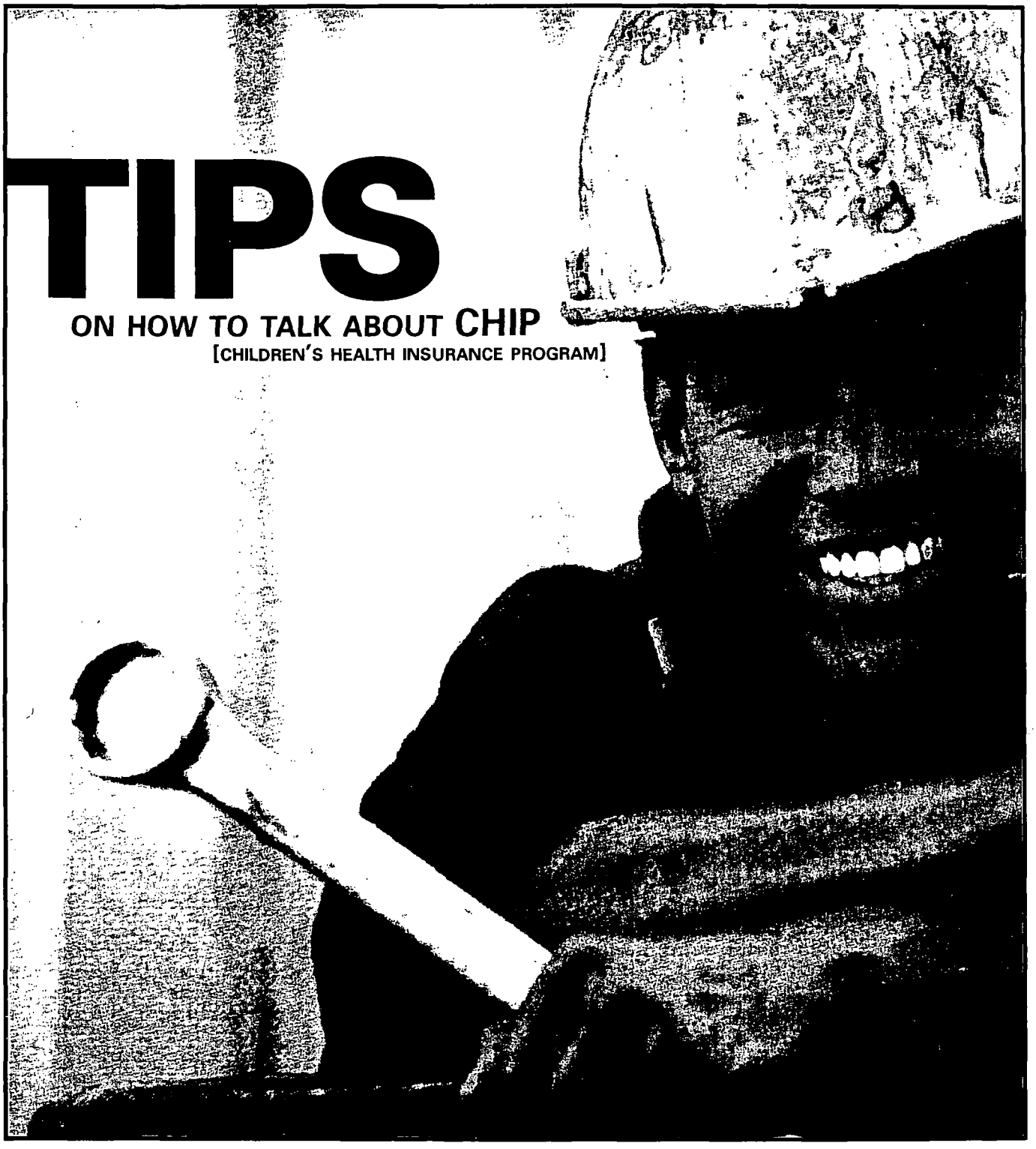
TIPS

ON HOW TO TALK ABOUT CHIP

[CHILDREN'S HEALTH INSURANCE PROGRAM]



prepared by the Health Resources and Services Administration

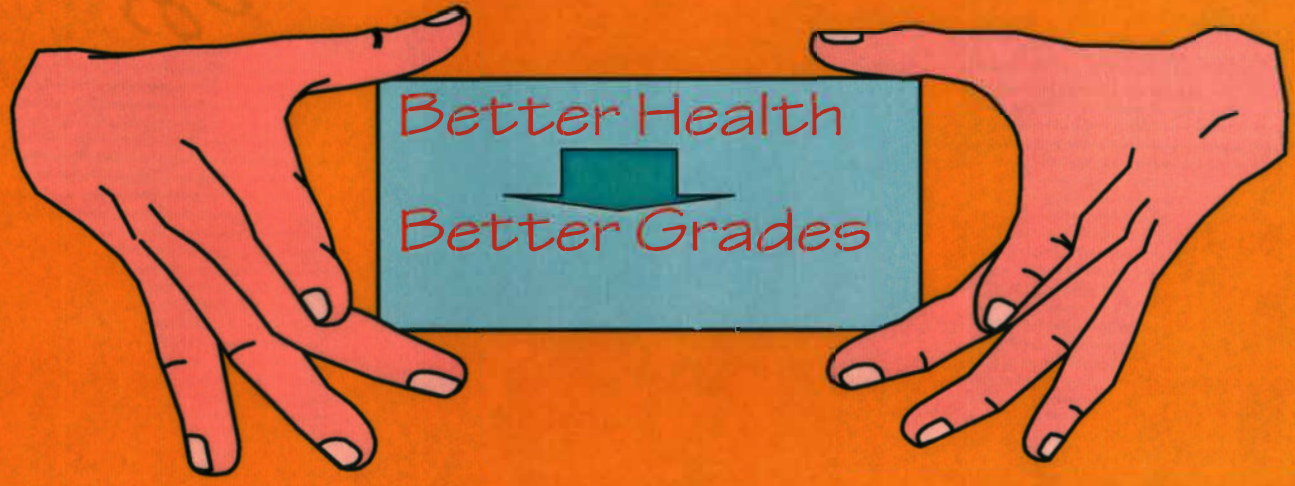
What is CHIP?

Children's Health Insurance Program

- NEW program
- for working families
- for children and teens who do not have health care insurance
- each state will have its own program
- You do not have to be an expert - just help us promote the idea.

Why is Health Insurance such a Critical Issue for Children and Teens?

- More illnesses
- less likely to be immunized
- fewer treatment for recurring infections
- growing rate of HIV/AIDS and STDs



Aren't most Kids covered by insurance or by Medicaid?

10.6 million kids have no health insurance.

1/2 of kids in working families have no employer covered insurance.

CHIP can make a difference!

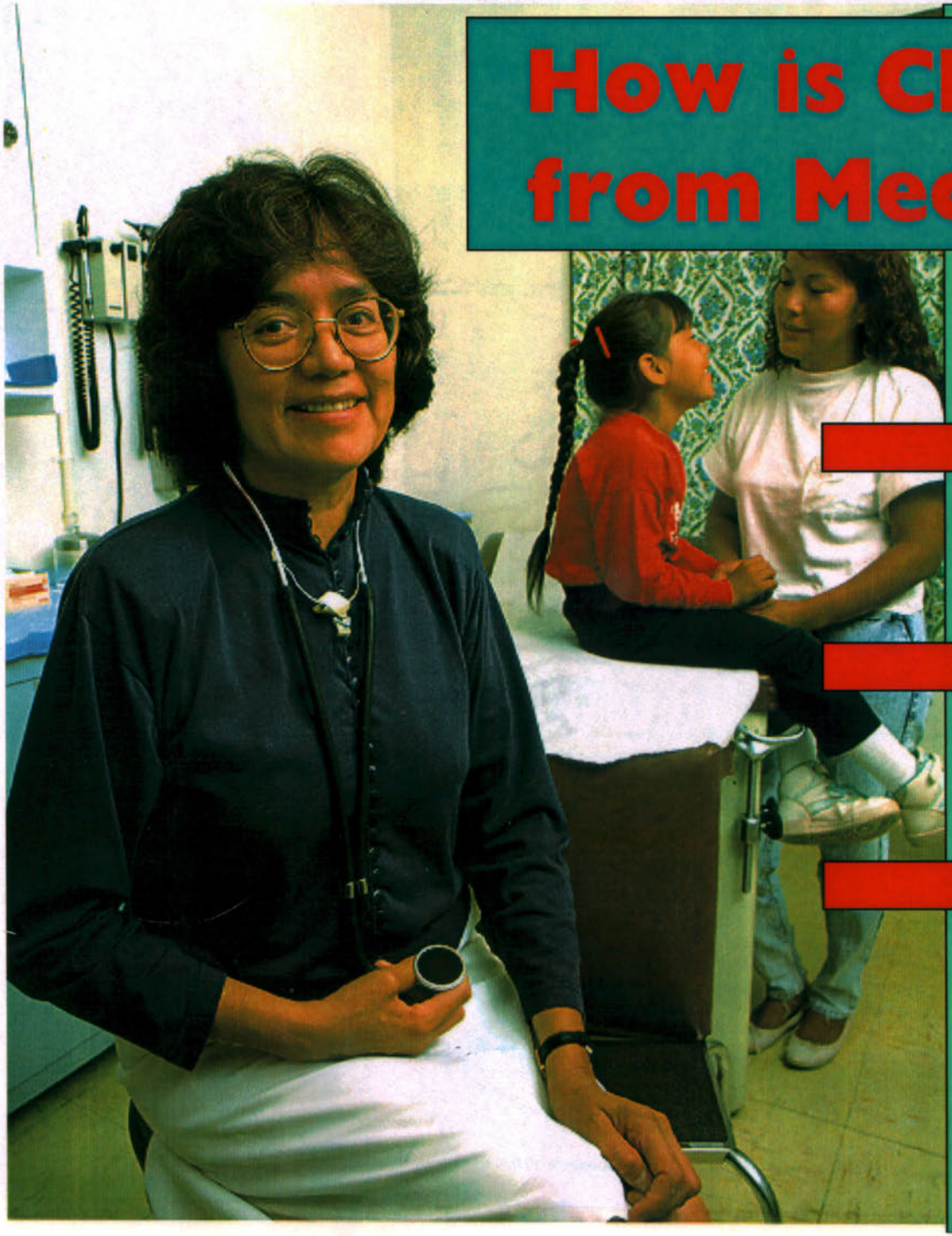
Why is CHIP important to us?


What's being done to help these children?
The CHIP Program will improve:
ACCESS
QUALITY
ACTIVE OUTREACH
We need your help to identify families who are being missed.

How is the program operated?

- **$24 Billion in federal money**
- **State designed and run programs.**
- **Each State will be different, may even use different names.**

Our job is to look for families being left out, and to spread the word about the 1-877- KIDSNOW national phone line.

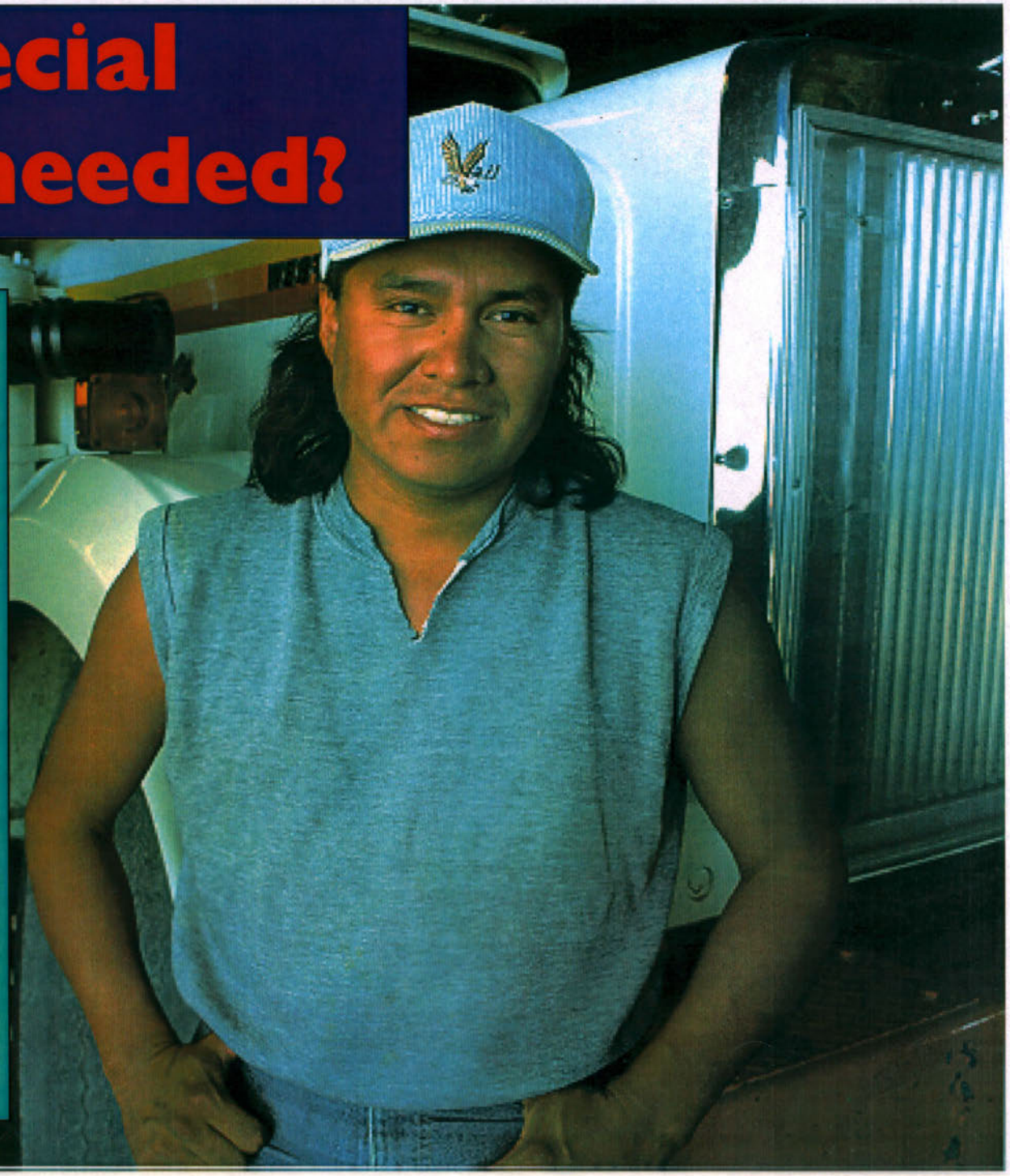


How is CHIP different from Medicaid?

- **CHIP is for children of working families**
- **It includes teens as well as children.**
- **Some states have launched state-wide campaigns.**

Why is special outreach needed?

- Enrollment is still low
- People are confused about health care generally
- Program is NEW
- Populations are hard to reach.




What can we do to help?
Display the toll free number.
Help find the families being left out.
Inform your constituent groups.
Distribute information to target groups.
Link websites.
1-877-KIDSNOW

O.K., Let's Brainstorm

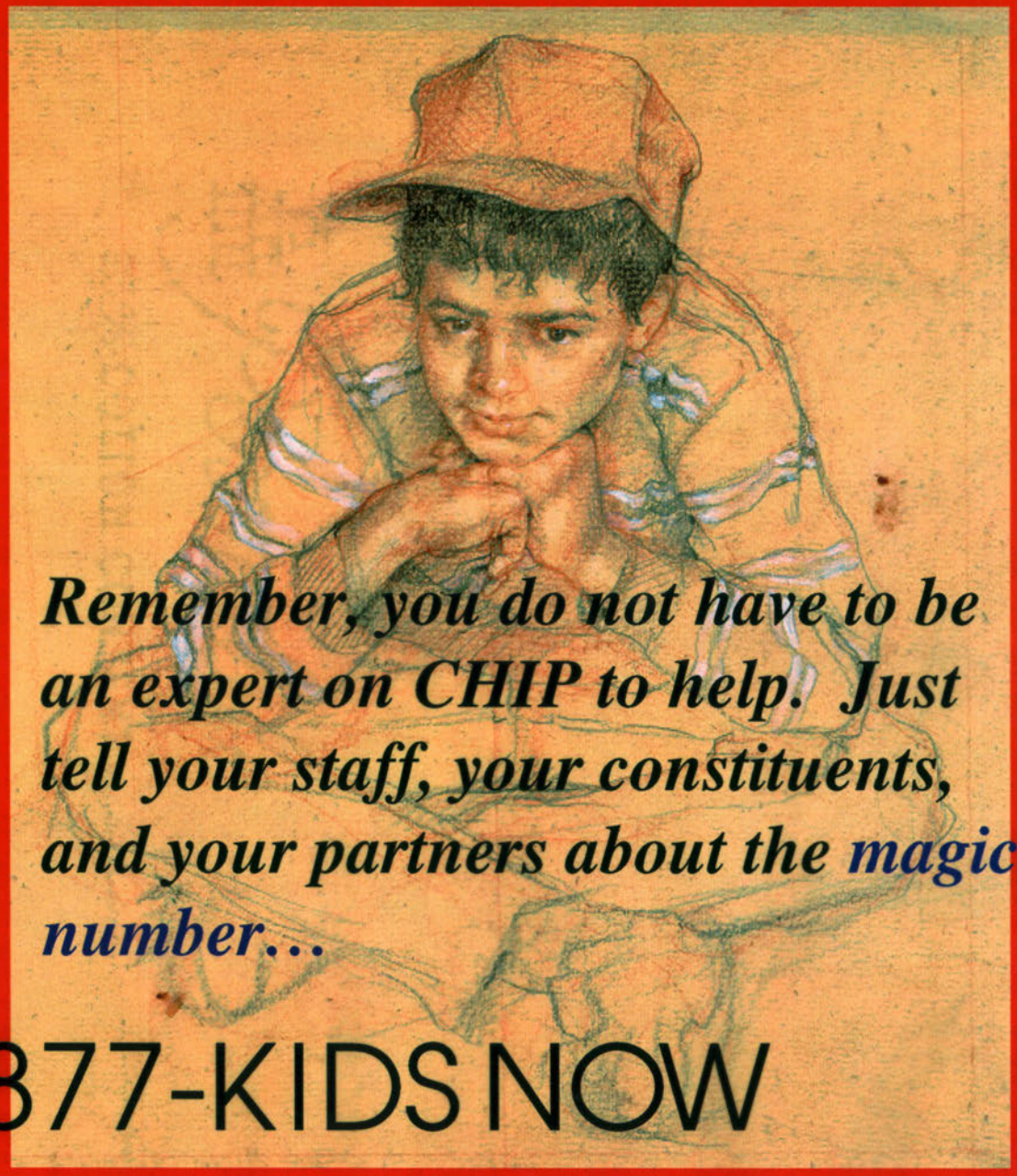
1. What **audiences** can we reach the best?

2. What are the **channels of information** we can use most effectively?

3. What **materials** do we need to promote the **1-877-KIDSNOW** number?

WHAT HAS BEEN DONE SO FAR?

- Dept. of Education - provided information on CHIP to families in 13,000 school districts.
- Dept. of Housing and Urban Development - distributed CHIP information to over 15,000 public housing units.
- Chicago School Districts - help parents pick up report cards and enroll in Medicaid and CHIP



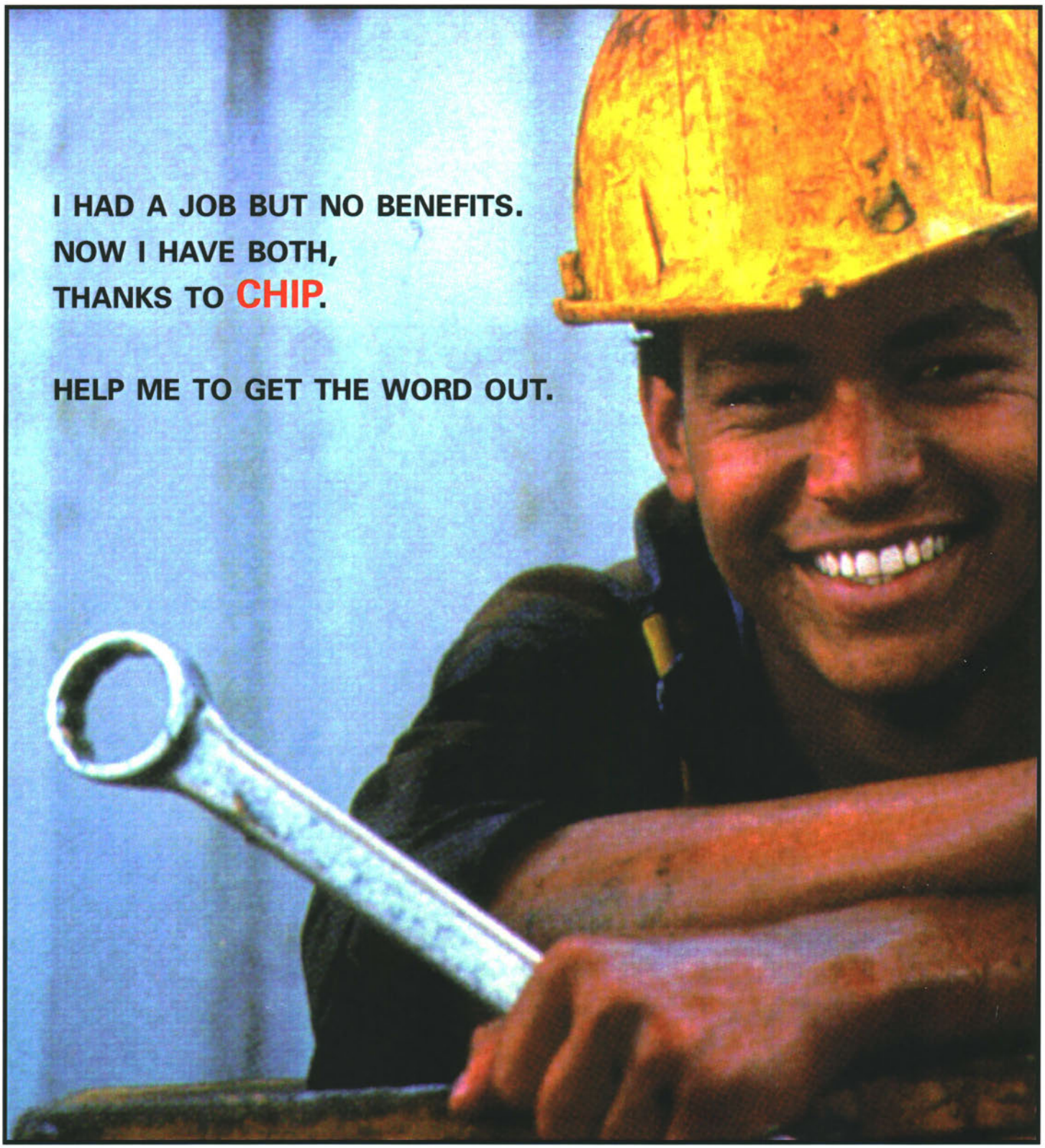
Remember, you do not have to be an expert on CHIP to help. Just tell your staff, your constituents, and your partners about the magic number…

1-877-KIDS NOW

1-877-KIDS NOW

How it works


Where do I get more information?
http:/www.hcfa.gov.init/children.htm
http://www.hrsa.dhhs.gov/childhealth/


I HAD A JOB BUT NO BENEFITS.
NOW I HAVE BOTH,
THANKS TO CHIP.
HELP ME TO GET THE WORD OUT.

The CHIP Initiative

You Can Make It Work

Improving the lives and future of America's children is a priority for the President and Congress. A cornerstone of this priority is the Children's Health Insurance Initiative. This program allows all children access to quality health care throughout their youth and adolescence. The new Children's Health Insurance Program (CHIP) provides health insurance coverage for children of ***working*** parents. Through this initiative, Medicaid insurance coverage is also extended to older kids and more low income groups. The challenge is to let people know about these benefits and encourage them to take advantage of them. Your agency has agreed to participate in this important effort.

For this program, a toll-free telephone number was developed that allows callers to link into their state's department of health services for enrollment information. The immediate program goal is to promote the toll-free number to families and kids who are not covered by health insurance. The number is:

1-877-KIDSNOW
1-877-KIDSNOW
1-877-KIDSNOW
1-877-KIDSNOW
1-877-KIDSNOW
1-877-KIDSNOW

Through your networks and staff, we need your assistance to promote **1-877-KIDSNOW** to families that can be reached through your programs. This kit is designed to make this task simple and easy. It contains the following tools:

1. Talking points - A simple outline of the program, what it offers and whom it is designed for. Suggestions for how to promote the toll-free number are included.

2. Overheads - For presenting the program to your staff.

3. Background information on the Children's Health Insurance Initiative - to familiarize yourself with the program.

4. On-line visuals that you can adapt and use for promoting the **1-877-KIDSNOW** through your information channels. The visuals offer options for various audiences and are available in Spanish and English.

5. A fact sheet for the target audiences which prominently displays the **1-877-KIDSNOW** number.

6. A technical assistance number for you to call for help in promoting the program.

Thank you for your support with this important program.

The 1-877-KIDSNOW Number

The 1-877-KIDSNOW number will be tied into all available state information center phone lines, so that anyone calling this number from any state will be answered by an operator or recording in the state where the call originated. This innovation allows us to publicize a single number, but get people the tailored information they need to enroll in each state. We expect the system will be operational in phases, with all participating states coming on line by early 1999.

The following on-line visuals have been designed for you to use in a wide variety of ways. Many states have materials and campaigns to promote the program. The purpose of these messages is to promote widespread knowledge of the 1-877-KIDSNOW phone number.

- ★ choose the images you think will work best with your agency's constituents. The images will be available in either a color or black & white format.
- ★ access the visuals through the HRSA Website. **http://www.hrsa.dhhs.gov/childhealth/**
- ★ print any of these images as flyers, postcards, posters, or other visual material that is most useful to your system of dissemination and budget. Text is available in English and Spanish.
- ★ add a tag line identifying your agency as contributing to the President's special initiative on child health insurance.

We will be monitoring public places throughout the country and hope to report on how widely seen these images are.

TALKING POINTS

1. What is CHIP?

CHIP stands for ***Children's Health Insurance Program.*** It is a NEW program that started in October, 1997 to meet the needs of ***working*** families across America who **do not have health insurance.**

Some families don't have health insurance because they are unemployed and cannot afford it.

But today many working families also find it impossible to afford good medical insurance.

Medicaid insurance covers the neediest families. CHIP now provides health insurance coverage to children of working families.

CHIP covers infants, small children and teens. The fact that it covers teens is a point you may want to stress.

Every state will have its own program - so the rules on eligibility will vary. Even the name CHIP may vary from state to state, as states launch their own promotion programs.

You do not have to be an expert on all aspects of CHIP. Just help us get the word out about the program to recruit the hard to reach populations that many of you serve.

2. WHY IS HEALTH INSURANCE SUCH A CRITICAL ISSUE FOR CHILDREN?

A. Children who lack health insurance are at increased risk to poor health throughout their childhood and into their teens.
   - more illness as newborns
   - less likely to be immunized
   - no treatment for recurring illnesses such as ear infections and asthma
   - increase in HIV and other STDs among teens.

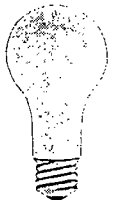
B. Kids with poor health also do poorly in school. Their poor health increases chances of poor academic performance and educational attainment.

3. AREN'T MOST CHILDREN COVERED BY INSURANCE OR GOVERNMENT PROGRAMS?

NO!

- 10.6 million children have no health insurance.
- Only half of the children of working families is covered by employer-sponsored private insurance.
- Less than half of children in poverty are covered by Medicaid and the number is decreasing. (47% in 1996 compared to 59% in 1993)
- Often teens are not covered.

CHIP can make a difference.



STOP HERE AND ASK YOUR AUDIENCE WHY THIS IS IMPORTANT TO THEM. You want to develop a sense of some personal commitment to the program.

4. WHAT IS BEING DONE TO HELP THESE CHILDREN?

The President and Congress created the Children's Health Insurance Initiative designed to:

- increase the number of children receiving comprehensive health care,
- ensure that health and medical services are available and accessible to all children,
- improve the quality of these services,
- actively reach out to families who have not accessed health coverage.

It is in the area of ACTIVE OUTREACH that we are asking your special cooperation.
Many of you are already doing a lot. This simple guide is designed to help.

5. HOW IS THE PROGRAM OPERATED?

The Federal government will provide $24 billion to the states over the next 5 years.
Each State will extend health care coverage to uninsured children through state-designed programs.

6. IS CHIP DIFFERENT FROM MEDICAID?

Medicaid was established 30 years ago and provides health insurance for poor children. CHIP is a new program that builds on Medicaid by providing insurance coverage to children of working families. Both programs are part of the President's Children's Health Insurance Initiative. Through this initiative the states may:

- extend Medicaid **AGE** eligibility to children between 6 to 18 years of age in poor families.
- extend the **INCOME** eligibility to cover children in working families who cannot afford health insurance.
- fund **promotion and outreach** to attract new beneficiaries.
- launch state-wide campaigns with special names and slogans to inform and motivate people to participate.

7. WHY DOES THIS PROGRAM REQUIRE SPECIAL OUTREACH EFFORTS?

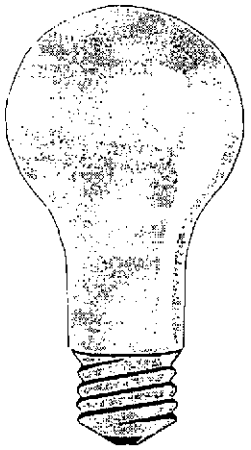
- The program is NEW and it can be complicated in some states.
- Despite efforts to date, a large portion of the target audience is not being reached by existing health coverage programs.
- People all over America are confused about health care. This is a tough time to introduce a new program without a special effort at promotion and outreach.
- The target populations are traditionally hard to reach:
    - employees of small businesses
    - farm families
    - self employed families

- homeless families,
- families in rural, remote, isolated areas,
- individuals with special health care needs,
- individuals with HIV and other STDs,
- families who move from state to state,
- immigrant families.

8. WHAT CAN MY AGENCY DO TO HELP?

Your agency has existing channels to reach many of these populations with the basic word about the new program. You do not have to answer complicated questions or become experts on the CHIP program. But you can be helpful to:

- display national toll-free number (1-877-KIDSNOW) on posters, pamphlets, and other material designed for the target audience,
- distribute information on the program to target groups,
- inform relevant constituent groups about the program,
- educate grantees, clearinghouses, technical assistance centers, eligibility workers about the program's benefits and publicize the national toll-free number,
- include CHIP enrollment on applications for other services,
- link websites,
- help identify places where the message is not getting out.



You may want to brainstorm with your audience at this point about specifics of your agency.

1. What audiences can your people reach best?

2. What channels of information do your folks use best and have easy access to?

3. What kind of outreach materials would they like to use?

9. WHAT HAS BEEN DONE SO FAR?

★ Department of Education is working with 13,000 school districts around the country to provide families with information about CHIP.

★ Department of Housing and Urban Development has distributed information on CHIP to over 15,000 public housing units.

★ Chicago School Districts arranged for trained volunteers to help parents fill out CHIP/Medicaid applications when they picked up their kids report cards.

10. WHERE CAN YOU GET MORE INFORMATION ABOUT THE PROGRAM?

- HRSA or HCFA WEBSITES
- State departments of health services

Children's Health Insurance Program Important Web Pages

http://www.hcfa.gov/init/children.htm for information about the CHIP program

http://www.hcfa.gov to see the August 1997 Balanced Budget Act legislation that established the program, Title XXI of the Social Security Act; updates on State plans; letters from HCFA and HRSA to States.

http://www.hrsa.dhhs.gov/childhealth for model child health programs; model outreach programs.

http://www.brightfuture.org to see the complete Bright Futures health supervision guidelines for health care providers and parents

http://www.bphc.hrsa.dhhs.gov for more information on model community-based primary health care program

Visual Materials

The following materials may be found on-line at the HRSA website

http://www.hrsa.dhhs.gov/childhealth/

They include a printed flyer plus several visual depictions of different messages which can be used in either black & white or color to meet the needs of your specific audiences.

You may consider handing out the first information sheet in the attached materials as a reminder to all the participants in your briefing.

New Health Insurance
now available for infants, children & teens.

Your kids and your teens deserve health insurance. And now you can get it!

NEW this year, every state in the country is making ***health insurance*** available as a ***Right*** to all Americans...with jobs or without jobs, to citizens, and to immigrants as well.

You already know ***why*** health insurance is important...

...your newborn baby needs check-ups;
...your child needs immunizations;
...ear infections and asthma are common problems you can't predict.
And yes, **teens** are covered too; car accidents, falls, fights, HIV/AIDS and other STDs; who knows when a teen will need medical care?

Private insurance costs too much for many of us.
Many working people have employers who don't provide coverage.

This New program provides insurance to working families,
but you have to call:
1-877-KIDSNOW
to get the information you need to enroll.

Each State has different rules.
This number will connect you with your state information center.

Don't put it off...tomorrow could be the day you need the insurance most.

Additional Reading & Background Materials

The following materials include:

February 11, 1998 Press Release

February 18, 1998 Press Release

VISUALS

Without health insurance, your kids are NAKED.
Call 1-877-KIDSNOW
with, or without a job.....
It's Affordable...it's First Class, and it's Your Right

No dejan sus ninos sin cubrir.
Llame: 1-877-KIDSNOW
con, or sin trabajo, seguro medico
Es economico
Es de primera classe
Es su derecho

I just got health insurance for my kids...it even covered my teenage boy
Call 1-877-KIDSNOW
Find out how you can get health insurance too.
Health insurance for kids and teens. NOW,
it's affordable,
it's first class
it's your right.

Now I don't have to say NO to people who need me.
Call 1-877-KIDSNOW
and find out how you can get health insurance for your kids and teens.
NOW, health insurance is
affordable,
it's first class, and
it's your right.

When I got this job I didn't get health insurance.
But I called
1-877-KIDSNOW
and got the information I needed
to get the insurance my kids deserve.
Health Insurance for kids and teens.....NOW
it's affordable
it's first class and
it's your right

Sure Mom...I'll be careful.
But what if he breaks a leg...who pays the doctor's bill? Call
1-877-KIDSNOW
Health insurance for babies, children and teens.
It's Affordable...it's First Class, and it's Your Right

Como no Mama, tendré cuidado, tu sabes!.
Pero quien paga el medico si rompre la pierna? Llame:
1-877-KIDSNOW
Seguro Medico para nino's y adolescentes
Es economico
Es de primera Clase
Es su derecho

My kid deserves health insurance too.
I finally got a job. The employer doesn't pay benefits. So I called
1-877-KIDSNOW
is's Affordable...it's First Class, and it's Your Right

What do you mean...no health benefits for my kids!
Don't let this happen to you. Call:
1-877-KIDSNOW
Health insurance for kids and teens...
It's Affordable
It's First Class
It's Your Right

My baby got health insurance
My daughter's working, but she couldn't afford health insurance - not until NOW. Call
1-877-KIDSNOW
It's Affordable...it's First Class, and its Your Right

Your kids got health insurance? If not, Call
1-877-KIDSNOW
It's Affordable
It's First Class
It's Your Right

I got a job...and NOW I can get health insurance for my kids, even though my employer can't pay for it. You can too, Call:

1-877-KIDSNOW
Health insurance for kids and teens
It's Affordable.....it's First Class, and it's Your Right

ESTAMOS SEGURADOS ! Mi empresa no tuvo seguro medico por mis hijos, pero llame a
1-877-KIDSNOW
Hagaló Uds.....con empleo or sin empleo, puedes ahora tener seguro medico por tus hijos.
Es economic,
Es de primera clase
Es su derecho


I just got health insurance for my kids...
it even covered my teenage boy
Find out how you can get health insurance too.
Health insurance for kids and teens. NOW. Its affordable...
it's first class, and it's your right
CALL
1-877-KIDS NOW


Without health insurance, your kids are NAKED.
With, or without a job...health insurance is affordable... it's first class, and it's your right!
CALL
1-877-KIDS NOW


No deje a sus niños sin cubrir!
Con, o sin empleo su seguro médico
es económico, es de primera clase, es su derecho!
LLAME AL
1-877-KIDS NOW


My kid deserves health insurance too.
Now, health insurance for kids and teens is affordable…it's first class, and it's your right!
CALL
1-877-KIDS NOW


Now I don't have to say
"NO" to people who need me.
CALL
1-877-KIDS NOW
and find out how you can get health insurance
for your kids and teens.
NOW, health insurance is affordable...
it's first class, and and it's your right


Your kids got heatlh insurance?
If not, call today!
It's affordable,
it's first class,
and it's your right!
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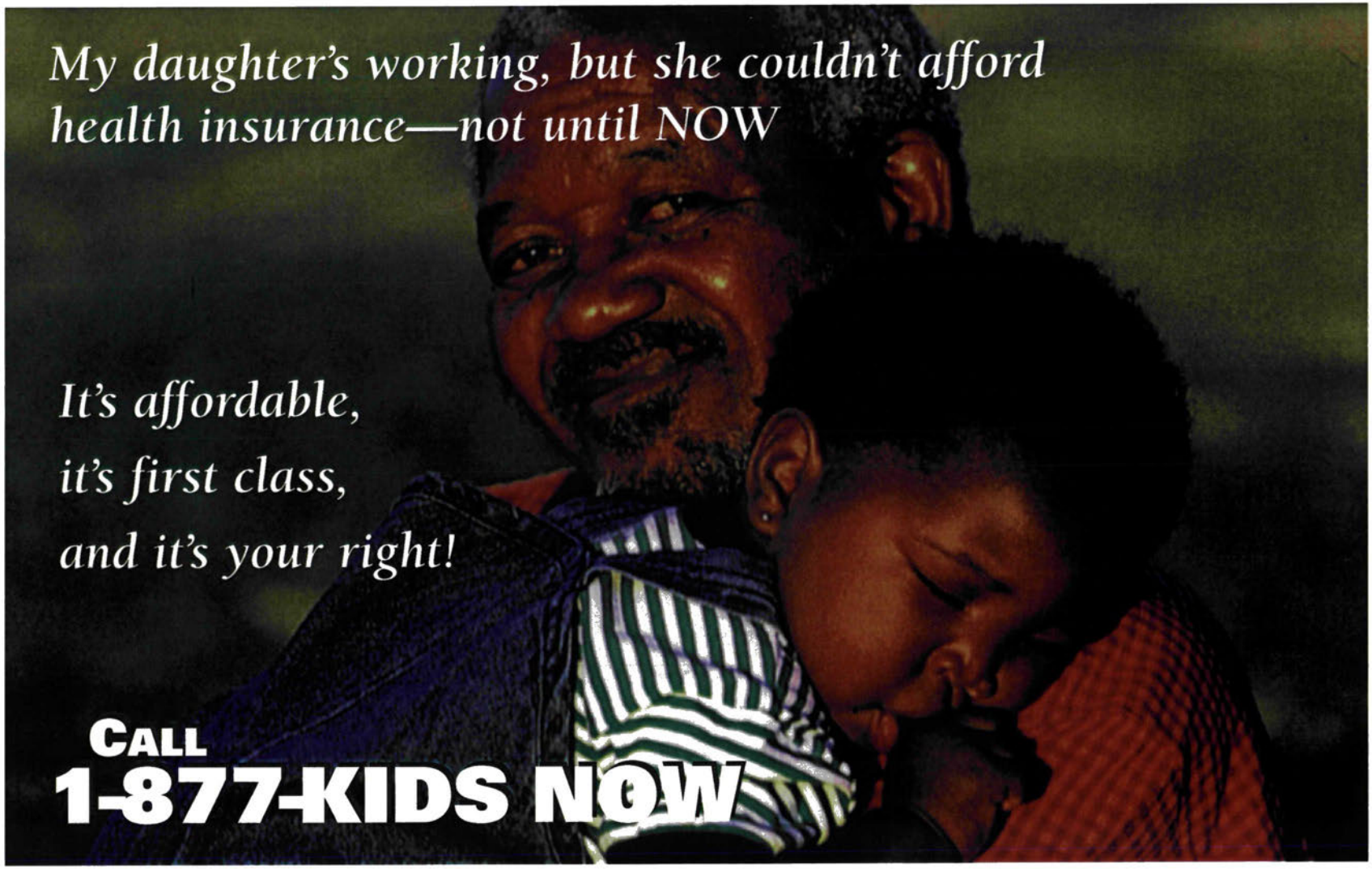
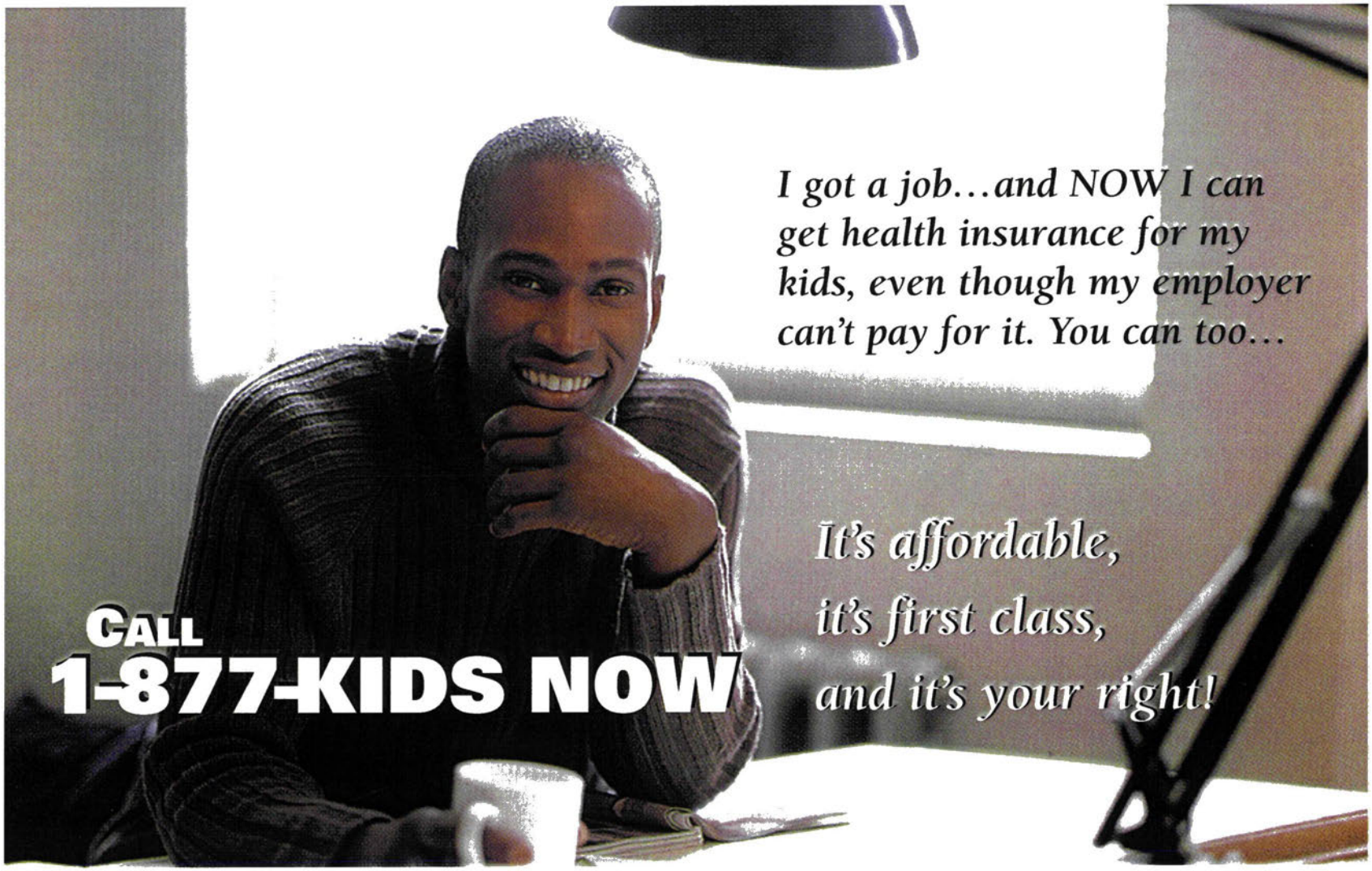

My daughter's working, but she couldn't afford health insurance—not until NOW
It's affordable,
it's first class,
and it's your right!
CALL
1-877-KIDS NOW


I got a job...and NOW I can get health insurance for my kids, even though my employer can't pay for it. You can too...
It's affordable, it's first class, and it's your right!
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What do you mean... no health benefits for my kid?
Don't let this happen to you.
Health insurance for kids and teens
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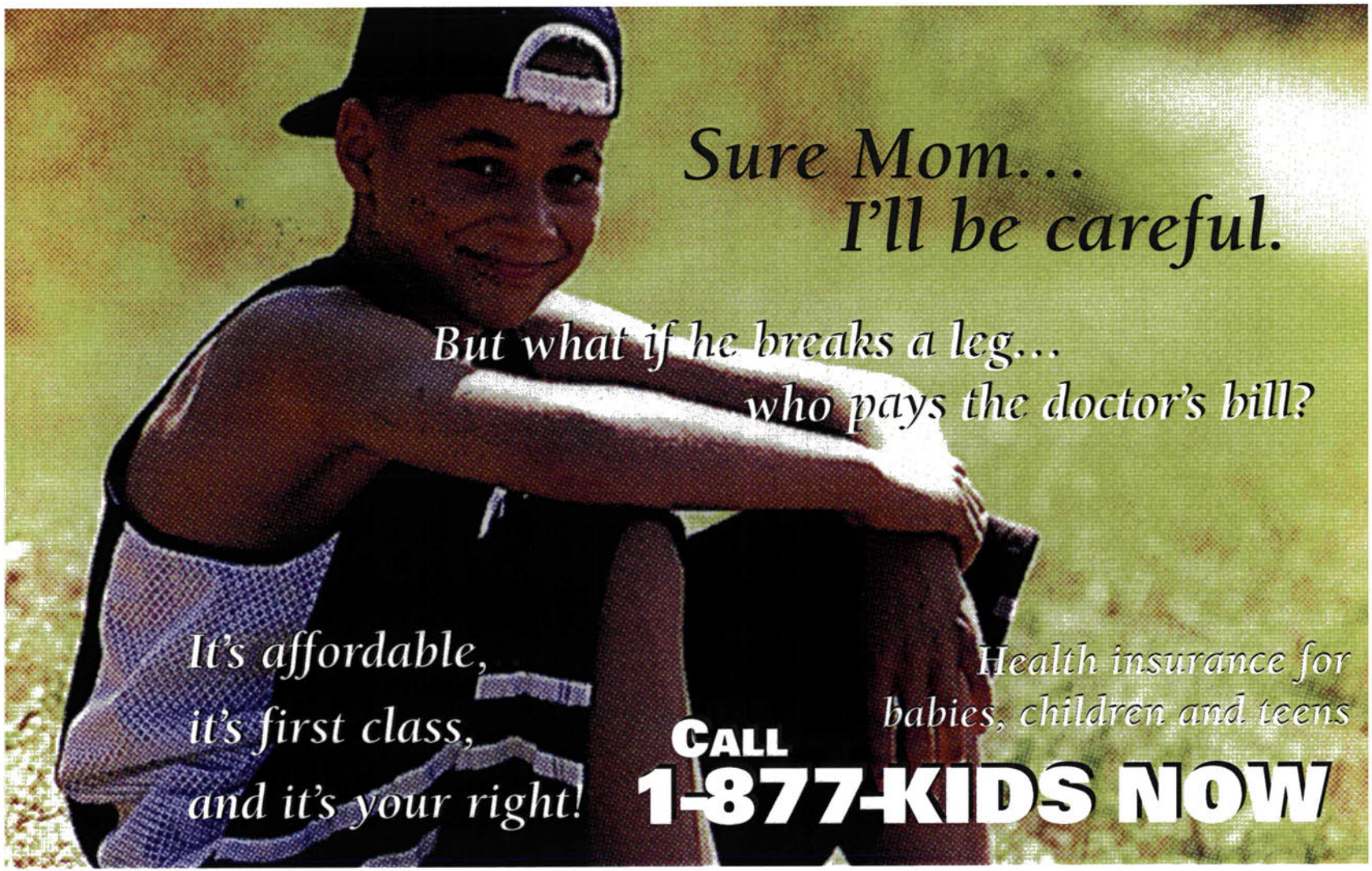
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Como no Mamá,
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Pero ¿quién paga el médico si se
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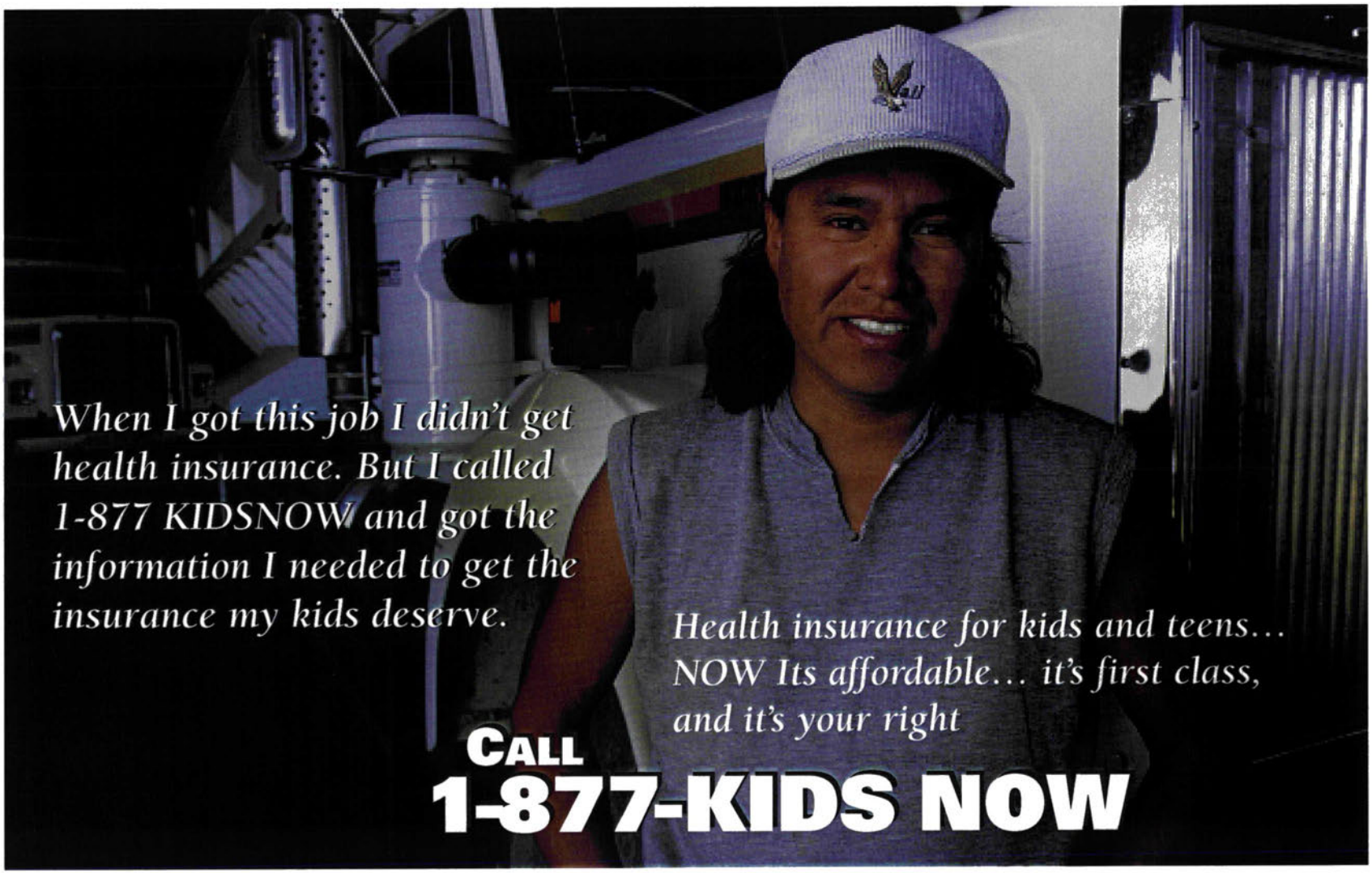
es de primera clase,
es su derecho!
LLAME AL
1-877-KIDS NOW


When I got this job I didn't get health insurance. But I called 1-877 KIDSNOW and got the information I needed to get the insurance my kids deserve.
Health insurance for kids and teens... NOW Its affordable... it's first class, and it's your right
CALL
1-877-KIDS NOW


ESTAMOS ASEGURADOS! Mi empresa no tuvo seguro médico para mis hijos, pero llamé a
1-877-KIDS NOW
Hagalo Usted...con empleo o sin él, ahora puede tener seguro médico para sus hijos.
es económico,
es de primera clase,
es su derecho!

Date: Wednesday, February 11, 1998
FACT SHEET
Contact: HCFA Press Office (202) 690-6145

THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Overview: *Today, an estimated 10 million American children -- one in seven -- are uninsured. To reach these children, many of whom come from working families with incomes too high to qualify for Medicaid but too low to afford private health insurance, President Clinton proposed a comprehensive children's health initiative which was included at his urging in the Balanced Budget Act of 1997. This new initiative -- the Children's Health Insurance Program (**CHIP**) -- sets aside $24 billion over five years for states to provide new health coverage for millions of children -- the largest children's health care investment since the creation of Medicaid in 1965. States will be able to use part of their federal funds to expand outreach and ensure that all children eligible for Medicaid and the new **CHIP** program are enrolled.*

The new initiative is a partnership between the federal and state governments that will help provide children with the health coverage they need to grow up healthy and strong. At President Clinton's insistence, the program requires that states use this new money to cover uninsured children -- and not replace existing health coverage. The program also includes important cost-sharing protections so that families will not be burdened with out-of-pocket expenses they cannot afford.

*Funds for the program became available to the states beginning October 1, 1997, and HHS is working closely with states as they design plans in accordance with the new law. During January and February 1998, HHS is sponsoring nine regional conferences to help inform states of all of the options available to cover children under **CHIP**.*

*To bolster the aggressive outreach strategies that are already part of **CHIP**, President Clinton's FY 1999 budget includes a significant effort to help states reach out to uninsured children. Over five years, the proposal provides $900 million for children's health insurance outreach to make sure that all eligible children are covered either under traditional Medicaid or the new **CHIP** program.*

*On January 30, 1998, Secretary Shalala announced that Alabama is the first state in the nation to receive approval of its program to provide health insurance coverage for thousands of uninsured children under **CHIP**. Fifteen additional states have submitted plans for approval as of February 11, 1998: Colorado, Missouri, Pennsylvania, New York, California, Florida, South Carolina, Ohio, Michigan, Tennessee, Illinois, Rhode Island, Massachusetts, Connecticut, and Oklahoma.*

EXPANDING CHILDREN'S ACCESS TO HEALTH COVERAGE

The federal-state Children's Health Insurance Program (**CHIP**), created under the new Title XXI of the Social Security Act, will expand health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage. It builds on Medicaid, the federal-state health insurance program that covers approximately 36 million low-income individuals, including 18 million children. Because Medicaid allows states flexibility in determining eligibility, states currently cover children whose family incomes range from the federal poverty level to as high as 300 percent of poverty, although the majority of states cover children in families between 100 and 150 percent of the poverty level. In the new

CHIP program, states may either cover children in families whose incomes are above the Medicaid eligibility threshold but less than 200 percent of poverty, or within 50 percentage points over the state's current Medicaid income limit for children.

Ensuring Meaningful Health Benefits. Under the new program, states have flexibility in covering eligible children. States may choose to expand their Medicaid programs, design new child health insurance programs, or create a combination of both. Under this program, a state may offer one of the following benchmark plans: the standard Blue Cross/Blue Shield Preferred Provider Option offered by the Federal Employees Health Benefit Program; a health benefit plan offered by the state to its employees; or, the HMO plan with the largest commercial enrollment in the state. A state may also choose to offer the "equivalent" of one of the benchmark plans. If a state chooses this option, its plan's value must be at least equal to the benchmark plan's and it must include: inpatient and outpatient hospital services; physicians' surgical and medical services; laboratory and X-ray services; and, well baby/child care services, including immunizations. In addition, if the plan a state chooses as its benchmark includes coverage for prescription drugs, mental health services, vision care, and hearing-related expenses, the state's "equivalent" plan must include similar benefits. Under the law, New York, Pennsylvania and Florida can continue to offer their current benefit arrangements (with some modifications to comply with the law's cost-sharing protections).

Limiting Patient Costs. Patient out-of-pocket costs for this program are allowed, but strictly limited. If a state expands its Medicaid program, then existing Medicaid limits apply to the newly enrolled. If a new health plan is developed, premiums for families whose income is under 150 percent of the poverty level cannot exceed $19 per family per month and copayments must be nominal. For families with incomes above 150 percent of poverty, cost-sharing must be based on an income-related sliding scale with an annual total for all children not to exceed five percent of the family's income.

Preventing Cost Shifting. To prevent states from shifting children from the traditional Medicaid program to this new program, states must not tighten the Medicaid eligibility standards for children that were in place on June 1, 1997. States that use **CHIP** funds to expand Medicaid must maintain the Medicaid eligibility standards that were in place on April 15, 1997. In addition, states must enroll all children who meet Medicaid eligibility rules in the Medicaid program, not in the new **CHIP** plan. All states must design their programs to prevent private cost shifting as well. In their child health plans, states will describe methods they will use to prevent "crowd out" or the shifting of children from other insurance programs to **CHIP**.

ACCESSING FEDERAL FUNDING

Under the new law, states are eligible to receive an enhanced federal matching rate for state programs approved by the Secretary of Health and Human Services which expand access to targeted, low-income children under the new **CHIP** program. Funds will be allocated to each participating state according to their number of uninsured and low-income children, accounting for regional cost differences. Minimum available state allocations, which were published in the Federal Register in September, range from $3.5 million for Vermont's relatively small population to a high of $855 million for California. States may use up to 10 percent of the federal share of **CHIP** expenditures for outreach, services other than the standard benefit package for eligible children, and administrative costs. To access the FY 1998 allocation, states must have their **CHIP** plans approved by the Secretary of Health and Human Services by Sept. 30, 1998. States that meet this deadline, and have spent funds insuring targeted children during that year, can receive funding retroactive to October 1, 1997.

The amount of money the federal government gives states for their Medicaid program will not change for children who meet traditional Medicaid eligibility rules. Children brought into Medicaid under eligibility

expansions implemented after April 15, 1997 whose families have incomes up to 200 percent of poverty or 50 percentage points over current state standards for children will be eligible for a higher match by the federal government than that currently available under Medicaid.

HHS is working closely with states to design **CHIP** plans which meet the requirements of the new law. HHS has written to each state outlining the new program, and has published a list of the state allotments; a preliminary check-list of information states must submit to HHS when applying for their allotments; and answers to the most commonly asked questions from states about how to develop their children's health insurance programs. The Department will work with states to expedite the development and implementation of state **CHIP** plans.

EXPANDING OUTREACH

President Clinton's FY 1999 budget includes a significant effort to help states reach out to uninsured children, and ensure that all children eligible for Medicaid and the new **CHIP** program are enrolled. Over five years, the proposal provides $900 million for new outreach efforts, including:

- **A broad expansion of the number of places children could get Medicaid coverage immediately on a temporary basis while formal applications are processed.** This process, known as "presumptive eligibility," allows workers in specially designated locations to bring a child immediately into the program on a temporary basis. Under current law, workers in such places as Head Start centers and agencies that certify families for the Women, Infants and Children program can grant a child immediate Medicaid coverage. The President's plan would expand that authority to other agencies, such as schools, child care resource and referral centers and child support enforcement programs.

- **New access for states to an outreach fund established by the Temporary Assistance for Needy Families (TANF) program (formerly the Aid to Families with Dependent Children program).** The proposal would help states defray the cost of finding and enrolling children by expanding the use of a $500 million fund which was originally set up to help states with Medicaid outreach for children who lost cash aid under welfare reform. Few states have used these funds, partly because of the difficulty of targeting such a narrow group. Under the President's plan, Medicaid would pay $9 of every $10 spent by states for most outreach activities for all uninsured children qualified for assistance, and not just for outreach to a small subset of the children. Also, the budget proposal would remove the fund's sunset date of 2000 and add an additional $25 million to the effort.

BUILDING ON PREVIOUS CLINTON ADMINISTRATION ACTIONS

Since 1993, HHS has approved Medicaid waivers for 17 states for comprehensive health care reform projects that have allowed states to control costs and expand coverage. In addition, HHS has approved requests from 19 states for Medicaid waivers as part of larger welfare reform projects, as well as 25 local Medicaid demonstration projects. *When fully implemented, these demonstration projects will extend health coverage to 2.2 million parents and children who otherwise would be uninsured.*

President Clinton also signed into law the Health Insurance Portability and Accountability Act of 1996, creating important new protections for an estimated 25 million Americans (approximately 1 in 10) who move from one job to another, who are self-employed, or who have pre-existing medical conditions.

The new Children's Health Insurance Program also builds on the Clinton Administration's long standing commitment to improving health care for children. The President has issued guidelines to eliminate easy

access to tobacco products and to prohibit companies from advertising tobacco to kids. He also recently announced that in 1996, over 90 percent of America's toddlers received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal he set in 1993. And, the FDA recently released a rule that requires manufacturers to do studies on pediatric populations for new prescription drugs as well as those currently on the market.

Combined, this administration's efforts will help assure that children get the healthy start they need to live long and productive lives.

STATE CHIP PROGRAMS

Descriptions of approved state **CHIP** programs follow:

Alabama

State Allotment. Alabama will have access to a preliminary allotment of $86 million in **CHIP** funds for fiscal 1998. The state allotments are based on Census Bureau estimates of the number of low-income children without health insurance.

Plan Design. Alabama will expand its Medicaid program to include approximately 20,000 new children.

Benefit Package. The standard, comprehensive Medicaid benefit package will be extended to the newly eligible children.

Cost Sharing. Medicaid rules for minimal cost-sharing will apply.

Eligibility. The state's plan will expand eligibility to children up to age 19 who were born on or before September 30, 1983, with family income levels at or below 100 percent of the federal poverty level ($16,050 for a family of four). The Omnibus Budget Reconciliation Act of 1991 required states to phase-in Medicaid coverage for these children by 2002. Alabama will use the additional money available under the **CHIP** program to accelerate the addition of these kids to its Medicaid program. The program currently covers children from birth to age five at 133 percent of poverty and from age six to 14 up to 100 percent of poverty.

Outreach. The state will hire extra outreach workers to increase the number of children located and enrolled in Medicaid. Information on the new program will be advertised through newspapers, a press conference, public service announcements and through the school system.

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

February 18, 1998

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

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

- ✔ **ANNOUNCED THAT COLORADO AND SOUTH CAROLINA HAVE JOINED ALABAMA AS THE FIRST COVERAGE EXPANSIONS UNDER THE NEW CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).** Today, the President is announcing that Colorado and South Carolina join Alabama as the first states to come into the children's health program. In late January, Alabama received approval to expand its Medicaid program to children ages 14 to 18 up to 100 percent of poverty. South Carolina will expand its Medicaid program to provide coverage to all children up to 150 percent of poverty. And, Colorado builds upon its current non-Medicaid program to cover children up to 185 percent of poverty. The President is also announcing that many more States are well on their way to expanding coverage to more uninsured children. Currently, 14 additional states have submitted plans to HHS for approval, and nearly 30 States are actively planning new ways to address the needs of uninsured children.

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

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

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

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

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

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

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

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

February 18, 1998

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

Enlisting Health Care Providers:

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

Engaging Hospitals and Health Centers:

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

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

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

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

Making Children's Health Insurance a Public Health Priority:

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

Investing in Innovative National, State and Local Outreach:

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

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

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

companies have joined this effort -- SmithKline Beecham and Schering Plough.

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

Mobilizing Major Corporations:

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

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

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

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

Involving Teachers and Child Care Referral Centers:

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

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

Strengthening Grassroots Efforts to Sign Up Uninsured Children:

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

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

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

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

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

Outreach for Children's Health Insurance

Draft

Update of Activities

Federal Interagency Task Force
December 10, 1998

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allcover

ADMINISTRATION FOR CHILDREN AND FAMILIES		
Activity Description	**Progress Notes**	**Date Completed**
1. Brief and distribute outreach information to Regional Office staff and other Federal partners (Ongoing).	Distributed CHIP flyer and encouraged staff to review HCFA and HRSA webpages.	7/98
2. Distribute outreach information to State and local partners. (Ongoing)	Distributed information during regional visits to State and local agencies.	7/98
3. Invite State Directors to participate in conferences and forums (Ongoing).	Each region has invited State CHIP directors to participate in regional Head Start, Child Welfare, and Child Care and Health collaboration forums.	Ongoing
4. Actively enroll ACF grantees and technical assistance contractors in outreach efforts (Ongoing).	CHIP is being discussed at site visits and information is being distributed.	Ongoing
5. Encourage State Child Support offices to promote outreach (Ongoing).	State letter sent out to all child support directors. Follow-up letter offering support being drafted.	2/98
6. Encourage distribution of CHIP and Medicaid promotional, enrollment, and application materials (Ongoing).	Information was distributed at over 23 conferences from 1/98 through 7/98, and CHIP-related topics were on the agenda.	Ongoing

ADMINISTRATION FOR CHILDREN AND FAMILIES		
Activity Description	**Progress Notes**	**Date Completed**
7. Provide technical assistance for outreach to Tribes, Native Hawaiians, and Pacific Islanders (Ongoing)	CHIP is discussed at all regional tribal meetings.	Ongoing
8. Send letter to States encouraging outstationing in areas with high Child Care, Early Head Start, and Head Start enrollments (July 1998)	An informational memorandum to States from the Head Start Bureau was issued in November, 1998. The Child Care Bureau letter was sent in July, 1998.	Completed
9. Coordinate efforts with other Federal and State agencies (Ongoing)	Participating in State plan review.	Ongoing

ACF

AGENCY FOR HEALTH CARE POLICY AND RESEARCH		
Activity Description	**Progress Notes**	**Date Completed**
1. Inform employees through e-mails; desk-to-desk handouts; follow-up reminders (Beginning in Summer 1998)	A letter from the Administrator describing the initiative and requesting assistance was sent to all AHCPR employees.	10/14/98
2. Encourage grantees and contractors to educate families about outreach (Summer 1998)	A letter from the Administrator encouraging dissemination of information and research around CHIP evaluation was sent to all grantees and contractors.	10/15/98
3. Encourage grantees in co-sponsored research to educate families about outreach (Beginning in Summer 1998)	Letter from the Administrator encouraging dissemination of information and research around CHIP evaluation (as above).	10/15/98
4. Notify outside individuals and groups about outreach via its child health listserve (200-plus subscribers) (Summer 1998)	Message will be sent 12/15/98.	
5. Support evaluations of CHIP and Medicaid outreach through its investigator initiated grant programs. (Ongoing)	An AHCPR Program announcement was sent as an attachment to all research grantees and contractors to remind them of agency interest in research on CHIP and outreach.	10/15/98

AHCPR

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY		
Activity Description	**Progress Notes**	**Date Completed**
1. ATSDR Public Health Assessors at sites (Superfund and others) will receive information about the insurance program to deliver to communities.		
2. Workers at Environmental Justice and Brownfield sites will be prepared to share information and be available to discuss the program with stakeholders.		
3. Regional staff and Cooperative Agreement State representatives will also be informed and prepared to communicate insurance information.		
4. Communities that use ATSDR's Pediatric Environmental Medicine Referral Units (Boston, New York, Seattle) will receive information.		
5. Families receiving clinical care AOEC/ATSDR clinics (0ver 50) throughout the US will receive insurance information.		

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY		
Activity Description	**Progress Notes**	**Date Completed**
6.ATSDR's children's website (http://astdr1.astdr.cdc.8080/child) contains information about the insurance program. Active links may be made to other governmental and non-governmental partners, including the Girl Scouts of USA, National PTA, March of Dimes, Children's Environmental Coalition, and others.		

ATSDR

CENTERS FOR DISEASE CONTROL AND PREVENTION		
Activity Description	**Progress Notes**	**Date Completed**
1. Send letters to grantees to describe how they might assist in outreach (Summer 1998)	Letter describing initiative and requesting assistance sent to over 2,400 grantees.	11/98
2. Allow States to use database of "pockets of need" to target eligible children (Summer 1998)	Working to determine best way to utilize the database.	9/98
3. Use distance-based learning (e.g., satellite sessions) to educate about outreach (Summer 1998)	Draft language to be included at the beginning of the satellite training session is under development. Awaiting completion of toll-free number project. Slides have been prepared to insert into all distance-based learning broadcasts, to include the toll free number.	Fall, 1998
4. Assist State and local health departments in helping to insure children (Summer 1998)	A letter was sent to all State health officers.	10/98
5. Add Medicaid/CHIP toll-free number to CDC publications, pamphlets, etc. (Fall 1998)	Awaiting the release of the CHIP toll free number.	Fall, 1998

CENTERS FOR DISEASE CONTROL AND PREVENTION		
Activity Description	**Progress Notes**	**Date Completed**
6. Educate parents and grandparents about outreach through non-children's programs (e.g., cancer screening programs) (Summer 1998)	Lists of appropriate groups to target have been compiled. CDC programs are preparing letters for State and local programs. Injury - 2500 letters Immunization - regional based consultants have been working with State partners and providing technical assistance on outreach. Working on plans to notify VFC providers (11,799 public and 33,706 private providers) of ways to become more involved. Division of Adolescent and School Health sent letters to all funded constituents. Region I - set up partnership between HCFA Regional staff and State Immunizations programs in Maine and New Hampshire. HCFA will be able to use Immunization Registry to identify CHIP eligible kids. Region V - prepared training guide.	Fall, 1998
7. Link appropriate Internet locations to HCFA's children's Internet site. (Summer 1998)	Completed.	8/98

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Establish network of outreach specialists (Fall 1998)	CO is planning to provide social marketing training with assistance of contractor.	11/98
	CO and RO points of contact were posted on the HCFA webpage.	8/98
	RO's have added or re-assigned staff for outreach (e.g., focusing on Hispanic populations and the aged and disabled).	
2. Develop Regional Interagency Work Groups (Beginning in September 1998)	HCFA ROs are in the process of convening Interagency Outreach Task Force meetings with other Departments, including additional Federal agencies such as EPA and the Small Business Administration. (See Section for Regional Directors.)	Ongoing
3. Create an on-line clearing house for outreach information (Fall 1998)	The outreach, benefit, and eligibility components of all State plans are summarized and will be posted on the internet once approved.	9/98
	Internet links between State Medicaid and CHIP agency homepages have been established.	8/98
	Created on-line clearing house for outreach/enrollment information. Webpage incorporates latest updated reports by states (20) on outreach practices, successes, problems. Sample enrollment applications included. Hyperlinks to other Federal agencies encouraged.	
4. Distribute flyer on outreach to workers (Summer 1998)	White House flyer with cover letter from the Administrator, has been distributed to all HCFA employees via e-mail.	8/98
	RO's have distributed hard copies of the flyer to HCFA RO staff.	8/98
5. Identify outreach needs of State Medicaid and CHIP officials (October 1998)	A series of focus groups are planned with State Medicaid, MCH, and CHIP directors.	10/98 - 11/98
	RO's have developed or are planning workgroups and task forces focusing on immigrants and minority populations.	8/98

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
6. Facilitate partnerships between State health and non-health program officials	Workgroups have been developed with representatives from groups such as Head Start, child welfare agencies and organizations, and CBO's.	Ongoing
	Aggressive partnership building among Federal workers and agencies continues through meetings, workgroups, speeches, conferences related to CHIP, including establishing interagency workgroups mirroring the IATF.	
7. Identify and share best practices (Beginning October 1998)	Working with APHSA to coordinate identification of best practices being submitted for APHSA and HCFA websites.	9/98
8. Assist States in reducing barriers to enrollment through a Task Force (Beginning in Summer 1998)	A task force comprised of State health agencies, providers, and advocates provided guidance on how to further simplify applications and the enrollment process. A final draft of a letter to State Health Officials is in clearance. It highlights the flexibility States have to simplify the application and enrollment process including clarification of two eligibility-related issues: provision of Social Security numbers for applicants and non-applicant family members; and establishment of immigration status for non-citizens.	8/98
	In partnership with HRSA, conducted a series of Technical Advisory Panels involving 20 State Medicaid, MCH and CHIP officials to discuss successes in outreach and to provide a forum for exchange of innovative ideas.	
	Conducting conferences, workshops, meetings with eligibility and enrollment staff from States to continue simplifying enrollment process.	
9. Publish articles on children's health insurance coverage (Ongoing)	Updates on CHIP approved plans were published in the HCFA Health Watch.	7/11/98
	RO's have published articles about CHIP in local newspapers, senior citizen publications, and congressional constituent newsletters.	Ongoing

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
10. Provide technical assistance to improve cultural competency of outreach efforts (Beginning in Summer 1998)	HCFA will be a principal participant in the upcoming National Conference on Cultural Competency at the NY Academy of Medicine.	
	Activities are in progress to address policy issues affecting diversity in HCFA administered programs.	
	Focus groups have been conducted with Hispanics in California, Arizona, and Florida to further identify the health care needs of this population.	
	A tri-State (MD/VA/DC) pilot project jointly developed by AHA, March of Dimes, and HCFA targeted to minorities is in the production stage and launching is anticipated.	9/98
	A pilot project utilizing culturally competent PSAs for 6 States is in final review.	8/98
	Several RO's have established Latino workgroups.	
11. Outreach to grandparents through Medicare (Beginning in September 1998)	HCFA's Center for Beneficiary Services will include CHIP information through the States Health Assistance Program Grantees.	
	RO's have published CHIP articles in senior citizen publications.	
12. Encourage distribution of CHIP toll-free number (Beginning in Fall 1998)	Toll free number has ben piloted tested in eight States, with implementation date of mid-January 1999 for all participating States.	

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
13. Work with minority groups to promote outreach (Ongoing)	Convened National Conference of HBCUs to identify ways in which the HBCUs could assist State Medicaid and CHIP agencies to conduct outreach.	8/13 - 8/14
	RO partnered in LaRaza National Conference. CO designed and conducted special training program on Medicaid/CHIP for members of the National Conference on La Raza.	7/98
	RO's have held consultations with Native American tribes and Hispanic organizations. Formed special workgroup on outreach with the Hispanic Leadership Group to identify strategies to share with States.	Ongoing
	Designed and implemented a Communications Pilot involving radio/tv spots for 6 States, with focus on minority populations. Coordinated a major private/public sector media pilot for DC/VA/MD with AHA, March of Dimes, Safeway.	

HEALTH RESOURCES AND SERVICES ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Convene Regional meetings with other Federal workers, particularly ACF (Ongoing)	Most of the Regional offices have established an interagency workgroup, either under the coordination of the Regional Director, or with HCFA/HRSA serving as convener. A number of activities have been carried out by these groups. The Regional Directors have formally proposed establishing an interagency workgoup in all Regions (See Regional Director).	9/8/98
	Regions V and VII held a multi-agency (HRSA, HCFA, ACF, others) outreach conference that was attended by more than 400 people. Other regional staff participate in interagency work groups.	4/8 - 4/9/98
2. Train providers on outreach including the National Health Service Corps and Area Health Education Centers that train 21,000 students and 50,000 health providers. (July 1998).	HRSA is developing a video describing ways for providers to facilitate CHIP and Medicaid enrollment. A sample presentation kit is being developed.	Ongoing
	HRSA has identified provider organizations' conferences and newsletters to target with outreach information. Draft articles for newsletters and speech blocks will be developed.	
	Flyers have been distributed to AHEC program directors; AHEC's board of directors has identified a liaison for outreach activities. A bulletin is being prepared to describe successful AHEC outreach activities (6/98)	
	Information about CHIP and outreach for children's health insurance is included in orientation for all new National Health Service Corps providers (Ongoing)	
3. Distribute best practices in coordination between insurance and Maternal and Child Health programs (Ongoing).	Lewin Report on the relationship between Title V programs and State CHIP programs completed and distributed. (8/1/98)	
	MCHB has held bimonthly conference calls with State Title V directors about CHIP and outreach activities. (Ongoing)	
	HRSA has prepared a compendium of outreach practices to be distributed to all HRSA grantees.	
	HRSA participated in a project with HCFA to carry out a series of 5 meetings examining best practices/barriers to outreach for 20 States. Information will be shared with States.	

HEALTH RESOURCES AND SERVICES ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
5. Broaden technical assistance to grantees and community-based organizations (Beginning in June 1998)	HRSA is conducting a needs assessment to assess current outreach strategies in place to avoid duplication of efforts and to identify gaps in outreach strategies (8/27/98)	Ongoing
	HRSA has sent information on CHIP and Homeless Children to 128 Healthcare for the Homeless grantees.	
	HRSA has sent a letter to 127 Migrant Health Centers providing information on CHIP outreach. The centers are being polled to determine how they have become involved with the development and implementation of State CHIP programs.	
	Letters have been sent to HRSA's PCAs. These groups are now positioning themselves to help us monitor CHIP as the State programs get up and running. In addition, CHIP presentations have been given at regional primary care association meetings.	
	HRSA's Border Health Program has worked with grantees to educate them about CHIP opportunities.	
	Healthy Start program targeted TA and funds to its grantees to support cooridnation with State/local MCH agencies and CHIP programs (Ongoing)	
	Children with Special Health Care Needs (CSHCN) division presented to grantees on CHIP, worked with Family Voices network on CHIP. (Ongoing)	
6. Require Ryan White grantees to educate staff about Medicaid and CHIP (August 1998)	Policy Directive completed.	10/31/98
7. Send letter to 221 rural grantees to encourage them to get involved in State outreach plans (June 1998)	Letter on eligibility and enrollment was sent to 221 rural grantees and to 10 rural State offices.	6/30/98

HEALTH RESOURCES AND SERVICES ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**
9. Build and coordinate community coalitions with a focus on hard-to-reach populations (Beginning in June 1998)	HRSA is collecting information on all of its partners and advocacy groups. A list serve is being assembled to coordinate mass mailings to: Faith Initiative Healthy Communiites Healthy Start	
10. Work with border communities' programs on outreach (FY 1999)	A bi-regional CHIP conference for outreach workers located in border communities is being planned.	
	A demonstration project that will conduct outreach activities to enroll children into CHIP and Medicaid is planned. Currently soliciting pre-proposals and identifying dollars.	
	A national conference is planned to provide training to promotoras, in conjunction with the National Association of Lay Community Health Workers in May, 1999.	
11. Train outreach workers in Empowerment Zones and Enterprise Communities' health centers (beginning in August 1998)	HRSA is working to identify the appropriate site for this activity.	
12. Refer Title V and Healthy Start toll-free hotline callers to CHIP / Medicaid information services (Ongoing)	Discussions are underway to explore expansion of HRSA's MCH hotline, including training Spanish-speaking operators to respond to questions about CHIP.	

HRSA

INDIAN HEALTH SERVICE		
Activity Description	**Progress Notes**	**Date Completed**
1. Organize a headquarters leadership team to promote outreach (July 1998).	Team has been established	7/98
2. Send directives to agency specialty annual meetings (e.g., National Councils of Chief Medical Officers) to include workshops and plenary session on outreach (Summer, 1998).	Completed.	6/98
3. Provide access to training on CHIP and related programs to other Department, State, or private workers who serve American Indians (Fall 1998).	CHIP coordinator has been identified in most IHS areas.	Ongoing
	Provide State-specific information to Indian tribes and provide support for tribal outreach activities to rural and urban Indian children.	
4. Include CHIP as a topic in future meetings scheduled with Indian Tribes (Quarterly).	CHIP is on the agenda with NIHB in October and the Tribal Self Governing Advisory Board in November. Information about CHIP has been included at all major IHS meetings.	Ongoing

INDIAN HEALTH SERVICE		
Activity Description	**Progress Notes**	**Date Completed**
5. Distribute brochure about CHIP / Medicaid designed for people working with American Indians/Alaska Natives (July 1998).	Completed - sent to field.	8/98
	Federal worker flyers were forwarded to all Tribal leaders, area directors, and area social workers, with a memo from the Assistant Secretary regarding the need to disseminate this information at a local level.	
6. Establish stakeholder advisory committee to provide input on outreach to American Indians and Alaska Natives (September 1998).	Federal participants identified.	Ongoing
	Assist States and tribes in organizing Indian advisory groups on CHIP.	
7. Develop culturally sensitive messages on outreach for American Indians and Alaska Natives (Beginning in October 1998).	OIEP has made CHIP information available to parents attending monthly group meetings in all 22 Family and Child Education locations. Information was disseminated at OIEP-IHS training to seven Portland area school representatives. The Administration for Native Americans has developed a culturally relevant brochure concerning CHIP that was distributed by IHS to Area Social Workers.	9/98
8. Create a survey to monitor access and satisfaction of Indian families with CHIP/ Medicaid; use existing data to target communities (Beginning in October 1998).	Survey has been developed and is ready for use at NIHB meeting in October of 1998.	8/98
9. Use "train the trainer" techniques to educate community members who can provide information to the rest of the community (October 1998).	Curriculum has been developed and used at all Area Clinical meetings since October.	8/98

INDIAN HEALTH SERVICE		
Activity Description	**Progress Notes**	**Date Completed**
10. Enhance interaction with DHHS and across Federal agencies on outreach (Ongoing)	No progress to date	
11. Identify and develop partnerships with public and private advocacy groups to provide education and assistance to Indian families (Beginning in August 1998)	Working with Friends of Indian health and NGA to support local efforts.	

IHS

INTERAGENCY - MIGRANT/SEASONAL FARMWORKER ACTIVITIES		
Activity Description	**Progress Notes**	**Date Completed**
1. HRSA: Provide grant support to migrant health outreach grantees.	Supplemental grant to Migrant Health Promotion to train camp health aids to enroll approximately 600 children in CHIP in Michigan. (10/1/98)	
	Grant to Farmworker Health Services to hire CHIP outreach workers in key states in the Eastern Stream. (10/1/98)	
	Grant to Redlands Christian Migrant Association for CHIP outreach in Florida. (10/1/98)	
2. HRSA: Distribute information to Migrant Health Grantees.	Develop CHIP outreach kit which includes an easy to use income eligibility screening tool, as well as an outreach handbook. Purchase and distribute to all Migrant Health Centers, Community Health Centers, State Primary Care Associations, and 750 community-based organizations. (1/99)	
3. HRSA: Letter to all Migrant Health Centers stressing importance of involvement in outreach for childrens' health insurance.	Letter sent in May 1998.	5/98
4. HRSA: Provide CHIP presentations at major conferences with emphasis related to immigration (public charge, public benefits) and Medicaid/CHIP enrollment.	Conferences include: Migrant Interagency Committee (10/98) Annual Migrant Education Directors Meeting (10/98) Midwest Migrant Stream Forum Meeting, as well as presentation on immigration and public charge/benefit (11/98) Association of Farmworker Opportunity Programs (11/98) Annual Migrant Head Start Conference (2/99)	Ongoing

INTERAGENCY - MIGRANT/SEASONAL FARMWORKER ACTIVITIES		
Activity Description	**Progress Notes**	**Date Completed**
5. Department of Education (DOE): Distribution of CHIP information	CHIP information packets were sent to all Migrant Education grantees.	9/98
	CHIP messages have been sent to Migrant Education State Directors listserv	Ongoing
6. DOE: CHIP presentations at major conferences.	Presentations have been given at the Migrant Education Directors meeting (10/98) and the IASA Conference (11/98).	
7. DOE: Collaboration with other Federal agencies.	Promote CHIP through respective Listservs (e.g., Migrant Education State Directors Listserv, Migrant Interagency Committee Listserv, National Migrant Head Start Listserv, JPTA Listserv, HHS Hispanic Employee Organization Listserv).	Ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES -- REGIONAL OFFICES		
Activity Description	**Progress Notes**	**Date Completed**
1. Establish federal interagency committee to oversee CHI Outreach Initiative in the Region.	Regional Directors have replicated the national Interagency Task Force by convening Children's Health Initiative Interagency Councils/Task Forces in each region, meeting monthly or quarterly. Representation from DHHS agencies, USDA, DOL, DOE, HUD, DOT, EPA, SSA, SBA, IRS, Commerce. Current example: Boston RD convened Connecticut government officials, advocates and State's CHIP enrollment broker to identify fresh outreach strategies, and to connect DOL and HUD with State CHIP agency, 10/20/98.	10/98
2. Sponsor network of State CHIP officials to foster interstate dialogue about barriers and solutions to insuring more children.	Periodic meetings held with state officials to share ideas about program design, experiences in program implementation, best practices in outreach, and plans for evaluation.	Ongoing
	Current example: Region III CHIP directors from 6 states will meet in Philadelphia, with HCFA and AHCPR officials, 12/17/98.	
3. Regularly inform State officials about new developments and accomplishments.	Accomplished through a variety of means in the regions, but chiefly through (1) Regional Directors meetings with key State officials, (2) Regional Directors presentations at State meetings, and (3) communication with States by interagency CHIP committees.	Ongoing
	Current example: Atlanta RD led the Southern Consortium CHIP Information Exchange, involving 13 States, 11/19-20/98.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES -- REGIONAL OFFICES		
Activity Description	**Progress Notes**	**Date Completed**
4. Maintain contact with Congressional offices in the Region to offer information and assistance.	Regional Directors routinely include CHIP and Medicaid enrollment information in contacts with elected officials and their field office staffs.	Ongoing
	Current example: Chicago RD chairs an interagency committee to provide briefings to congressional staffers on welfare-to-work, CHIP and related initiatives.	
5. Convene public advisory meetings to encourage dialogue about children's health insurance issues.	Major conferences convened in regions during initial phases of CHIP in 1998. Additional multi-regional, regional and state conferences convened in subsequent months. Plans for meetings and conferences to maintain process for public input and dialogue are ongoing.	Ongoing
	Current example: Philadelphia RD sponsored 4 public advisory meetings focused on Medicaid/CHIP enrollment and access, 11/4, 11/30, 12/9, 12/17.	
6. Make effective use of print and broadcast media to inform the public about CHIP.	Public Affairs Specialists added to Regional Directors staffs in most regions, with plan to do so in all. CHIP editorials written by RDs and staff published in numerous papers throughout the country. Local radio and television interviews done extensively to disseminate information.	Ongoing
	Current example: Kansas City RD conducted CHIP related television interviews in Kansas City (9/16/98) and St. Louis (9/24/98). The former program, entitled "Positive Profiles," aired 10 more times on KC TV in October.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES -- REGIONAL OFFICES		
Activity Description	**Progress / Notes**	**Date Activity Completed**
7. Form partnerships with organizations interested in working on the CHI Outreach Initiative.	Working relationships established with wide range of government and non-government agencies, including schools, local foundations, universities, hospitals, managed care organizations, community provider and consumer agencies.	
	Current example: Chicago RD worked with Mayor Daley and Chicago Public Schools CEO to identify 171,000 children who qualify for free or reduced lunches but were not enrolled in Medicaid. 1,800 volunteers helped enroll the children/families at the schools during mandatory report card pick-up days, 11/5-6/98.	
8. Monitor Internet web sites and disseminate key information related to children's health insurance.	Process to share web site informational highlights with state and other partners to be developed.	
9.Include references to CHI Outreach Initiative in presentations to outside audiences.	CHIP presentations are an integral part of RD's speaking engagements, radio and television interviews, and targeted information exchanges.	Ongoing
	Current example: Kansas City RD wrote and distributed CHIP Newsletter to more than 500 individuals and organizations, 10/98.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES -- REGIONAL OFFICES		
Activity Description	**Progress / Notes**	**Date Activity Completed**
10. Collect outreach plans from other Regions to identify and share best practices.	Multi-regional meetings held in Chicago (4/98) and Atlanta (11/98) to exchange information on promising practices. Other processes for information sharing across regions to be developed.	
11. Identify outreach activities for current and next quarter from each State in the Region.	Routinely done via meetings and conference calls with state officials.	Ongoing
12. Review progress of CHIP implementation in each State, identify best practices and recommend improvements	Done in variety of ways across all regions. Formal processes not yet developed.	Ongoing
	Current example: San Francisco RD met with California officials to address community concerns about low enrollment in "Healthy Families" program, to make mid-course corrections, and to identify how federal agencies could assist in building enrollment, 11/16/98.	

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Provide briefings for project officer staff about outreach (July 1998).	No progress to date.	
2. Create workgroup on outreach for children with special needs; fund educational campaign (Beginning June 1998).	No progress to date.	
3. Track outreach and mental health and substance abuse benefits in CHIP (Fall 1998).	Ongoing.	
4. Add chapter on outreach to CHIP benefits book (Fall 1998).	A contract was signed on 10/1/98 and work has begun on this one year study aimed at helping States estimate costs of providing comprehensive mental health and substance abuse services under CHIP.	Late FY 99
5. Send updates on outreach to substance abuse and mental health directors, grantees and organizations (every 6 months).	Letter emphasizing the importance of outreach sent to 10,000 recipients, including State substance abuse treatment directors, treatment providers, grantees, managed care organizations, and SAMHSA employees.	
	An article in the Fall issue of SAMHSA news will focus on outreach. Three special Issues Briefs on comprehensive systems of quality care for provision of behavioral health services will be made available to participants at the regional meetings, which are a collaboraiton of the three SAMHSA centers.	
	SAMHSA will provide a CHIP conference notebook with current information on policies, websites, and HCFA matierals to participants at regional meetings.	
	Contract has compiled master mailing list for CSAT's CHIP brochure and letter, including 20,000 grantees, organizations, federal workers. Brochure is pending clearance from SAMHSA Public Relations Office.	

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**
6. Sponsor regional meetings w/ substance abuse /mental health programs on CHIP that include outreach (FY 1999).	SAMHSA's will convene five meetings to examine CHIP and the provision of substance abuse treatment and prevention, and mental health services. Representatives from Federal, State and private agencies will attend. The first meeting took place 12/8-9/98; 16 States attended. HCFA, HRSA, along with SAMHSA/CSAP and CMHS will participate.	Ongoing
	Information on CHIP will be distributed at the National Prevention Network Conference (8/30/98).	
	SAMHSA conducted a panel presentation on CHIP and outreach at the State Incentive Grants Conference. (11/98)	
7. Develop and implement media strategy to educate substance abuse providers about CHIP and outreach (September 1998).	Completed.	8/98
8. Distribute information on CHIP and Medicaid through State alcohol and drug abuse agencies (Summer 1998).	SAMHSA's first CHIP mailing will include a "Dear Colleague" letter from the Center Director and a CHIP brochure that will be sent to 20,000 grantees, organizations, and Federal workers, pending release from SAMHSA.	
9. Send mailing to Starting Early Starting Smart grantees about outreach (October 1998).	SAMHSA distributed a paper on CHIP and outreach to all National Prevention Network Directors and prevention grantees. (11/98)	
	SAMHSA will send a letter on CHIP to ___ Starting Early Starting Smart grantees.	

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**
10. Develop SAMHSA Internet site on children's health (Summer 1998).	SAMHSA has developed a CHIP webpage under the Treatment Improvement Project web page. These sites are hyperlinked to HCFA's CHIP website.	6/98
11. Mobilize stakeholders to assist States with outreach (Ongoing).	SAMHSA's Comprehensive Mental Health Services For Children Program. One of the plenary sessions focused on CHIP and outreach.	5/15/98

SAMHSA

DEPARTMENT OF AGRICULTURE		
Activity Description	**Progress Notes**	**Date Completed**
1. Send a message from the Secretary to 92,000 employees about outreach (August 1998).	Letter describing initiative and requesting assistance sent to 92,000 employees.	7/13/98
2. Put a message on wage and earning statements for employees (January 1999).	Awaiting CHIP toll free number.	
3. Provide information on CHIP and Medicaid outreach to 28 FNS regional and State program directors (September 1998).	WIC and Child Nutrition regional office staff and State agencies sent CHIP flyers. Awaiting additional copies of the flyers for distribution.	8/5/98
4. Issue memorandum to FNS regional / State agency program directors encouraging them to coordinate with State Medicaid and CHIP directors; publish information on outreach in newsletters; display info. on children's health at meetings (September 1998).	Letter encouraging coordination with State Medicaid and CHIP directors sent to FNS regional and State agency program directors.	9/98
5. Update FNS regional program directors on State CHIP plan approvals (Periodically).	Notified over e-mail of CHIP approvals.	Begun in 7/98. Activity ongoing.

DEPARTMENT OF AGRICULTURE		
Activity Description	**Progress Notes**	**Date Completed**
6. Send electronic messages to cooperative research, education, and extension service program administrators, directors and educators about the outreach initiative (September 1998).	No progress to date.	
7. Include referral to the Medicaid/ CHIP toll-free line on the USDA information phone number (1999).	Awaiting CHIP toll free number.	
8. Display and make available Medicaid/ CHIP information at the USDA Visitors' Center in DC (Fall 1998)	Completed.	12/2/98
9. Send memorandum to 7 WIC regional directors and 88 State agencies about new option to determine Medicaid presumptive eligibility for children (September 1998)	Final memo is in clearance.	

DEPARTMENT OF AGRICULTURE		
Activity Description	**Progress Notes**	**Date Completed**
10. Send memorandum to 28 FNS regional, State and local program directors encouraging them to give information to families about health options and, if feasible, consolidate program applications with Medicaid/CHIP (September 1998)	Memoranda have been issued to Food Stamp and Food Distribution directors. Child Nutrition and WIC are finalizing and clearing memoranda.	10/98 and 11/98
11. Provide information on children's health outreach through cooperative research, education, and extension service (September 1998).	No progress to date.	
12. Link FNS and USDA websites to DHHS's; add information to FNS and USDA sites (January 1999)	Completed.	12/98
13. Develop and distribute prototype applications for integrating 94,000 school lunch and children's health programs with Dept of Ed and DHHS (September 1998).	Completed.	8/5/98

DEPARTMENT OF AGRICULTURE		
Activity Description	**Progress Notes**	**Date Completed**
14. FNS will send information to national associations, advocacy groups, and other organizations to encourage them to provide information on Medicaid and CHIP (Fall 1998)	Letter drafted. Compiling mailing list.	
15. Encourage Food Stamp nutrition education programs and cooperators to provide information on CHIP and Medicaid (Fall 1998)		10/98
16. Provide DHHS with a contact list for FNS regional and State conferences for display of outreach material (Ongoing)	Regional offices will be asked to provide the information to their DHHS counterparts. Food Stamps completed 10/98. Food Distribution completed 11/98. Child Nutrition and WIC are finalizing and clearing memoranda.	
17. Include information on outreach in the USDA National Hunger Clearinghouse database that over 30,000 individuals and groups access (January 1999)	Under development. Will meet January 1999 commitment.	

AG

COMMERCE/CENSUS BUREAU		
Activity Description	**Progress Notes**	**Date Completed**
1. Collaborate with HCFA to prepare notice that encourages States to amend their Medicaid and CHIP plans to exclude temporary Census Income from program eligibility considerations.	Draft notice is in clearance.	
2. Encourage Census staff to promote CHIP/Medicaid through recruiting efforts in local communities.		

Census

DEPARTMENT OF EDUCATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Send memo from the Secretary to all 4,800 employees and a companion newsletter article to 12,400 subscribers (July 1998).	Letter describing initiative and requesting assistance sent to 4,800 employees. Will distribute follow-up letter now that Program Office plans are completed, with highlights from each plan.	8/3/98 and 12/98
2. Encourage Asst. Secretaries to develop specific strategies for children' s health outreach and educate speech writers about the initiative (Beginning in June 1998).	Conducted briefing for Assistant Secretaries, including briefing packets and letter from Deputy Secretary asking each Asst. Secretary to develop a strategic plan for CHIP outreach.	8/10/98
3. Provide periodic updates in newsletters and bulletins for regional representatives (Beginning in Summer 1998).	Distributed information packets to Regional Representatives.	8/98
4. Include information on outreach in new employees packets (Ongoing).	This activity has been dropped. Information on Department initiatives is not included in orientation packets.	
5. Educate relevant clearinghouses, technical assistance centers /providers, parent centers, and grantees (September-October 1998).	Each Principal Office has developed a plan to conduct outreach to its grantees. ED is finalizing brochure to be distributed. Migrant education has developed and distributed information packets, including a fact sheet for migrant populations, to all grantees.	12/98 and ongoing
6. Develop outreach plans for major programs (e.g., special education; migrant education) (Beginning in June 1998).	Plans have been developed for all Principal Offices.	11/98

DEPARTMENT OF EDUCATION		
Activity Description	**Progress Notes**	**Date Completed**
Additional activities: Develop fact sheet for research on connection between health and learning.	Developed fact sheet.	7/98
Brief ED speechwriters.	Distributed information packets, including talking points, to all ED speechwriters.	8/98
7. Include information on health insurance on the Department's 1-800 number (July 1998).	No progress to date.	
8. Mobilize Partnership for Family Involvement: (3,000 employers, educators, community and religious groups) to educate families about children's health insurance (Beginning in June 1998).	Published article in Community Update, which goes to all partnership members. Planning to send brochures with accompanying letter from Secretary.	Fall, 1998
9. Encourage all stakeholders to engage in outreach through mailings and meetings (July 1999).	Met with NEA, Children's Defense Fund, National Association of School Principals, and others to review ED brochure. Provided NASP with article to publish in newsletter. Will conduct larger meeting to coordinate outreach when brochure is completed. Article published in Association of Farmworker Opportunity Programs (AFOP) newsletter.	8/98
10. Link appropriate Departmental Internet locations to DHHS's children's Internet site (Beginning in June 1998).	Have established link to HHS/CHIP website, and developing ED web page on CHIP.	Expected 12/98

DEPARTMENT OF EDUCATION		
Activity Description	**Progress Notes**	**Date Completed**
11. Disseminate information through both Departmental and outside group Listserves (June through August 1998)		Expected 12/98
12. Distribute information at major conferences of PTA, NEA, US Conference of Mayors, etc (Beginning in June 1998)	Materials distributed at IAS, NEA, 21st Century Community Learning Centers, Even Start, Migrant Education Directors Meeting, and other conferences.	7/98
13. Develop and distribute models for integrating school lunch and children's health programs with USDA and DHHS (September 1998).	Worked with HHS and Agriculture to develop model forms for LEAs; these forms were sent out August 5. Letter from Secretary sent to all Chief State School Officers, September 9. Compiling list of model states to distribute to State education contacts.	8/5/98; 9/9/98 and ongoing
14. Work with Chicago Public School District to develop a targeted outreach model (Summer 1998).	Meeting with representatives from the Chicago pilot. Identified barriers and issues to implementation of plan. Conducted briefing with HHS and Agriculture October 20. Working on report describing this project.	Ongoing

ED

ENVIRONMENTAL PROTECTION AGENCY		
Activity Description	**Progress Notes**	**Date Completed**
l. Distribute information on outreach for children's health insurance to targeted audiences through their programs (e.g., Tools for Schools and Child Health Champion Campaign).		

EPA

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Activity Description	**Progress Notes**	**Date Completed**
1. Send a letter and e-mail to all 9,500 employees on outreach (July 1998).	Letter describing initiative and requesting assistance sent to 9,500 employees.	7/2/98
2. Provide information about outreach to 80,000 grant applicants (Beginning in July 1998).	Letter describing initiative and requesting assistance sent to 9,000 grantees. An updated list of applicants has just been completed; letters and information to applicants will be sent out in December, 1998.	12/3/98
3. Send a letter describing outreach initiative to directors of 72 Urban Empowerment Zones/ Enterprise Communities (July 1998).	Letter describing initiative and requesting assistance sent to 72 Implementation Directors of Urban EZ/ECs.	9/1/98
4. Provide outreach information to colleges and universities participating in Community Outreach Partnership Centers and Historically Black Colleges & Universities Program (July 1998).	Letter describing initiative and requesting assistance sent to participants/grantees of HBCUs. Letters and brochures have been sent to participants/grantees of COPs.	8/98 8/98

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Activity Description	**Progress Notes**	**Date Completed**
5. Provide information about outreach in technical assistance meetings, conferences, satellite broadcasts, and written material (Beginning in June 1998).	Provided information to approximately 2,000 participants of the White House Conference on EZ/ECs (7/98). Provided information to approximately 2,500 participants attending Section 8 Summit in Nashville, TN (8/98). Executed MOU with ICF-Kaiser, technical assistance contractors for HUDS Neighborhood Networks. Agreement expands CHIP outreach in multi-family housing developments through 400 Neighborhood Networks program (12/98).	Completed.
6. Provide information to 585 State and local jurisdictions administering HOME program funding, encouraging involvement (July 1998).	Letter describing initiative and requesting assistance sent to 585 State and local jurisdictions administering HOME program funding.	8/13/98
7. Place CHIP/Medicaid outreach information on HUD's computer "kiosks" at headquarters and 81 field offices (September 1998).	Existing Kiosks to be updated to include CHIP information (January 1998) and all future Kiosks to be programmed to include information.	
8. Send a letter about outreach to HUD grantees providing assistance to homeless families requesting that CHIP/Medicaid information is a part of their outreach and assessment (July 1998).	Letters and brochures to all grantees providing assistance to homeless have been mailed.	9/15/98

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Activity Description	**Progress Notes**	**Date Completed**
9. Send a letter asking directors of 3,400 public housing authorities administering 15,000 public housing developments to provide information to residents, applicants & to post information (July 1998).	Providing information re: outreach initiative to approximately 2,900 participants in Section 8 Summit in Nashville, TN.	8/31 - 9/2/98
	Letter to 3,400 Public Housing Authorities sent	8/98
10. Send a letter to project owners and managers of HUD assisted and insured Multifamily properties providing information and encouraging involvement (Fall 1998)	Letter to 25,000 owners and managers of multi-family properties sent.	11/98
11. Expanaad the WIC/public housing collaborative (MOU) to include the CHIP/Medicaid outreach initiative (July 1998).	Developing partnership to reach more public housing developments, including those with WIC/HUD pilot programs. The Office of Public and Indian Housing is developing a MOU with Hope for Kids, a national not-for-profit organization that uses volunteers to help ensure that children, including those in public housing developments, receive immunizations. The partnership will broaden this effort to include CHIP outreach.	

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Activity Description	**Progress Notes**	**Date Completed**
12. Send information regarding CHIP/ Medicaid to beneficiaries of the Native American Mortgage Loan Program (Beginning in July 1998).	Letters and brochures sent to all current beneficiaries of the program (approximately 500). Letters and brochures were also sent to all housing counseling agencies for further disseminations.	9/1/98
13. Add CHIP/Medicaid to information for parents and community groups on lead hazards (Beginning in July 1998).	Letters and brochures sent.	9/1/98
14. Send a letter to all Secretary's Representatives and State and Area Coordinators requesting they contact Medicaid/CHIP State offices (July 1998).	Memorandum, brochures, and information on all Federal agencies' outreach strategies sent to Secretary's Representative (regional representatives), and Senior Community Builders for further dissemination to all Community Builders.	8/98
15. Incorporate information on outreach in "Community Builders'" training (Beginning in June 1998).	CHIP information and outreach strategy incorporated in October and November 1988 training sessions for Community Builders, and is planned for future training sessions.	11/98
16. Link appropriate HUD Internet sites to DHHS's Internet site (June 1998).	Completed.	8/98

HUD

DEPARTMENT OF THE INTERIOR		
Activity Description	**Progress Notes**	**Date Completed**
1. Send memo on outreach to BIA area offices, field offices, Tribal social services contractors, Office of Indian Education Program line officers, Bureau-funded schools, Tribal leaders (July 1998).	Information distributed on informal basis at meetings; will send formal memo to all sources including schools, tribal leaders, etc.	5/98 - 6/98
	BIA will forward Federal worker flyers with an accompanying cover letter to all Federal and Tribal employees.	9/98
2. Include in newsletter (Pathways and OIEP) feature articles about Medicaid expansion/ CHIP (Ongoing).	Completed.	5/98, 6/98, 7/98
	BIA is currently soliciting information from tribes about local implementation of their State CHIP plan and its impact on tribal communities.	10/98 - 11/98
3. Provide TA to agencies, Tribal contractors, social services program staff on Medicaid/ CHIP and how to incorporate it into intake procedures (Ongoing).	Presentations given at NCAI meeting and Bureau National meeting. Handouts provided to tribal leaders and social service program staff. Technical assistance is ongoing.	NCAI meeting 4/98 National meeting 6/98
4. Provide briefings and programmatic updates via e-mail which area social workers will transmit to agencies and tribes without e-mail (Ongoing).	E-mail briefings provided to area social workers in 6/98. Additional information was provided at the National Social Service meeting in June 1998. E-mail updates will be sent periodically.	5/98 8/98

DEPARTMENT OF THE INTERIOR		
Activity Description	**Progress Notes**	**Date Completed**
5. Disseminate outreach information to Office of Indian Education Program staff (August 1998 to January 1999).	Meeting with OIEP for dissemination of outreach information and follow-up contacts. Federal worker flyers will be forwarded.	2/99
6. Develop and distribute 10-minute video about outreach for Tribes, schools, agencies (February 1999).	Soliciting ideas from Bureau and Tribal staff.	
7. Develop and distribute culturally relevant information (e.g., poster, supplementary information) for families to a range of sites (Beginning in Summer 1998).	Soliciting ideas from Bureau and Tribal staff. Brochure has been jointly developed by a CHIP AI/AN subgroup. It will be printed soon.	12/98 -1/99
8. Encourage intake workers to ask about children's health needs and distribute referral information (August 1998).	Conducted briefings and follow-up with area social workers at the Green Bay meeting.	6/98
9. Prepare press releases about Medicaid / CHIP for Indian newspapers (July 1998).	Developed and ready for release in 9/98.	8/98

DEPARTMENT OF THE INTERIOR		
Activity Description	**Progress Notes**	**Date Completed**
10. Encourage schools, tribal colleges, departments of education, OIEP line officers to send home notices about Medicaid/ CHIP; focus on it at the monthly parents' meetings; hold information sessions/ distribute info. (Beginning in September 1998).	Coordination meeting with OIEP / IHS and plan for distribution of information.	10/98
11. Sponsor public service announcements on Indian radio stations on Medicaid/ CHIP (October 1998).	Developing paper for Public Information Office to use for announcement. This will be forwarded to Indian radio stations for broadcasting.	10/98
12. Encourage national unions (NFFE and IEF) to notify their membership of CHIP and outreach (September 1998).	CHIP was discussed in the national meeting with the unions, and informational materials were distributed in breakout sessions.	8/26
13. Provide information about Medicaid/ CHIP to grassroots organizations that serve Indian families (June 1998).	Information provided in tribal newsletters and other print media distributed to tribes.	6/98
	Medicaid/CHIP brochures targeting potentially eligible Indian families will be shared with grassroots organizations as well.	12/98 - 1/99

Interior

DEPARTMENT OF LABOR		
Activity Description	**Progress Notes**	**Date Completed**
1. Send letter from the Secretary to 17,000 employees encouraging outreach (Fall 1998).	This letter was scheduled for release to employees earlier and was held-up. It is currently in the final stages of approval and awaits the Secretary's signature. Anticipated release is mid-December.	Ongoing
2. Provide employees with updates on children's health outreach (Ongoing).	Updates are given on an as-needed basis to the Deputy Secretary and Executive Staff. Agency contact persons solicit updates as needed.	Ongoing
3. Ask the Federal Executive Board to coordinate all DOL agencies in the Regions to keep Federal employees informed on an ongoing basis (Ongoing).	No progress to date.	
4. Send letters to State Unemployment Insurance offices about Medicaid and CHIP (Fall 1998).	No progress to date; individual program letters will follow the memorandum from the Secretary.	
5. Include outreach to employees, grantees and partners via conferences (Ongoing.)	Informational presentation at post-grant award conference at the DOL National Office through the Veterans Employment and Training Services (VETS) (5/98). Informational presentation by regional HHS staff at U.S. Employment Services National Conference in Colorado (7/98).	Ongoing

DEPARTMENT OF LABOR		
Activity Description	**Progress Notes**	**Date Completed**
6. Send notices about outreach to the employment and training community (e.g., 113 Job Corps Centers) (Fall 1998).	Notices have been drafted and will be distributed following the memorandum from the Secretary.	
7. Educate 1,300 "Honor Roll" members of the Women's Bureau about Outreach (Fall 1998).	Awaiting brochures, however, will likely send a letter to initiate dialogue.	
8. Encouraging States to out station eligibility workers at Job Corps Centers (Fall 1998).	No progress to date.	
9. Include Medicaid and CHIP information in 200,000 brochures on pension and benefits material for HIPAA (Fall 1998).	No progress to date.	
10. Include Medicaid/CHIP message in information from the Employment Standards Administration (e.g., with Family and Medical Leave information) (September 1998).	No progress to date; awaiting brochures.	

DEPARTMENT OF LABOR		
Activity Description	**Progress Notes**	**Date Completed**
11. Encourage OSHA offices to distribute information outreach through its offices and consultation program that visits about 25,000 businesses (Fall 1998).	OSHA is on board with this activity; awaiting brochures.	
12. Distribute information to miners through district officers and inspectors (Fall 1998).	Awaiting brochures.	
13. Distribute information through Office of Small Business Programs that has contact with 2,000 small employers (Fall 1998).	No progress to date; awaiting brochures and 1-800 numbers.	
14. Create Internet links, including "hot button" on America's Job Bank used by millions of job seekers (Summer 1998).	Hot links to CHIP information from the ETA websites and other ETA programs are completed (4/98).	
	Other links added.	
15. Send mailings to DOL conferences (Fall 1998).	No progress to date. Mailings will be completed when materials including the 1-800 number become available.	

SOCIAL SECURITY ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Send a Commissioner's broadcast on outreach to 65,000 employees (June 1998).	Commissioner of Social Security provided information about outreach for children's health insurance to all employees in Fall, 1998.	Fall 1998
2. Publish an article in newsletter distributed to 65,000 employees and the Alumni Association about outreach (August 1998).	Winter Social Security "Oasis" will contain an article on SSA's CHIP outreach activities.	Ongoing
3. Distribute children's health outreach material at SSA booths at about 110 health fairs and at conferences, forums (Ongoing).		
4. Include outreach information in 35,000 SSA teacher's kits (January 1999).	Information on CHIP will be included in teacher's kits when they are reprinted.	
5. Display information on children's health insurance in 1,300 SSA field office reception areas (Fall 1998).	Flyer was distributed to field offices.	Completed, Fall 1998
6. Develop a referral screen for health insurance on the SSA 800 number (Fall 1998)		

SOCIAL SECURITY ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**
7. Create internet link to DHHS's children site, add to the SSA's children's page (Summer 1998).		
8. Provide HCFA with a mailing list of children denied SSI or who receive benefits on a different basis (Fall 1998).		
9. Collaborate with DHHS to use new database of 5,000 to 10,000 community groups for outreach (Fall 1998).		

SSA

DEPARTMENT OF THE TREASURY		
Activity Description	**Progress Notes**	**Date Completed**
1. Send memorandum on outreach from the Secretary to all 158,000 employees (July 1998).	Letter describing initiative and requesting assistance sent to 158,000 employees.	
2. Help make information available with EITC outreach (Ongoing).	List of national conferences in which EITC outreach workers will participate in 1999-2000, including points of contact, sent to HHS for coordination. List of regional EITC outreach coordinators also provided to HHS.	12/98
3. Post information for families (e.g., posters, flyers) at the 400 IRS walk-in centers, provide information to 8,600 Voluntary Income Tax Assistance sites (FY 1999).	Federal flyers will be included in training materials for VISTA site volunteers, when available. List of regional VISTA contacts provided to HHS.	
	Awaiting availability of materials for distribution to walk-in centers.	
4. Invite State outreach workers to the annual EITC awareness dates at IRS walk-in centers (FY 1999).	List of IRS walk-in centers and EITC awareness days provided to HHS for transmittal to State health departments.	

DEPARTMENT OF THE TREASURY		
Activity Description	**Progress Notes**	**Date Completed**
5. Provide information on outreach to community groups through Electronic Fund Transfer (EFT99) initiative (Fall 1998).	Regional EFT99 contractors have compiled lists of community-based organizations and provided them to HHS; database of national organizations being contracted through EFT99 will also be provided shortly.	
6. Link Treasury and IRS Internet sites to DHHS children's health site (Fall 1998).	Completed for Treasury Headquarters and for public home page (www//treas.gov/information.html). In progress for Department-wide website and for IRS public home page.	

Federal Interagency Task Force on Children's Health Insurance Outreach

Agenda

December 10, 1998
1:00 - 2:30 PM
Room 305-A, Hubert H. Humphrey Building
200 Independence Avenue, SW

I. Welcome and Introductions - 10 minutes

Earl Fox, Health Resources and Services Administration (HRSA/HHS)
Sally Richardson, Health Care Financing Administration (HCFA/HHS)

II. Update on the National Campaign- 5 minutes

Jeanne Lambrew, White House Domestic Policy Council

III. Preview/Distribution of Outreach Materials for Federal Workers and Communities - 45 minutes

Rosemary Romano, Academy for Educational Development, will present the draft kit for use by Federal workers and lay groups for your review and comment.

IV. Highlights of Outreach Activities From the Agencies and Departments - 20 minutes

Since time will be limited, individuals may describe one or two successes or lessons learned, or needs for technical

assistance, as desired. Written reports for all Department activities will be distributed at the meeting.

Representatives:

- Health and Human Services

  HCFA - Lil Gibbons
  HRSA - Marilyn Gaston
  ACF - Jorge Velasquez
  SAMHSA - Marie Danforth
  AHCPR - Denise Dougherty
  CDC - Chuck Gollmar
  IHS - Phil Smith
  ATSDR - Robert Ambler
  Regional Offices - Katie Steele

- Agriculture - Clair French
- HUD - Pat Morgan
- Interior - Deborah Maddox
- Labor - William Kamela/Crystal Prater
- Social Security Administration - Martha Seabrooks
- EPA - Elizabeth Blackburn
- Justice - Lisa Graves. Liz Fine
- Census Bureau - George Burnette
- Treasury - Phil Ellis

- Migrant/Seasonal Farmworkers Group
- Rural Workgroup

V. Issues/Next Steps - 10 minutes