs funded schools sent Medicaid/CHIP notices home with students while Bureau social service intake workers were encouraged to ask applicants about their children's health needs.
- Housing and Urban Development's Pennsylvania State Office provided CHIP training to 75 public and assisted housing managers and resident leaders. The State Office also mailed materials to **HOW MANY** public housing authorities, resident councils and owners/managers of Section 8 housing in an extensive outreach and training effort.
- At the Department of Education, CHIP fact sheets have been prepared for migrant families and a CHIP article included in *Community Update*, a publication that reaches 270,000 parents, school administrators and teachers, as well as business and community leaders.
- The Department of Labor presents Medicaid/CHIP information at exhibits and conferences open to the public, thus reaching families directly, and has also distributed CHIP information through the Office of Small Business Programs, in contact with 2,000 small employers.
- The Social Security Administration sent CHIP flyers to each of its **HOW MANY** field offices and teleservice centers.
- Treasury posted CHIP posters in over 400 IRS walk-in centers where families get help with filing their tax returns.

Obviously, reaching the hard-to-reach will continue to be a priority for the Task Force which is developing strategies with that goal in mind. The HHS's HCFA will convene **HOW MANY** Technical Advisory Panels to process lessons learned after special outreach activities in Chicago Public Schools and to overcome barriers in enrollment of immigrant populations. The Administration for Children and Families (ACF) will implement a collaborative Federal, State and local initiative to reach families leaving welfare. ACF is also planning an outreach campaign geared towards pre-adolescents and adolescents. Through the Social Security Administration CHIP information will be sent out in **HOW MANY, AND WHAT KIND OF** teachers' kits and the Labor Department will be working through the nation's **HOW MANY** One-Stop Centers to get health insurance information to rural families.

Coordinating Efforts

The Interagency Task Force has at the Federal level served as a link between agencies. Regional interagency work groups, run by DHHS' ten regional directors, have also made coordinated strategies possible. The results are not only cost-effective and less duplicative but lead to better service for target populations. Recipients of food or health benefits, can, for instance, make the connection between eating right and maintaining good health when information on food and nutrition is presented at the same time. In the case of CHIP, more families are learning about the program and more children are insured because departments are working together and from the agency point of view, "Everyone has some ownership for the success of CHIP."

Emblematic of agency cooperation is the network of CHIP and CHIP related web sites that are now available to the public. The Departments of Agriculture, Labor and Social Security all maintain websites that dispense information about CHIP. In the case of Agriculture the site gets 70,000 'hits' per month; Labor gets 10,000. All of these websites have linkages to the HHS Insure Kids Now site, which can be used to screen children who could be eligible for Medicaid/CHIP. This site, in turn, connects to State health insurance sites. Thus a CHIP-eligible family could connect in any of a number of ways and still get through to a local office. Other cooperative efforts include:

- A DHHS sponsored consortium of 40 government, non-profit and for-profit health care organizations includes an agreement with the Greater Philadelphia Chamber of Commerce to include information about CHIP and Medicaid on the Chamber's website and in its weekly newspaper enclosure, included in the city's two general circulation dailies and the largest African-American news weekly. The website gets 180,000 hits a year and the combined weekday circulation of the newspapers is more than 800,000.
- The Department of Agriculture has developed a prototype free and reduced price school meal application in consultation with the Departments of Education and Health and Human Services which can be used to obtain consent from families to share the information with children's health insurance programs.

- Housing and Urban Development coordinated with other agencies to include children's health insurance in the President's *Urban Policy Report on the State of Cities*.
- The Treasury Department provided DHHS with lists of regional IRS outreach coordinators for participation in regional inter-agency efforts as well as lists of private sector and non-profit groups compiled for similar Treasury outreach initiatives
- Working with the Departments of Agriculture and Health and Human Services, the Labor Department expects to become increasingly active in outreach to rural families.
- Social Security Administration employees are assisting with CHIP outreach at HCFA sites in Oklahoma.

Most of these efforts are ongoing and since many of the agencies report that cooperation opens the door to more cooperative possibilities, there are likely to be more such collaborations in the future.

NEW PARTNERS

Three new Departments -- Justice, Commerce, and the Environmental Protection Agency -- and one new DHHS agency, the Agency for Toxic Substance and Disease Registry, joined the Interagency Task Force this year. These Departments/agencies have implemented a number of strategies that represent a significant effort to expand children's health insurance outreach. For example:

- The Department of Justice has joined forces with the Departments of Education, HHS, and other national and private organizations, such as United Way of America, to form "5Goals 4 Kids: a Coalition to Prevent Youth Violence." One goal of this coalition is to enroll at least 500,000 children in health insurance programs.
- The Census Bureau of the Department of Commerce collects census data about children, their economic well-being, their health needs, and the health services delivery systems available to meet those needs. The Commerce Department is working with HCFA to propose State waivers of temporary Census 2000 income from CHIP eligibility determinations and has developed a plan to integrate CHIP education with Census 2000 recruiting efforts. **NEED MORE INFORMATION HERE, COMMERCE.**
- The Environmental Protection Agency (EPA) has established a new Office of Children's Health Protection. The Child Health Champion Campaign empowers local citizens and communities to take steps toward protecting their children from environment health threats, such as lead paint in homes and asthma causing pollutants. EPA has distributed information to targeted audiences through this efforts and through their Tools for Schools campaign. **ARE THERE NUMBERS?**

- The Agency for Toxic Substances and Disease Registry (ATSDR) works with State, local and other Federal agencies to reduce or eliminate illness, disability, and death resulting from environmental exposure of the public and workers to toxic substances emitted from waste sites, uncontrolled releases, and other sources of pollution. ATSDR estimates that 34 million children less than 18 years of age live within one mile boundaries of at least one hazardous waste site. **HOW MANY** ATSDR Public Health Assessors who visit these sites have received information about CHIP outreach for use when they visit to these communities, and ATSDR is providing health insurance information to more than 2500 families receiving clinical care at the 50 Association of Occupational and Environmental Clinics throughout the nation.

Social service organizations are important partners in the success of outreach for children's health insurance. Together these volunteers, educators and ministers are something of an outreach army that can reach large volumes of people in a way that the Federal agencies by themselves cannot. For instance, Housing and Urban Development will be conducting outreach from its Neighborhood Network Centers in partnership with three social service organizations: the Alpha Kappa Alpha Sorority, Inc, an organization with over 850 chapters nationwide; HOPE for Kids, a volunteer organization with over 36,000 full and part-time volunteers located in 72 jurisdictions throughout the country; and the National Consortium for African American Children, an umbrella group of almost 100 civic organizations. The help of these organizations provides HUD with the staff to do the outreach while the nonprofit organizations require the Network centers to access the target population.

In other cases the social organizations do have access to low-income and non-working families, making contact on a regular basis and many of them have signed on to the outreach effort in significant ways:

- The United Way of America, working with the Department of Justice, will attempt to enroll 500,000 children in CHIP.
- The March of Dimes will feature children's health insurance in a direct mail newsletter to be sent to 800,000 donors in September of 1999.
- YMCA will fax information on the Insure Kids Now campaign to over 4,000 YMCA staff and volunteers.
- The National Child Care Association has agreed to distribute advertisements and posters promoting the Insure Kids Now number to 700,000 parents through their network, beginning in Spring of 1999.
- Religious organizations, such as the Catholic Charities/USA, will host 10 training events, to help facilitate enrollment in Medicaid and other State insurance programs.
- The International Union of Gospel Missions will distribute the Insure Kids Now number to their mission, located in 260 cities and serving over 7 million homeless and need people.

Advocacy groups and foundations often have long-standing commitments to helping underserved families and children receive health care. While most effect change through legislation and health policy, many also actively engage in community-based outreach activities and have become active partners in the children's health insurance outreach effort and many have agreed to participate in the President's Insure Kids Now campaign.. The Children's Defense Fund has distributed 40,000 "Sign Them Up" brochures urging members to inform families and enroll children and plans to distribute posters with the Insure Kids Now toll free number. The Center for Budget and Policy Priorities has produced an outreach kit, which is a complete 'how-to' on outreach for children's health insurance. Sixteen thousand have been distributed so far, including 5,000 that HRSA has distributed to its Community and Migrant Health Centers. Family Voices, representing 12.6 million children with special health care needs, provided CHIP information to 18,000 members and continues to answer CHIP questions on its hotline. The Southern Institute of Families has developed a series of brochures for low-income families, advising them about benefits including health coverage and has been named by the Robert Wood Johnson Foundation to run a national health access initiative for low-income, uninsured children. The \$47 million program is a three year initiative providing grants to States and local communities that identify Medicaid/CHIP eligible children and get them enrolled.

CONCLUSION

Insuring America's children is a national priority. Children who miss school because they are sick or who cannot see well because they lack glasses may not develop to their full potential. Two programs offer millions of uninsured children health coverage: Medicaid and the new Children's Health Insurance Program. Enrolling uninsured children in these programs will take an aggressive, sustained, public-private, Federal, State, and local effort. As demonstrated by the activities described in this report, Federal Departments have begun to make an important contribution toward this outreach effort. We look forward to working with the President on the continued implementation of this initiative.

CHIP CALL

6/18

Outstationed
Wkrs/eligibility
Wkrs

10/2 - 9/18 BACK TO SCHOOL.

93 hours
Wk

check on transition.

ACF

MN School Board
results from MN

eligibility workers letter

website -
email

for weekly
next
Wk

mock pledge sheet

get org to cnt on front
end paper to org.

letter in 2 WKR

① mockup Education

② NGA
APWA

Nat Princ

Nat ASS.

Primary CAPASS.

Health list

ed list

Call next Friday 11am

Suggested Follow Up with Ed Group Execs on CHIP Outreach

1. Individualized letters – from Mike to each executive asap. The contents would be as follows:

- **Thanks for attending the 6/14 mtg and for your support of the upcoming CHIP school-based enrollment campaign;**
- **Enclosed are materials that we hope you will to send to your membership as soon as possible to encourage them to do school-based outreach and enrollment activities this fall and over the next two years. These materials would include:**

(1) A "pledge" fax back form, encouraging principals and superintendents to join the national school-based enrollment campaign (modeled after the America Reads Challenge). The pledge form would ask principals and superintendents to check off one or more of a number of suggested activities that schools and districts can conduct as part of the campaign both this fall and in the months that follow; and

(2) Contact information for groups that can provide resources and technical assistance to schools on CHIP outreach and enrollment. (ie: Info and contacts for the Covering Kids Coalitions; info and contacts for United Way's 20 city CHIP outreach effort; contact info for the state medicaid/CHIP offices; and contact info for the local social service agencies that can provide eligibility workers and skilled volunteers to schools)

- **A specific, individualized request** that the group continue to work with ED in upcoming weeks to promote CHIP outreach and enrollment through one specific method. (ie: Ask supts and school board to focus on the school registration process; ask principals to think about what they can do to promote CHIP through their school lunch application process; and ask PTA to put together a CHIP package for 'Back to School Nights').

2. The Robert Wood Johnson Foundation (Sarah Shuptrine) – has agreed to send letters out to their Covering Kids state-local coalitions telling them (1) to expect phone calls from school principals and superintendents in the next few months, and (2) to please be supportive of their school-based outreach efforts in any way possible.

3. The National Eligibility Workers Association (Susan Leib) – has also agreed to send letters out to their membership (which is local social service agencies) telling them (1) to expect phone calls from school principals and superintendents in the next few months, and (2) to please be supportive of their school-based outreach efforts in any way possible.

Daschle

senate side place to park

United Way Community Commitments to 5 Goals 4 Kids (Goals Identified)

State	City	Name of United Way	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
CA	Capitola	United Way of Santa Cruz County		400	2,000		
CO	Denver	Mile High United Way	20	1,200	5,500	100,000	developing
FL	Jacksonville	United Way of Columbia & Greene Counties	10	1,000	100	1,000	
FL	Miami	United Way of Dade County, Inc.				50,000	
GA	Atlanta	United Way of Metropolitan Atlanta	3	500		100,000	
GA	Macon	United Way of Central Georgia	3	500	100	2,000	developing
ID	Twin Falls	United Way of Magic Valley, Inc.		500	2,000		
KS	Topeka	United Way of Greater Topeka				20,000	
MI	Lansing	Capital Area United Way, Inc.	6	200	100	50	developing
NC	Statewide	United Way of North Carolina		40,000			
NE	Omaha	United Way of the Midlands	3	developing	developing		
OH	Delaware	United Way of Delaware County			850		
PA	Philadelphia	United Way of Southeastern Pennsylvania		5,000			
SC	Statewide	United Way of South Carolina	50	10,000	10,000	5,000	20

Friday, June 11, 1999

Page 1 of 2

United Way of America

Goal 1: Reduce truancy by at least one-third in 200 schools across the nation

Goal 2: Create constructive after-school opportunities, including recreational activities in safe places for at least 100,000 more children

Goal 3: Ensure that at least 100,000 more children will participate in effective programs to prevent and discourage drug and alcohol abuse

Goal 4: Enroll at least 800,000 eligible but uninsured children in health insurance programs, to ensure a healthy start

Goal 5: Develop new programs in at least 200 communities to reduce gun injuries

State	City	Name of United Way	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
TN	Nashville	United Way of Middle Tennessee		developing	developing	3,500	developing
TX	Dallas	United Way of Metropolitan Dallas	developing	developing	developing	100,000	
VA	Richmond	United Way Services		developing		4,000	
WA	Spokane	United Way of Spokane County				30,000	
WV	Morgantown	United Way of Monongalia & Preston Counties		200	200		developing

Friday, June 11, 1999

Page 2 of 2

United Way of America

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Goal 4: Enroll at least 600,000 eligible but uninsured children in health insurance programs, to ensure a healthy start

Goal 5: Develop new programs in at least 200 communities to reduce gun injuries

Public charge groups : JML

CHP outreach

1. billboards space for kids health.
from Old Tobacco billboards

MB INTRO

New things in narrative
financial commitment to outreach
resources dedicated to children

ED part of kindergarten reg. CHP website
brochure for target audience
CHP in back to school efforts
CHP Week in April @ Ed

HCFA

insure kids now site
state fact sheets / application
outreach provider website by
end of next week.
successful outreach strategies
conference HCFA/HRSA staff
on social marketing
technical advisory panels mtg 6/9-6/10

ATSDR

information on CHP to employees
1300 companies/sites / 364 million
live in communities w/ health
problems
specialty referrals

ACF

communications w/ Regional partners
Native Am \$60,000 → tribal comm

\$100,000 research on CHIP &

welfare reform on people w/ CHIP
& developmental disabilities

outreach kits → head start

3,000 for fathers day

headstart health outreach initiative

IHS

AI/AN brochure

distributed everyone else's brochures
HGA mtg, reg mtg to educate
them

Ag

school meal prog fam

Consent to do CHIP information

Adult meal prog

no way to know local districts

CHIP info@USDA center

email reg referral → CHIP

25,000 CHIP posters

VA WIC → \$100,000 brochure/
app.

sent info out to states

92,000 Sept

FNS CHIP webpage link

CHIP kits out to Res.

Applications into 130+ adult languages

AHCPR

Letters → grantees @ ped academic settings.

research eval of outreach

req for app on insurance on outreach.

JM wants study only on outreach she will call Eisenberg.

CDC

letters on outreach

posters to state & local health dept. WFC providers.

publications.

1800# @ beginning of satellite training

* 1800# on pay stub *

1800# prompt on immunization forms.

SSA

1300 field ops. 3 posters & flyers

10 PO

651000 SSA employees comm. broadcast

monthly information pkg → local inf. agencies

june referral screens completed for claim talkers.

kids page.

4 conferences Apr → Aug.

HRSA

\$557,000 not budgeted
for posters, etc.

900 outreach workers
new grant prog for comm based
outreach; rural & sp. pops.
1000 native

Nat Rural Health Assn outreach

IGA/RO

getting info to state ofc RH
Rural Information Service

BIA

posters
kits

NCWA bag stuffers
tribes using 1000 #

DOJ

public charge

INS → HCFA TAP

(6/9, 6/10)

5 goals for kids
United Way 500,000
every child by 2
Privacy & Outreach

TREAS

ETTC Outreach

158,000 employees

IRS webpage.

Outreach boxes to sites
posters to US Mint, EBP
savings bond.

DOJ

Letters

mailings on flyers

Weekly mailings.

PWBA 1800 # on pamphlets
exhibits.

Rural Workgroup

One Stop Careers Centers

HUD

Letters to employees & grantees
neighborhood networks
Kickoff in April

June 1, 1999

Reed / Jennings

Mr. President:

*This is very urgent
Pls get on this —*John Podesta wanted you to see the
two items attached: *children's health
& not much, can put up*

1. A memo from Senator Kennedy
about children's access to
health care; and *do this up —*
2. A memo from Senator Breaux *Bx*
about the proposed bipartisan
Social Security reform plan.

David Goodfriend

*DG*THE PRESIDENT HAS SEEN
6-10-99*copied
Reed
Jennings
Podesta*

EDWARD M. KENNEDY
MASSACHUSETTS

THE PRESIDENT HAS SEEN

United States Senate

WASHINGTON, DC 20510-2101

May 22, 1999

MEMORANDUM FOR THE PRESIDENT**FROM SENATOR EDWARD M. KENNEDY****UNIVERSAL ACCESS TO HEALTH INSURANCE FOR CHILDREN--AN ENDURING
LEGACY OF THE CLINTON ADMINISTRATION**

Passage of the Children's Health Insurance Program (CHIP) stands as one of your foremost achievements. This program places within reach the possibility of offering health coverage to every uninsured child in America by the end of your Administration.

There are an estimated 11.3 million uninsured children in America. Of those:

- 5.1 million are potentially eligible for Medicaid,
- 4 million are eligible for CHIP under current federal rules, and
- the 2.2 million remaining can be covered if states adjust CHIP income eligibility levels, or through new federal legislation.

Three basic steps are required to reach the goal of health coverage for all children.

First, make the promise of CHIP a reality for the nation's children through a major outreach campaign to enroll every qualified child in CHIP or Medicaid. While there is every expectation that a large proportion of the 4 million children qualified for CHIP will eventually enroll, so far only one million children have registered. States are finding that for every child they reach for the CHIP program, they discover another two children who qualify for Medicaid.

Second, end the confusion in the Medicaid and CHIP programs in which low-income families moving from welfare to work lose their Medicaid coverage, even though they may still qualify for the program. In 1997, an estimated 400,000 children lost insurance coverage when their parents left welfare, even though the children remained eligible for Medicaid or CHIP.

Finally, once ~~more children are enrolled in CHIP and Medicaid~~, expand CHIP criteria to cover all uninsured children. This can be accomplished either by working with states to expand CHIP's flexible criteria or by proposing new federal legislation to accomplish the same goal. Currently, most states offer CHIP coverage only to children from families earning less than 200% of the poverty level. However, CHIP provides states with flexibility to exceed that level. Preliminary estimates suggest that this may be accomplished within current funding levels or with minimal additional funding.

Thank you for your continued leadership on so many issues of vital importance to the nation. As always, I look forward to working with you to bring greater opportunities to children and families.

RECOMMENDATIONS FOR EXPANDED OUTREACH ACTIVITIES

Your Administration has already taken some aggressive steps to encourage families to sign up their children for Medicaid or CHIP health coverage. These are additional suggestions for outreach.

- o Redouble the effort to implement your Executive Memorandum directing relevant agencies to launch campaigns to identify and enroll eligible children. You should make it clear to the Cabinet that this is a personal priority. The Education Department should work with school systems. HUD should work with public housing authorities, mayors' offices, and community agencies. The Labor Department should work with job training programs, and so on.

- o Plan a national back-to-school week enrollment effort in which every school system would be asked to provide information about the program to every child and every parent.

- o Urge broadcasters and cable companies to run public service ads encouraging parents to enroll their children and giving them appropriate information about how to apply.

- o Launch an effort with the American Hospital Association, AMA, and Academy of Pediatrics to not only provide literature in their offices and urge enrollment through personal contact, but include a state-appropriate information packet in every bill.

- o Provide quarterly tracking reports on numbers of children enrolled, so that advocates can target states that are not doing the job.

- o Improve enforcement of rules requiring that children screened for CHIP and found eligible for Medicaid must be enrolled in Medicaid. There are anecdotal reports that, in some states, evidence that children found eligible for Medicaid are either illegally enrolled in CHIP or required to go through a separate application process for Medicaid that is so burdensome that many never enroll.

- o Reach out to immigrant communities to clarify that enrollment in CHIP or Medicaid does not jeopardize their immigration status.

- o Assure that families leaving welfare are informed of the availability of transitional Medicaid and the continued availability of Medicaid or CHIP for their children.

- o Call a White House summit this summer or fall to mark CHIP's anniversary, highlight the good work that CHIP has done, and reinvigorate the effort to assure that eligible children are enrolled and receiving the services that they need.



THE TIDES
IRVINGTON, VIRGINIA

To: POTUS
From - BREAU X

5/22/99

This is the Outline of S.S. plan
we introduced - We'd like to meet
with you on it - Its not perfect,
But a lot better than Archer/Shaw
and as you said we can't just
do nothing & argue over failure -

Thanks!
John

CHIP TRACKING LIST FOR JEANNE

1. HHS Meetings

I think that we need to have two meetings with HHS on CHIP outreach.

First, we need to talk to them about new, "get tough" policy options on Medicaid / CHIP outreach (as per Chris). We should talk about how tough we want to / can get before we talk to HHS. Examples of the kind of things he would like to see include: a report praising those states that are doing a good job on outreach in terms of simplified applications and other administrative options to ease enrollment like out-stationing eligibility workers (and embarrassing those states which are not); strong new steps to enforce the law re: TANF application and Medicaid / CHIP enrollment; and new efforts to ensure that states are in compliance with the screen and enroll requirement in practice, not just on paper. He also mentioned a proposal (this would have to be a legislative proposal) that would take away unused funds from states that did not meet certain enrollment targets before their three year period was up. Also, let me know about timing – can we wait until after Medicare reform on this one?

Second, we need to have that off-line discussion with HHS about deliverables for September – the IATF report, the administrative options on school based outreach services, an AHCPR study, and any additional HHS media. Let me know about timing – also, we should check in with HHS as to whether they're ready to pick up the toll free line.

Also, I would like to – if this is okay with you – set up a staff level call with OMB, HCFA, and ED where we explore options / examples of ways for states to use their CHIP funds to pay for enrollment counselors in schools sometime this week. Let me know.

2. Things People Owe Us

HHS: Write up of all Department activities around outreach and their timing
State contacts for the Back to School Campaign

ED: Draft of the letter from Riley to principals, superintendents re: outreach effort
List of potential activities for schools
Draft of the letter to the eligibility and enrollment worker association, PTA, etc.

3. Things I Owe You

I gave the Postal letter to Chris. He will sign it today.

I have to talk to the DOT person today.

I have to do the glossy write-up you wanted for the weekly. Maybe we can talk about structure and what you want included when we talk today.

June 1, 1999

Breed (Jennings)Mr. President: This is very important
Pls get on this — — — — —John Podesta wanted you to see the
two items attached: Advising auto feasibility
of not needed, can perhaps

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Finally, once more children are enrolled in CHIP and Medicaid, expand CHIP criteria to cover all uninsured children. This can be accomplished either by working with states to expand CHIP's flexible criteria or by proposing new federal legislation to accomplish the same goal. Currently, most states offer CHIP coverage only to children from families earning less than 200% of the poverty level. However, CHIP provides states with flexibility to exceed that level. Preliminary estimates suggest that this may be accomplished within current funding levels or with minimal additional funding.

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- o Launch an effort with the American Hospital Association, AMA, and Academy of Pediatrics to not only provide literature in their offices and urge enrollment through personal contact, but include a state-appropriate information packet in every bill.

- o Provide quarterly tracking reports on numbers of children enrolled, so that advocates can target states that are not doing the job.

- o Improve enforcement of rules requiring that children screened for CHIP and found eligible for Medicaid must be enrolled in Medicaid. There are anecdotal reports that, in some states, evidence that children found eligible for Medicaid are either illegally enrolled in CHIP or required to go through a separate application process for Medicaid that is so burdensome that many never enroll.

- o Reach out to immigrant communities to clarify that enrollment in CHIP or Medicaid does not jeopardize their immigration status.

- o Assure that families leaving welfare are informed of the availability of transitional Medicaid and the continued availability of Medicaid or CHIP for their children.

- o Call a White House summit this summer or fall to mark CHIP's anniversary, highlight the good work that CHIP has done, and reinvigorate the effort to assure that eligible children are enrolled and receiving the services that they need.



THE TIDES
IRVINGTON, VIRGINIA

To: POTUS
From - BREAUX

5/22/99

This is the Outline of S.S. plan
we introduced - We'd like to meet
with you on it - It's not perfect,
But a lot better than Archer/Shaw
and as you said we can't just
do nothing & argue over failure -

Thanks!
John

DRAFT 5/28/99

National Campaign to Promote CHIP Enrollment Through the Schools

BACKGROUND

White House Interest:

Jeanne Lambrew at the NEC has expressed strong interest on the part of the President and/or the First Lady in sponsoring a national effort to increase enrollment in the Children's Health Insurance Program, specifically through school-based enrollment strategies. **This would involve some sort of event in September (Back to School Time) to announce the effort.**

Foundation Interest:

The **Robert Wood Johnson Foundation** is interested in supporting this effort through their "Covering Kids" coalitions of local social service agencies, children's health advocates and service providers that are already working on CHIP awareness and enrollment efforts in more than 35 states. (The RWJ coalitions have stronger involvement from health agencies and service providers than from education agencies and schools – so there is still a major need to mobilize the SEAs and school principals.)

PROPOSED CAMPAIGN

Two-Year Campaign to get schools involved in CHIP enrollment: In September, the President or First Lady would announce the launch of a two-year campaign to get all fifty states to commit to a major effort to enroll children for CHIP through the public schools. During the launch event, the President or First Lady would announce a number of states have already signed onto the campaign and are doing extensive school-based CHIP enrollment activities during the month of September. Other states would be encouraged to join the campaign as well.

Over the short-term, this effort would boost CHIP enrollment this fall. The long-term goal of the campaign would be to "institutionalize" the enrollment of children in health care coverage through schools. So that, eventually, every school will ask every child's family, "Does your child have health insurance (private, CHIP, or Medicaid)?" when the child registers or transfers to that school – similar to the way that child immunization is now universally checked. And further, to provide the opportunity for all eligible families to enroll their children in the health insurance program for which they qualify.

Each state that participates in the campaign will be encouraged to (1) conduct some kind of school-based CHIP enrollment or outreach activities this September, and (2) to spend the next two years putting mechanisms in place in their schools, SEAs, and other agencies to ensure that all students who need health insurance are identified and given the opportunity to enroll in Medicaid or CHIP or any other program for which they are eligible.

Specifically, this state commitment will involve:

- **Each state that signs onto the campaign will designate a CHIP point person within the SEA to provide leadership and support for school-based enrollment efforts.** This person would: (1) coordinate and support CHIP enrollment efforts in school districts and schools across the state; (2) work closely with the State CHIP agency, interagency teams, and local social service agencies and providers to support school-based enrollment efforts. (Linkages with these organizations will be crucial for any school-based enrollment efforts, because trained health insurance eligibility workers are usually required to enroll students.); and (3) and facilitate collaborations between schools and the many service agencies and community based organizations working on CHIP outreach (ie: the RWJ "Covering Kids" outreach coalitions).
- **Each SEA will encourage school districts to use the school lunch application process to promote CHIP enrollment,** and SEAs will also coordinate CHIP school-based enrollment efforts with other state and federal programs that provide child health services in schools, including HCFA, the CDC, and other agencies.
- **Through a partnership with key elementary and secondary principals associations, the schools in participating states will help compile "lessons learned and best practice" information** about what kind of school-based enrollment efforts are happening across their state and what seems to work best and what doesn't work. At the end of the first year, this information could be compiled into a national manual that could be released by the White House or Dept of ED on best practices for CHIP school-based enrollment. The national manual could also include model forms and sample informational materials, so that it encourages replication of successful efforts.

RATIONALE

The research and limited practice in CHIP outreach shows that school-based enrollment strategies are extremely effective, but states are only doing a limited amount of school-based enrollment right now. According to the Robert Wood Johnson Foundation, which is conducting CHIP outreach in over 35 states, one dedicated CHIP person in each SEA is crucial to the success of any statewide school-based enrollment effort. **This campaign would establish within each SEA a consistent source of leadership and support for school-based CHIP enrollment and other health services. It would also encourage increased efforts from elementary and secondary school principals to develop and share effective school-based enrollment strategies.**

Research also shows that short-term efforts to enroll children or raise awareness about CHIP do not work as well as consistent long-term information and support structures to promote children's health. **This campaign would try to institutionalize school-based enrollment for CHIP through the leadership of the SEAs and school principals, rather than relying on short-term blitz-style enrollment efforts.**

Ass of Elem & Second School Principals

**National Campaign to Promote CHIP Enrollment
Through the Schools**

funding for SEAs? for these projects

BACKGROUND

White House Interest:

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The **Robert Wood Johnson Foundation** is interested in supporting this effort through their "Covering Kids" coalitions of local social service agencies, children's health advocates and service providers that are already working on CHIP awareness and enrollment efforts in more than 35 states. (The RWJ coalitions have stronger involvement from health agencies and service providers than from education agencies and schools – so there is still a major need to mobilize the SEAs and school principals.)

A conference call: is scheduled on Friday 5/28 at 1:00 with ED, the NEC (Jeanne Lambrew) and other White House staff, the RWJ foundation (Sarah Shruptine), and possibly HCFA and HHS to discuss the possible September event on school-based CHIP enrollment. We developed the following proposal for a two-year campaign to discuss during tomorrow's conference call.

PROPOSED CAMPAIGN

Two-Year Campaign to get schools involved in CHIP enrollment: In September, the President or First Lady would announce the launch of a two-year campaign to get all fifty states to commit to a major effort to enroll children for CHIP through the public schools. We would hope be able to announce during the launch that some states have already officially signed onto the campaign, and that we encourage more states to join.

The goal of this campaign would be to "institutionalize" the enrollment of children in health care coverage through schools. So that, eventually, every school will ask every child's family, "Does your child have health insurance (private, CHIP, or Medicaid)?" when the child registers or transfers to that school – similar to the way that child immunization is now universally checked. And further, to provide the opportunity for all eligible families to enroll their children in the health insurance program for which they qualify.

Each state that participates in the campaign will be encouraged to spend the next two years putting mechanisms in place in their schools, SEAs, and other agencies to ensure that all students who need health insurance are identified and given the opportunity to enroll in Medicaid or CHIP or any other program for which they are eligible.

- first back to school night
- school plays, band concerts

Specifically, this state commitment will involve:

- **Each state that signs onto the campaign will commit to have one full-time staff person within the SEA designated as a point of contact on CHIP.** This person would: (1) coordinate and support CHIP enrollment efforts in school districts and schools across the state; (2) work closely with the State CHIP agency, interagency teams, and local social service agencies and providers to support school-based enrollment efforts. (Linkages with these organizations will be crucial for any school-based enrollment efforts, because trained health insurance eligibility workers are usually required to enroll students.); and (3) and facilitate collaborations between schools and the many service agencies and community based organizations working on CHIP outreach (ie: the RWJ "Covering Kids" outreach coalitions).
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1. working group functions
2. expand working group
to include PTA
school ass.
3. anything we can do in September

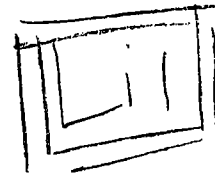
THS
Ed
Food Service
Princ. Ass.
Caring Kids

local

66755

5777

Week from
Mon have
call



June 3rd
@ 11am

DRAFT: BACK TO SCHOOL EVENT

CONCEPT: Organize a week in September when all schools distribute and have on-site assistance in enrolling children in the Children's Health Insurance Program and Medicaid.

ACTORS: Partnership between Department of Education, HHS and the Robert Wood Johnson Foundation, along with interested states, the White House, other Federal agencies, interested Congressmen, and outside organizations.

ACTIONS:

- Distribute application for health programs in every school.
- Provide information to families about the programs and the importance of health insurance (multiple sources).
- Collect the applications in a systematic way (e.g., send home with stamped envelopes, have collection box at schools).
- Provide on-site information and assistance in applying on Saturday morning/ during parent-teacher conferences. Enroll children on-site where possible using outstationed eligibility workers from CHCs, public hospitals, WIC programs, etc.

RESOURCES NEEDED:

- Central staff / coordinating committee to meet regularly to develop plans (ongoing)
- State staff to identify organizations / volunteers for school-based (ongoing)
- Letter to governors informing them of plans and state contact (June)
- Letter to schools/ principals to inform them of plans and state contact (June)
- Letter to potential volunteers at sites (June); follow-up letter in July
- Reproduction of applications for mass distribution (July, August)
- Stamped envelopes for states with mail-in applications (July, August)
- Printed information for families on options (e.g., brochures, posters) (July, August)

- Mailing of training material to volunteers who are helping with enrollment (August)
- Media campaign to inform families about health insurance options (September)

POSSIBLE FEDERAL ACTIONS TO ENCOURAGE THE ENROLLMENT OF UNINSURED CHILDREN IN MEDICAID AND CHIP

SIMPLIFYING ELIGIBILITY DETERMINATION AND ENROLLMENT

- **Create a new Medicaid eligibility category that mirrors eligibility for states' TANF programs.** The different eligibility criteria that states have for their TANF and Medicaid programs make it difficult for states to automatically grant Medicaid coverage to families eligible for TANF if they so desire. Giving states the option to create a Medicaid category that is a "mirror image" of their TANF criteria allows them to insure these families without additional action to establish the eligibility of the family and without having to obtain a Federal waiver.
- **Use applications for existing programs to identify children who are potentially eligible for Medicaid or CHIP.** This option would require applications for Federal programs, such as the free and reduced school lunch program, WIC, Food Stamps, LIHEAP, and Head Start, to contain a check box where parents or other caretakers can request information on CHIP or Medicaid or grant permission to initiate an application for insurance coverage. Efforts should be made to develop acceptable consent arrangements in order to share specific information needed to determine eligibility.

ELIMINATING BARRIERS TO ENROLLMENT IN MEDICAID AND CHIP

- **Eliminate the requirement for families applying for Medicaid to cooperate in establishing paternity.** Although families applying for Medicaid coverage for their children should receive information on the reasons to establish paternity, the pursuit of paternity establishment should not be connected to the child's Medicaid case. The requirement for eligibility staff to ask questions about paternity and initiate a good-faith effort to obtain support and payment for medical care should be eliminated.
- **Withdraw the proposed rule requiring citizenship verification procedures for children applying for Medicaid or CHIP.** Studies have shown that excessive verification requirements confuse and intimidate families and present barriers to enrollment for families with limited resources. The HHS regulation currently pending that would require families to verify their immigration status before receiving benefits would prevent both ineligible and eligible citizen children from obtaining health insurance because of the added welfare stigma and widespread fear that application for benefits would somehow negatively impact upon their immigration status.

STREAMLINING THE TRANSITIONAL MEDICAID PROGRAM

- **Elimination of burdensome reporting requirements for transitional Medicaid coverage.** Families enrolled in transitional Medicaid coverage often lose their coverage after six months because they are unable to comply with the complicated income reporting requirements,

rather than receipt of income that would disqualify them from receiving coverage for a full year. Eliminating these reporting requirements would allow these families to be eligible for a full 12 months and would add stability to Medicaid coverage for children in families leaving welfare to work.

- **Providing coverage under the transitional Medicaid program for families who have received cash assistance for less than 3 months.** Giving states the option to eliminate the rule limiting the receipt of transitional medical assistance to those families who have been on TANF at least three out of the past six months. Currently, states need to receive a waiver in order to provide TMA to families who have not been on welfare for an extended period of time.

ELIMINATING UNNECESSARY STATE BURDENS

- **Allowing a grace period to correct eligibility errors before taking a disallowance.** States continue to voice concern about the Federal government's ability to penalize those states who commit eligibility errors that result in individuals who are not eligible for Medicaid being allowed to enroll in the program. These concerns encourage the development of an application process that is – although accurate – often complicated and demeaning because states require independent verification of components of the application in order to avoid making an error. This policy would establish a two year grace period for eligibility errors and encourage states to simplify the application to allow for self declaration of key components used to determine eligibility. Studies have shown that a reduction in verification requirements does not result in increased errors.

ADDITIONAL PUBLIC EDUCATION EFFORTS

Launch of a national back to school week.

Take new steps to assure the immigrant community that enrollment in Medicaid or CHIP does not jeopardize their immigration status.

Host a White House Conference to mark CHIP's anniversary.

ENFORCE THE LAW

Ensure that families leaving welfare are informed of the availability of transitional Medicaid.

Continue enforcement of the screen and enroll provision in CHIP.

Ensure that families who are deemed ineligible for cash assistance are informed of their continued eligibility for Medicaid or CHIP.

UNITED STATES SENATE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
WASHINGTON, DC 20510-6300

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PATTY MURRAY, WASHINGTON
JACK REED, RHODE ISLAND

DATE:

5/26/99

TO:

Chris Jennings

FAX NUMBER:

456-5557

FROM:

David Nexor

(202) 224-7675 phone
(202) 224-3533 fax

NUMBER OF PAGES.

3 (including cover)

MESSAGE:

Per our conversation

If you have trouble receiving this fax, please call (202) 224-7675

United States Senate
WASHINGTON, DC 20510-2101

May 22, 1999

MEMORANDUM FOR THE PRESIDENT

FROM SENATOR EDWARD M. KENNEDY

UNIVERSAL ACCESS TO HEALTH INSURANCE FOR CHILDREN--AN ENDURING
LEGACY OF THE CLINTON ADMINISTRATION

Passage of the Children's Health Insurance Program (CHIP) stands as one of your foremost achievements. This program places within reach the possibility of offering health coverage to every uninsured child in America by the end of your Administration.

There are an estimated 11.3 million uninsured children in America. Of those:

- 5.1 million are potentially eligible for Medicaid,
- 4 million are eligible for CHIP under current federal rules, and
- the 2.2 million remaining can be covered if states adjust CHIP income eligibility levels, or through new federal legislation.

Three basic steps are required to reach the goal of health coverage for all children.

First, make the promise of CHIP a reality for the nation's children through a major outreach campaign to enroll every qualified child in CHIP or Medicaid. While there is every expectation that a large proportion of the 4 million children qualified for CHIP will eventually enroll, so far only one million children have registered. States are finding that for every child they reach for the CHIP program, they discover another two children who qualify for Medicaid.

Second, end the confusion in the Medicaid and CHIP programs in which low-income families moving from welfare to work lose their Medicaid coverage, even though they may still qualify for the program. In 1997, an estimated 400,000 children lost insurance coverage when their parents left welfare, even though the children remained eligible for Medicaid or CHIP.

Finally, once more children are enrolled in CHIP and Medicaid, expand CHIP criteria to cover all uninsured children. This can be accomplished either by working with states to expand CHIP's flexible criteria or by proposing new federal legislation to accomplish the same goal. Currently, most states offer CHIP coverage only to children from families earning less than 200% of the poverty level. However, CHIP provides states with flexibility to exceed that level. Preliminary estimates suggest that this may be accomplished within current funding levels or with minimal additional funding.

Thank you for your continued leadership on so many issues of vital importance to the nation. As always, I look forward to working with you to bring greater opportunities to children and families.

Given to
President on
Saturday

RECOMMENDATIONS FOR EXPANDED OUTREACH ACTIVITIES

Your Administration has already taken some aggressive steps to encourage families to sign up their children for Medicaid or CHIP health coverage. These are additional suggestions for outreach.

- o Redouble the effort to implement your Executive Memorandum directing relevant agencies to launch campaigns to identify and enroll eligible children. You should make it clear to the Cabinet that this is a personal priority. The Education Department should work with school systems. HUD should work with public housing authorities, mayors' offices, and community agencies. The Labor Department should work with job training programs, and so on.

- o Plan a national back-to-school week enrollment effort in which every school system would be asked to provide information about the program to every child and every parent.

- o Urge broadcasters and cable companies to run public service ads encouraging parents to enroll their children and giving them appropriate information about how to apply.

- o Launch an effort with the American Hospital Association, AMA, and Academy of Pediatrics to not only provide literature in their offices and urge enrollment through personal contact, but include a state-appropriate information packet in every bill.

- o Provide quarterly tracking reports on numbers of children enrolled, so that advocates can target states that are not doing the job.

- o Improve enforcement of rules requiring that children screened for CHIP and found eligible for Medicaid must be enrolled in Medicaid. There are anecdotal reports that, in some states, evidence that children found eligible for Medicaid are either illegally enrolled in CHIP or required to go through a separate application process for Medicaid that is so burdensome that many never enroll.

- o Reach out to immigrant communities to clarify that enrollment in CHIP or Medicaid does not jeopardize their immigration status.

- o Assure that families leaving welfare are informed of the availability of transitional Medicaid and the continued availability of Medicaid or CHIP for their children.

- o Call a White House summit this summer or fall to mark CHIP's anniversary, highlight the good work that CHIP has done, and reinvigorate the effort to assure that eligible children are enrolled and receiving the services that they need.

National Campaign to Promote CHIP Enrollment Through the Schools

BACKGROUND

White House Interest:

Jeanne Lambrew at the NEC has expressed strong interest on the part of the President and/or the First Lady in sponsoring a national effort to increase enrollment in the Children's Health Insurance Program, specifically through school-based enrollment strategies. **This would involve some sort of event in September (Back to School Time) to announce the effort.**

Foundation Interest:

The **Robert Wood Johnson Foundation** is interested in supporting this effort through their "Covering Kids" coalitions of local social service agencies, children's health advocates and service providers that are already working on CHIP awareness and enrollment efforts in more than 35 states. (The RWJ coalitions have stronger involvement from health agencies and service providers than from education agencies and schools – so there is still a major need to mobilize the SEAs and schools.)

A conference call: is scheduled on Friday 5/28 at 1:00 with ED, the NEC (Jeanne Lambrew) and other White House staff, the RWJ foundation, and possibly HCFA and HHS to discuss the possible September event on school-based CHIP enrollment.

With Terry Peterson's input, we developed the following idea for a two-year campaign, which we will propose during tomorrow's conference call.

PROPOSED CAMPAIGN

Two-Year Campaign to get schools involved in CHIP enrollment: In September, the President or First Lady would announce the launch of a two-year campaign to get all fifty states to commit to a major effort to enroll children for CHIP through the public schools. We would hope be able to announce during the launch that 15 or 20 states have already signed onto the campaign, and that we encourage more states to join in the effort.

The overall objective or vision would be to ensure that every child from 0-5 has health insurance or is enrolled in CHIP (or Medicaid) when they enroll for school – similar to the way that child immunization is now universal, because schools require it.

Each state will commit to spend the next two years putting mechanisms in place in their schools and SEAs to ensure that all students who need health insurance are identified and given the opportunity to enroll in CHIP.

Specifically, this state commitment will involve:

- **Each state that signs onto the campaign will commit to have one full-time staff person within the SEA designated as a point of contact on CHIP.** This person would: (1) coordinate and support CHIP enrollment efforts in school districts and schools across the state; (2) work closely with the State CHIP agency and local social services agencies and providers to support school-based enrollment efforts. (Linkages with these organizations will be crucial for any school-based enrollment efforts, because trained health insurance eligibility workers are usually required to enroll students.); and (3) facilitate collaborations between schools and the many service agencies and community based organizations working on CHIP outreach (ie: the RWJ “Covering Kids” outreach coalitions).
- **Each SEA will work with the state free-lunch program to coordinate CHIP information and enrollment services through the free-lunch program,** and SEAs will also coordinate CHIP school-based enrollment efforts with other state and federal programs that provide child health services in schools, including HCFA, the CDC, and other agencies.
- **Each SEA will collect “lessons learned and best practice” information** about what kind of school-based enrollment efforts are happening across their state, and what works best. At the end of the first year, this information could be compiled into a national manual that could be released by the White House or Dept of ED on best practices for CHIP school-based enrollment. The national manual could also include sample forms and sample informational materials, so that it encourages replication of successful efforts.

RATIONALE

The research and limited practice in CHIP outreach shows that school-based enrollment strategies are by far the most effective, but states are only doing a limited amount of school-based enrollment right now. This campaign would establish within each SEA a consistent source of leadership and support for school-based CHIP enrollment and other health services. According to the Robert Wood Johnson Foundation, which is conducting CHIP outreach in over 35 states, one dedicated CHIP person in each SEA is crucial to the success of any statewide school-based enrollment effort.

Research also shows that short-term efforts to enroll children or raise awareness about CHIP do not work as well as consistent long-term information and support structures to promote children’s health. This campaign would try to **institutionalize** school-based enrollment for CHIP through the leadership of the SEAs, rather than relying on short-term blitz-style efforts.

UNITED STATES SENATE
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
WASHINGTON, DC 20510-6300

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JACK REED, RHODE ISLAND

DATE:

5/26/99

TO:

Chris Jennings

FAX NUMBER:

456-5557

FROM:

David Nexor

(202) 224-7675 phone
(202) 224-3533 fax

NUMBER OF PAGES.

3

(including cover)

MESSAGE:

Per our conversation

If you have trouble receiving this fax, please call (202) 224-7675

United States Senate

WASHINGTON, DC 20510-2101

May 22, 1999

MEMORANDUM FOR THE PRESIDENT

FROM SENATOR EDWARD M. KENNEDY

UNIVERSAL ACCESS TO HEALTH INSURANCE FOR CHILDREN--AN ENDURING
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Three basic steps are required to reach the goal of health coverage for all children.

First, make the promise of CHIP a reality for the nation's children through a major outreach campaign to enroll every qualified child in CHIP or Medicaid. While there is every expectation that a large proportion of the 4 million children qualified for CHIP will eventually enroll, so far only one million children have registered. States are finding that for every child they reach for the CHIP program, they discover another two children who qualify for Medicaid.

Second, end the confusion in the Medicaid and CHIP programs in which low-income families moving from welfare to work lose their Medicaid coverage, even though they may still qualify for the program. In 1997, an estimated 400,000 children lost insurance coverage when their parents left welfare, even though the children remained eligible for Medicaid or CHIP.

Finally, once more children are enrolled in CHIP and Medicaid, expand CHIP criteria to cover all uninsured children. This can be accomplished either by working with states to expand CHIP's flexible criteria or by proposing new federal legislation to accomplish the same goal. Currently, most states offer CHIP coverage only to children from families earning less than 200% of the poverty level. However, CHIP provides states with flexibility to exceed that level. Preliminary estimates suggest that this may be accomplished within current funding levels or with minimal additional funding.

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Given to
President on
Saturday

RECOMMENDATIONS FOR EXPANDED OUTREACH ACTIVITIES

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- o Redouble the effort to implement your Executive Memorandum directing relevant agencies to launch campaigns to identify and enroll eligible children. You should make it clear to the Cabinet that this is a personal priority. The Education Department should work with school systems. HUD should work with public housing authorities, mayors' offices, and community agencies. The Labor Department should work with job training programs, and so on.

- o Plan a national back-to-school week enrollment effort in which every school system would be asked to provide information about the program to every child and every parent.

- o Urge broadcasters and cable companies to run public service ads encouraging parents to enroll their children and giving them appropriate information about how to apply.

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- o Call a White House summit this summer or fall to mark CHIP's anniversary, highlight the good work that CHIP has done, and reinvigorate the effort to assure that eligible children are enrolled and receiving the services that they need.

covering Kids

A National Health Access Initiative For Low-Income, Uninsured Children

Sarah C. Shuptrine
Director

Vicki C. Grant, MSW, PhD
Deputy Director

620 Sims Avenue
Columbia, S.C. 29205
Phone: 803-779-2607

Fax: 803-254-6301
E-Mail: vicki@coveringkids.org
Web: www.kidsouth.org

May 19, 1999

Dear Colleague:

There is no doubt that there would be a significant reduction in the number of uninsured children across the United States if all children who are eligible for government-sponsored child health coverage programs were enrolled. I am writing to share information about *Covering Kids*, a national health access initiative designed to help states and local communities increase the number of eligible children who benefit from available health insurance programs.

Now operational in 34 states and the District of Columbia, *Covering Kids* works through broad state-local coalitions to:

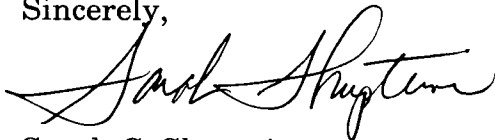
- Design and conduct outreach programs that identify and enroll eligible children into Medicaid and other coverage programs.
- Simplify enrollment processes; and
- Coordinate existing coverage programs for low-income children.

Applications are under review in 15 additional states, with decisions expected by July 1999.

Enclosed are five reports prepared for *Covering Kids* that address issues related to enrolling eligible children in Medicaid, CHIP or other coverage programs. Simplification of the eligibility process is the make-or-break issue in achieving results, and it only now has begun to gain attention. Development of effective linkages to promote Medicaid enrollment of children who are moving in and out of the TANF system is clearly needed. More effective outreach is required if we want families to know about and be able to enroll eligible children in available programs. Additionally, lack of eligibility outcomes data hinders accountability. The enclosed reports discuss these issues and offer guidance on developing strategies to address them.

Please let us know if we can provide additional information, and we hope you visit our website at www.coveringkids.org for news about the initiative, including information about specific state projects.

Sincerely,



Sarah C. Shuptrine

Enclosures