TO BE SIGNED BY THE PRESIDENT

THE WHITE HOUSE

WASHINGTON

February 18, 1998

MEMORANDUM FOR THE SECRETARY OF THE TREASURY
THE SECRETARY OF AGRICULTURE
THE SECRETARY OF THE INTERIOR
THE SECRETARY OF LABOR
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT
THE SECRETARY OF EDUCATION
THE COMMISSIONER OF SOCIAL SECURITY

SUBJECT: Children's Health Insurance Outreach

Over 10 million of our Nation's children are currently uninsured and, as a consequence, often cannot afford much-needed health care services such as doctor visits, prescription drugs, or hospital care. Last year, with bipartisan support, we took a major step toward solving this problem. The Balanced Budget Act of 1997 that I signed into law enacted the largest single expansion of children's health insurance in 30 years. The new Children's Health Insurance Program (CHIP) provides $24 billion over 5 years to cover millions of uninsured children in working families. It builds on the Medicaid program, which currently covers nearly 20 million poor children across the country.

We now face the serious task of enrolling uninsured children in both Medicaid and State-administered children's health programs. We know that well over 3 million uninsured children are eligible but not enrolled in Medicaid. This is largely due to a lack of knowledge about Medicaid eligibility and the difficulty of the enrollment process. These same problems could limit the potential of CHIP to successfully enroll millions of uninsured children.

To ensure that both Medicaid and CHIP fulfill their potential, I am calling for a nationwide children's health insurance outreach initiative involving both the private and public sectors. As illustrated by my announcement today, foundations, corporations, health care providers, consumer advocates, and others in the private sector are already responding to our challenge to make

every effort to enroll uninsured children in Medicaid or CHIP. In the public sector, my FY 1999 budget proposal includes policies to give States the flexibility and funding they need to conduct innovative outreach activities. The Health Care Financing Administration (HCFA) and the Health Resources and Services Administration (HRSA) should continue their focused efforts to promote outreach through administrative actions.

There is clearly more that the Federal Government can do to help the States and the private sector achieve our mutual goal of targeting and providing coverage to uninsured children. Many children who lack health insurance are the same children who benefit from programs your agency now administers. Eligibility for Medicaid and CHIP is often similar to that for WIC, Food Stamps, Head Start, tax programs, job training, welfare to work, Social Security, public housing, and homelessness initiatives. Thus, a coordinated Federal interagency effort is critical to providing greater health care coverage for children.

Therefore, to increase enrollment of uninsured children in Medicaid and CHIP, I hereby direct you to take the following actions consistent with the mission of your agency.

First, I direct you to identify all of the employees and grantees of your agency's programs who work with low-income, uninsured children who may be eligible for Medicaid or CHIP.

Second, I direct you to develop and implement an educational strategy aimed at ensuring that your agency's employees and grantees are fully informed about the availability of Medicaid and CHIP to our Nation's children.

Third, I direct you to develop an agency-specific plan as part of our Administration-wide, intensive children's health insurance outreach effort. Your agency's plan should include distributing information and educating families about their options; coordinating toll-free numbers and other sources of information on public programs; simplifying, coordinating, and, where possible, unifying the application process for related public programs; and working with State and local agencies on broadening the locations where families can apply for Medicaid and/or CHIP.

Fourth, I direct you to identify any statutory or regulatory impediments in your programs to conducting children's health insurance coverage outreach.

Finally, I direct the Department of Health and Human Services to serve as the coordinating agency to assist in the development and integration of agency plans and to report back to me on each agency's plan in 90 days with recommendations and a suggested implementation timetable. In so doing, I direct the Department to ensure that Federal interagency activities are complementary, aggressive, and consistent with the overall initiative to cover uninsured children.

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.

President Clinton:
Improving the Health of Our Nation's Children

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

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

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

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

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

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

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

White House Press Release

REMARKS BY THE PRESIDENT ON CHILDREN'S HEALTH INITIATIVE

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 18, 1998

REMARKS BY THE PRESIDENT
ON **CHILDREN'S HEALTH INITIATIVE**

Children's Hospital
Washington, D.C.

1:43 P.M. EST

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

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

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

I still have a hard time believing that this country, with the finest **health** care system in the world, cannot figure out how to give affordable, quality **health** insurance coverage to every single child in

America. (Applause.)

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

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

But let's go back to the question of covering **children**. Congress appropriated the money, $24 billion over five years, with the goal of insuring 5 million of the 10 million **children** who don't today have **health** insurance. Now, 3 million -- as the First Lady said, 3 million of the 10 million kids who don't have **health** insurance are eligible for the Medicaid program today. If we could get 100 percent of those **children** into the Medicaid program, we could actually insure more than 5 million **children** for the $24 billion. But if we don't get any new **children** into the Medicaid program, or very few, then we're going to have a very hard time meeting that 5 million goal.

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

Now, this **children's health initiative** that was part of the balanced budget agreement, is part of the -- kind of the vision of government that has driven our administration from its first days. I always believed that we had to get rid of the deficit and balance the budget, because otherwise the economy wouldn't work right, we couldn't get interest rates down, we couldn't have new investment for businesses to create new jobs, people couldn't afford to buy homes -- we'd have all kinds of problems. But I also always believed that we had to do it in a way that left more money to invest in our future, particularly in education and **health** care and the environment and the things that will shape the quality of life. So that's what we're trying to do.

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

Most of these **children** are like Linda's **children**. Most of these kids that we're trying to cover are the **children** of working people, who are working hard and doing their very best every day and paying their

taxes and simply cannot afford a traditional **health** insurance plan.

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

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

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

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

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

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

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

And I'm pleased to announce the Robert Wood Johnson Foundation and the Kaiser Family Foundation have committed more than $23 million to finding better ways to expand coverage and outreach efforts. America's Promise, the outgrowth of the President's Summit on Service, made a

healthy future for all **children** one of its five goals. And along with the American Academy of Pediatrics, the American Hospital Association, the National Association of Education, all have launched their own efforts to target and enroll uninsured **children**. And I thank them.

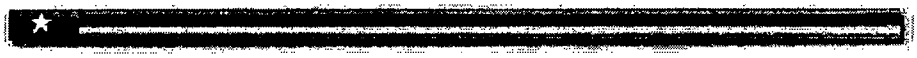
This is an extraordinary partnership to make sure that every child gets the **health** coverage he or she needs to have a fair and healthy shot at life. But it is only the first step. We need every parent, every grandparent, doctor, nurse, **health** care provider, teacher, business leader, foundation,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

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

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

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

END 1:55 P.M. EST



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Washington, D.C. 20201

JAN 23 1998

Dear State Health Official:

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

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

I. Funding for Outreach

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

- **Federal Matching of Outreach under Medicaid**

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

- **Federal Matching of Outreach under CHIP**

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

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

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

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

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

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

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

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

II. Expanding Sites for Enrolling Children

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

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

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

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

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

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

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

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

- **Using Mail-In Applications**

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

III. Simplifying Enrollment

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

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

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

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

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

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

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

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

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

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

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

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

♦ **Granting 12-Month Continuous Eligibility**

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

IV. Other Outreach Strategies

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

Summary

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

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

Sincerely,

Nancy-Ann Min DeParle
Administrator
Health Care Financing Administration

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

Enclosures

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

(Attachment A)

EXAMPLES OF SIMPLE MEDICAID APPLICATION FORMS

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

States That Have Simplified the Medicaid Application Process

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

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

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

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

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

Source: Center on Budget and Policy Priorities, August 1997

FAMILY AND COMMUNITY
MEDICAL ASSISTANCE APPLICATION

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

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

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

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

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

HEAD OF HOUSEHOLD:

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

HOUSEHOLD MEMBERS

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

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

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

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

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

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

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

NAME OF CHILD	MONTHLY AMOUNT	NAME OF CHILD	MONTHLY AMOUNT

HOUSEHOLD MEMBERS

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

YOUR RIGHTS AND RESPONSIBILITIES

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

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

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

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

YOUR RIGHTS AND RESPONSIBILITIES

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

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

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

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

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

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

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

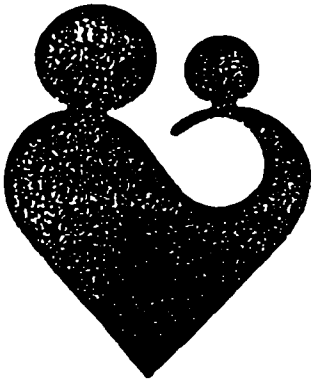
I agree to report within ten days changes in my household situation that could affect my eligibility, such as a change in how many people live with me, a change in income, or if I move.

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

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

IMPORTANT REMINDER

Signature of Applicant or Representative	Date
Signature of DSS Worker	Date



Right from th Start

FREE

A HEALTHY START IN LIFE FOR YOU AND YOUR BABY.

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

Medicaid Program: Patient Rights and Responsibilities

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

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

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

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

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

FACTS : RIGHT FROM THE START

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

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

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

To:

County Department of Family and Children Services

Address

City State Zip Code

Place Stamp Here

MEDICAID NOW HELPS ALMOST ,000 GEORGIA WOMEN LIKE YOU.

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

ight from the Start has the right stuff.

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

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

HELP NOW -- Right from the Start.

›pply for medical care inside and out.

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

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

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

Application Date: _____

NAME _____
First Initial Last Maiden Name Telephone #

ADDRESS _____
Street Apt. City County State Zip Code

1. Is anyone in your house pregnant? ☐ Yes ☐ No If yes who? _____
Is she on Medicaid? ☐ Yes ☐ No

2. Whom do you want to receive Medicaid?

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

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

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

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

4. Do you have health insurance on anyone for whom you are qualifying? ☐ Yes ☐ No
(Provider: Complete Form 285) Health insurance company _____
Policy number _____

5. Do you have any unpaid medical bills from the past three months? Yes ☐ No ☐

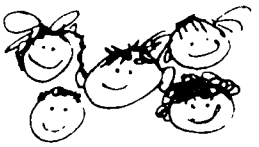
Medicaid Program • I agree to give correct information to see if I can receive Medicaid • I agree to provide the county information to prove any statements given in this application and hereby give permission to the county to get such proof. • I understand that I am breaking the law if I give wrong information.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

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

_____ _____
Applicant's Signature Date

_____ _____
Representative's Signature Date

_____
Title



South Carolina
Partners for Healthy Children

Dear Parent,

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

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

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

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

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

Sincerely,

David M. Beasley

David M. Beasley

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

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

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

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

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

Abbeville County DSS
459-5481

Aiken County DSS
642-3650

Allendale County DSS
584-7063

Anderson County DSS
260-4100

Bamberg County DSS
245-4363

Barnwell County DSS
541-1210

Beaufort County DSS
525-7861

Berkeley County DSS
761-8044

Calhoun County DSS
874-3384

Charleston County DSS
792-0444

Cherokee County DSS
487-2704

Chester County DSS
377-8131

Chesterfield County DSS
623-2150

Clarendon County DSS
435-4305

Colleton County DSS
549-6090

Darlington County DSS
398-4420

Dillon County DSS
774-8284

Dorchester County DSS
563-4337

Edgefield County DSS
637-4040

Fairfield County DSS
635-5502

Florence County DSS
669-3354

Georgetown County DSS
546-5134

Greenville County DSS
467-7700

Greenwood County DSS
229-5258

Hampton County DSS
943-3641

Horry County DSS
365-5565

Jasper County DSS
726-7747

Kershaw County DSS
432-7676

Lancaster County DSS
286-6914

Laurens County DSS
833-0100

Lee County DSS
484-5376

Lexington County DSS
957-7333

McCormick County DSS
465-2627

Marion County DSS
423-4623

Marlboro County DSS
479-4520

Newberry County DSS
321-2155

Oconee County DSS
638-4400

Orangeburg County DSS
531-3101

Pickens County DSS
898-5810

Richland County DSS
735-7048

Saluda County DSS
445-2139

Spartanburg County DSS
596-3099

Sumter County DSS
773-5531

Union County DSS
429-1660

Williamsburg County DSS
354-5411

York County DSS
684-8108

Partners for Healthy Children

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

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

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

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

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

3. Tell us how much income your family has.

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

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

4. Tell us if you have any other income.

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

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

5. Attach proof of income.

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

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

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

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

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

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

☐ Yes ☐ No

8. Please sign this statement.

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

Signature of applicant:_____Date:_____

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

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

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

Rights and Responsibilities

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

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

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

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

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

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

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

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

(Attachment B)

MODEL JOINT APPLICATION FOR CHIP/MEDICAID FOR CHILDREN

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

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

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

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

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

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

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

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

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

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

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

Examples of State Modifications:

- A State may wish to include voter registration; or

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

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

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

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

CHILDREN'S HEALTH INSURANCE PROGRAM / MEDICAID
JOINT APPLICATION FORM

I. Person Applying for the Child or Children

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

II. Family Members Living in the Home (Attach extra sheet if needed)

Children (under 19) living in the home NAMES [16]	Date of Birth [17]	Citizen (Yes or No) [18]	Social Security Number [19]	Mother's Name [20]	Father's Name [21]	Covered by Health Insurance other than Medicaid [22]

Adults living in the home NAMES [23]	Social Security Number [24]	If employed by a public agency in the State, what agency? [25]

III. Income and Child Care Payments

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

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

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

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

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

IV. Medicaid Questions

Is any child: [31] Pregnant Yes ☐ No ☐ In an Institution Yes ☐ No ☐

Do any of the children have unpaid medical bills from the last 3 months? [32] Yes ☐ No ☐

Social Security Number (SSN) [33]

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

Rights and Responsibilities [34]

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

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

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

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

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

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

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

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

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

Signature [35] _____ **Date** _____

Date Received by Agency ***[36]*** _____

(Attachment C)

DISCUSSION OF PROMISING OUTREACH STRATEGIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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