Outreach and Enrollment Strategies in Latino Communities

Connecting Kids to Coverage National Campaign

Webinar Transcript January 29, 2015

Riley Greene: Hi everyone, this is Riley Greene with the Connecting Kids to Coverage Campaign. Thank you so much for joining us this afternoon for our national campaign webinar on Outreach and Enrollment Strategies in Latino Communities. With over 700 people registered for this webinar and almost 300 signed on, we are really excited about the interest and enthusiasm for this topic and have quite a great lineup of speakers to share with us today. So I'm going to cover just a couple of housekeeping items and then we'll jump right in. First and foremost, because of how many people we have on the line we are going to keep your lines muted throughout the presentation. We will pause for two question and answer sessions, and we encourage you to submit your questions as you have them through the question box in your control panel which is the grey square box on the right hand side of your screen. We will read out your questions during the question and answer session but encourage you again to just submit them as you have them. Otherwise that is really our main housekeeping so I am going to hand it over to Donna Cohen Ross, the Director of Enrollment Initiatives at CMCS to get us started.

Donna Cohen Ross: Thank you Riley and thanks to everyone for joining us. We really are expecting quite a crowd today which we are very excited about. I also want to say welcome to our first webinar of 2015. It struck me just a few minutes ago that the last time we convened for a Connecting Kids to Coverage webinar it was before the holidays. So even though it is almost February I think a Happy New Year to everyone is in order. So thank you so much. We have a packed agenda on a really important topic today so I want to give you just a brief overview of what we're going to talk about and then dive right into our agenda. We're going to first hear about what do the numbers tell us, what does the data tell us about who is needing coverage in the Latino community, what the numbers look like, health care and coverage disparities, enrollment challenges and barriers. We're going to hear from Steve Lopez in just a few minutes from National Council of La Raza to start us off and give us the lay of the land. We're then going to hear a policy overview from Sarah Lichtman Spector, a colleague of ours at CMCS who is the go to person on questions related to immigration status and what that means for health coverage eligibility, things that we need to know about the application process. Sarah will be joining us in just a few minutes. Many of you who have been on our webinars before may have heard Sarah in a previous webinar. We're going to reprise a little bit of what she talked with us about, but it seemed to be an important piece to cover in this particular webinar. Then we're going to hear from one of our grantees. We're going to hear about successful outreach and enrollment strategies and I'm going to introduce that speaker a little bit later. Then we'll hear about working

with Latino faith communities from the perspective that comes to us from the PICO National Network, and I'll introduce our speaker from PICO in just a little bit. Again we'll have a time to circle back around. Throughout we have opportunities for questions and comments of our speakers, we'll be breaking in at key moments so that you don't have to wait until the end of the webinar to ask your question. We know that there will be lots of questions and we are eager to hear what you have to say as well. So I am going to just dive right in and introduce to all of you Steve Lopez. He's the Manager of the Health Policy Project at NCLR, the National Council of La Raza and the co-author of a recent study that looks at some of the important data that he is going to share with us today. So Steve I'm passing the baton to you.

Steven Lopez: Thank you and hello everyone. Thank you for inviting NCLR to participate today. And I want to give a special thank you to those participating on this webinar who are really doing the critical work of enrolling Latino children and families across the country. For those who are unfamiliar with NCLR, we are the largest advocacy and civil rights organization in the country working to improve the lives Hispanic Americans. We have nearly 300 affiliate organizations in 41 states, and these are community based organizations fulfilling a variety of roles in the communities that they serve. It's their voice that we strive to support and amplify, and it's also their perspective that we seek to inform our policy and advocacy efforts. So the slide that you're currently seeing is just a quick overview of the four buckets that I'm going to be covering in my presentation. I'm going to start off, I thought it would be helpful to provide sort of a national landscape of what the uninsured rates look like for Latinos. So on the next slide you'll see that about 1 in 4 Latinos are currently uninsured. We know that with the implementation of the ACA that has helped to bring the number of uninsured down. Prior to the ACA we had about one-third of Latinos who were uninsured, and again now we're seeing a decrease to about 1 in 4. And one thing I wanted to note about this population is that it is projected that by 2050 about 30% of the total US population will be Latino. So we like to think that, you know, the health of the country really is linked to the health of the Latino population. Again the ACA has provided gains in the number of folks who are covered but we know that work remains and the majority of the uninsured live in just three states. You see on the slide those states include California, Texas and Florida. But if we drill down a little deeper and turn our attention to the coverage landscape for Latino kids, we see that in 2013 about 11.5% of Latino kids were uninsured. The data that I'm going to be presenting to you is really based on some research that we did in partnership with our colleagues at Georgetown University's Center for Children and Families. In November we released a report that provides an overview of the coverage landscape for Latino kids. Our analysis was based on recent data from the US Census Bureau of the American Community Survey. So again, you see around 11.5% of Latino kids are uninsured. We know that despite declining rates of uninsurance, Hispanic kids remain disproportionally uninsured. In fact, Hispanic kids are about 1 1/2 times as likely to be uninsured as all children. So again reiterating that 11.5% of Hispanic kids are uninsured compared to 7.1% of all children. But I think an important piece to highlight is that nearly two-thirds of uninsured Latino kids are eligible for Medicaid and CHIP but not enrolled. So we see that as a prime opportunity to really advance this work and get those kids who are eligible covered in programs. So the next slide, you're going to see how Latino kids fare compared to other groups. You can

see by the bars that American Indian and Alaskan Native children have the highest percentage of uninsured children at nearly 16%, and second to that is the rate for Hispanic children. One of the questions that we were really interested in is where are these Latino children who are uninsured residing? So you see on the next slide that two-thirds of uninsured Hispanic kids live in just five states. On the next slide you'll see that Texas, California, Florida, Arizona and Georgia make up those top five. But I'd like to point our attention to Georgia. Often times we hear a lot about Texas, California and Florida but we know that there are states or regions of the country like the southeast where these emerging Latino communities are forming. For example, in places like Georgia, right, these states are in an increasingly critical position to reach out to and engage Latino families. I think that is worth repeating, that they are primed really to be a critical player in helping to ensure that the number of Latino kids who are currently uninsured get coverage. On the next slide you'll see the ten states with the highest number of uninsured Latino kids. You'll see three states, New York, California and New Jersey, have rates that are below the national average. The national average for Latino kids again is 11.5%. Those three states are faring better than the national average. But then on the right hand side you'll see the seven states that are faring above the national average. Again, I'd like to point out these emerging Latino communities in states like North Carolina and Georgia where the rates are higher, but again these states are positioned to really decrease the number of uninsured Latino kids. So I'm hoping that those who are on today representing these states find the information that we're providing of value and hopefully it will serve your subsequent efforts as you move forward to cover kids. And now that I've given a bit of a sense of what the coverage landscape looks like for Latino kids, I wanted to highlight some of the enrollment challenges that we hear from the community. So let's start with the awareness gap. One of the things that we hear from our affiliates is the lack of awareness of about programs like Medicaid and CHIP. This is of particular concern among immigrant communities who sometimes are confused about what their children might be eligible for or even unaware that their children might be eligible for anything. So there is a challenge there in making sure that information is getting to the community so that they are aware of what they may be eligible for, particularly regarding Medicaid and CHIP. I think related to this is that both on the consumer end and on the administrator end we need folks to be clear about who is eligible for what. I think when you get into the more complex and nuanced eligibility rules when it comes to immigrants and mixed status families, it's really important that both folks who are applying for coverage but also folks that are helping people enroll are clear about what the eligibility rules are. The next point, immigration concerns. This is something that we're seeing during ACA implementation and enrollment. Issues surrounding immigration consequences. For example, a parent may be reluctant to enroll their child in a coverage program even if the child is eligible but the parent may be undocumented. There is a reluctance on the part of the parent to come forward and enroll their child in something that they're eligible for because of fear that that might raise a flag. So we've seen that have a chilling effect particularly among Latino and immigrant communities and it's definitely something that has stifled enrollment efforts. Another challenge is limited English proficient individuals. Language access continues to be a challenge, primarily in terms of the lack of access to linguistically appropriate resources for folks to one, again be aware of what programs are available, to have services in languages that meet their

needs, and to have translation that is most appropriate in the language that they use. But as I wrap up my remarks, I wanted to focus on some thoughts on how we can remove or at least minimize the barriers. First I just wanted to iterate the point that most uninsured Latino kids are eligible for Medicaid and CHIP but not enrolled. So we see that as a great opportunity to increase the number of Latino kids with coverage. One of the things that I wanted to focus on is the importance of outreach and enrollment being done in a linguistically and culturally appropriate way. We know that Latino communities and other communities of color, there are various ways in which the community is more engaged than others. It's really important that those enrollment and outreach efforts reflect the unique needs and circumstance of the community. One of the things that we find effective in the Latino community is leveraging resources like Spanish language media, television, radio, print. That is an effective tool to reach into Latino communities. Spanish language media is a trusted source for the community, and they are also a source of, how would I say it, a call to action. So they do a really good job I think of providing families with information that they can then take and act upon. Another thing that I wanted to point out about clarifying eligibility rules is that those who are assisting in enrollment be clear on the eligibility rules, particularly those related to immigration status. And again that the information on eligibility is communicated to families in a meaningful and accessible way. We have found in some instances that print may not work but maybe pictures will. Various formats to communicate this important information so that people understand again what options might be available to them and their children. In terms of addressing immigration concerns, it is key, we feel, to focus on two things. One, the Department of Homeland Security, their Bureau of Immigration and Customs Enforcement has communicated its policy that no information provided on the application for health coverage will be used for civil immigration enforcement purposes. And I think this is particularly important when we are talking about mixed status families, families that may have various citizenship and immigration statuses that they know, that they are reassured, that even if they are not eligible for coverage they can apply on behalf of their children to get coverage that they are eligible for without fearing that there is going to be some type of immigration consequence. It's important that information is communicated to the community, and communicated via trusted messengers that families will believe when this information is shared. Another issue regarding immigration concerns is this issue of public charge and how that could potentially affect someone's ability to address their status during the naturalization process. Again, as an organization we have been doing our due diligence to communicate to the community that enrolling in programs such as through the marketplace under the ACA or Medicaid and CHIP will not make someone a public charge. There is a finer point that Sarah may get into greater detail. But in general, that is something that we make sure that we communicate to the community because this issue of naturalization and adjusting one's status is so important. And lastly, we know that in person assistance, having someone that an individual can trust to provide them with credible information in a manner that is most comfortable for them has proven extremely effective in enrolling Latino families and children. So to the extent that those of you out there are able to provide that type of one on one, face to face resource, we know it goes a long way to getting folks enrolled in coverage. So with that, I want to thank you for your time and attention and I look forward to the conversation ahead.

Donna Cohen Ross: Steve, thank you. That was really terrific, and you sit tight because we're going to hear from Sarah and then we're going to take questions for both of you. But it was a perfect lead in to Sarah's presentation because she is going to do a somewhat deeper dive on some of these eligibility issues. I'll also say, sit tight as well because some of the materials that you talked about that are needed in multiple languages are materials that we have available and we're going to wrap up the webinar by introducing some of those materials to folks. So Steve, thank you so much. I'm now going to introduce Sarah Lichtman Spector. She is a Technical Director with the Division of Eligibility, Enrollment and Outreach in the Children and Adults Health Program Group here at Center for Medicaid and CHIP Services, a longtime colleague and trusted friend. We're going to ask Sarah to jump in with some of the policy issues that are important with respect to eligibility, enrollment and things that folks need to know that are working at the community level. So Sarah, welcome.

Sarah Lichtman Spector: Great, thanks so much Donna. And I couldn't agree more, Steven, you're a perfect first panelist. So lots of good set up. So let me tell you what I'm going to talk about today. This is a presentation probably about immigrant eligibility for Medicaid and CHIP and marketplace. That could take easily the entire presentation time here. So I'm not going to do that, we have lots of terrific people to hear from. But I'm going to do the shortened version, and you'll see that a part of, I'm going to focus today on eligibility because I thought that that was a very important piece to add to the landscape here for all of you. For some this may feel like repeat, and for others hopefully it's clarifying some of those confusing and complex rules that Steven mentioned and it's so important for you to understand exactly how the eligibility landscape works. I'm going to also, you'll see I've put more slides here than I'm going to have time to work through, and I'm going to talk through some of them at the back very quickly around applications and barriers that I think are really important for you all to know and have, and I know that these slides are going to be able to get posted and that honestly you can ask questions if you want to. So with that said, let me jump in and begin with the eligibility rules and then we'll move through it together. So I want to begin by saying, you know, in some ways this summary slide is very helpful because it shows that whether an individual is eligible for marketplace, coverage through the marketplace or from Medicaid or CHIP, basically all lawfully present non-citizens are going to end up being eligible for something. And then the question is, for which program is the individual in front of you eligible. You'll see that for Medicaid and CHIP you'll see purposely those are on the same row together, they have almost identical but not exactly identical but the basic immigrant eligibility rules are the same between the two programs. So while they have some other differences in the programs around income levels and other kinds of CHIP specific issues, when you understand and learn the immigrant eligibility pieces you can understand that Medicaid and CHIP have the same rules, almost identical, very similar between the two programs. So for both programs, individuals who are qualified non-citizens, and we'll talk about who those people are in a minute, that was a term defined by PRWORA, the old welfare reform act in 1996, and I have a slide here that describes those individuals. They are folks like lawful permanent residents and refugees and asylees, certain Cuban/Haitians, are eligible for Medicaid and CHIP if they are otherwise eligible and meet the other Medicaid requirements. I'm going to ask you to actually go back to the slide, yes, because I want people to

see the overview, then I'll have you go forward in just a second. So I'm going to talk to you about the five year bar, many of those qualified non-citizens are subject to the five year waiting period or sometimes referred to as the five year bar. A number of non-citizens are exempt, so I want to point those out to you. And I'm going to talk to you about a state option, which is really a lot of states, more than the majority of states, at least 29 states have taken up to cover lawfully residing children or pregnant women. When a state does that, they both cover lawfully present children and pregnant women as well as removing that five year waiting period for those individuals for whom they are subject to. Importantly, and you'll notice that my terminology sounds very similar. Individuals who are eligible for coverage through the marketplace including for tax credits and cost sharing reductions, the financial assistance that comes with coverage through the marketplace, are eligible if they are lawfully present and otherwise eligible for the program. Very importantly, that if an individual is under 100% of the federal poverty level and ineligible for Medicaid due to their immigration status they can be eligible for advanced premium tax credits and cost sharing reductions. So that is not generally a group who is eligible in the marketplace for financial assistance, and there is a particular provision in the Affordable Care Act to ensure that those individuals ineligible for Medicaid due to their immigration status are eligible for that financial assistance through the marketplace. We can move on. This is a little bit more detail about the immigration eligibility rules under PRWORA. We talked a minute ago about these qualified non-citizens, so I'm going to pick through some of these. These are the national rules set out in PRWORA. So these are true in all states, that individuals are eligible for Medicaid and CHIP who entered before this magic date, August 22, 1996, that was the date of enactment of PRWORA. Individuals are eligible who reach the end of their five year waiting period, this is the five year bar. There are a lot of immigrants who are exempt from that famous five year bar. Refugees, asylees, Cuban/Haitians, trafficking victims, individuals who are veterans and active duty military. They are all exempt from the five year period, that's almost as important to know as understanding what the five year waiting period is. Then a note about emergency services. Emergency services can be provided with Medicaid payment to individuals regardless of immigration status if they meet the rest of the Medicaid eligibility criteria. Moving on. So I've put a slide in here, I'm not going to walk through every single one of them, but I wanted you to have a sense of the information of individual's immigration statuses who are considered qualified non-citizens, and this isn't an exhaustive list but it gives some of the biggies. You can see I noted that a lot of these are exempt from the five year waiting period as we talked about. The option to cover lawfully residing children and pregnant women. As I noted in the beginning, this is really a biggie and it's been taken up by 29 states and the District and the Commonwealth of the Northern Mariana Islands. In states that have elected it, it covers children and/or pregnant women, and it differs on the state. We do have information, and I'll show you where the resources are in the back that you can look up what the coverage is in each state. If the individual is lawfully present and otherwise eligible for Medicaid or CHIP depending on which it is, it provides coverage for individuals who otherwise would have been subject to that five year waiting period, and regardless of their date of entry. So it makes that August 22, 1996 date that we talked about just a minute ago irrelevant. You'll note that this is the same standard, this lawfully present, as is the standard for eligibility for marketplace and advanced premium tax credits, and that is not an

accident. There really was an intent to as much as possible align the immigration line or rules over a lot of different issues, and indeed here too we tried to create as much alignment as possible so that you all, both states and marketplaces and assisters and individuals in the community could understand the rules as best as possible. This is one place that, if the state takes up this option the definition of those individuals who are considered lawfully present is the same definition by and large as those individuals also eligible for the marketplace and it would depend on their income levels and other kinds of criteria which program they are eligible for. Thank you. So this is the next slide that shows you what some of those immigration statuses are that are considered lawfully present. It is all qualified non-citizens. A lot of different humanitarian statuses, temporary protected status, special juvenile status, individuals who are asylum applicants, valid non-immigrants, you can see them here. Again there is a complete list also again in the links that we'll provide at the end of the presentation. So I want to take a pause here and just say, you all are probably amongst the group of folks who are the most aware that we sort of in Medicaid and CHIP have shifted the system through the implementation of the Affordable Care Act about how individuals apply for and get determined eligible. In developing a seamless and streamlined eligibility system, we made a number of different improvements both in the application, in the process, in the streamlined verification through the electronic databases through the hub that include both matches on citizenship and immigration status through the Social Security Administration and also through SAVE through the Department of Human Services respectively. And then put a number of things in our regulations relating to applications and to reduce burdens both on individuals and the administration by the state. So what I'm going to do now is just tick through a number of them. These are all really important, and we could talk about them for a lot longer than we have today. But I wanted you to have this information here, what I'm going to just do as we walk through the next few slides is to just talk through the most important critical points here. Feel free to ask me questions or we can follow up in some other way. The first threshold, this big purple banner is super important. We put in regulations that states may only require an individual to provide the information that's actually necessary to make an eligibility determination. That is a really important premise that can be used and it's important in a lot of different contexts and is particularly helpful for assisters helping individual families, immigrant families, move through the application process. The request for social security numbers is permitted of non-applicants. As you probably know, applications are required to denote and explain to people which individuals are applying for coverage, and those individuals who might be in the household but are not applying for coverage. Social security numbers can be requested of those non-applicants if it's voluntary. There are a number of other conditions and criteria here also that aim at not deterring eligibility and enrollment for applicants. Moving on. Public charge, Steven mentioned this. We know that this is a concern. There is actually guidance both on healthcare.gov and also on DHS's website. It's correct that Medicaid and CHIP generally is not considered a public charge. Also importantly I wanted to flag what Steven referenced related to immigration enforcement, that the Department of Homeland Security did issue guidance and it's really important to understand that immigration information provided by applicants or beneficiaries will not be used for immigration enforcement purposes. That is reiterated on healthcare.gov and information that is linked at the end, and we can maybe provide

links also to the actual guidance that is both in English and Spanish on DHS's website. Lastly, I wanted to put a slide about language services. Of course it is critically important for this community to be provided information in a language and manner that they can understand, and indeed not only is it required by federal civil rights laws, there is also federal funding available. So if your state is not availing itself of federal Medicaid dollars or CHIP dollars, actually it is an enhanced match that states can get and not all states are. That is one thing for you to know, both that the provision that language services should be provided as well as that there is some federal funding available. So the last slide just has the links that I referenced. The first is the healthcare.gov/immigrants that has a lot of good questions and answers, that has information around the definition of lawfully present and qualified non-citizens and has information about verification documents and all sorts of other good questions and answers. In addition, the second link here is the link up on Medicaid.gov where we have the chart that I referenced around which states provide coverage to children and pregnant women take up that option that I referenced to cover lawfully residing children and pregnant women. It goes by state and it tells you which population is covered in each state. So that is a good place to bookmark and link and know what is happening in your state. So let me pause there and turn it back to Donna.

Donna Cohen Ross: Thank you so much Sarah. We're going to let you catch your breath for a few minutes, because we do have some questions that I'm going to first pose to Steve but I want to thank you for that great presentation and just mention to some folks who have been sending us questions that some of your questions are actually answered in the document that Sarah references in that last Resources slide. For example, several people were saying, well, does my state still have the five year bar for children or not. So this handy dandy cheat sheet that she referenced will help you answer that question for your own state. So we'll again, as I think a number of people have said now and you see through the chat, the slides are going to be available to everyone. The webinar is going to be posted. The other thing that we'll send to folks, and Steve you should know that a number of participants wanted to know where they could see the study that is the source of all the wonderful data that you shared. We will provide that link for folks. Steve, can I ask you to spend a little bit of time telling us a little bit more about La Raza and organizations in the community that might be affiliated with your organization? How can our grantees and partners who work in local communities find your partners, and what is the best way to do that?

Steven Lopez: That is a great question. So if you go to our website, nclr.org, there is a tab where you can find a list of all of our affiliates across the country. It is listed by state, so if you click on a state like Georgia for example you see that NCLR has affiliates there. One thing I will note about our affiliates. We have around 300 of them. About half of them are engaged in some type of health work. Some of them are federally qualified health centers. Others are doing some other type of health education work. The issue of health is one of particular concern for our organization given our affiliate network. Again, if you go to NCLR.org you will be able to find state by state if we have a presence. We're in 41 states, so there may be some states where we may not have an affiliate organization. But you're always more than welcome to reach out to me, I think I put my contact information. Because if we don't have a presence, we might have a

partner organization that we may be able to link interested parties to. Does that answer the question?

Donna Cohen Ross: Yes, that's a great answer and great help. One of the things that we're always trying to do is let our grantees and partners know how they can connect with national organizations. So we may be getting back to you for a future eNewsletter where we can put this out to folks in a way that makes the most sense.

Steven Lopez: It can be a resource. Thank you.

Donna Cohen Ross: Yes, that's really terrific. In your comments, Steve I'm going to give you this other question while Sarah is still catching her breath I'm sure. One of the things that you talked about is the importance of having trusted messengers. Because some of the issues that may be of great concern to families, obviously some of the immigration issues are probably at the top of the list, but maybe not only those issues. When we're thinking about trusted messengers in the community, can you talk a little bit more about who those people would be and how our grantees and partners can make sure that they're working with those people to help convey the enrollment messages in a way that speaks to families in a generous and kind and also very helpful way?

Steven Lopez: Sure. Another great question. We like to take the view that we need to start where the community is. So we know that in some communities the faith based entities like churches and other entities may be that source of information that the community goes to, not just for health but for other services. In some communities the schools are trusted messengers. But then we also need to think about, what are those other places where families congregate, where they are getting information on a variety of items that your partners would be, it would be worthwhile for them to link up to. So again I think the faith based community and those entities, schools, other organizations that might not be doing health work but have relationships that are already established in the communities. One example, we have an affiliate that does job training and workforce development. They don't do enrollment work, but they are again a trusted source of information. So we have made sure that they have at least a top line about enrollment so they might not be an enrollment site but they know the key pieces of information to direct the community to. So I think it is important to look around your community and understand what the landscape looks like for trusted messengers. They may not be the ones that you would initially think are those trusted sources. Does that help?

Donna Cohen Ross: That helps a lot. Thank you so much Steve. Sarah, I've got a bunch of questions for you, and I'm going to try to interpret them as best I can because I think a number of the questions may be asking different twists on the same questions. But I think a number of people are asking for a little bit more information about the term "lawfully present," and particularly how do we think about the definition of lawfully present when we're talking about perhaps an undocumented parent who is trying to enroll a child who is a US citizen. Can you just talk a little bit more about that term and how we should think about it?

Sarah Lichtman Spector: Sure, that's a great question. I guess I want to take the back end of what you asked first, which is to really clarify and drive this home, if people don't remember anything else to remember this. An individual when looking for eligibility for Medicaid and CHIP, that is an individualized inquiry. The question about whether or not that applicant is eligible and meets the citizenship and immigration status criteria is only relevant at all for that individual who is the applicant. So in your scenario where you have an undocumented parent applying for a citizen child, the only individual who is applying for coverage is that citizen child. The only person that immigration status or citizenship that is relevant is that citizen child and the fact is if that child is a citizen they would meet the citizenship criteria and you would move on to income eligibility and state residency. The fact that that parent happens to be undocumented is not relevant and indeed in some of those slides that were so important I had earlier that I whisked through it said that an individual shouldn't even be asked their immigration status or citizenship if they are not applying for coverage for themselves. So that is super, super important. With that said, there is more detail about who is considered lawfully present which is a criteria for an applicant who would be eligible for Medicaid either as a child or as a pregnant woman under the option I talked about the 29 states and the District have taken up. It includes individuals who are subject to the five year bar, so it has the effect of lifting the five year bar for those individuals who otherwise were subject to it and prevented from enrolling in coverage, as well as that's where I was talking about the humanitarian statuses like temporary protected status and special immigrant juvenile status. It includes non-immigrants, it includes individuals eligible over longstanding old acts of prior immigration laws. So there is a fairly lengthy comprehensive list of individuals who are considered lawfully present, and you can find that in that level of detail in one of the links on healthcare.gov that I gave you.

Donna Cohen Ross: Great. Sarah, thanks for that. I just would love to ask you to say, we've gotten a lot of questions, people trying to sort out the five year bar, who it applies to, when does it start. Is there just some summary help that you can give us just to clarify a little bit more about the five year bar.

Sarah Lichtman Spector: Yes. So the five year bar applies to many non-qualified non-citizens. It applies, the biggest group of individuals to whom it applies is lawful permanent residents. It applies to some parolees and some battered non-citizens. As soon as I say a rule in all of these things it is so unfortunate there are exceptions. So you really have to have, there isn't an easy broad brush rule. All of those individuals who are exempt from the five year waiting period, if they become lawful residents, for example a refugee or asylee, they continue to be exempt from the five year waiting period. So they weren't exempt to have Medicaid coverage, get their green card and their lawful permanent resident status and then cut off, they keep their exempted status. But that is sort of the big broad brush stroke, is that the biggest group is it applies to many, many lawful permanent residents who otherwise don't meet those exemptions. It starts from the date they receive their qualifying status. So thereto, there is some idiosyncrasy and if individuals entered the country before 1996 they may not have to have the five year bar applied at all. But if they applied to enter the US since 1996, the general rule of thumb is it's not a five year state residency but it's five years that they have that qualifying status. So five years from getting that

green card generally. Again, I hesitate to, there is information on healthcare.gov, I encourage you to go there, and we are, these presentations which will be linked too also have a decent level of detail and we are in the process of working up more guidance at a more granular level. But if there were more specific questions about specific kinds of individuals and specific statuses and specific circumstances I think I probably recommend that people call in to, I guess their assister numbers and maybe I'll pause there and see if you have particular good ideas about how to get more specific questions answered.

Donna Cohen Ross: Thank you so much Sarah. There was one question that came up which I'm going to repeat the answer, and Sarah you tell me if I've been listening carefully enough. This is a question that we get a lot of the time, and I want to reiterate what Sarah said, and Sarah again correct me if I'm wrong. But when a parent is applying for the child and it is the child that is seeking coverage, not the parent, the state may not require that person, the parent in this case, who is not applying for him or herself provide a social security number. Is that correct Sarah?

Sarah Lichtman Spector: That's right. The provision of a social security number for someone who is not applying for themselves is optional. Many state applications permit it, but it must be optional. It is not permitted to ask about that individual's immigration status if they are not applying for themselves.

Donna Cohen Ross: So those are the two pieces, the social security number and the immigration status. The reason I repeat that, and I wanted another voice to say it with your affirmation, is that we have gotten a number of questions through the chat just wanting to clarify that they heard correctly what you have said. So you've heard it again here.

Sarah Lichtman Spector: That is a good one.

Donna Cohen Ross: Sarah and Steve, I want to thank you. We're going to move on. I hope that hopefully you'll stick around as long as you possibly can, we may have some questions for you at the end. But meanwhile we want to move on to our next speaker, and that is Julia Still who is the Outreach Department Manager at Salud Para La Gente in Watsonville, California, and she is someone who is working at the community level to help get eligible individuals enrolled in Medicaid and CHIP. And Julia, thank you for joining us and we're very eager to hear what you have to say.

Julia Still: Great, thank you so much for the introduction and for giving me the opportunity to present today. Many of us on this call such as myself work for agencies carrying out the important health insurance outreach and enrollment efforts. In the next few slides I am going to talk about a few key strategies that my team and I have found to be really successful in our efforts to enroll Latino children and families. My organization, Salud Para La Gente, is supported in our efforts by the National Alliance for Hispanic Health, or The Alliance. The Alliance is the nation's leading non-partisan information source and advocate for Hispanic health. The Alliance works to inspire consumers, providers, policy makers, and works to innovate through its different demonstration programs. It also works to engage individuals and organizations to promote Hispanic health. We are a program site for The Alliance's Nuestros

Niños Program, and this program seeks to reduce health coverage disparities among Hispanics by getting those enrollment numbers up. Those enrollments are for Medicaid, CHIP, and insurance affordability programs through the ACA. The Alliance has partnered with different CBOs in six different states, and I am representing one of the CBOs. Here is a slide that has a variety of ways for you to get involved on a local level with The Alliance. These slides will be made available after the webinar so you can use these links. There are print and web resources available like the Latina Guide to Health pictured here. Advocacy campaigns are listed. You can also become a member as an individual or an organization. And there are different programs brought to us, made available to us, by The Alliance, like the Buena Salud Club. I now want to give you some background on my organization. I am representing Salud Para La Gente. I am the Outreach Department Manager. And we're also known as just La Salud. We're a network of family health clinics in Santa Cruz and Monterey County on the central coast of California. We have four primary clinic locations, and we also work in public health centers. The community that we serve is really almost all Latino, and many are migrant farmworkers or hospitality workers that are also recent immigrants. This is because our clinics are situated in a large agricultural area that produces a lot of our nation's berries - strawberries, raspberries. And we're a Federally Qualified Health Center, meaning that we don't turn patients away regardless of insurance status and patients wishing to enroll are able to enroll with my outreach department team. And patients who aren't able to get insurance for whatever reason, documentation status, etc. can pay on a sliding fee scale. I'm now going to talk about the services that we provide. So in order to link the community to services related to health and well-being, my outreach and enrollment team assists individuals in applying for Medicaid or in California Medical and insurance through the exchange. We were first coordinated from The Alliance through the Nuestros Niños program to conduct outreach efforts for Hispanic families and children in our community. My team of seven enrollers and outreach workers conduct the on the ground outreach and enrollment assistance and outreach to children and families in the two county area. Our efforts are really successful because we provide that in person assistance, bicultural in person assistance at trusted community venues. We are trained and certified enrollment counselors and educators, and we conduct outreach and education about health insurance in these two counties. We provide and facilitate workshops at different community events and venues like churches and other venues that have already been mentioned by our previous speakers. In addition to the outreach, we conduct the enrollment ourselves. We conduct in-person enrollment assistance. That in-person assistance is integral, it is key. And it is important that that enrollment assistance is done in Spanish, or if the family speaks an indigenous language that there is a translator there. We have a lot of indigenous Mexicans, Mixtecos, who are our patients or community members, so we try to work as much as possible with a translator. Again, having that bicultural assistance is really key in ensuring that the families are trusting us, are trusting the process, and that they will follow through with their application and the utilization of their health insurance. Now that I've given you some background on our health insurance outreach and enrollment efforts, I want to talk to you all about a strategy that has been really successful at our agency in our enrollment efforts for Hispanic families. This strategy is health insurance information workshops, and it is very possible that if you are an agency that conducts outreach

and enrollment that you already do these, and that is great and I can really urge you to continue doing them. We have received pretty positive feedback, and we have seen an increase in our enrollment numbers after conducting these workshops. They are easy to replicate or to translate to other contexts regardless of where you are in the US, and the workshops really don't require many resources or a lot of preparation time. Once you do the planning you're ready to go. Being that we serve a predominantly Hispanic population, again that in-person assistance is key, having that venue where you can ask questions is really important. Also we provide the workshops at venues that are already familiar and trusted. So this graphic right here is a breakdown of our workshop model. We partner with a community organization or local agency to host and facilitate a free workshop open to community members. So not to our patients but to really anybody who cares about it. And we have the most success when we partner with other agencies. We get a higher turnout and we also are really able to provide access to more services and promote more services. We spend a lot of time promoting the event to families and encouraging families to attend. If you could go back a slide for one second that would be great, thank you so much. And then during our presentation, we provide a 45 minute participatory, emphasis on the participatory, presentation with questions and answers. We give attendees a folder to actually take home with them, and this has been really helpful in our enrollment. This folder has a breakdown of health insurance options. It also has a checklist of documents to bring. So it details the documents that you need to bring to enroll in Medicaid or insurance through the exchange. With the folder we are finding that we are preparing families for their enrollment and are able to answer their questions that they have. The workshop is bicultural so the presentation will be in Spanish, and then the information folder is available in both English and Spanish depending on what the family prefers. And the examples and stories that we use are tailored specifically to the community. At the end of the workshop we give attendees the appointment to enroll with us. We actually give them an appointment card similar to the way that you would receive an appointment card at a medical visit. We find that individuals or families are more likely to come when they have that appointment card as their ticket to enrollment and they do take it seriously and they remember to bring everything that they need to verify their documentation, their income, for their enrollment. They are also with this appointment able to get them convenient time and location. That means they don't need to wait in line, they can arrange childcare if needed, and it's really easiest for our enrollers too because we are able to assist more individuals, more families in one day. This next slide is an overview of the way that we promote the workshop. If we didn't promote the workshop, then really it would be pointless hosting them. So we do put a lot of effort in the promotion that we do, and we try to promote our workshops in a variety of ways rather than just using one avenue. We've developed partnerships with a variety of Hispanic radio stations in the area that are popular. We have radio DJs invite us to speak about the importance of health insurance and why preventative health visits are key, particularly for children. So we'll announce our workshops when we are on the radio. We also have had articles in local newspapers. Our predominate promotion work is flyers, and we create Spanish and English flyers that are at a pretty basic reading level. We distribute those at clinic sites, farmers markets, emails, tax centers, coffee shops, and here on this slide you can see two examples of flyers. And we make sure to put our community partner or whoever we are partnering and

cooperating with on the flyer because once again that really increases our numbers and it just fills that slot with the family. We also rely a lot on word of mouth. We find that in our community word of mouth still really helps to promote our events. And then being that we're a clinic we take advantage of that clinic network, and our medical assistants, patient service coordinators and providers really help us out a lot with promoting our events. We find that it is really helpful for our clinic staff to take some time to do a preliminary screen for health insurance and then refer individuals to our workshop or to an outreach services worker to then conduct an eligibility and enrollment. This next slide here is an overview of our 2014-2015 workshops and enrollment. This is a little bit of an update about our most recent activity enrolling Hispanic families in our communities. We have conducted about 25 workshops since September 2014, so we have been really busy. We have conducted more workshops since open enrollment for ACA began because we have found that there has been a need. Once open enrollment ends we'll continue to do them about once a month. We have about 40 attendees per workshop. And here we see a list of community partners that have really made our workshops a success. The school districts, and we connect with a lot of families through the school districts and through our school based health centers. City parks and recs, the community hospital. Second Harvest Food Bank donates food to our workshop to incentivize families to come. Planned Parenthood, other community health clinics, law and legal aid centers, and churches are a popular venue. Last year at one church workshop we had around 200 people come to one of our workshops. And here is a breakdown of enrollment from November and December just to give you an idea of our numbers. Increased enrollment isn't the only positive outcome of our workshops. The workshops the family's knowledge about health insurance, it shows them how to use it, how to maintain that health insurance and how to make sure that they are doing their renewals. The application process is not easy, so we try to make sure that in addition to enrolling them that we get them that information that they need to know after they are enrolled. It allows the family to start advocating for themselves and their own health. The workshops stress the importance of insurance but also going to those checkups and visits before something is actually wrong. This next slide. While we think that the workshops are successful and great to get individuals to those enrollments, but follow up after the enrollment is just as important. So here are key next step tips that we have found to be helpful when enrolling our Latino families. So after we get them their appointment at the workshop, we actually call them and give them an appointment reminder similar to a medical visit. We're able to answer any last minute questions about what documents they need to bring and this just makes sure that we don't have a high no-show rate. Our enrollers use an enrollment checklist. It makes sure that the enrollers or teams are able to provide uniform and organized support and assistance to the family. In order to improve our retention of our consumers or our families and utilization of health insurance, we've created a What Now? handout. This is really an, okay, so you've enrolled in health insurance, now you have Medicaid. What next? This handout has all of the information that they need to know. It has the county numbers, it has the state numbers to call. It's in Spanish, very basic, and also has their confirmation number from their enrollment and then contact information of the particular team member that enrolled and then contact information at the organization. It also has any next stuff that they need to know. And then tracking. This really is for the actual enrollment team or

whoever is conducting the enrollment. But it's really important to stay organized, to keep an enrollment log, to make sure that you are recording all information that you need just in case you need to refer back to it. And it's also important to track your progress in case there are any funding opportunities available and you want to show that you are a successful enrollment entity. That really wraps up my presentation. I hope that you all have found some good tidbits of information. If it was all things that you already knew I hope that you can get something from that too, and that the strategies that you are using are the right ones and they are working, and I'm hoping that you all have questions for me. If you have any other follow up questions please feel free to email me and I would love to talk to you more about strategies for enrollment. Also here is the contact information for our coordinator at The Alliance. Thank you.

Donna Cohen Ross: Thank you for that really helpful presentation and especially the note about our strawberries and blueberries, we are very grateful for that. We will have some questions for you so sit tight. Before we do that though we want to bring our final speaker into the conversation. I am pleased to introduce to everyone Hannah Gravette. She is the lead organizer with the San Diego Organizing Project. She's going to talk to us about her particular program, but also about the PICO National Network. Hannah, thanks for joining us.

Hannah Gravette: Yes, of course, thanks for having me. I'm happy to be here. So really quick, and I'll try to move through this quickly. But PICO, just so you all know, PICO National Network is a faith based organization. So my piece of the presentation is really going to drill down, we've heard multiple people talk about churches as a good partner and especially, I want to reiterate what Steven has said that churches are a place especially with mixed status families where maybe the parents aren't documented and are concerned and feel uncomfortable going into institutions that might feel public to them, even though many health centers aren't government institutions they sometimes feel like that or are afraid to enter those places. And at a church, it is a very, very good place to identify some of these families, give them the information they need in a context where they feel safe. So that's what I'm really going to focus on today. Just so you know what kind of partner PICO would be and where we are across the country. We are a multi-faith organization, so we work in all different faith institutions, and we are non-partisan. We are not a service provider, so we focus on leadership development, building powerful communities inside of the congregations where we work and the ministries inside the congregations where we work that will work on issues, that will train and develop the leaders from within grassroots, leaders inside of those communities to overcome some of the issues or barriers they are experiencing. And obviously, health care and access to health care is a huge barrier that comes up in every community that we work with across the country. So we are an institution based model organizing for the institutions. We use our churches and we have 44 local independent organizations across the country. So I work for one of those independent organizations in San Diego, San Diego Organizing Project, is part of the PICO network. And we have 43 sister projects. We are in eight states, 150 cities. We're in eight state networks, eight formal state networks and 150 cities that are scattered across, we are in 17 states across the country. So through all of our organizations across the country we represent over a million families. So our first national, so PICO used to just be local organizations. Our first national site in the 90s was

CHIP, right. So when President Obama, the first thing he did in 2008 when he was elected was reauthorize CHIP, and it was a PICO mother and son was in the room when President Obama signed the CHIP authorization. So we have a long history of working with health issues and health advocacy issues, particularly for children in at-risk communities. We can actually skip the next slide, it talks a little bit more about our theory of change but I feel like I want to get right to the programs we are doing around health care in our churches. So what PICO looks like on the ground, and again one reason why PICO would be a particularly good partner for some of you to think about reaching out to is that PICO isn't a service provider, so we don't do the same thing. We're not going to be competing for resources or doing the same programs or services. We are always looking for service providers, people with information and resources for the families in the organizations that can help us get them connected. Because what we're doing really is the leadership development, training and building teams of people. So when we have a service provider or a partner that can work with us around specific access issues it's always a productive relationship. So what you would find in your PICO partner in your community is an organization that really is managing a network of church teams. And these church teams really are in under-resourced communities, which often means communities of color, particularly a lot of Latino communities where we work. And so then those church teams are like I said going to be in ongoing leadership training and engagement of people around issues, which also means through your PICO partner you'll find a set of volunteers inside these congregations that are already organized and trained and can help you en-reach to their congregation. The other thing that you'll find with PICO is a set of clergy and their community that are engaged around a public theology we call it. So it is clergy that are willing and trained and passionate about standing up and speaking publically around some of these social issues that the members of their congregations encounter. So you find a great partner for advocacy to talk about the moral imperative to really increase access and funding for services and programs that many of you need in your communities. One thing I will say. PICO is a multi-issue organization. I'll say too that this might be one of the challenges when you go to try to reach out to a PICO affiliate in your community, is that they are going to be working on health care plus a million other things. But what is helpful is we'll take advantage of moments or opportunities to have a strategic campaign with a start and end date. So many PICO organizations across the country last year did take the open enrollment period, even though we know CHIP and Medicaid there is no open enrollment period, you can always get access to these programs, we used the expansion of Medicaid, we used health care reform as a moment to really focus our congregations across the country on outreach and enrollment. So just during the first open enrollment period last year, there were four states in particular that we were really working on Medicaid and also CHIP enrollment in congregations in partnership with community based organizations. We were able to engage over 90,000 uninsured families just by being able to get access to the pulpit inside of churches. And we had over 200 events where we worked, similar to the events that Julia that was speaking about where we had a partner come in and we did these workshops and forums inside our churches. The other thing beyond enrollment is we have some active Medicaid expansion campaigns in states that still haven't expanded their Medicaid programs. So again, PICO becomes a great partner because we do a lot of the advocacy work that then frees up resources for many of the community based

organizations to use. You can go to the next slide. I want to speak a little bit about what our congregation-based enrollment could look like and talk about some of the problems that you could trip up on, I want to get through those before you go in and start approaching PICO or churches, you can approach congregations on your own and I would encourage you to do that. One thing, there are when we think about the Latino community, there are particularly Catholic, in many Latino communities there is a very large Catholic and growing Evangelical churches that are ministering to the Latino community where you have a captive audience if you could just build the kind of relationships you need with those church leaders to be able to get a message out to lots of people at one time. So it makes the outreach and getting the attendance at your forums or your clinics, workshops, it's very easy if you can get inside these congregations and send a message into the congregation and do the workshops right after their church services. So the first thing of course is getting clergy support and buy-in. One thing that is very important here is there are, and we all need to be very sensitive, there are some broader Affordable Care Act concerns around health care and the services that the Affordable Care Act is providing, particularly in the Catholic congregation which I'm sure many of you are aware of. It is actually great if you're focusing on CHIP and Medicaid, because it is very important to let clergy know that you will not come in and talk about any program their religious or moral beliefs might be opposed to but that CHIP and Medicaid, long before there was the Affordable Care Act, CHIP and Medicaid were programs that have existed for many, many years that every large denominational faith, especially in the Protestant and Catholic denominations that have been supporting CHIP and Medicaid for many, many years. And it's very important that you are sensitive around those issues and you can clearly and honestly talk to the clergy about that you will be promoting CHIP and Medicaid and these are programs that the main denominations have been supporting for many, many years. And that it's a way for them to safely give their family members and their children access to the health care that they desperately need. So that's the first thing that's very important to be mindful of. The second thing is to use, churches are already very organized, so to use the existing networks that are already in place inside the faith community is the best way to have success. So there are already a lot of, especially again in Catholic congregations which you'll find, most of our work was in large Latino Catholic congregations to reach this community. There are religious education classes, there are confirmation classes where there are already lots of children and parents of children that are already attending weekly classes, regular classes, there are networks in place. So once you have a relationship with the clergy, and it's very important to ask that clergy or ask the PICO organizer that is working in that congregation, who are the key ministry leaders that I can start having some conversations with to figure out if I can get a flyer handed out or if I can stand up and just speak for five minutes to invite their families to a forum or a workshop that we'll be hosting. The next thing is to say, one thing we learned is that in some congregations we just had partners come in and make announcements and then they invited people to come to a workshop or come to a clinic to do the enrollment. And we had some success there, but not as much as when we had the enrollment workshop right at the congregation. So we were able to reach, in some congregations thousands of people but always hundreds of people in one day just by standing up in a series of masses throughout a Saturday evening and Sunday morning and invited people to come right back that afternoon. The weeks

leading up to that workshop we were handing out flyers, signing up names of people and giving them flyers with all the information they need to bring, and people were showing up at church on a designated Sunday with all the information, they were going into workshops, and we were doing group enrollment where an enrollment worker was walking people through the enrollment forms. We had computers set up, and that's where we had the most success. The other thing I would say is it helps to think about a holistic approach. So we had people bring in other resources and to make sure, again as Steven brought up is the mixed status families, and Sarah alluded to this too, it's very important to think about what other, for family members who aren't going to qualify for a health care insurance program, make sure you have some resources there so they still understand where they can go to get services and how they can do that. So this is a quick, there is a link here to find PICO in your community. So the yellow states are where we exist. Like I said, what I would say here is, I definitely would encourage you to reach out and find a PICO affiliate in your city or your community. If there isn't one or if you do find one and they are working on a million other things, it's really important to just think about, how can you identify a set of congregations that you know you could capture a lot of people. So the target may be five congregations in your community. And think what the PICO affiliate, or if there isn't one just through your own institutions, how you can build the kind of relationship you need with the clergy and those faith institutions. The PICO organizer will definitely be able to make those connections for you.

Donna Cohen Ross: Hannah, thank you so much. That was super helpful, and I think it was most important to hear how as you said the PICO organizers are involved in so many things, but I think it was really important to explain how those enrollment activities that our grantees and partners are really focused on, how that can fit in with the broader mission of what PICO is after. So we thank you for that. And for those of you who sent in questions asking whether or not PICO operates in your state, you will see the final slide in Hannah's presentation gave you the map. So you can see the answer to that question. So thank you. Julia, I want to bring you back into the conversation. We had a question and wondered if you could say a little bit more about your experience with the renewal process and whether you think there are particular barriers. You spoke in such a detailed way about those up front workshops that you do to help get folks oriented, invite them back for the application process. But what about renewal?

Julia Still: Renewals, we have actually worked out are a little bit different, because our enrollment workshops speak specifically to new enrollments. Now, what do you do if you already have enrolled in health insurance and are just looking to maintain it through the renewal process. We do make sure to talk about the renewal process at the time of the workshop and at the time of the enrollment, just notifying the family that yes, they are going to have to provide information in order to keep their insurance. That What Now, or What Next worksheet that we were talking about does mention it. The reason why we put our information on the What Next handout is so they can give us a call or come back when they do receive a packet for their renewal or when they do receive a letter from Medical in this case from the county, and when they are able to come into the clinic or give us a call. We do alumni appointments, so if we get a call from a family needing assistance because they received a letter, they don't know what it is or

they know that it is a renewal, we can give them an appointment to come in. Or we can assist them on a walk-in basis. At the time that we speak to them, we actually review the list of documents that they need to bring in order to complete that renewal, whether that be on the phone or when they are coming in as a walk in or for their appointment at the clinic. This really decreases our time, it provides better customer service for the family if we're able to prepare them as much as possible in advance so that they only have to come in once. We find that we generally don't have wait times either, so the renewal process is pretty straightforward. But the key is to be able to give them that half sheet of paper and to review it orally so that they are able to be prepared at the time of the renewal. We've created guides or little slips to give out that are checklists, very simple checklists, with our contact information. That helps the process side of it.

Donna Cohen Ross: Thanks for that Julia. And I just want to say we've gotten a couple of people asking whether or not the training materials, the workshop materials that you use are available to them, and if they are we would suggest that you send them to Riley and she can send them out to all of our participants.

Julia Still: Yes, we have actually created our own workshop, specifically we are needing to cover California and Medical. I know that our eligibility requirements are different here and we are a state that participated in the expansion. But I will talk to my team because I do feel that it is definitely a template that could be replicated or followed. So if it is possible to distribute those I will talk to Riley and you all and try to make those available.

Donna Cohen Ross: Great, that's terrific, and thank you for noting that it is specific to California. If you're in a state other than California there might need to be some tailoring, and we could perhaps help with that. But thank you so much. I want to thank both Julia and Hannah. We are getting perilously close to the end of our webinar, and we still have a few things that we want to makes sure that you get to see, and so I am going to turn it back over to Riley, who is going to again in a lightning round send you through some of our materials that we have available in case you have not seen them before. So Riley?

Riley Greene: Thanks Donna. And all of these materials are available on insurekidsnow.gov, and I will just go through really quickly. I think the main takeaway especially relevant to this webinar is that all of our materials are available in English and Spanish. So we have customizable flyers, posters and palm cards. You can see here that they are designated for audiences like back to school and teens as well as more generic ones. These are customizable with your program name, your state's annual income eligibility, your website and phone number, and up to two logos. So you can be providing that local information for folks to get application assistance to enroll. We also have developed TV and radio public service announcements. There are 30- and 60-second versions, and again they are in both English and Spanish. We also have some accompanying resources including tips for using PSAs and pitch letters in both English and Spanish to use with your local media contacts. We also have live read radio scripts in 15-, 30- and 60-second versions. You can use these both with any donated airtime but also on things like phone triage systems in your public school system or other announcement spaces where folks have offered you some airtime. And that has Medicaid and CHIP messaging included in those

scripts. We have template print articles that are ready-made articles that can be shared with local newspapers and media outlets, neighborhood bulletins, school bulletins and other community communications that are ready to go that you can adapt quickly with your local information. And a couple of other resources we have is that all webinars including this one will be available online, both the slides and the recording. So if you have colleagues that wanted to join us today and weren't able to you can go to our webinar library, I sent that link out via the chat a couple of times now, and find recordings of webinars we've done in the past. We also have an outreach video library, where we highlight best practices in outreach and enrollment from groups like yours across the country. So we encourage you to check those out and see what your peers are up to in outreach and enrollment states. Finally, we want to stay in touch with you all. We are here to keep learning together so we can get as many kids, teens and parents enrolled in Medicaid and CHIP as possible. There are a few ways to stay in touch with the campaign we encourage you to use. You can email us at insurekidsnow@fleishman.com. You can call us 1-855-313-KIDS. I'm happy to say that I answer that phone line and I really want to hear from you. You hopefully are signed up for our eNewsletter, that is where we share our webinar invitations and also our grantee spotlights where we highlight best practices. And of course we are on Facebook and Twitter and encourage you to follow us there. So that is the lightning round of Connecting Kids to Coverage resources, and I'll hand it back over to Donna to close us out here.

Donna Cohen Ross: Thank you Riley. Once again I just want to thank everyone. We had tremendous participation throughout the last hour and a half. We hope it was a good learning experience and also you got some great ideas for conducting outreach in your own communities. So I want to thank again our speakers, Steve Lopez, Sarah Lichtman Spector, Julia Still, and Hannah Gravette. You all did a really fabulous job. Another big thanks to all of you who sent us questions. We hope that most of you got your answers. If you didn't we tried very hard to circle back with you individually to make sure your questions get answered. If you don't hear from us let us know that you need an answer. We are going to be having additional webinars, I think next month we are going to be talking about oral health care which is, I don't know next to this webinar will have the second most participants, it's a really important topic. We would like to know what you would like to hear about in future webinars so please send us a note, talk to Riley, and with that I'd like to just say thank you again and everyone have a good afternoon.

Riley Greene: Thanks everyone. Good-bye.