

## CHIPRA Outreach and Enrollment Grants

On July 6, 2009, HHS Secretary Kathleen Sebelius and Medicaid Director Cindy Mann announced a request for a first round of outreach grant proposals funded through the Children's Health Insurance Program Reauthorization Act (CHIPRA). Congress provided \$100 million in CHIPRA for outreach and enrollment activities through September 2013. Of this amount, \$10 million will be used for a national enrollment campaign and \$10 million will be granted directly to Indian health service providers and urban Indian organizations receiving funds under Title V of the Indian Health Care Improvement Act for outreach to and enrollment of Native American children. The remaining \$80 million will be granted to other eligible entities, which may include state, county, and local governments, community-based or faith-based organizations, schools, and federal safety net providers. CMS announced that it plans to award the \$80 million in outreach grant funds in two or more rounds. This first round will grant up to \$40 million in two-year projects ranging from \$25,000 to \$1,000,000 with the anticipation that 200 grants will be awarded.

As required by CHIPRA, priority for the grant awards will be given to eligible entities that target geographic areas with high rates of:

- eligible but unenrolled children, including children who reside in rural areas; or
- racial and ethnic minorities and populations with health disparities, including proposals that address cultural and linguistic barriers to enrollment.

The award of the grants is based on the following principles:

- Outreach must be results driven and connected to actual enrollment and retention of children in Medicaid and CHIP.
- Grantees must provide sound data demonstrating the connection between the proposed outreach efforts and actual enrollment and retention.
- Data and systems improvements that are appropriate within the context of the proposed outreach strategies will be considered for funding.
- Best practices and lessons learned will be shared among grantees and successful outreach strategies that can be replicated are of particular interest.

### Key Dates

July 22, 2009 – Conference Call for Prospective Grant Applicants

July 27, 2009 – Voluntary Letter of Intent Requested (but not required)

August 6, 2009 – Electronic Submission of Application

August 10, 2009 – Mail Submission of Application

On or before September 30, 2009 – Announcement and Commencement of Grants

### Key elements

Outreach and Enrollment Strategies: Applicants are required to submit an outreach and enrollment plan which includes descriptions of target populations and expected numbers of enrolled and retained, outreach strategies

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## WHAT'S UP WITH THE NETWORK

### National Covering Kids & Families Network Webinar

On June 29th the Education Committee hosted the second 2009 NCKF Network Webinar “*New Strategies to Meet New Circumstances: How Are States' Responding to Newly Eligible Medicaid and CHIP Populations?*” Nearly 100 participants were in attendance to hear strategies which ranged from working with local football teams to using new mediums on the internet. Presenters included NCKF partner Donna Cohen Ross, Center on Budget and Policy Priorities and NCKF Network Members

- Cathy Caldwell, Alabaman Children’s Health Insurance Program (AllKids)
- Anne Bacharach, Pennsylvania health Law Project
- Jodi Ray, The Lawton and Rhea Childes Center for Healthy Mothers and Babies

To access information shared during the call, please contact Michelle Wood, Policy Analyst, Community Health Councils at [michelle@chc-inc.org](mailto:michelle@chc-inc.org) or (323) 295-9372 ext. 225. Stay tuned for upcoming webinars.

### National Covering Kids and Families Membership Dues & Operating Principles

Over the last few months the Leadership Committee has been reviewing the Network dues structure and operating principles to ensure that they are meeting the needs of the Network membership and activities. Please review the information below:

#### Membership & Dues

Beginning July 1st, 2008, membership dues were implemented to financially sustain the NCKF Network building on the fiscal assistance from a two-year Robert Wood Johnson Foundation grant. These dues will be used to support communication efforts (e.g., website development, webinar teleconferencing, etc.). In this current economic climate, we are aware of the hardships many of you and/or your organizations may be experiencing. Therefore, the NCKF Leadership Committee made the decision to restructure the membership dues for fiscal year 2009-10. Over the next month the membership committee will be sending out dues letters and contacting members requesting that you re-identify your membership classification and submit your dues for this year. Please find below the new membership dues structure:

**Organization Membership (\$100):** Any organizations working for and supporting quality healthcare coverage, expansion, outreach, simplification, and coordination as defined by the Network.

**Individual Membership (\$50):** Any individuals advocating for and supporting quality healthcare coverage, expansion, outreach, simplification, and coordination. This classification is for individuals who cannot join through their organization or those not currently connected with an organization. This may include students and local, state, and federal government employees.

**Government Entity (waiver):** Any government organizations (local, state, federal) demonstrating a commitment to the NCKF Network’s objectives, but unable to join the Network due to their government status. These organizations can still provide support to the Network in such activities as technical support, sponsors of events and media promotions.

#### Operating Principles

The Leadership Committee has made clarifications and additions to the operating principles. We are calling on all members to review the document (attached in the email with this newsletter) and submit your vote to approve the revised document. Please send your vote to [sonya@chc-inc.org](mailto:sonya@chc-inc.org) by July 31st.

## MEMBERS SPOTLIGHT

### Alabama's Strategies for Reaching the Uninsured through Targeted Outreach & Expansion

- Cathy Caldwell, Alabama Children's Health Insurance Program (AllKids)

Alabama's CHIP program, known as ALL Kids, experienced record enrollment for well over a year. ALL Kids shares a joint application with Alabama's SOBRA Medicaid and Medicaid's enrollment increased as well. Then a failing economy saw plant closings and job losses in the tens of thousands. The number of applications ALL Kids received continued to increase but more and more are being forwarded to Medicaid because of income ineligibility levels resulting in decreased enrollment

Internally, strategies were being discussed to reach families with higher incomes for a couple of reasons. First, we knew that the demographics of displaced workers were not limited to lower income eligibility levels any workers with higher incomes were also losing their jobs and thus, their health insurance. Second, this spring Alabama's legislature approved and appropriated funds to allow ALL Kids to expand income eligibility levels. In Alabama, there is one thing we know that transcends all socioeconomic strata...**FOOTBALL!**

We take football seriously, from peewee to collegiate teams; we are fans, BIG FANS. This year we have the opportunity to partner with the 2 largest colleges in Alabama who are also staunch football rivals. In Alabama, you are either an Alabama Crimson Tide Fan or you are an Auburn Tiger Fan, regardless of where or if you actually attended either.

We have partnered with the sports marketing groups for both universities to target all families in Alabama who may have uninsured children. Our outreach packages both schools will include the sponsorship of a home game that includes a pre-game tent setup to distribute ALL Kids material and talk with families, LED signage, half >time promotion, extensive sports radio coverage, promotions in all print materials including the football program AND endorsements from the head football and head basket ball coaches that will be used as public service announcements for additional radio and television exposure. Our outreach partnership is not limited to football. We will get the same outreach exposure during basketball, baseball, and gymnastics. We also received the same outreach opportunities at University of Alabama in Birmingham and Troy University.

There are over 1 and half million football fans in Alabama and we expect this outreach effort to be extremely successful.



## COMMITTEES SIGN UP TODAY!

**Advocacy/Policy :** For those who want to get involved in advocacy activities around SCHIP and Medicaid rule changes, this is the committee to join! Contact Jodi Ray of the Lawton and Rhea Childes Center for Healthy Mothers and Babies at [jray@health.usf.edu](mailto:jray@health.usf.edu)

**Communications:** If you have creative talent and would like to write articles for the monthly newsletter, we are looking for writers and readers. Contact Kathy Chan with Illinois Maternal and Child Health Coalition via e-mail at [kchan@ilmaternal.org](mailto:kchan@ilmaternal.org).

**Education:** Conference planners and educators, join this committee! If you have a knack for planning educational teleconferences, contact David Roos of CKF Indiana at [droos@ckfindiana.org](mailto:droos@ckfindiana.org).

**Membership:** This committee is moving and shaking and increasing our membership. If you like talking to people, here is your chance! Contact Theresa Gavazzi with Mothers & Babies Perinatal Network at [tgavazzi@mothersandbabies.org](mailto:tgavazzi@mothersandbabies.org).

**Do you have a story, member spotlight, best practice or resource that you would like to share?**

Please contact Kathy Chan at [kchan@ilmaternal.org](mailto:kchan@ilmaternal.org)

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and the methods that will be used to tracking methods.

***Target Populations:*** Projects should target populations with high levels of uninsured children under 200 percent of the Federal Poverty Level (FPL) who may be eligible for Medicaid or CHIP, but are not enrolled. While *target populations are not limited to the following*, proposals addressing these groups will be viewed favorably: Legal immigrants or children living in households with mixed immigration status; Cross-border populations; Children of migrant farmers; Hispanic children; Teens; Rural children; Homeless children; and American Indian/Alaska Native children.

***Match and Sustainability:*** The outreach grants do not require a match from the recipient, but applicants must demonstrate the ability to sustain the outreach, enrollment, and retention efforts beyond the grant period by providing a plan for sustainability. Weight will be given to applications that can show additional funding or in-kind support.

***Data Reporting and Evaluation:*** All proposals must describe how data will be defined, collected, analyzed, and reported to assess the effectiveness of grant activities.

***Best Practices and Lessons Learned:*** Grantees must commit to sharing policy documents, best practices, and lessons learned with CMS and through peer-to-peer learning and conferences. Grantees must also be willing to coordinate messages and strategies with the national outreach and enrollment campaign.

### ***Specific Requirements for Different Types of Grantees***

***State Applicants*** - By law, a maintenance of effort (MOE) on outreach and enrollment expenditures is required. It must maintain the same level of state funding for outreach and enrollment activities as expended in the prior year. States are also required to submit a certification of maintenance of effort verifying that the grant funds will not supplant existing state expenditures for Medicaid and CHIP outreach and enrollment efforts. Due to the responsibility that State Medicaid or CHIP agencies have in enrolling eligible children and their possession of critical data, proposals from these agencies or coalitions that include these agencies are subject to additional criteria. Depending on the proposal, such requirements may include:

- Formal agreements with coalition grantees or enrollment facilitators (if proposed in the grant);
- Coordination of coalition grantees for the national outreach and enrollment campaign; and
- Evidence that the state can provide technical assistance to coalition grantees such as providing mapped census demographic data so grantees can target areas of disparities; conducting focus groups or surveys; and broadening partnerships with key entities that can be utilized by grantees.
- State applicants must demonstrate a commitment to facilitating enrollment and retention.

***Non-State Applicants:*** In general, applicants must show that the state is supportive of their application. Non-state applicants must develop a Memorandum of Understanding (MOU) with the State Medicaid and CHIP agencies for the purposes of data collection or alternate plans to demonstrate enrollment or retention results. *In the absence of state collaboration*, applications must demonstrate the efforts will be effective in increasing enrollment among eligible children.

***Tribes or Tribal Entities:*** While tribes and tribal organizations are eligible for grants in this solicitation, they are also eligible for the \$10 million in grants targeted to Native American outreach and enrollment. Duplication of funding for activities is not allowed.

Adapted from: An Overview of the CHIPRA Outreach and Enrollment Grants, Georgetown University Health and Policy Institute Center for Children and Families [http://ccf.georgetown.edu/index/cms-file-system-action?file=ccf\\_publications/federal\\_schip\\_policy/outreach\\_grants\\_final.pdf](http://ccf.georgetown.edu/index/cms-file-system-action?file=ccf_publications/federal_schip_policy/outreach_grants_final.pdf)

The proposal can be found at <http://www07.grants.gov/search/search.do;jsessionid=yh2NKRqVnRw4BJZHLR2BTKNMFShPLhx59jHGDdtvLv1fZPS36gsF!-723925807?oppld=48293&mode=VIEW>

**Credits:** Kathy Chan, Illinois Maternal & Child Health Coalition; Korey Capozza, Voices for Utah Children Sonya Vasquez and Catherine Sepulveda, Community Health Councils/California CKF.