

January 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

Attachments

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

- 1) List of States that have simplified the Medicaid Application Process:
- 2) Delaware's Application (For more information call (302) 577-4901)
- 3) Georgia's Application (For more information call (404) 656-4479)
- 4) South Carolina's Application (For more information call (803) 253-6100)

(1) 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) Short Application (29) ** No Assets Test (36)

Alabama Alabama Alabama
Alaska * Alaska Alaska
Connecticu Arkansas Arizona
Delaware Colorado Connecticut
District of Columbia Georgia Delaware
Hawaii * Hawaii District of Columbia
Illinois * Illinois Florida
Maine * Indiana Georgia
Massachusetts Iowa Illinois
Michigan (local decision) Kentucky Indiana
Minnesota Michigan Kansas
Mississippi Mississippi Kentucky

Missouri Missouri Louisiana
 New Mexico * New Hampshire Maine
 North Dakota * New Mexico Maryland
 Ohio New York Massachusetts
 Oklahoma Ohio Michigan
 Oregon Oklahoma Mississippi
 Pennsylvania Oregon Missouri
 Utah * South Carolina Nebraska
 Vermont South Dakota New Hampshire
 Virginia Tennessee New Jersey
 Washington Texas New Mexico
 Wyoming * Utah New York
 Vermont North Carolina
 Virginia Ohio
 Washington Oklahoma
 West Virginia Pennsylvania
 Wyoming 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

(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	LAST	Home Phone [2]	Work Phone [3]
[1] FIRST MIDDLE			

Home Address	Apt. # [5]	City [6]	State [7]	Zip [8]	County [9]
[4]Street					

Mailing Address	Apt. # [11]	City [12]	State [13]	Zip [14]	County [15]
(if different from above) [10] Street					

II. Family Members Living in the Home

(Attach extra sheet if needed)

Children (under 19) living	Date of	Social Security	Mother's Name	Fathe
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in the home

Birth
[17]

Citizen

Number

[20]

NAMES [16]

(Yes or No)
[18]

[19]

Adults living in the home

Social Security
Number

If employed by a public agency in the State,

NAMES [23]

[24]

[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	Who provides the money? [27]	How Often?
or receiving money* [26]	Employer, program or person	[28] Weekly, twice a month, monthly

1.

2.

3.

*Be sure to include all sources of gross income (before taxes) such as wages, dividends & interest, TANF, 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?
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Yes

.. No ..

IV. Medicaid Questions

Is any child

**Do any of the children have
from the last 3 months?**

: [31] Pregnant: Yes

“ No ” In an Institution: Yes “ No ”

[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 431.300-431.307.1, and any applicable federal and state laws and regulations.

I understand that this application is a full Medicaid application. I understand that if I am eligible for this kind of children’s health Medicaid, I may be eligible for Medicaid on other basis and have a right to complete my application.

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

I have the right to appeal any decision on my Medicaid program. Information on the appeal process is obtained from the local Medicaid agency.

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

I understand that anyone who knowingly provides false information, misrepresents the truth or arranges for someone to do so is committing a crime and may be punished under federal law, state law, or local law. I understand that I may also be liable for repaying Medicaid benefits received and may be subject to criminal prosecution.

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

I certify under penalty of perjury that the information provided is true and correct.

is restricted by law.

application form is the truth as best I

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.