

 For an updated list of "Local Choice Agencies", contact SignUpNow



SignUpNow Outreach

Communities Connecting Kids With Health Coverage

Upcoming Outreach Events...

3/27	CMSIP Outreach Training & Planning Session- Nelson County	4/8	Hope Worldwide Children's Fair- Norfolk
3/28	CMSIP March Madness Celebrity Basketball Game- Richmond	4/13	CMSIP "Next Level" Training- Arlington Schools
3/30	Central Virginia CMSIP Steering Committee- Lynchburg	6/13	CMSIP "Next Level" Training- Portsmouth
3/30-4/1	Americorp Conference- Virginia Beach	For more information on these events call SignUpNow.	

High Enrollment

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Arlington, Appomattox, and Highland counties are to be congratulated. Their commitment has paid off for the children in their communities.

Nine other Virginia localities are also doing very well and have over half of their eligible children enrolled. To check your area's progress, visit the SignUpNow web site at www.vakids.org/SUN.

momentum we have created and word of mouth will help carry us the rest of the way." While the County continues to do mailings and "back-pack" flyers through schools, strategies are now aimed more at incorporating information about CMSIP into the general focus of many local programs. Also, the recent grant award to St. Anthony of Padua Catholic Church by the Virginia Health Care Foundation (VHCF), to target the Hispanic community, will provide great assistance with a hard-to-reach population.

Rural Appomattox County is located in central Virginia with a population of over 13,000 spread over 334 sq. mi. Randy Williams, Eligibility Supervisor for the local DSS says "I give all the credit to my staff - they are very conscientious. They get it done - and on time."

In Appomattox there are two eligibility workers dedicated to Medicaid/CMSIP and two others handle additional cases. Randy reports that if an application does not have the proper verifications, the staff contact the client immediately and ask for what is needed. "We don't wait and we try to be specific - like we need a copy of January's pay stub." The department also sends a self-addressed stamped envelope to the client. Randy says the attitude in the unit is "only as a last resort will a case be denied."

The school system has helped boost enrollment by distributing information and Appomattox is looking forward to assistance

from a new project (also funded by VHCF). Joanne Greene, Outreach Coordinator for Johnson Health Center/Centra Health, has begun working with employers in the area. Randy reports "she is really gung-ho and beginning to produce results."

Highland County borders West Virginia, consists of 416 sq. mi., and has only about 2,500 residents. Sandra Bratton, Director of Highland Co. DSS, states that the biggest factors in their success are probably their small size and the nature of their community. "The word spreads rapidly here" says Sandra, "we are a close-knit community where people talk to each other." She reports that many Highland Co. residents work for small businesses - including small loggers - and most don't offer insurance.

Although the department has only four staff, Sandra says that they all help spread the word about Medicaid/CMSIP and they see to it that anyone with children who applies for help from DSS is told about the insurance. They have also made extensive efforts to inform key people and programs in the community. The challenge, according to Sandra, is "to remind people - if you tell them once they often forget."

Sandra says getting the required verifications is not a big problem in Highland because "after all, we know about 90% of the people who come here, we know their families, their employers, and either we already have their information or we know how to get it."

New Children's Health Insurance Legislation Goes to the Governor

by Jill Hanken,
Virginia Poverty Law Center



Inside...

Meeting the President

Virginia DSS News

2000 Income Guideline Revision

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The General Assembly has adopted legislation to restructure Virginia's children's health insurance program funded through Title XXI of the Social Security Act. When fully implemented, the new program will replace the Children's Medical Security Insurance Plan (CMSIP).

At the request of the Administration, legislation for the new program was introduced by Delegate DeVolites (HB 1489) and Senator Bolling (SB 550). The new program is called "Family Access to Medical Insurance Security Plan" or "FAMIS." Motivated by the Administration's belief that CMSIP looks too much like a "welfare" program, the new program will make use of premium subsidies and private insurance for the delivery of services and may shift the responsibility for eligibility determinations away from local Departments of Social Services (DSS).

The Virginia Coalition for Children's Health played an active role to get significant client protections incorporated into the proposed legislation. Details of these amendments follow.

On the money side, the final budget conference report adds \$20.3 million (\$6.7 state funds) each year of the biennium to support enrollment of almost 59,000 children in CMSIP/FAMIS. The Governor's original budget had "flat-funded" expenditures for children's health insurance to serve only 31,000 children.

The budget bill and legislation must now be signed by the Governor. DMAS must then fully develop the FAMIS program, obtain federal approval for the changes, and promulgate state regulations to implement the program. Federal approval and full implementation are many months away, although certain elements of FAMIS could be phased-in as early as July 2000.

There are many reasons that outreach workers around the state should continue "full-speed-ahead" on CMSIP enrollment. First, we need to build up the CMSIP rolls because all CMSIP children will be shifted to FAMIS when it does start. Second, the CMSIP income eligibility formula (which helps many families) will continue only for CMSIP enrollees. Third - and most important - uninsured kids need health coverage today!

Here are details about the new legislation:

Eligibility is changed to 200% of the federal poverty line, based on gross income. Because this new eligibility formula eliminates income disregards used in CMSIP, certain CMSIP children, such as higher income families with child care expenses, would not qualify for FAMIS. The final legislation includes a grandfather clause, permanently protecting the current income eligibility formula for CMSIP enrollees whose gross income exceeds 200% of the poverty line.

Waiting Period - The original bills continued the twelve-month waiting period for previously insured children. This is the strictest waiting period in the nation, and the Coalition has worked for a reduction in the waiting period as well as an expansion of exemptions. The final bill reduces the waiting period to six months.

Child Support Enforcement - While not specified in the FAMIS legislation, the Administration intends to continue the requirement that families cooperate in the pursuit of child support from absent parents as a condition of FAMIS eligibility. This requirement is a barrier to enrollment for many families. Separate legislation to eliminate the requirement [SB 724, Senator Lambert] was carried over to next year.

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FAMIS Legislation

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The Virginia Coalition for Children's Health would like to give special thanks to Senator Bill Bolling (Hanover) who coordinated meetings between the Administration, child advocates, and providers and who promoted many of the important amendments that were ultimately adopted.

The Eligibility Determination Process may be transferred to a "centralized processing unit" instead of local DSS. This could be appealing to some applicants. However, the Coalition and others feel that continued local involvement in outreach and case assistance is essential. The final legislation was amended to require local DSS offices to accept applications and provide application assistance to families and it also strengthens the requirement that any centralized processing unit "screen and enroll" children for Medicaid. There are many details about the mechanics of this centralized process that must still be designed.

Employer-Sponsored Insurance - The legislation authorizes the use of FAMIS funds to cover children under their parent's employer-sponsored health insurance. This option can be used when it is cost-effective to the state, and when the employer contributes at least 50% of the cost of family coverage. Through this option, other family members such as uninsured spouses or students over 19 can obtain insurance. Services not covered through the employer's plan are provided through "wrap-around" coverage provided through other insurance/providers. Children who can not or who do not wish to use employer-sponsored insurance will receive FAMIS coverage through other insurance or providers.

Benefit Package - The final legislation specifies a list of services which must be covered: "comprehensive medical, dental, vision, mental health, and substance abuse services, and physical therapy, occupational therapy, speech language pathology, and skilled nursing services for special education students." The major changes from CMSIP are the elimination of non-emergency transportation, EPSDT, and certain monetary and time limits imposed on other services.

Cost Sharing - The original bills allowed for both monthly premiums and co-payments on all FAMIS participants. The Coalition opposed this provision, arguing that monthly premiums would pose a major barrier to participation, particularly for families under 150% of poverty (who are exempt from all cost-sharing in CMSIP). The final bill eliminates monthly premiums for children with family income under 150% of poverty. For higher income families, DMAS's preliminary plan sets monthly premiums at \$15 per child, up to \$45 per month. This remains a major concern. The mechanics of premium administration/collection will need to be developed, and, hopefully, child advocates can promote a "family friendly" system.

Service Delivery - The legislation allows DMAS to contract with a variety of delivery systems to include HMOs, PPOs and local initiatives.

Outreach - The final bills incorporate important elements of HB 366 (Delegate Brink) to require a comprehensive statewide, community based outreach plan. An Outreach Oversight Committee is established with specific responsibilities, such as developing strategies for low enrollment localities and enrolling children of former TANF recipients.

Public Participation and Oversight - Amendments require quarterly reports to the Joint Commission on Health Care and public rulemaking pursuant to the Administrative Process Act.

Thelma Pierce of South Hill, Virginia and her 4-year-old daughter, Jenny Mae, received an invitation to join President Clinton at the Bicameral Democratic Conference held at the Library of Congress in February. The agenda was President Clinton's unveiling of "Families First: The 2000 Democratic Agenda".

Pierce's daughter, Jenny Mae, is enrolled in CMSIP. Thelma was chosen to speak to the Conference on her challenges in getting health insurance for her daughter. Thelma received a standing ovation when she told her story to the 120 members of the Senate and House Democratic Caucuses and an audience of 250.

Having to leave her job of 16 years due to the terminal illness of her father, Thelma, a single parent, found herself not only out of a job, but also without health insurance for herself and her daughter. When Thelma secured a job with Community Memorial Healthcenter, she was covered by insurance, but she was unable to afford the insurance for her daughter. She learned about CMSIP from Linda Mangum, RN and Outreach Worker for Community Memorial Healthcenter's Health Express Mobile Clinic. With Mangum's help, Thelma applied for CMSIP and Jenny Mae was approved.

News from the Virginia Department of Social Services

by Autumn Barrett
Program Consultant, CMSIP

Updated CMSIP Income Guidelines
for 2000
(185% of Federal Poverty Level)

Family Size	Income	
	Year	Month
1	\$15,448	\$1,287
2	\$20,813	\$1,734
3	\$26,178	\$2,181
4	\$31,543	\$2,629
5	\$36,908	\$3,076
6	\$42,273	\$3,523
7	\$47,638	\$3,970
8	\$53,003	\$4,417

See <http://www.vakids.org/SUN> for 100%, 133%, and 150% of the Federal Poverty Level

Over 70% Enrollment in CMSIP

by Linda Nablo
Project Director,
SignUpNow



As of February 7, 2000, 15 months since the inception of CMSIP, these counties have each enrolled over 70% of their estimated eligible children. Since the statewide average enrollment for localities is about 25%, the achievement of these three counties is quite remarkable.

Income Guideline Changes:

The Federal Poverty Limit (FPL) has been increased, effective February 15, 2000, and therefore, has raised the income limits for CMSIP eligibility. Please use the chart supplied to create inserts for use with any materials containing outdated guideline charts. Updated brochures will be available in mid-March. Please contact me at 804/692-1035 or e-mail me at adb900@dss.state.va.us to order brochures or posters.

RWJ Update:

As many of you are already aware, the state was awarded a grant by the Robert Wood Johnson Foundation to conduct three pilot projects in Virginia for CMSIP outreach. Each pilot project utilizes innovative, community based, one-on-one outreach techniques to enroll children in CMSIP. If you would like to collaborate with a pilot program in your area, please contact Judi Cramer at 804/692-1040 or e-mail: jfc900@email1.dss.state.va.us.

The Agape Community Development Corporation has been actively pursuing commitments from the seven school districts in the Tidewater area to participate in recruiting and enrolling eligible children. This outreach effort will include CMSIP promotion and recruitment during school registration.

Nelson County Rural Health Outreach Program has several different outreach approaches underway. Businesses are collaborating with the project to include CMSIP flyers in employee paycheck envelopes. In order to be more accessible and visible, the Rural Health Outreach Project has set up seven depots in various community sites such as a church and a day care center. At the depots, outreach workers promote CMSIP, provide enrollment packets, and assist families in completing the application. Outreach Workers are also attempting to be a part of kindergarten registration.

Cross-Over Health Center, in Richmond, is test piloting the computerized Mobile Pro application software program. The program is designed to electronically enroll and submit CMSIP applications, which would enable outreach workers to go to potential parents and sign children up on location.

Arlington, Appomattox and Highland - What do these Virginia counties have in common? Not Much! - But when it comes to enrolling children in CMSIP they do share one thing - Local Commitment!

Arlington consists of about 26 sq. mi. located across the Potomac from Washington, DC. With a population of over 186,000, it is among the most densely populated jurisdictions in the country. One in four residents speak a language other than English at home.

Judy Brosch, CMSIP Outreach Coordinator for Arlington Co. Department of Human Services, attributes their success to 3 things: "The commitment of the administration, the outreach activities of our interdisciplinary team, and the individualized application assistance provided by our dedicated staff."

Arlington's preparation for enrolling children in CMSIP began in August '98 with the formation of an interdisciplinary team within the department and the temporary reassignment of staff to work on CMSIP. Staff included a social worker to serve as coordinator, two bilingual eligibility workers, and a bilingual aide. An action plan was

developed and Arlington was ready as CMSIP became a reality in October. Since then, according to Judy, "our interdisciplinary team has conducted extensive outreach activities including: the creation of materials translated into 5 languages; over 38,000 direct mailings and distributed flyers; and orientation and training sessions to over 90 community agencies. We have also worked extensively with the Northern Virginia Planning District Commission (see next issue of this newsletter) in regional efforts."

Judy stated that their most productive strategy is having the bilingual aide schedule regular days to help families complete applications. "This one-on-one assistance has been invaluable," according to Judy, "because, as we all know, this process looks easy - but it is not." An outreach worker with the school system has also taken on CMSIP duties and has proven very helpful.

At this stage, Arlington County has reduced the level of staff resources assigned to this effort. Only one eligibility worker and the aide remain fully dedicated to CMSIP. Judy is confident their numbers will continue to increase. "At this stage, we believe the (continued on back page)

CMSIP Family Invited to DC



Thelma Pierce and her daughter, Jenny Mae, meet President Clinton.

