

## **An Overview of the 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). More information about the long-awaited "Request for Proposals" (RFP) can be found [here](#).

A major goal of CHIPRA is to cover more of the millions of uninsured children who already are eligible for Medicaid or CHIP, but whose families lack information about the programs, face red-tape barriers to enrollment, or encounter unnecessary barriers when seeking to renew their children's coverage. To this end, CHIPRA gave states a range of new tools and incentives to enroll already-eligible children and also created the \$100 million outreach fund.

These outreach grants can help boost awareness and encourage further simplification of the enrollment and renewal processes while targeting areas with high rates of eligible but not enrolled children and minority children who are disproportionately uninsured. Outreach, including community-based assistance, is also critical during a recession, when newly unemployed families may be particularly unlikely to know about the availability of public programs for their children.

The Centers for Medicaid and Medicare (CMS) will administer the grants. In soliciting proposals, CMS emphasizes that a strong connection must exist between outreach efforts and resultant enrollment and retention of eligible children. Data must be collected, reported, and analyzed against performance measures to determine the effectiveness of outreach efforts, and refinements to strategies must be made in real time when outcomes are not achieving the desired gains in enrollment and retention.

### **Legislative Background**

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. These grants are the focus of the RFP and up to \$40 million will be awarded in this first round.

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.

In applying for outreach grants, eligible entities must establish that they have access to, and credibility with, ethnic or low-income populations in the communities where activities will be conducted. As stipulated in statute and reiterated in the RFP, applicants must also demonstrate the ability to address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and other punitive fears associated with receipt of benefits, as well as other cultural barriers to application and enrollment in public programs.

### **The Request for Proposal Process**

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. CMS anticipates awarding about 200 grants in this round.

Prospective grantees have their work cut out for them, with proposals on a fast timeline, due one month after the release of the RFP. CMS will employ a multi-phased review process that includes an objective assessment by a panel that may include private sector experts, beneficiaries, and federal policy staff, based on weighted criteria as defined in the RFP.

### **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

### **Grant Principles**

In announcing the grants, CMS expressly stated the purpose of providing outreach money is to not only find the children who are eligible but not enrolled in Medicaid and CHIP but to ensure that they are enrolled and that they retain their coverage while eligible. 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.*

## **Eligible Entities**

By law, a diverse group of entities is eligible to apply for grants. The common thread is that these organizations must have experience serving low-income children and families. Coalitions or eligible entities representing broad community partnerships with evidence of community involvement are allowed. Only one application may be submitted by a single entity in this grant round, but an eligible entity may be a member of multiple coalitions.

Eligible entities include:

- A State;
- A local government;
- An Indian tribe, tribal consortium, Indian Health Service Provider, or other tribal organization receiving funds under title V of the Indian Health Care Improvement Act;
- A federal health safety net organization such as a federally-qualified community health center or disproportionate-share hospital;
- A national, state, local or community-based public or nonprofit private organization, including those that use community health workers or have doula programs;
- A faith-based organization or consortia (subject to section 1955 of the Public Health Service Act); and
- An elementary or secondary school.

## **Outreach and Enrollment Strategies**

Applicants are required to submit an outreach and enrollment plan. It is expected that such plans will have different components depending on the strategies proposed. For example, a proposal to establish or strengthen a community-based application and renewal assistance program will have different elements than a plan aimed at improving notices, processes, or systems to enroll or retain eligible children.

All proposals must include certain components, which include utilizing demographic data in the design of outreach projects for target populations and describing how the applicant will submit and analyze the enrollment and retention data. Also required are descriptions of each vulnerable population to be targeted and estimates of the expected numbers of uninsured children by population to be enrolled through the grant activities. Plans must describe the proposed outreach strategies and the methods that will be used to track and measure the effectiveness of each strategy in enrolling and retaining targeted Medicaid- and CHIP-eligible children. All applicants must demonstrate the ability to refine the strategies in real time based on the assessment of the effectiveness of the strategies.

## **Target Populations**

The design of the outreach 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 with high rates of uninsurance and issues with access to health care 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.

### **Budgets, Match and Sustainability**

Grant awards will range from \$25,000 to \$1,000,000 over the two-year period. Funds can be used for a variety of expenses including personnel, equipment, travel, and other direct costs. Applicants are cautioned to use a reasonableness test when determining a cost per new enrollee, as well as the percentage of funds attributable to administrative costs. *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. Specific outcome measures, which may vary based on the proposed strategies, must be developed as part of the evaluation plan. Applicants must demonstrate the capacity to modify strategies when the data indicate that activities are not achieving the goals of the project. Throughout the RFP, there is a consistent and strong emphasis on data reporting, assessing progress, and redirecting efforts when needed. *The Secretary is also required to submit an annual report to Congress on the outreach and enrollment activities conducted with these funds and make the enrollment data and information collected available publicly.*

### **Best Practices and Lessons Learned**

Applicants must participate in specific program elements to document strategies and outcomes, as well as share and report results. 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*. If funds are granted directly to a state, it must maintain the same level of state funding for outreach and enrollment activities as expended in the prior year. In the proposed grant budget, states must submit the amount of money that was spent on Medicaid and CHIP outreach and enrollment efforts in the preceding fiscal year. This may be challenging to quantify as states have a variety of mechanisms and funding streams for supporting outreach and enrollment. 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. *Of particular interest are innovative applications of technology* such as web-based applications, telephone enrollment and renewal processes, development of new simplification practices or new methods for premium payments, and other proposals including information technology and systems improvements to support outreach, 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. No specific guidance is provided on how this might be accomplished.

- ***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.