Children's Defense Fund All Healthy Children Campaign

Summary of CDF State Office Commitments to Secretaries Sebelius and Duncan's Connecting Kids to Coverage Challenge

CDF has joined U.S. Department of Education Secretary Arne Duncan and U.S. Department of Health and Human Services Secretary Kathleen Sebelius in the "Connecting Kids to Coverage" challenge to enroll five million uninsured children in health coverage in the next five years. Below are summaries of the commitments from CDF state offices to accept the challenge and enroll uninsured children in health coverage.

California

CDF-CA's work will continue in the context of renewed movement for broader health care reform at both the state and federal levels. The 100% Campaign will continue to leverage momentum at the federal level to drive state policy reform. To advance these goals, CDF-CA has committed to:

- Significant policy-based work to (1) ensure adequate funding in California to allow the largest number of children eligible for the programs to enroll and receive comprehensive coverage; (2) ensure that any policies proposed at the state or national level complement, and do not stall, efforts to advance coverage for all California children; (3) ensure a swift and effective implementation of the new system and smooth transition for children across all health care programs. The work in this arena will involve issues of outreach, enrollment and eligibility for Medicaid, CHIP, and the ACA Exchange, coordination among programs, and benefits coverage issues.

- Working to ensure coverage for those children who are otherwise ineligible for state programs. This work will include exploring opportunities at the county level, as well as potential public/private partnerships, to ensure a health care safety net for all kids, regardless of income or immigration status.

- Partner with grass-roots organizations such as PICO and MomsRising and community-based organizations such as the United Way and California Children's Health Initiatives (CCHIs) to advocate for strong outreach and enrollment mechanisms, to ensure that all children, even those from "hard to reach" communities, are able to enroll in existing programs.

Louisiana

CDF-Louisiana is working closely with the Louisiana Department of Health and Hospitals in the effort to enroll eligible children and families. They will continue to work with others as an LaChip Community Canvasser to conduct targeted outreach and provide one-on-one enrollment assistance to increase enrollment in historically underserved areas and populations (rural areas, Hispanic, immigrant or mixed immigration-status families and those displaced by recent hurricanes). CDF Louisiana will also be involved in the development and testing of new and innovative strategies to reach eligible but unenrolled families and will measure the success of these new strategies by tracking the enrollment outcome of the applications submitted. Strategies that work will be replicated on a larger scale throughout the state.

CDF Louisiana is also working in collaboration with the state of Louisiana's "Covering Kids Coalition" to promote enrollment in children's health coverage through the school setting, working to make child health outreach a part of the everyday operations of school districts.

Minnesota

CDF-Minnesota will conduct their outreach and enrollment work through their existing Bridge to Benefits project, which seeks to improve the economic well being of low-income families by connecting them electronically to an array of public work support families including the three public health care programs – Medical Assistance, MinnesotaCare and General Assistance Medical Care. To provide the most in-depth service for health care, Bridge to Benefits has created partnerships with multiple community-based health organizations that provide one-on-one application assistance for the health care programs to families in all 87 counties.

With the online Bridge-to-Benefits technology, CDF-Minnesota continues to support the state's effort to move toward electronic applications and will continue to work to improve the ease by which families are able to enroll in health coverage and work with the state legislature to remove other state-imposed barriers that keep eligible families from applying. CDF-Minnesota will continue to serve as an important leader in enrolling families in public assistance programs – including health coverage – and work with the more than 200 organizations across the state that have agreed to use the screening tool with the families they serve. These screening organizations include food shelves, schools, Community Action Agencies, faith-based organizations, childcare centers, clinics, community centers and many more. Reaching out across programs to connect with families in need of all kinds of help has greatly expanded health care outreach and the number of families that were being reached through the earlier Covering Kids and Families project.

Montana

CDF-Montana's outreach and enrollment efforts will include:

- Monitoring implementation of Healthy Montana Kids (HMK) expansion. CDF-MT is monitoring implementation and works with state legislators, state agencies, school nurses, private agencies, activists, professional groups, faith-based groups and school districts to simplify enrollment and renewal procedures by reducing paperwork and maximizing technology to apply and check for eligibility. CDF-MT is actively advocating a joint program partnering DPHHS and the Montana Office of Public Instruction that would enroll all eligible children in HMK when they are enrolled in the hot lunch program. CDF-MT partners with DPHHS and community providers, agencies and organizations to secure enrollment partners who live, work, play, worship and provide healthcare to children in their own communities. CDF-MT provides enrollment partner training and is an enrollment partner.

- Defending expansion of HMK. CDF-MT is also actively advocating against funding cuts to HMK by the current administration and current and future legislators. With full implementation of HMK, all Montana children would be covered, but the current political environment has our political leaders looking for funding cuts rather than program development. HMK has been identified by legislators, administration and candidates as a place to make those cuts. CDF-MT is committed to continued advocacy for accessible, affordable and comprehensive healthcare on behalf of Montana's children through HMK.

- Enrollment through Bridge to Benefits. CDF-MT is seeking to develop greater partnerships with schools, providers, counselors, parish and school nurses, student organizations, faith community, private and public agencies, individuals, accountants, food banks and Head Start to utilize the online Bridge to Benefits tool to help families access needed services, including healthcare and Healthy Montana Kids. They will continue to build on the outreach successes they have had coordinating Bridge to Benefits screenings for health coverage with the Volunteer Income Tax Assistance (VITA) Program sites.

New York

CDF-NY accepts the challenge to work towards connecting these uninsured children to coverage utilizing the following multi-prong strategy:

- Despite many improvements to New York's enrollment system, families still face considerable red tape when attempting to apply and renew their coverage. In meeting the Secretary's Challenge, CDF-NY is committed to advocating for the State to further eliminate documentation requirements. CDF-NY will advocate for the elimination of documentation for residency, date of birth, and deduction-related expenses at application. CDF-NY will also work to encourage the state to move towards implementing Express Lane Eligibility with a particular focus on the Supplemental Nutrition Assistance Program as its eligibility requirements and operating systems are the most prime for alignment and coordination. Finally, CDF-NY will work with key advocates and the New York Department of Health to further simplify the existing application for coverage and developing a 2012 application with an eye towards health care reform implementation in 2014.

  In 2011, New York will be rolling out its Enrollment Center which will allow New Yorkers to renew their coverage by telephone. CDF-NY will work with the state, advocates, and the statewide facilitated enrollment network to monitor the implementation of this new technology to help ensure New Yorkers are able to seamlessly maintain their coverage. CDF-NY will also continue to work with New York City's Human Resources Administration to ensure its online renewal tool is easy to use and to navigate. CDF-NY will also publicize the release of the state's online fill-and-print application, as well as their new eligibility calculator that will help individuals understand what coverage they are eligible for.

- Continue to work with statewide community-based facilitated enrollers who are on the ground providing enrollment assistance in the communities where the uninsured live and work. We will continue to provide technical assistance in the form of training and advocacy assistance to the community-based facilitated enrollers and assist them in monitoring the experiences of individuals as they try to obtain coverage. CDF-NY will also continue to advocate for the state to build its Consumer Assistance Program on the existing facilitated enrollment infrastructure that has grown to become the single most effective mechanism for finding the eligible yet uninsured. Facilitated enrollers have grown expert in eligibility determination and managed care navigation for public health insurance programs. Because they are on the front-lines of enrollment facilitated enrollers are accustomed to aggregating systemic problems and advocating for improvements with local districts of social services and with the N.Y. Department of Health. Continuing to support the facilitated enrollment network will be a key strategy in further creating opportunities for the uninsured to connect to coverage.

- Continue to work to ensure children who are enrolled in coverage are able to maintain their insurance. We will work to monitor the roll-out of New York City's online renewal tool and monitor any processing delays when families attempt to renew their coverage.

- Continue to engage public and private partners including small businesses, faith leaders, health providers, business leaders, social service agencies, and government officials.

North Dakota

CDF-ND will continue to utilize the Bridge to Benefits project to improve the economic well being of low-income families by connecting them to an array of public work support including Medical Assistance. Bridge to Benefits has created partnerships with multiple community-based health organizations that provide one-on-one application assistance for the health care programs. CDF has recruited multiple organizations across the state that has agreed to use the screening tool with the families they serve. These screening organizations include the Salvation Army, food shelves, schools, Community Action Agencies, faith-based organizations, childcare centers, clinics, community centers and many more.

This coming year, CDF-ND will also be hiring Native American college students to market this tool with churches, tribal organizations and families on their home reservations to help address the issues of poverty and health care needs.

Ohio

CDF- Ohio intends to continue to address health care enrollment in Ohio by:

- Continuing to lead the work of the Health Disparities Collaborative.
- Providing enrollment information, tools, and technical assistance to our faith-based partners such as the Ohio Council of Churches, Metropolitan Area Church Council, and Council of Christian Communities, to support the hundreds of member churches' health care enrollment activities.
- Creating opportunities to sign up for health coverage. CDF-Ohio has served as a trainer for more than 450 community advocates, social workers, nurses, social service intake workers and various community leaders in the Healthy Start Healthy Families eligibility and enrollment and conducted a variety of enrollment drives through the CDF Freedom Schools and other community-based partners.

Southern Regional Office

CDF's Southern Regional Office will continue and expand current work as well as engage in some new strategies. They will:

- Continue their Benefits Bank work being conducted in Mississippi, Arkansas and Florida.
- Continue to provide information and assistance with CHIP applications at related Cradle to Prison Pipeline convening's in Arkansas and Mississippi.
- Continue to promote community efforts toward early childhood education while at the same time disseminating CHIP applications and assistance with the application process in 10 school districts in Mississippi.
- Continue to use the Southern Rural Black Women's Initiative (SRBWI) as a way of reaching out in communities were the poverty rates are at their highest. The SRBWI members are trusted members of their communities and can help to identify opportunities to educate; as well as actual individuals and families needing assistance in 77 counties in Alabama, Georgia and Mississippi.
- Begin work with local Community Health Centers to have them to actually come out to meetings/events, take applications and input them there on site.
- Explore enlisting college students (public health, policy, research, social services and nursing students) needing community service hours to assist with our enrollment efforts.
- Plan a media campaign to bring awareness to the public of the benefit of CHIP; inform about upcoming events where they can apply for CHIP; and information on legislation regarding healthcare coverage for children in the state.

Texas

CDF-Texas will continue its strong record on child health outreach by:

- Partnering with the Texas Association of School Administrators (TASA) on the Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach Grant. Through the partnership, TASA has expanded CDF-Texas's *100% Campaign,* a comprehensive outreach and training initiative to link every child to health coverage through Texas school districts. A health insurance question is added to the school enrollment form to identify every uninsured child by campus. Project staffs within the school districts contact families of uninsured students, educate them about available programs and offer them application assistance. Students ineligible for CHIP or Children's Medicaid would be connected with alternative health resources including Federally Qualified Health Centers (FQHCs) and other local clinics;

- Continuing its 10-year history of planning and hosting citywide application assistance drives where families can come to receive help completing the required paperwork to apply or renew their children's coverage;

- Conducting community trainings for volunteers interested in hosting or staffing an application assistance drive;

- Strengthening its work with the regional and statewide CHIP Coalitions;

- Utilizing social media including Facebook and Twitter to spread the word about CHIP and Children's Medicaid to parents, relatives, and community partners; and

- Continuing to advocate for a streamlined enrollment system that cuts red tape and allows children who qualify for CHIP and Medicaid to enroll and retain coverage.