

covering kids & families

Covering Kids & Families **Midwestern Partnership Forum** **September 13-14, 2006** **Summary Report**

Acknowledgements

Covering Kids & Families would like to express appreciation to Minnesota Governor Tim Pawlenty, Chair of the Midwestern Governors Association, for making this meeting possible. Special thanks are extended to Jesse Heier, Director, Midwestern Governors Association, Washington, DC office. Finally, appreciation is extended to the meeting participants for sharing their observations and insights.

About *Covering Kids & Families*

In order to address the need to reduce the number of uninsured children and adults who are eligible for public health care coverage programs but are not enrolled, the Robert Wood Johnson Foundation launched *Covering Kids & Families* (CKF), a four-year, \$55 million dollar initiative to increase the number of children and families who benefit from Medicaid and the State Children's Health Insurance Program (SCHIP). The CKF initiative has benefited from the work of coalitions in 50 states and the District of Columbia with more than 5,500 member organizations. CKF coalitions include public officials, health professionals, educators, businesses, social service agencies, faith-based organizations and others all working to ensure that eligible children and adults are insured through Medicaid or SCHIP.

The CKF coalitions focus on the following three strategies to reduce the number of uninsured children and adults who are eligible but not enrolled in Medicaid and SCHIP:

- Conduct and coordinate outreach programs;
- Simplify enrollment and renewal processes; and
- Coordinate existing health coverage programs.

The Southern Institute on Children and Families, a private, non-profit public policy organization located in Columbia, South Carolina, serves as the National Program Office (NPO) for the CKF initiative. The Southern Institute provides leadership and direction for CKF statewide grantees and local projects nationwide.

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Summary Report

Introduction

Nationally, 6.5 million uninsured children under age 19 live in families with incomes below 200 percent of the federal poverty level (\$40,000 annual income for a family of four in 2006). Additionally, data show that 70 percent of uninsured children are in families with at least one full-time worker.

In the Midwest region, all Midwestern states have a lower uninsured rate than the national average of 15.7 percent.¹ The uninsured children rate for the Midwestern states is 7.6 percent, compared to 11.3 percent nationally.

Research shows that public health coverage is effective for improving access to appropriate health care. In fact, although the number of uninsured adults continues to increase, according to the 2004-2006 Current Population Survey, the rate of uninsured children remained fairly static. This is due primarily to expansions and increased enrollment of eligible children into Medicaid and State Children's Health Insurance Programs (SCHIP).

Although the Midwestern states have a lower uninsured rate than the national average, it is recognized that more needs to be done to reach the remaining uninsured children and adults. The *Covering Kids & Families* (CKF) National Program Office, in collaboration with the Midwestern Governors Association (MGA) convened the CKF Midwestern Partnership Forum in September 2006. The purpose of the Forum was to provide an opportunity for open dialogue with state officials on Medicaid and SCHIP enrollment and retention issues. The agenda was designed to allow participants to explore and discuss strategies to improve the accuracy and efficiency of Medicaid and SCHIP eligibility processes so as to increase access for children and adults who are eligible under current state guidelines. Using the CKF strategies of outreach, simplification and coordination as the framework for the dialogue, participants discussed the following areas:

- Barriers to enrolling and retaining eligible children and adults in Medicaid and SCHIP;
- Strategies to simplify and coordinate existing Medicaid and SCHIP; and
- Efforts to improve the accuracy and efficiency of Medicaid and SCHIP eligibility processes.

This report summarizes the discussion at the CKF Midwestern Partnership Forum in each of these areas. The agenda, a list of participants, presentations and follow-up resources can be found in the appendices of this report.

¹There are 13 states in the MGA: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin. For the purposes of CKF, 11 states comprise the Midwestern region. Kentucky and Missouri are in the CKF Southern region.

Barriers to enrolling and retaining eligible children and adults in Medicaid and SCHIP

A number of barriers to improving enrollment and retention in State Medicaid and SCHIP programs were identified. Barriers included:

- **DRA Verification Requirements for Citizenship and Identity Documentation Requirements.** The Deficit Reduction Act (DRA) has negatively affected some of the simplification policy measures that states implemented to make the enrollment and renewal processes more accessible, thereby creating an environment that is preventing eligible, but uninsured, citizens from obtaining health care coverage. The DRA is also creating administrative processing barriers for eligibility determination workers and is increasing administrative cost burdens for states, such as the costs associated with returning original documents to applicants and enrollees and sending multiple notifications to families applying for or renewing coverage.

The DRA directs that states use or review original documentation. Financial burdens have been created for applicants and enrollees who must pay for original birth certificates for proof of citizenship. In addition, state officials are receiving original driver's licenses and birth certificates through the mail, placing applicants and enrollees at risk of not having this documentation in their possession. Due to these and other issues, the DRA verification requirement is preventing many *eligible* citizens from completing the Medicaid and SCHIP application and renewal processes.

The new DRA verification requirements are also increasing the number of cases pending while applicants are given time to obtain and submit the required citizenship and identity documents. This has resulted in increased processing times and increased denials on Web-based applications.

Some states are finding that proving identity is a greater barrier than proving citizenship. One state has found that since imposing the new regulations, 80 percent of their customers were able to provide proof of citizenship, but only 24 percent were able to prove identity. Proving identity is also a greater barrier for children not in school. When possible, government records such as education, food stamps and child support are being used to provide proof of identity.

- **Managing Large Caseloads.** Midwestern states have experienced rapid growth in the number of persons enrolled in Medicaid and SCHIP programs. Caseloads have increased, while staffing has remained constant or in some states, has actually decreased due to budget constraints. Increased caseloads have greatly impacted the processing time of applications for enrollment and renewals. These developments have resulted in significant workload issues, particularly for local and county level eligibility determination staff.
- **Non-Alignment of Public Benefit Programs.** Some states with separate Medicaid and SCHIP programs have differing eligibility periods between their children's programs and

between their children's and parents' programs, creating additional barriers to renewing eligibility. For example, states requiring one-month redetermination periods for Medicaid in contrast to the twelve-month redetermination periods for SCHIP experience higher rates of clients cycling, or "churning," on and off of their health coverage programs, resulting in increased administrative costs.

- **Outdated Computerized Eligibility Systems.** Several states have antiquated technology systems that create barriers to processing enrollment and renewal applications in a timely manner. Errors frequently occur due to outdated systems, e.g., systems do not coordinate health coverage programs and other public benefit programs. This creates a processing back log due to the amount of data entry needed to complete the eligibility determination process. Systems are not flexible enough to keep up with simplified policies and procedures and budget constraints prevent complete overhauls of eligibility determination systems.
- **State Budget Challenges.** Most Midwestern states have experienced, or continue to experience, significant growth in their Medicaid and SCHIP budgets while at the same time facing state budget deficits. Working to balance state budgets and control Medicaid and SCHIP costs have posed serious challenges for policymakers. Some states have reduced coverage periods from 12 months to six months, eliminated eligibility determination staff and increased required verifications and these actions have resulted in reducing Medicaid and SCHIP enrollment.
- **Lack of State-Specific Data.** The lack of state-specific data on the number of eligible but uninsured children makes it difficult for states to forecast caseloads (and therefore, budgets), develop targeted outreach and retention strategies, especially for high risk populations, and determine the effectiveness of their existing enrollment and retention efforts.
- **Complicated Medicaid Program Rules.** Some of the Medicaid rules have complicated the enrollment and renewal processes, making the processes cumbersome for the eligibility determination staff to implement. Forms that were previously simplified have increased in length and require additional follow-up.
- **Lack of Coordination between Medicaid and SCHIP.** The need for coordination between separate Medicaid and SCHIP programs, in some states that determine eligibility for Medicaid at the local or county level and SCHIP at the state level, was identified as an issue that contributes significantly to difficulties in accurately and efficiently processing applications and renewals. This can be especially confusing for families who have children in both programs. Another coordination barrier is the lack of ongoing training for local and county eligibility workers to consistently implement policies and procedures.
- **Uncertainty Related to SCHIP Reauthorization.** Very little information is available at the present time about the future for SCHIP reauthorization. Some states have heard funding increases will be allocated for SCHIP outreach activities, but not for the program

itself. This uncertainty is creating apprehension and preventing states from adequately forecasting SCHIP enrollment figures. Participants expressed concerns regarding the allotment differences among states.

Concerns were expressed that the SCHIP reauthorization language may be prescriptive in how outreach activities should be conducted without states having flexibility to conduct customized outreach efforts that are effective in reaching their target populations. Concern also was expressed about the SCHIP sample size for the Payment Error Rate Measurement (PERM) program being the same as for Medicaid. This disproportionate sample size will result in over-sampling the SCHIP population.

- **Confusion and Lingering Stigma about Medicaid and SCHIP Programs.** Strong negative public perceptions related to Medicaid still remain, particularly when Medicaid is erroneously viewed as a “welfare” program, rather than health care coverage for lower-income children, working families and individuals. Confusion also exists around the program name and identity in some states. When called a name other than Medicaid, some consumers do not realize they are already enrolled in the program. Computer-generated notices from state agencies that have not modified their name identity also add to the confusion and create other barriers such as consumers not responding appropriately to renewal notices.

Strategies to simplify and coordinate existing Medicaid and SCHIP programs

Participants discussed barriers to enrollment and retention of Medicaid and SCHIP benefits, the role their state’s CKF coalition played and simplification and coordination strategies with which their states have had experience. The discussion is outlined below.

CKF Coalitions

Participants expressed appreciation and continued support for the collaborative partnerships established through their CKF coalitions.

- Coalitions have played a vital role in identifying barriers to enrollment and renewal policies and procedures and offering solutions to simplify and coordinate Medicaid and SCHIP.
- CKF support has ended in some states and coalition partners are seeking ways to continue their CKF coalitions. Some have received funding support through their state legislature and state agencies, such as the Department of Public Health Title V CHIP Outreach. Others have received financial support from foundations to continue their CKF coalitions.
- Some states are incorporating the CKF activities into existing state jobs while others are including activities in their contracts with managed care plans.

Simplification

In the context of CKF, simplification is defined as eliminating barriers that prevent eligible children and families from enrolling in and retaining Medicaid and SCHIP coverage.

Simplification strategies discussed during the Midwestern Partnership Forum include the following:

- **Implement strategies to reduce citizenship and identity verification barriers.** States are working diligently to inform clients about what documentation is needed for applying for or renewing health coverage.
 - States are devising creative solutions to assist clients in meeting these additional verification requirements. For example, one state has created a “Smart” notice that provides details on who in the household should provide what information for renewing coverage. Another state is paying for out-of-state birth certificates.
 - Eligibility offices are working closely with Vital Records agencies to acquire birth certificates to ease the burden on the client. They are also exploring options for requesting other verification information on state data files to ease the burden of proving identity.
 - Others are sending renewal notices as much as three months in advance so parents can gather the required documentation.
 - For foster children, states have advocated for using official court documentation as proof of citizenship, but this has not been accepted by Centers for Medicare and Medicaid Services (CMS).
 - For children born to a mother receiving Medicaid, states suggested using the hospital claim to verify citizenship/identity; however, this was not considered a match for the child’s citizenship/identity by CMS since the claim is in the mother’s name.
 - Participants indicated that it would help to identify access issues if states were encouraged to document the hardships and financial burdens these new verification requirements are placing on the state Medicaid systems, eligibility workers and parents.
 - Support was expressed for finding opportunities where states could provide anecdotal case studies and cost analyses that document the additional barriers and costs imposed by these requirements. The Eligibility TAG was suggested as a possible forum for addressing issues related to implementing the DRA requirements.

- **Eliminate the face-to-face interview requirement for Medicaid and SCHIP.** The majority of uninsured children have at least one working parent. A face-to-face interview requirement places a hardship on working parents who must take time off from their job and possibly lose wages in order to complete the interview. In addition, transportation to the interview may be a barrier for some families.

Although all Midwestern states have eliminated the need for clients to complete a face-to-face interview during the initial enrollment and renewal process for children’s program, a few still require an interview for adult coverage. Since this is not a federal requirement for enrollment or renewal of coverage, one way to simplify this renewal

process is to eliminate the face-to-face interview requirement. Others have simplified this process by allowing the client to complete the interview over the phone.²

- **Reduce income verification barriers.** Lack of income verification is often among the top reasons for procedural denials for public health coverage. One way to simplify this process is to allow families to self-declare their income.³ States have had mixed experiences with this simplification strategy. In order to accurately implement self-declaration of income, states must develop diligent monitoring processes to track the results and ensure eligible children and families are being enrolled. Other income simplification options include reducing the number of required pay stubs, using ex-parte reviews, allowing families to annualize their income and providing a list of alternative income verifications the state will accept.⁴
- **Simplify methodologies and categories.** In order to reduce complexity for agencies and families, states can establish more basic income disregards and eliminate the multitude of categories that have created a complex service delivery system that is prone to categorical reporting errors.
- **Implement presumptive eligibility.** Presumptive eligibility provides immediate health care coverage and immediate access to care. Presumptive eligibility can be determined onsite by designated providers and by eligibility agency staff.
- **Implement 12-month continuous eligibility.** Allowing 12-month continuous eligibility allows children and families (especially those whose income fluctuates due to seasonal or hourly wages) to maintain health coverage for a particular period of time. Research shows continuous eligibility helps children and families maintain health coverage because it prevents them from churning on and off of their health coverage program, thereby allowing them to develop and maintain a medical home. Providers support continuous eligibility for the same reason and because it mitigates administrative work related to providing services to children and families who churn on and off health coverage programs.

When considering whether to reduce the time period for continuous eligibility or to eliminate continuous eligibility, states may want to consider how their Medicaid and SCHIP budgets may be affected. For example, reducing time periods or eliminating continuous eligibility may translate into increased workloads for eligibility determination staff who must conduct reviews more frequently. For states without continuous

² Only Indiana, Iowa and Nebraska require a face-to-face interview for adult Medicaid applicants. For Indiana adults, the required interview can be done by phone. For renewing coverage, nine states have streamlined the renewal process by dropping the face-to-face interview for adult and children's coverage. Families can simply mail in the renewal application. Again, only Indiana and Iowa require an interview for renewing adult coverage. In Indiana the required Medicaid interview can be done by phone.

³ Michigan is the only state that allows self-declaration of income in the CKF Midwestern region.

⁴ Ex-parte reviews include providing the state's Medicaid eligibility determination staff access to state computer database systems, such as TANF and the Food Stamp Program, to verify a family's eligibility using only the information that is provided on the application.

eligibility, the workload and administrative costs of continuously processing applications for the same families who remain eligible, or become ineligible in one month due to income fluctuations, only to re-enroll two to nine months later, can result in an increased financial burden.

- **Develop partnerships to improve accuracy, efficiency and access to Medicaid and SCHIP.** States are interested in partnerships that are successful in terms of saving worker time and costs because they maximize efficiencies through serving similar populations. They also reduce procedural barriers for children and families because families only have to provide the information one time to establish eligibility for multiple public programs. Many Medicaid and SCHIP programs have been successful in working with the Free and Reduced School Lunch (FRL) program to identify children eligible for public health coverage through data matches between the programs. Another, and perhaps more effective approach, is the development and implementation of a joint FRL and public health coverage application, in which the FRL application is also accepted as a public health coverage application.
 - Additional partnerships include working with other public health programs, such as Women, Infants and Children (WIC), and employing comparable strategies as those used for the FRL program. Finally, some states partner with managed care organizations or health plans to conduct outreach, keep contact information updated and track certain data that is used for developing targeted outreach strategies.
 - Partnerships between CKF and Medicaid and SCHIP programs to improve health literacy have been successful in simplifying the application and renewal forms, notices and processes. States have found the CKF *Health Literacy Style Manual* to be an effective resource for developing and improving applications, notices and other print materials related to government programs. The manual includes examples from existing programs and can be used to make materials more client-centered, thus increasing consumers' capacity to find and understand health information and services and to make informed health-related decisions.
 - Partnerships with other programs are being established to coordinate the distribution of Medicaid information to families so they receive the same information from multiple sources to reinforce the information.
- **Implement eligibility process improvement strategies.** Through the CKF Eligibility Process Improvement Collaborative, states have used the Plan, Do, Study, Act (PDSA) methodology to simplify application and renewal processes while simultaneously enhancing the quality and job performance of eligibility workers. The eligibility process improvement strategy, developed by the Southern Institute on Children and Families, has been adopted by several states to test new processes and procedures to simplify enrollment and renewal.

Coordination

Coordination means aligning application and renewal policies and processes for separate state health coverage programs to allow children and families to move seamlessly between programs as their eligibility for those programs changes. Insufficient coordination between separate Medicaid and SCHIP programs, or within Medicaid categories, is a significant contributor to churning in and out of public health coverage – primarily due to procedural reasons. In addition, some state studies show that children who drop their public health coverage return within a two-to nine-month period. Churning on and off of health coverage programs results in increased processing time for eligibility determination staff and contributes to increased administrative costs. Coordination strategies discussed at the Midwestern Partnership Forum include:

- **Joint Application for Medicaid and SCHIP.** Use of a joint application allows families to apply for Medicaid and SCHIP without completing additional paperwork. All Midwestern states use a joint application for their children’s health coverage programs. Another opportunity to coordinate among health coverage categories includes the implementation of a joint application for children and adult programs.⁵
- **Joint renewals and alignment of renewal periods for separate state programs.** Joint renewals and alignment of renewal periods are also important coordination strategies. Only five Midwestern states use a joint renewal form.⁶ In order for joint renewals to work well, states should, at a minimum, align their Medicaid and SCHIP renewal periods.

Using joint renewal forms and aligning renewal periods is particularly helpful for states that have “stair-step” eligibility within their Medicaid children’s categories. Families may have one child in SCHIP and one child in Medicaid depending on the children’s ages. Implementing such procedures would ease the burden on families of going through two separate renewal processes at different times and could make processing renewals more efficient for eligibility determination staff.

- **Greater Use of Technology.** Technology can significantly improve coordination between health coverage programs. Implementing technological processes to simplify and coordinate health coverage programs can be a highly successful strategy and can incorporate a range of activities such as:
 - Expediting application and renewal processing times while reducing potential errors.
 - Implementing effective screening tools to help families apply for the appropriate health coverage or other benefit programs for which they may be eligible.
 - Developing an electronic application that includes field requirements to improve the accuracy of the information submitted and developing an application that can be submitted electronically with an electronic signature.

⁵ Six states use a family application (Illinois, Kansas, Minnesota, North Dakota, Ohio and Wisconsin). For Indiana, Iowa and South Dakota, the same application can be used to apply for children and parents. However, parents must complete additional forms or take additional steps prior to an eligibility determination being made for them.

⁶ Five states (Illinois, Indiana, Kansas, North Dakota and South Dakota) have a joint renewal form for children’s Medicaid and SCHIP. Four other states (Minnesota, Nebraska, Ohio and Wisconsin) have Medicaid expansion programs and a joint renewal form does not apply to them.

- Coordinating separate computer systems into a cascading process, so that if a child is or becomes ineligible for one program or category, they are seamlessly transitioned into another program or category for which they are eligible.

Implementing technological improvements also provides the benefit of restoring the focus of the eligibility worker on the continuity of coverage and providing information to the clients on their health coverage program benefits. In the short term, greater use of technology is usually an expensive undertaking for states. Because of the budget outlays required upfront, it is especially critical for states to identify opportunities to align policies and procedures and build them into any transition as early as possible.

Finally, the better coordinated that public health coverage policies and procedures are, the more likely it is a state can collect state-specific data on the numbers of children and families it is serving, including demographics, income levels and other critical information needed to run efficient programs.

Efforts to improve the accuracy and efficiency of Medicaid and SCHIP eligibility processes

In addition to the simplification and coordination strategies outlined above, meeting participants also discussed a number of performance and operations practices that may be used to reduce barriers and improve accuracy and efficiency of the eligibility process. These include:

- Improving the referral process between separate Medicaid and SCHIP programs by simplifying and coordinating policies and procedures, thereby making it easier for eligibility determination staff to accurately and efficiently process applications and also making it less confusing for families;
- Contracting with outside sources to assist in collecting the required citizenship and identification documents required to enroll or renew eligibility;
- Providing ongoing training for eligibility staff to improve and maintain the quality of service provided to clients;
- Working to ease workloads for eligibility staff by examining enrollment and renewal policies and procedures, and simplifying and coordinating those policies and procedures to reduce inefficiencies and improve accuracy; and
- Simplifying the administrative process and reducing potential errors by advocating for changes to the Federal reporting requirements and eligibility categories.

Conclusion

The CKF Midwestern Partnership Forum provided participants an opportunity to identify and discuss strategies to improve the accuracy and efficiency of Medicaid and SCHIP. The identified strategies focused on simplifying and coordinating Medicaid and SCHIP eligibility policies and processes, and specifying approaches to enhance eligibility performance and operations practices.

As states continue to struggle with budget constraints and new citizenship/identity verifications, the strategies discussed at the Forum represent options that can help reduce program and process inefficiencies, while at the same time eliminate procedural barriers that prohibit eligible children and adults from accessing public health coverage.

APPENDIX A

Covering Kids & Families **Midwestern Partnership Forum Agenda** **September 13-14, 2006 – Chicago, Illinois**

WEDNESDAY, SEPTEMBER 13, 2006

3:00 - 3:45 pm

Welcome

Jesse Heier, Director
Midwestern Governors Association
Washington, DC Office

Introductions, Purpose and *Covering Kids & Families* Overview

Sarah C. Shuptrine, President and CEO
Southern Institute on Children and Families
Covering Kids & Families National Program Director

3:45 - 4:45 pm

State of the Region

Nicole Ravenell, Deputy Director for Policy
Covering Kids & Families National Program Office

Sondra Gardetto, Midwestern Regional Coordinator
Covering Kids & Families National Program Office

4:45 pm

Adjourn

6:00 pm

Dinner

THURSDAY, SEPTEMBER 14, 2006

7:30 - 8:30 am

Breakfast Buffet

8:30 - 10:30 am

Discussion of Enrollment and Retention Issues Related to Access to Medicaid and SCHIP Coverage for Eligible Children and Adults in the Midwestern States

Discussion of Strategies to Improve Accuracy, Efficiency and Access to Medicaid and SCHIP Coverage

10:30 - 10:45 am

Break

10:45 - 11:45 am

Identification of Partnership Opportunities to Improve Accuracy, Efficiency and Access to Medicaid and SCHIP for Eligible Children and Adults in the Midwestern States

11:45 am - 12:30 pm

Lunch

12:30 pm

Adjourn

APPENDIX B

Covering Kids & Families **Midwestern Partnership Forum** **List of Participants**

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APPENDIX C

Covering Kids & Families Midwestern Partnership Forum

PowerPoint Presentations **Presenters**

Sarah C. Shuptrine
President and CEO, Southern Institute on Children and Families
Director, *Covering Kids & Families* National Program Office

Nicole Ravenell, MPP
Deputy Director for Policy
Covering Kids & Families National Program Office

Sondra Gardetto, MSA
Regional Coordinator
Covering Kids & Families National Program Office

APPENDIX D

Resources

The following contains links to resources and contact information that were requested during the CKF Midwestern Partnership Forum.

Links to Resources

For a copy of *The Health Literacy Style Manual*, visit:

<http://coveringkidsandfamilies.org/resources/docs/stylemanual.pdf>

For a copy of the National Center for Children in Poverty's report, *The New Poor: Regional Trends in Child Poverty Since 2000*, visit: http://www.nccp.org/media/npr06_text.pdf

For a copy of Minnesota's health care services study, visit:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_020473

For a copy of Ohio's Family Health Survey March 2005 report, *Health Insurance Coverage in Ohio, 2004*, visit: <http://jfs.ohio.gov/OHP/reports/documents/OhioInsuranceCoverage.pdf>

For a copy of Ohio's Family Health Survey March 2005 report, *Medicaid and Its Relationship to the Low-Income Population: Does Medicaid Serve Everyone Policymakers Intend?*, visit: <http://jfs.ohio.gov/OHP/reports/documents/MedicaidCoverage.pdf>

For a copy of Ohio's Family Health Survey March 2005 report, *Employer-Based Health Coverage in Ohio*, visit: <http://jfs.ohio.gov/OHP/reports/documents/EmployerCoverage.pdf>

For information on Wisconsin's Family Health 2004 Survey, visit:

<http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm>

For information on Wisconsin's "ACCESS" Web site for people who live in Wisconsin to see if they might be able to get help through Wisconsin's health and nutrition programs, visit:

<https://access.wisconsin.gov/access/>

For information on Illinois' All Kids program, visit: <http://www.allkidscovered.com/>

For information on Minnesota's Community Measurement project, a new nonprofit entity dedicated to improving the quality of health care in Minnesota, visit:

<http://www.mnhealthcare.org/>

For information on Minnesota Governor Pawlenty's health care initiative, "QCare," to improve quality and save costs, visit:

<http://www.thehealthcabinet.com/pdf/pressrelease073106.pdf#search=%22Minnesota%20Qcare%22>

Contact Information for Follow-up on Specific Topics

For information on sustaining CKF coalitions, contact:

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For information on Illinois' cost analysis report to eliminate the asset test, contact:

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