

Section 5. Outreach and Coordination

5.1. (formerly 2.2) Describe the current State efforts to provide or obtain creditable health coverage for uninsured children by addressing sections 5.1.1 and 5.1.2. (Section 2102)(a)(2) (42CFR 457.80(b))

Guidance: *The information below may include whether the state elects express lane eligibility a description of the State's outreach efforts through Medicaid and state-only programs.*

5.1.1. (formerly 2.2.1.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

The State of Delaware expanded coverage for children to age 18 and to 100% of the Federal poverty level in 1992, in tandem with plans to develop an 1115 waiver. This waiver was in conjunction with the duPont Hospital for Children a.k.a. the Nemours Foundation. Nearly 7,000 newly eligible children were added in the first year of increased eligibility which constituted a 31.3% increase in the number of children served by Medicaid. When the State received approval for the 1115 waiver that authorized the Diamond State Health Plan, this population of children was rolled into the Diamond State Health Plan and duPont became a provider with all MCOs.

Effective October 1, 2001, all children under the age of 1 enrolled in the Delaware Healthy Children Program were transferred to a Medicaid expansion with no interruption in coverage.

Pursuant to an initiative by the State, the Nemours Foundation also provides free primary health care services in physician clinics to uninsured children up to 175% of poverty and charges a fee on a sliding scale basis to those above 175% of poverty. Since its inception in 1993, the Nemours initiative has resulted in the creation of ten (10) new primary care facilities providing physician services to over 6,200 non-Medicaid children annually.

The Division of Social Services, Medical Assistance Program, the Division of Public Health and the Department of Education work closely together to identify uninsured children and route them to Medicaid for eligibility determination. We have developed an early identification program with the largest hospitals in the State to notify us immediately of the birth of a child to a Medicaid eligible mother. The State's Enrollment Broker (Health Benefits Manager) provides multiple outreach programs to bring the Diamond State Health Plan and Medicaid to the attention of possibly eligible persons. The State will amend the HBM contract to include these same services for the Title XXI population.

The enrollment process through the Health Benefits Manager worked very well and prevented direct marketing and adverse selection by managed care plans.

The WIC program also participates with the State and the MCOs to identify children in the WIC program who may also be eligible for Medicaid.

Guidance: *The State may address the coordination between the public-private outreach and the public health programs that is occurring statewide. This section will provide a historic record of the steps the State is taking to identify and enroll all uninsured children from the time the State's plan was initially approved. States do not have to rewrite his section but may instead update this section as appropriate.*

- 5.1.2. (formerly 2.2.2.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in health insurance programs that involve a public-private partnership:

The State's relationship with its managed care companies and the Health Benefits Manager (Enrollment Broker) are public-private partnerships. The outreach and education programs are provided in a public-private environment with the State working with each of these entities to identify and enroll eligible persons into the Medicaid program.

In addition, the Nemours Clinics provide services for the Medicaid Children, primarily through contracts with the Managed Care Organizations. They also provide services to uninsured children up to approximately 175% for no charge. These primary care clinics are supported primarily by the Nemours Foundation, a private philanthropical organization, whose trust requires investments in the health of Delaware's children

Guidance: The State should describe below how it's Title XXI program will closely coordinate the enrollment with Medicaid because under Title XXI, children identified as Medicaid-eligible are required to be enrolled in Medicaid. Specific information related to Medicaid screen and enroll procedures is requested in Section 4.4. (42CFR 457.80(c))

5.2. (formerly 2.3) Describe how CHIP coordinates with other public and private health insurance programs, other sources of health benefits coverage for children, other relevant child health programs, (such as title V), that provide health care services for low-income children to increase the number of children with creditable health coverage. (Section 2102(a)(3), 2102(b)(3)(E) and 2102(c)(2)) (42CFR 457.80(c)). This item requires a brief overview of how Title XXI efforts – particularly new enrollment outreach efforts – will be coordinated with and improve upon existing State efforts.

The public and private entities, which provide health care to children in the State, are already in partnership with Delaware's Department of Health and Social Services, which will be administering this program. The State is entering discussions with the Nemours Foundation, which provides primary care services to low-income and underinsured children who are not eligible for Medicaid to obtain their agreement to alter their income cap to cover children above 200% of FPL on a more generous basis since the State will assume coverage for uninsured children below 200% of the FPL who meet eligibility criteria.

Additionally, in the State's Division of Public Health, Maternal and Child Health program activities are funded under the Maternal and Child Health Block Grant program, Title V of the Social Security Act. This funding is intended to improve the health of all mothers and children and must be equally divided on prevention and primary care services for children, pregnant women, mothers and infants, and children with special health care needs. Referral processes are in place with the DPH and FQHCs, which aid in the identification and referral of uninsured children in the appropriate program. Applicants who do not qualify for Medicaid or the DHCP are referred to FQHCs.

All applicants will be screened by staff employed by the State of Delaware Division of Social Services to assure that they are potentially eligible targeted low income children. The screening document will determine:

1. If the child(ren) has Medicaid coverage or is potentially eligible. If the child has Medicaid, the Social Services staff will cease screening for The Delaware

- Healthy Children Program. If potentially eligible because family income appears to be less than the Medicaid limit, a Medicaid application will be processed.
2. If the child is not Medicaid eligible, the social worker will screen for family income, credible coverage within last six months, residency, citizenship, Social Security Numbers, and age.
 3. If child appears to qualify based on passing those screens, an application will be mailed or handed to the family.
 4. Other State and private agencies serving potentially eligible targeted low-income children will be encouraged to refer such children for screening.

5.2-EL The State should include a description of its election of the Express Lane eligibility option to provide a simplified eligibility determination process and expedited enrollment of eligible children into Medicaid or CHIP.

Guidance: *Outreach strategies may include, but are not limited to, community outreach workers, outstationed eligibility workers, translation and transportation services, assistance with enrollment forms, case management and other targeting activities to inform families of low-income children of the availability of the health insurance program under the plan or other private or public health coverage.*

The description should include information on how the State will inform the target of the availability of the programs, including American Indians and Alaska Natives, and assist them in enrolling in the appropriate program.

5.3. Strategies Describe the procedures used by the State to accomplish outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program. (Section 2102(c)(1)) (42CFR 457.90)

The State plans a multi-pronged approach to finding, notifying and assisting eligible children to enroll in DHCP such as:

- The State plans to replicate the simplified application process in place for Medicaid and continue to outstation staff to complete Medicaid and DHCP applications. Staff will coordinate the application so families can be screened and apply for both programs with a single application by mail without a face to face interview.
- During the Public Hearing process we will elicit partners who can help outreach to children in their communities, service area, client base etc. We will ask for their suggestions for outreach strategies. Delaware will supplement this process by considering the schools as an outreach point, because the Title XXI program targets children.
- Non-traditional outreach strategies, which have been used successfully in other States, such as adding a check off box to the reduced/free lunch application in schools, will be considered. The sentence will ask parents if they would like their child's name referred to Medicaid for an application for benefits. Other non-traditional strategies may include fliers on pizza boxes and fast food trays, temporary agency employees paycheck inserts, article in the American Association of Retire Persons newsletter to reach grandparents raising their grandchildren.

- Delaware plans to search out other states' initiatives that have been successful and replicate those in Delaware if feasible.
- The State will use all media types, which are cost effective, such as traditional mailings, newspaper, buses, and Public Service Announcements on radio and television for different ethnic/racial/demographic/age markets.
- The State will target children within the State programs who are known to be potentially eligible like children receiving food stamps, WIC, subsidized child care, etc. for a special "invitation" to join with a simplified application process since income/technical requirements are stored in common shared computer eligibility file.
- The State will periodically reevaluate and revise outreach strategies so enrollment is successful.