Enrolling Children in Health Coverage Before They Start School:

Activities for Early Childhood Programs

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Prepared for *Covering Kids* by

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Health coverage is now available to nearly all of the nation's six million low-income, uninsured children through Medicaid or a State Children's Health Insurance Program (SCHIP). About two million of these children are younger than age six and — since their parents are likely to be working — they are likely to receive care in an early childhood program.[1] Staff of early childhood programs — such as Head Start, child care centers, family child care homes, preschools, after-school programs, child care resource and referral agencies and others — have an important role to play in assuring the health of children in their care. A child's early years are the time to nurture optimum growth and development and to be on the lookout for any problems that require medical attention to prevent them from becoming major health concerns. Parents often rely on early childhood professionals whom they know and trust for advice and help in finding health care for their children. But, obtaining medical services, especially preventive care, can be difficult without insurance.

Working parents who earn low wages — and who are not likely to have health insurance from their jobs — need to know that their youngsters may be eligible for free or low-cost health coverage through Medicaid or SCHIP. Dedicated early childhood program staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are alerting families to the availability of health coverage and are helping children get enrolled. Any event or activity that brings early childhood staff in direct contact with families can be viewed as an opportunity to provide information about the availability of children's health coverage and to offer application assistance.

About Child Care Resource and Referral Agencies

Child Care Resource and Referral (CCR&R) agencies link families with appropriate child care programs, as well as provide information about related services. Because CCR&R staff routinely ask families about their income to determine whether they are eligible for sliding-scale fees or child care subsidies, these agencies are in a good position to identify children eligible for health coverage. CCR&R agencies also connect child care providers with information, professional training and financial incentives for continuing education. The National Association of Child Care Resource and Referral Agencies (NACCRRA) reports on the activities of CCR&Rs across the country. In 2001, CCR&Rs in 42 states participated in children's health insurance outreach, and 25 percent helped child care providers enroll their own children in health coverage programs.

Early childhood programs can use these strategies to help link children to health coverage:

Inform families about children's health coverage. There are a multitude of ways early childhood programs can inform families about children's health coverage programs. Information can be posted on classroom bulletin boards, distributed at parent meetings, and sent home with children's artwork, lunch menus and notices about upcoming activities. Providing a notice about health coverage to families with children on waiting lists for subsidized child care also is a good strategy. Children on such lists are likely to qualify for health coverage, and their eligibility can be determined without delay. Most states require children in child care programs to be immunized before they can attend. Since children without a regular health care provider may go to an immunization drive to get shots, these events also are great places to inform families about health coverage for their children and offer application assistance. Child care resource and referral agencies can distribute information through their child care provider networks to reach families of children in child care and child care providers whose own children may be eligible.

Enlist Head Start programs in outreach activities. Head Start and Early Head Start provide comprehensive early childhood education, social services and health services — including health and dental screenings, and access to care — for children birth to age five. Head Start also makes a concerted effort to enroll children with special needs. Under federal rules, 90 percent of the children in Head Start programs must have family income below the federal poverty line; thus, virtually all Head Start children should be income-eligible for Medicaid. In light of the program's mandate to provide health services, it is often assumed that Head Start children are enrolled in health coverage. However, in 2000, over 850,000 children were enrolled in Head Start, but only 59 percent had Medicaid coverage.[2] Although some children may not qualify for publicly funded health coverage due to their immigration status or other factors, most should be eligible, and more outreach is needed to get them enrolled.

- Children's Defense Fund (CDF-Ohio) has partnered with Columbus Metropolitan Area Community Action Organization (CMACAO) Head Start to help eligible families apply for and enroll in Ohio's children's health coverage program, known as Healthy Start. This partnership has been particularly effective for two reasons. First, Head Start has specific staff, called family advocates, who spend one-on-one time with families to ensure they receive the health coverage they need; and second, the administrative leaders of CMACAO made Healthy Start enrollment a priority job activity for Head Start family advocates. CDF-Ohio trains and provides technical assistance and incentives to the Head Start family advocates. Gift certificates are awarded to buy educational items for the family advocates' centers. In an 18-month period, CMACAO Head Start helped 76 families to enroll in Healthy Start. *Contact: Jenny Kattlove, CDF-Ohio, (614) 221-2244.*

Use the Child and Adult Care Food Program (CACFP) application as an outreach tool. Children eligible for free or reduced-price child care meals are likely also to qualify for Medicaid or SCHIP. Child care programs that serve meals under CACFP can attach to the program application a flyer informing families about children's health coverage and explaining how they can get help applying. Recent federal legislation has made it possible to use the CACFP application to do more than refer families interested in health coverage. Child care programs now can share information from a CACFP application with Medicaid and SCHIP under certain conditions. (Families that do not want to have their information shared have the option to keep their CACFP application confidential.) Sharing such information can help jump-start the children's health insurance eligibility determination process. This strategy has been used primarily in the School Lunch Program, but the same rules on sharing data apply to CACFP. For details on the rules for sharing data and on how the school lunch application is being used to facilitate children's health coverage enrollment, see Donna Cohen Ross, *Enrolling Children in Health Coverage: It Can Start With School Lunch*, Center on Budget and Policy Priorities, Washington, DC, and *Covering Kids*, Columbia, SC, January 2001. Access the report at www.cbpp.org/pubs/health.htm or at www.coveringkids.org.

Allow families to apply for children's health coverage when they apply for subsidized child care. Child care and children's health coverage are both important supports for low-income, working families. In most states, children who qualify for subsidized child care also will be eligible for Medicaid or SCHIP. State and county agencies that determine eligibility for subsidized child care may be able to run a computer match to ascertain whether children in the child care program also are enrolled in health coverage. If not, the agency can send families information about children's health insurance programs and offer help in applying.

It also makes sense for the child care agency to give families the opportunity to apply for health coverage at the same time they apply for subsidized child care, either by providing application assistance or by conducting a presumptive eligibility determination.[3] *(See box at right.)* If state or local children's health insurance program eligibility workers are available, they can help expedite enrollment in Medicaid or SCHIP by presumptively enrolling children, if the state permits. These workers make final eligibility determinations for Medicaid or SCHIP, meaning they also can directly enroll children in health coverage. Child care agencies can make it easier for children to retain health coverage by providing information about family income and other circumstances needed for Medicaid and SCHIP renewal, so that families will not have to produce documents they already have supplied to the child care agency.

- In Florida, children who qualify for subsidized child care are likely also to qualify for Medicaid or SCHIP. A partnership among the state's Child Care Resource and Referral (CCR&R) agencies, the Florida Department of Children and Families and the Florida Healthy Kids Corporation has enabled families to apply for both benefits at once. The computer software used by the CCR&Rs to determine

subsidized child care eligibility is the starting point. The child care application is completed during an interview, at which time the CCR&R staff person enters the family's information directly into the computer. When eligibility experts analyzed both applications, it appeared that only eight points of information — mainly "yes or no" questions — needed to complete the health coverage eligibility determination were missing from the child care application. The intake software now has been reprogrammed to ask whether families are interested in health coverage for their children; if so, the additional questions pop up on the screen for the family to answer. Finally, the computer prints the information supplied by the family on the Florida KidCare application, the standard form used to apply for children's health coverage. Since Florida families are not required to provide verification of the information on the Florida KidCare application (that is, they do not have to attach pay stubs or other documents), the family simply signs the form and mails it to the Florida KidCare office in a stamped, pre-addressed envelope. In the period between December 2000 and May 2001, 390 children were enrolled in Florida KidCare via the child care link. *Contact: Betty Serow, University of South Florida, (850) 487-0037.*

About Presumptive Eligibility

Presumptive eligibility is a federal option under which states can authorize certain "qualified entities" to enroll children who appear to qualify in Medicaid or SCHIP for a temporary period, pending a final eligibility decision by the agencies that administer those programs. Presumptive eligibility enables children to receive needed care immediately, without having to wait for their application to be fully processed by the children's health insurance agency, and health care providers get paid for care they deliver during the temporary period, regardless of the final eligibility decision. Agencies responsible for determining eligibility for subsidized child care, Head Start programs and schools are among a host of "qualified entities" allowed to make presumptive eligibility determinations under federal law. *(See Note 3)* In states that allow presumptive eligibility but may not yet include the full range of "qualified entities," child care programs can create partnerships with agencies or organizations authorized to presumptively enroll children and arrange for them to assist the families of children in the child care programs.

Enroll the children of child care providers. Child care providers, who frequently earn low wages and receive few employee benefits, may have children of their own who are likely to be eligible for Medicaid or SCHIP. Efforts are being made to reach out to these providers and get their children enrolled in health coverage. Providers who have experienced an easy, successful enrollment process will be better able to promote the children's health coverage programs to the families of children in their care.

- In El Paso County, Colorado, a part-time outreach worker was placed in the local CCR&R agency, Child Care Connections, to increase the enrollment of child care providers' children in children's health coverage programs. The outreach

worker used mass mailings, telephone follow-up, conferences and meetings as opportunities to alert providers to the availability of health coverage and to help enroll their children. Nearly all (98 percent) of the child care providers contacted had children who qualified for health coverage; 77 families submitted applications. *Contact: Jennifer Burnham, Colorado Resource and Referral Agency, (303) 290-9088, ext. 205.*

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- Each month the Bridgerland Child Care Resource and Referral Agency in northern Utah calls child care providers in its network to inquire about the number of openings they have for children needing care. In the fall of 2000, providers also were asked if they had health coverage for their own children. If not, Bridgerland mailed the provider a brochure about Medicaid and SCHIP. In addition, Bridgerland includes the brochures in the orientation packet given to every new provider in its three-county area. *Contact: Connie Schultz, Utah State University, (435) 797-1552.*

Conduct outreach with local employers. Many early childhood programs have strong links with the business community. Child care resource and referral agencies may have contracts with local businesses to help their employees locate child care. Child care centers may be in-house providers for private companies or may care for the children of workers employed in nearby businesses. They can capitalize on these relationships by encouraging businesses to alert their employees to the availability of children's health coverage. Business owners may realize that children's health insurance is important to families, but the cost of providing dependent coverage may be more than many employers — especially small employers — can handle. Children who have private health insurance cannot participate in a state's SCHIP program. However, children with private coverage can participate in the Medicaid program as long as they meet the income guidelines and other eligibility requirements. Medicaid can fill gaps in private plan coverage, or may help families with premiums, deductibles or co-payments required by employer health plans.

Endnotes

1. Center on Budget and Policy Priorities analysis of the March 2001 Current Population Survey, U.S. Bureau of the Census.

2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Head Start Bureau, 2001 Head Start Fact Sheet, http://www.acf.dhhs.gov/programs/hsb/about/fact2001.html.

3. The Balanced Budget Act of 1997, the legislation that created the State Children's Health Insurance Program (SCHIP), also created a Medicaid option enabling states to authorize certain "qualified entities" to conduct presumptive eligibility determinations for children. More recent legislation, passed in December 2000, expanded the list of "qualified entities" so that states can authorize the following entities to make presumptive eligibility determinations: Medicaid providers (e.g. physicians, hospitals, health clinics); WIC agencies; Head Start programs; agencies that determine eligibility for subsidized child care; schools; agencies and entities that determine eligibility for Medicaid, SCHIP and TANF (cash assistance); child support enforcement agencies; agencies that administer federally assisted housing programs; certain homeless shelters and emergency food programs; and any other entity the state deems suitable, with approval from the U.S. Secretary of Health and Human Services. The new law also clarified that states can adopt presumptive eligibility procedures in their separate SCHIP programs. As of September 2001, nine states — CT, FL, MA, MS, NE, NH, NJ, NM and NY — have adopted the option in their children's Medicaid programs or both children's Medicaid and SCHIP, although they may not yet be implementing presumptive eligibility procedures. (MI has presumptive eligibility in its separate SCHIP program only.)

This brief is one in a series of papers devoted to conducting children's health coverage outreach in schools. Other briefs in this series include:

Enrolling Children in Health Coverage Programs: Schools Are Part of the Equation

Involving the School Community in Children's Health Coverage Outreach

Children's Health Coverage Outreach: A Special Role for School Nurses

Conducting Children's Health Coverage Outreach in Non-Traditional Educational Settings

A resource page, which lists organizations that can provide more information is attached. The full series can be found at http://www.coveringkids.org or at http://www.cbpp.org/shsh.

About *Covering Kids*

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a $47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid, SCHIP and other health coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction from the Southern Institute on Children and Families, located in Columbia, South Carolina.

About the Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities, located in Washington, DC, is a non-profit, tax-exempt organization that studies government spending and the programs and public policy issues that have an impact on low- and moderate-income Americans. The Center works extensively on federal and state health policies, and provides technical assistance to state policymakers and policy organizations on these issues and on the design of child health insurance applications, enrollment procedures and outreach activities. The Center is supported by foundations, individual contributors and publication sales.

The views expressed in this paper are those of the authors, and no official endorsement by The Robert Wood Johnson Foundation is intended or should be inferred.

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