

## Lessons and Ideas from the Aspen Ascend Early Childhood Development and Health Working Group and Strategic Mapping Session

### Focus: Maximizing Enrollment in Medicaid and CHIP for Two Generations

#### INTRODUCTION AND CONTEXT

Over the past several years, Ascend has worked with practitioners, policy experts, federal and state leaders, researchers, and others to explore and pursue policies and programs that support a two-generation (2Gen) approach to lifting families out of poverty by addressing the needs of children and their adult caregivers together. In 2016, Ascend established the 2Gen Early Childhood Development and Health Working Group to:

- ❖ Identify and prioritize opportunities that can steer policy and practice in directions that recognize the close connections between early childhood development and health;
- ❖ Provide support and guidance for strategies that promote children’s health;
- ❖ Advance children’s ability to achieve developmental milestones and early learning; and
- ❖ Strengthen the capacity of parents and caregivers to foster their children’s growth during this key early period.

These efforts include addressing institutionalized structures that create systemic barriers for low-income populations and using an equity lens that addresses race, ethnicity, and gender in all recommendations, examples, and ideas the Working Group puts forward.

The Working Group built its ideas on more than four years of Ascend’s work at the intersection of early childhood and health, including:

- ❖ A September 2013 Ascend convening at the David and Lucile Packard Foundation: this convening focused on **leveraging 2Gen opportunities in the Affordable Care Act**, resulting in the publication of *The Affordable Care Act: Affording Two-Generation Approaches to Health* in partnership with the National Academy for State Health Policy;
- ❖ A May 2014 convening at the Aspen Institute’s campus in Aspen, Colorado, featuring early childhood, health, and economic assets leaders: this convening focused on developing a cohesive strategy to influence federal and state policymakers to more effectively use, blend, braid, and access funding streams for 2Gen approaches, resulting in the **policy agenda Top 10 for 2Gen**;
- ❖ A May 2015 forum, **Smart Starts**: this Washington, DC, convening commemorated the **50th anniversary of Head Start** and focused on early childhood practices and policies that the Obama administration could use to strengthen parent and family outcomes; and

- ❖ Two **2Gen Policymakers Institutes** held in 2015 and 2016: these Aspen, Colorado, convenings include state teams of cross-sector leaders who developed action plans to implement 2Gen policies and practices.

With the aim of creating a cultural shift and movement toward the implementation of a comprehensive 2Gen approach, the Working Group drew insights from evidence-based practices that are already working and developed ideas for what innovation and experimentation is needed. From those insights and ideas, the Working Group developed five principle recommendations for how states can leverage existing programs, resources, and funding streams to strengthen families at the intersection of health and early child development. The recommendations outlined in this brief emphasize the health and well-being issues that families face and reflect both timely political opportunities and the needs of state policy teams exploring 2Gen solutions.

1. Ensure all eligible family members and/or caregivers are enrolled and covered by Medicaid or the Children’s Health Insurance Program (CHIP).
2. Design data systems to include comprehensive early childhood development and health information.
3. Ensure access to high-quality care and health professionals who understand and promote 2Gen outcomes.
4. Incorporate methods for connecting families to social services and public benefits specifically related to health and early childhood development.
5. Implement strategies that support a 2Gen approach in addressing identified problems and engage the community as well as individuals.

This report offers an overview of ideas and recommendations for **state policies aimed at ensuring all eligible family members and/or caregivers are enrolled and covered by Medicaid or CHIP and spotlights promising efforts already in motion.**

The information presented here is compiled from work completed by the Working Group, additional work completed by Ascend partners and allies to inform Ascend’s report [Children and Families at the Center](#) (released in January 2017), and ideas culled from child development and health experts who participated in the Strategic Mapping Session held at Aspen’s Wye River Center May 16-18, 2017.


## **MAXIMIZING ENROLLMENT IN MEDICAID AND CHIP: WHAT STATES CAN DO**

Ensuring whole-family enrollment in health insurance, either through Medicaid or CHIP, is a critical first step toward building families’ financial stability. A substantial body of research over the past two decades has shown that when parents have coverage, children are more likely to have coverage as well. However, the same is not true in the reverse. Parents are less likely to seek services and care for themselves than they are for their child, making early childhood programs and services that capture dual enrollment an important lever to whole family health. An adult with insurance is better able to access services that mitigate the effects of toxic stress

and chronic health or mental health conditions that can impede the parent's ability to care for a child or consider higher workforce or educational goals.

Studies on Medicaid eligibility show that among children in families with low incomes, those who experience more years of Medicaid eligibility are in better health. Other studies associate expansion of Medicaid eligibility with reductions in child mortality and greater rates of high school graduation. Additionally, increases in Medicaid enrollment are shown to decrease hospital admissions for conditions that could be well-managed by primary care. As of September 2017, 32 states, including the District of Columbia, have expanded Medicaid to cover more adults with low incomes.

States have significant flexibility to design their Medicaid and CHIP programs. The Working Group developed the following recommendations for how states can adopt federal options to facilitate enrollment for eligible children and parents and ensure they remain covered for as long as they qualify.

 **Implement strategies that use information from other public benefit programs (such as the Supplemental Nutrition Assistance Program, SNAP) to streamline enrollment in health coverage, reducing unnecessary paperwork for families and administrative burdens for states.**

Convenience is an important factor in family enrollment. Co-locating services and supports in places convenient to families helps families negotiate and manage demands on their time. Additionally, information-sharing between public benefit programs can streamline enrollment, reduce unnecessary paperwork for families, and alleviate administrative burdens for states.

An optional procedure first authorized under the Children’s Health Insurance Program Reauthorization Act, **Express Lane Eligibility** permits states to use findings for things like income, household size, or other factors of eligibility from another program designated as an Express Lane Agency — SNAP, National School Lunch Program (NSLP), Temporary

### EXPRESS LANE ELIGIBILITY

State	CHIP	Medicaid	ELE Agency
Alabama	No	Yes	SNAP & TANF
Colorado	Yes	Yes	NSLP
Iowa	Yes	Yes	SNAP & Medicaid
Louisiana	No	Yes	SNAP & NSLP
Maryland	No	Yes	Office of the Comptroller
Massachusetts	Yes	Yes	
New Jersey	Yes	Yes	NSLP Division Taxation
New York	No	Yes	CHIP
Oregon	Yes	Yes	SNAP & NSLP
Pennsylvania	Yes	No	
South Carolina	No	Yes	SNAP & TANF
South Dakota	No	Yes	
USVI	No	Yes	SNAP
Utah	Yes	No	Department of Taxation

Assistance for Needy Families (TANF), Head Start, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), among others — to facilitate enrollment in health coverage.

Express Lane Eligibility pulls information already in the system — such as a family’s income eligibility as calculated by the SNAP program — to enroll a child in Medicaid instead of requiring families to also demonstrate eligibility through the Medicaid income-calculation methodology. Express Lane Eligibility also accesses nonfinancial eligibility factors assessed by SNAP, such as immigration status, and shares the information with Medicaid to facilitate the determination process.

South Carolina is one of 13 states (plus the US Virgin Islands) tapping Express Lane Eligibility to facilitate enrollment and renewal of eligible children in Medicaid or CHIP. Between September 2012 and June 2013, more than 92,000 previously uncovered children in South Carolina enrolled in Medicaid through this process, representing a 15 percent increase in coverage for children. In addition, between July 2011 and June 2013, the state used Express Lane Eligibility to renew Medicaid coverage for more than 276,000 children. South Carolina attributes approximately \$1.6 million in net annual administrative savings to Express Lane Eligibility. The easier renewal process and a reduction in “churning” (which happens when eligible children are dropped from coverage only to re-enroll a short time later) were the main contributors to this result.

On a more localized level, sharing appropriate health data avoids duplication by allowing local health providers, early learning centers, schools, and parents to access information on what services children have had, what services they need, and how to find these services.

 ***Increase stability of coverage by implementing the 12-month continuous eligibility option for children and adults, regardless of changes in family circumstances.***

Medicaid and CHIP beneficiaries are required to renew their eligibility annually or any time they experience a change in circumstances that could affect eligibility. Changing family circumstances, including a shift in family income, can impact eligibility and could cause children to move between health insurance programs one or more times a year. A missed deadline or incomplete form can put beneficiaries at risk of losing coverage at renewal time. All this churning, which can also cause short-term spells of uninsurance, negatively affect children’s health and is a costly administrative burden for states.

States can reduce churning and help more families maintain continuous coverage by using **a federal option called 12-month continuous eligibility**, which allows states to retain children in Medicaid or CHIP regardless of changes in family size and income. Implementing 12-month continuous eligibility options is especially important for those who have chronic conditions or ongoing needs for medication or treatment.

Children in states with continuous eligibility are 10 times less likely to experience shifts in their coverage eligibility. Twelve-month continuous eligibility policies also contribute to higher retention rates. In the first decade of CHIP, continuous eligibility, along with other consumer-

friendly policies, was an important factor in CHIP's high retention rate. States with continuous eligibility policies were able to cover more children for longer.

Currently, 36 states have 12-month continuous eligibility policies for at least some infants or children in Medicaid and/or CHIP. Not all of these states provide continuous eligibility in all children's health insurance programs, and some limit continuous eligibility to children below a certain age. For example, in Florida, children younger than age five receive 12-month continuous eligibility, but children ages five and older only receive six months of continuous eligibility. [Only 24 states](#) offer 12-month continuous eligibility for children in Medicaid and CHIP.

Adults are also affected by churning. States need a federal waiver to provide 12-month continuous eligibility to parents. Currently, New York is the only state with an approved waiver. States will benefit from expanding continuous eligibility to cover all eligible children up to age 19 and securing a waiver to extend 12-month continuous coverage to more adults.

 ***Implement strategies to extend coverage to all eligible children and pregnant women without delay, and ensure equity for eligible immigrants.***

The Children's Health Insurance Program Reauthorization Act (CHIPRA) gives states the option to cover lawfully residing pregnant women and children regardless of how long they have been in the United States. Implementing this option increases health equity and allows states to override previous federal law that required a five-year waiting period before many legal immigrants were permitted to enroll in Medicaid and CHIP. This coverage may be applied to pregnant women in Medicaid and CHIP and/or to children — up to age 19 for CHIP or up to age 21 for Medicaid — who would otherwise be eligible for coverage through these programs.

Research shows that access to coverage and health care services among immigrant children has improved substantially in states that pursued this option, and it was not associated with reductions in private coverage. At the end of 2012, 62 percent of immigrant children had health coverage through Medicaid or CHIP in states that took this option, compared to 21 percent of immigrant children in states that did not take up the option.

Under this option, states receive the enhanced federal CHIP matching rate. CHIPRA guidance clarifies that states can be reimbursed at the enhanced CHIP matching rate for lawfully residing children and pregnant women in Medicaid and CHIP. In the case of Medicaid-eligible children, the enhanced CHIP match only applies during the first five years in the country. The CHIP funding extension in 2015 increased this federal match by 23 percentage points for each state through 2017, up to a maximum of 100 percent of the cost.<sup>1</sup>

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<sup>1</sup> [http://ccf.georgetown.edu/wp-content/uploads/2015/06/ichia\\_fact\\_sheet.pdf](http://ccf.georgetown.edu/wp-content/uploads/2015/06/ichia_fact_sheet.pdf)

By September 2016, [33 states and DC](#) had adopted a federal option to enroll lawfully present pregnant women and/or children into Medicaid and CHIP if they are otherwise eligible, without regard to the length of time they have lived in the US.

## NEXT STEPS

With federal action on health care uncertain, both health and children's coalitions are focused on securing reauthorization of CHIP, protecting Medicaid, and ensuring funding for other policies and programs aimed at helping families with low incomes access the services they need. Ascend is continuing to hone the Working Group's recommendations and work with states and Ascend partners to identify opportunities to implement these ideas.

In May 2017, Ascend brought together more than 25 experts and advocates to discuss strategies and policies for ensuring the well-being of children and families. Participants included a mix of federal and state organizations as well as think tanks, policy experts, and foundations representing the early childhood development, economic supports, health and well-being, and postsecondary and workforce fields. Participants agreed that stopping cuts to Medicaid and CHIP are a top priority and discussed the following messaging opportunities.

- ❖ It is critical to not only demonstrate wide bipartisan support for these programs, but also engage new voices, including doctors, hospitals, and physicians' groups, to call for policies that improve outcomes for kids. Groups may also garner support by highlighting the burden the proposed federal cuts to health and social service programs will push to the states.
- ❖ When having conversations about the impact that cuts to Medicaid and CHIP will have on children, it is important to frame the issue around families. Research shows that parents do not think of children as a separate entity. Children are part of the family, and priorities are focused on what families need to survive. Members of Congress from both sides of the aisle, including the most conservative, care about families and may respond to messages that remind them what it is like to raise a family.
- ❖ A disconnect between what voters say they want and the direction Congress is headed could impact the midterm elections. Votes may also be influenced by widespread confusion over what Medicaid is, who it serves, and how it differs from Medicare. Misunderstanding around Medicaid extends to members of Congress. When people say they want to change Medicaid, Republicans view this as voter opposition, but research shows many voters actually want to expand Medicaid. Messaging needs to address this disconnect and take into account differing viewpoints of who Medicaid serves. Focusing on how various services support working Americans and pointing out that any cuts help wealthy people (rather than saying they hurt the poor) may highlight this disconnect.
- ❖ Messages focused on promoting family economic stability cut across region and socio-economic status, making them more likely to resonate with a broad base of voters. Educating people about the number of children served by Medicaid is also critical and will

help frame Medicaid as a critical investment in families.

- ❖ In telling the stories of the families benefiting from support services, groups have an opportunity to help policymakers — especially those at the state level — understand what is at stake by showing how these programs work together. A core piece of all these programs — SNAP, TANF, CHIP, Medicaid, paid family leave, home care, etc. — is brain development. Focusing on the social, emotional, and physical benefits of early brain development sends a message that cuts to these programs will lead to irreversible damage and an endless list of missed opportunities and challenges later in life. With brain development as the universal backdrop, groups working to strengthen and promote access to these programs can each pursue their own goals and interests while creating a united front.

Adverse conditions take a devastating toll on children as well as adults. Children's health, development, and ability to learn are critically intertwined with their physical and social environment and the intimate relationship they have with parents and caregivers. The challenges facing families with low incomes are dire, but — with the right mindset, tools, systems-level programs, collaboration, and support — they can be curtailed. Ascend looks forward to building on what has already been accomplished, exploring innovative approaches that are already working, and identifying and prioritizing how and when to respond to opportunities and barriers around specific federal priorities.