

Date: December 31, 2005

FINAL NARRATIVE REPORT

Title of Project: Covering Kids and Families West Virginia; WV Healthy Kids and Families Coalition

National Program Name: Covering Kids and Families Southern Institute on Children and Families

RWJF Grant #: 043199

Dates of the Entire Grant: January 1, 2002 – December 31, 2005

Grant Amount: \$700,000

Goals of the Project:

- Enroll children and families in West Virginia CHIP and Medicaid;
- Simplify policies and processes for eligibility and enrollment;
- Coordinate health programs for children and families.

1. What measurable goals did you set for this project and what indicators did you use to measure your performance? To what extent has your project achieved these goals and level of performance.

The project goal was to identify and assist all eligible children enroll in WVCHIP and Medicaid. An estimated 35,000 children were eligible. Major indicators to measure performance were annual enrollments in CHIP and Medicaid. In federal fiscal year 2005, the project had met its goal with more than 35,000 children enrolled in CHIP and about 200,000 enrolled in Medicaid. This number represents 60 percent of all West Virginia children under age 18.

The enrollment of parents and pregnant women was also a goal of the project. In West Virginia, pregnant women are eligible for Medicaid at 150 percent of the federal poverty level (FPL) and up to 185 percent of the FPL through the Division of Maternal, Child and Family Health. Non-pregnant parents are eligible at about 28 percent of the FPL. The project had little impact on the enrollment of parents because the eligibles were enrolled primarily as a result of participating in the Temporary Assistance to Needy Families (TANF) program.

Enrollment of pregnant women was facilitated by the project when pregnant women were added to the two-page mail-in enrollment form developed for CHIP and Medicaid children. In 2005, about 57 percent of all pregnant women in West Virginia are enrolled in Medicaid.

Collaboration: The success of the West Virginia Covering Kids Project was achieved through partnerships with community organizations in every county, through collaboration with school nurses and with state agencies that serve women and children. Some partnerships had a grantee relationship with the WV Healthy Kids and Families Coalition but most participated through their own interest. In almost every case, the Coalition provided information and technical assistance to local partners.

Creating institutional change: One of the major strategies to facilitate enrollment was to create institutional change in terms of eligibility policies and processes. The institutional change for eligibility was facilitated through monthly meetings between state agency officials and local organizations. As a result of dialogue between state officials and local outreach workers about the complexity and contradictions in state eligibility policy, policies were gradually clarified and streamlined.

At the beginning of the project, Coalition staff were often involved in advocating for children who were wrongfully denied coverage. Today, wrongful denials seem to be rare. One of the major barriers was over interpretation of income of self-employed families. During the course of the project the rules related to self-employment were clarified.

A second institutional change occurred over time as local eligibility workers became less concerned about error rates and were persuaded that state leaders from the

Governor to local managers wanted children enrolled. The Coalition assisted this effort by honoring local managers and workers with “champion of children” awards and publicizing these awards in local and state newspapers. While in the past, eligibility workers were charged with screening people out, today, they are more concerned with screening children in.

A third institutional change occurred with local school systems and community-based organizations. In the past, they were unlikely to inquire about the health insurance status of the children with whom they came in contact. Today, awareness about the availability of CHIP, causes them to ask parents about the children’s health insurance status. School nurses in every county, routinely inquire about health coverage when children enter kindergarten and school lunch forms include inquiries about Medicaid and CHIP coverage.

There has also been a sea-change in public awareness and support of health coverage for children, and continuing strong support for government supported health insurance programs for children.

Communications: Communications was an important part of the project.

The project made extensive use of communications materials produced by the National Program Office and by the WVCHIP office. Throughout the project, the Coalition worked closely with the CHIP office on communications. Materials were distributed through the network of local and state partners.

The Coalition also produced its own materials, which have been shared with RWJF through the annual bibliography submissions. The Coalition maintained a web site which was developed under the previous three year Covering Kids Grant. The web site is available at www.wvhealthykids.org . It has been maintained by Mountainside Media and through a contract with Joe Miller.

The Coalition also produced regular newsletters written by Julie Greathouse, outreach coordinator. The newsletter was distributed through email and mailed to those requesting hard copies.

From time to time, and related to special events such as “Cover the Uninsured Week,” and “Back to School,” the Coalition produced “swiss-cheese” press releases for use by local partners. The West Virginia press media has been extremely responsive to any articles related to children’s health coverage and over the project period, hundreds of articles were published around the state. In year one and two of the grant, the Coalition subscribed to a clipping service and submitted articles to RWJF as part of the annual bibliography. In the past two years, the Coalition has not used this service.

2. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

The major external challenge was to maintain local partnerships and attendance at Coalition meetings as funding declined. With financial support, local partners traveled regularly to Charleston for Coalition meetings. As funding declined, travel to Charleston and attendance at Coalition meetings also declined.

Another challenge was to maintain momentum for the project over seven years. Funding from state and regional foundations declined as the project progressed and interest in participating in meetings also declined as most of the major issues were resolved and West Virginia reached capacity in enrollment.

In the last two years of the project, one of the major problems identified was the “churning” of coverage as children dropped off at the end of their 12 month coverage period and as they moved from CHIP to Medicaid and vice versa. To help us identify the nature of the problem and develop solutions, we worked with our state management information system and participated in the RWJF-funded Process Improvement Collaborative. Ultimately we learned that much of the churning was a result of the way programs were configured. Almost half of all children left CHIP at the end of their 12 month enrollment period but more than 25 percent left for reasons including: (1) aging out of the program, (2) moving out of state, (3) getting private coverage, (4) moving to Medicaid.

Internal challenges related mostly to raising money to maintain the statewide partnerships and maintaining interest in the project as successes accumulated and major project goals were met. Some project goals which have not been met include

- Removing the asset test for parents on Medicaid. West Virginia has no asset test for children or pregnant women.
- Eliminating proof of income and permitting self-declaration of income.
- Permitting community organizations such as federally qualified health centers determine eligibility (presumptive eligibility).

While West Virginia does not have presumptive eligibility, the state has established policies which assure that coverage is in effect the moment the eligible child is identified and the application is filed. For Medicaid, enrollment for the purpose of payment is in effect three months prior to “official enrollment.” For CHIP enrollment is in effect the first day of the month in which the application is filed. Furthermore, primary care centers are now able to file electronic applications including an electronic signature to speed up the process. The goal of presumptive eligibility may be moot in West Virginia.

RWJF Support: Throughout the project, we have had strong support and leadership on the issues from the National Program Office: the Southern Institute on Children and Families.

3. Have there been other sources of support?

The WV Healthy Kids and Families Coalition has had many other sources of support including:

- Claude Worthington Benedum Foundation has supported the Coalition for the Covering Kids Project annually from 2002 – 2005 with a total of \$390,000
- The Sisters of Saint Joseph Charitable Fund supported outreach during 2002 and 2003 with a total of \$90,000
- The Sisters of Saint Joseph Health and Wellness Foundation supported a child health conference in 2005 with a total of \$20,000
- The West Virginia Community Voices Partnership (W.K. Kellogg funds) has supported the Coalition for communication work with a total of \$40,000

In addition the Children's Health Insurance Program and Medicaid spent more than \$1.5 million in outreach during 2002-2004. These dollars were appropriated at the request of the Coalition but did not go to the Coalition directly.

The support for the Coalition's work far exceeded our expectations.

4. What lessons did you learn from undertaking this project?

- Children's health care coverage has broad public support and is a popular political issue. Governor Bob Wise made CHIP coverage a part of his 2000 Gubernatorial campaign and some credit this issue with helping him win a close election.
- Changes in public policy are slow and tedious and require a long term commitment.
- Bringing together state decision makers with local outreach personnel for ongoing dialogue is an effective way to create change.
- A new children's health insurance program (or any new large program) requires lots of public education, public relations and patience.
- Change requires building relationships at all levels and over time.
- Personal contacts and local outreach efforts are more effective in reaching a target population than mass media.
- Mass media can be useful in providing support to the local and personal efforts; but it is not worth spending huge sums of money.

- The (free) press can be an important ally and seems happy to report success stories of children being enrolled; they also will hound agencies and state officials with questions when things are not going well.
- Allies for children's health are everywhere and in the most unlikely places. Some surprising West Virginia supporters included Mountain State Blue Cross/Blue Shield, local insurance agents, representatives of the financial community on the CHIP board. An official from the state eligibility agency became one of our staunchest supporters.
- Support for child health does not translate easily into support for parents' or adult health care.
- CHIP and Medicaid as two separate but coordinated programs and housed in different state agencies was probably a good thing in West Virginia. CHIP directors and the board were strong advocates for children and worked in close collaboration with the Coalition and spent money and energy on outreach and producing good reports. Because it was a coordinated process, CHIP outreach led the way for enrollment of children in Medicaid. West Virginia enrolled as many or more children in Medicaid than in CHIP. CHIP helped to change the face of Medicaid for children.

5. *What impact do you think the project has had to date? Who can be contacted a few years from now to follow up on the project?*

General Knowledge: The project has put children's health in the forefront of the health agenda for West Virginia. It has helped the public understand the availability of government support for health care for children and changed people's view that government insurance is for poor people only. From the start, the project promoted CHIP and Medicaid as programs for the children of working families.

Public's Access to Information: As a result of the project, easy to read, family-friendly materials were produced to let people know about health coverage for children and how to apply. Information was distributed through thousands of venues from churches to health fairs to county and state fairs and other places where people gather. A toll free number for information was (and continues to be) made available and advertised widely. Web sites for the WV Healthy Kids and Families Coalition and for CHIP were promoted to health and education professionals working with children.

New Model for Delivering Services: The project fundamentally changed the way children and pregnant women were enrolled in CHIP and Medicaid. From the requirement to wait in a local social service office and participate in a face-to-face interview to receive services, families can now apply for CHIP and Medicaid through a simple, mail-in application.

Informing the Work of Other Professionals or Organizations: The Healthy Kids and Families Coalition sponsored a process of dialogue to fine-tune policies and processes to enroll children in health care coverage. All the participants, which included health care providers, state officials, social service providers, members of the faith community and others improved their skills at dialogue about complex policies and processes. We expect this learning will carry over into other organizations and other processes.

Contact Information to Follow Up on Impact of Project:

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6. What are the post-grant plans for the project if it does not conclude with the grant?

The WV Healthy Kids and Families Coalition will continue after the RWJF grant but will be restructured to better provide a home for ongoing projects on child health. In 2006, the Coalition will partner with other groups and organizations with an interest in child health to

- Hold regional meetings around the state to develop a “child health agenda,” and to continue a dialogue begun at a November 2005 Children’s Health Conference.
- Sponsor a “Prenatal Wellness Study,” to lay the groundwork to improve the health and well-being of pregnant women.
- Sponsor a “Quality of Care” Initiative for children in partnership with the West Virginia Chapter of the American Academy of Pediatrics and the Vermont Child Health Improvement Project.
- The Coalition will maintain its web site and continue to provide information on CHIP and Medicaid to the public as well as provide expertise and public input into Medicaid and CHIP policy.
- The Coalition will continue to seek funding for policy research and projects on child health in West Virginia.
- Provide support for the School Based Health Partnership to improve health and health care for school-age children.
- Continue to promote education for CHIP and Medicaid families in how to take care of their sick children.
- Sponsor a state wide forum on child health.

In 2006, the work of the Coalition will be supported by a total of \$182,000 from the Claude Worthington Benedum Foundation. These grants were received in March, June and December 2005. The Coalition will apply for other grants to support its work in 2006.

7. *With a perspective on the entire project, what have been its key publications and nation/regional communications activities? Did the project meet its communications goals?*

Communication was a major activity during all four years of the project. The project had communication plans and expert contractors to develop messages, create and distribute materials. The communication efforts of the project were primarily within the state of West Virginia, although some articles were submitted for the National Program Office Regional Newsletter.

In 2005, the project sponsored the First Annual West Virginia Child Health Conference. The conference was chaired by Gayle Manchin, First Lady of West Virginia and Dr. Joan Phillips, president of the WV Chapter of the American Academy of Pediatrics. The purpose of the conference was to acknowledge and celebrate the success that West Virginia has had in insuring its children and to lay the groundwork for new initiatives on access and quality of care.

A Final Bibliography is submitted with the Final Report.