



Enrolling Vulnerable Youth in Medicaid and CHIP

Connecting Kids to Coverage National Campaign

Webinar Transcript May 22, 2014

Donna Cohen Ross: Good afternoon everyone. This is Donna Cohen Ross. I am a Senior Policy Advisor and Director of Enrollment Initiatives at CMCS, The Center for Medicaid and CHIP Services, and I want to welcome all of you to our webinar this afternoon. As I was just saying to our panelists and to the folks in the room with me, we are just blown away today by the outpouring of interest in this really important topic. We have close to 700 people signed up for this webinar, and that is almost a record for us. I have to say, people interested in teeth and dental care might have had even a larger showing, but we're very, very excited because we know that this is such an important topic. One of the reasons we chose to conduct this webinar on this topic today is because as many of you know, May is Foster Care Month, and we are trying to focus as much attention on this particularly vulnerable group. So without further ado I want to get started. The only other housekeeping thing I want to mention at the outset is that normally our webinars are 60 minutes, but because it is just packed full of really important information we decided to go 90 minutes today. So those of you who are used to being with us, you're going to hang on just a little longer, and I know that it is going to be worthwhile. I am going to turn it over to Riley Greene, who is going to talk us through some of the logistics for today, and then we will dive right into our subject.

Riley Greene: Yes, thanks Donna and thank you all for taking the time to join us this afternoon. We're really excited to have you on the line. I just want to cover a couple of webinar basics for our presentation today. As Donna mentioned, we'll be on the line for 90 minutes, and we will have two question and answer sections throughout the webinar so that you have plenty of time to ask our great speakers all of your questions about children and teens in foster care and homeless children and teens as well. We will keep your lines muted throughout the webinar, but you can ask a question at any time through the chat feature on the webinar control panel. So you can use the chat or the question box to type in any questions that you have, and we will queue those up and moderate them for our speakers during the question and answer. If you're having any technical difficulties or have any comments or thoughts that you want to share, you can use those same outlets, the chat and the question box to type those in. That's really it on housekeeping, and we won't delay any further and jump right into our agenda for today's webinar.

Donna Cohen Ross: Great, thanks Riley. I think you've been looking at the agenda for the past couple of minutes. You can see the range of topics that we're going to talk about. I mentioned children and youth in foster care, we're going to be talking about their special needs. We're going to be spending a bunch of time on things that we want folks to know about Medicaid eligibility and enrollment. Then we're going to spend the second half of our call with two special guests talking about outreach strategies, not just for youth in foster care but also youth who are



experiencing homelessness. We'll introduce each speaker just before they speak. We also at the very end of our call we're going to share with you some of our new Connecting Kids to Coverage materials, and I will tell you, you want to hang on until the end because we're really pleased to be sharing these with you. Let's go to the next slide, and again, I'm going to just say a little bit more to set us up, but we are focusing this afternoon on youth who are particularly vulnerable. And they're vulnerable again because they are youth who have aged out of the foster care system; we're going to hear a lot about that in a moment, and also children and teens who are homeless whether or not they are living with their families. But they also have some challenges in making sure that they get connected to health care. They are particularly vulnerable because they have very unique and sometimes very intense health care needs, but it's just much more challenging for reasons that you'll hear about to get them enrolled and covered. So we really want to be able to share these thoughts with you and give you some tools and ideas for how to make your outreach most effective. We're going to hear from our first speaker, JooYeun Chang, who is the Associate Commissioner of the Children's Bureau at the Administration for Children and Families at the U.S. Department of Health and Human Services. I will say that over the past couple of months, Joo and I have gotten to know each other and work together, and I will say that it's an object lesson. We always talk with all of you about how important interagency collaboration is and we ask you to reach out to your counterparts whether you are working in a state or a local government or with other stakeholders. We're practicing what we preach and we're doing the same thing, and it's been quite a pleasure to work with Joo and her colleagues who are close by but also within the HHS. So I want to welcome JooYeun Chang, and she is going to get us started with some basic information about youth and young adults in foster care.

JooYeun Chang: Thank you Donna, it has truly been a pleasure to work with you as well, and I just want to thank you for inviting us to be part of this webinar and for bringing attention to this particular vulnerable population of children and honoring Foster Care Month. We are also thrilled that there are so many advocates that are interested in this topic. So I want to talk a little bit about The Children's Bureau, give you a very brief overview of who we are. We have a 100 year history advocating for children and youth. The Bureau is the federal agency that administers the federal foster care and adoption programs as well as a range of prevention and post-permanency initiatives. Although we don't provide direct child welfare services, we work with state and local partners through the administration of entitlement funds, grants, research, technical assistance and training to ensure that vulnerable children and their families are provided with the services and resources they need for their safety, permanency and well-being. We offer financial or technical assistance support in a way that is designed to help young people throughout the child welfare continuum, starting with prevention through foster care and after they leave care, whether through reunification, guardianship or adoption, or because they aged out of foster care. And ensuring that older youth have access to quality health care is one of our priorities. So this slide, next slide, gives you a quick snapshot of the number of children in care. So for fiscal year 2012, the most recent data we have tells us that there are a little less than 400,000 children in care at any given point in time. Of that, a little over 100,000 children in care are awaiting adoption. And there are approximately 133,000 teenagers in foster care. Between 2002 and 2012, the number of children in care declined by almost a quarter, and that's really



great and we celebrate that. But we recognize that there is much more we can do. Perhaps the most relevant number for our discussion today is 25,000. 25,000 is the approximate number of children who exit foster care each year without a permanent family. This number is simply unacceptable. We are working to bring this number down and prevent any child from aging out of care. But until we reach that goal, we are grateful that the ACA ensures that they will have access to meaningful health care. So if we look at the next slide we can see that under the ACA, youth who age out of care are now eligible for Medicaid. And this is really important because youth in care have likely experienced numerous traumatic events, beginning with the experience of abuse and neglect that brought them to the attention of Child Welfare in the first place and the possible trauma that may be associated with their entry into foster care, whether that was because they were separated from the only community that they've known and their siblings who they may have been caregivers for within their own families. When we look at the Center for Disease Control's ACE Study, the Adverse Childhood Experiences Study, we find that childhood abuse and neglect are several of the factors that can lead to chronic and long-term negative health outcomes for people in adulthood. Other studies have found that children in foster care have a higher prevalence of psychiatric symptoms and health risk behaviors compared to other children and adolescents in the general population. According to a recent SAMHSA study, young people between the ages of 12 and 17 in foster care have higher rates of behavior disorders, mood disorders, anxiety disorders, adjustment disorders, upper respiratory infections and depression among many other things when they are compared to youth who are not in foster care. Young people in foster care are more likely to be on psychotropic medications and may even be on multiple medications and even anti-psychotic drugs. While in foster care, most children are eligible and enrolled in Medicaid, but until the passage of ACA youth who aged out of foster care lost not only their homes, their caregivers and any other support at age 18 but they also lost their health coverage, abruptly cutting off their access to not only preventive care but possibly greatly needed ongoing care for chronic health and mental health conditions. Until this year states had only one option to extend Medicaid, and that was only to age 21. As of 2014, 20 states have still not taken this option which left many youths losing all health care coverage when they left foster care. So you can think about the average 18 to 21 year old, or it may be more helpful to think about yourself when you were 18 or 21. It's not really realistic to think about a young adult being launched to be on their own completely at that age. Most young adults have their families to provide support both emotional and financial while they make this transition into adulthood and independence. But this support is often what is lacking for youth who age out of care. And so youth who are left with little to no resources often experience a range of negative outcomes that include data such as the following: 25% of youth who age out of care will experience homelessness, not have employment, and have chronic unmet health conditions within a few years of leaving care. We know that less than half of all youth who age out of foster care have even graduated from high school. Of those who do and go on to college, only 8% actually graduate from college. We know that youth who age out of care are more likely to become teenage parents. Perhaps most stunning, 1 out of 4 young people who age out of care will have been convicted of a crime within 3-5 years of leaving foster care. We know that the lack of health care or the disruption of health care can lead to or at a minimum exacerbate these



situations. So when we think about the ACA, we are thrilled because the provision that went into effect on January 1, 2014 gives young adults leaving foster care and some who have already left foster care the same health care benefits that their non-foster care peers have under the ACA. We often say that when a child is in foster care the state is their parent, and for youth who age out, we have in essence failed to provide them with a parent, and so under the ACA they too can remain on their parents' policy until the age of 26. So if we think about the challenges to keeping youth enrolled in health care, one of the biggest challenges may be ensuring that they continue to have health care through Medicaid is making sure that they enroll. And this is really why we need your help. There are three categories of youth we need to think about. First is youth who have aged out before the law went into effect but are still under age 26 and are now eligible to enroll. Youth who aged out after January 1, 2014 and youth who have aged out or will age out and move to a different state, whether for school, employment or other personal reasons. We really need your help to find those young people who aged out in the last few years and let them know that they are eligible and should enroll for health care. Then we need to help them access the appropriate services. We also need to work with state agencies to ensure that youth aging out have seamless access to care. And finally, we must encourage states to take the option to cover young people who move to their state after the age of 18. So thinking about how to address enrollment challenges, states may want to consider a tool like automatic enrollment programs as some have done under the Chafee option I mentioned before. There is a recent publication from Pew that notes that social networking is helping young people in Florida learn about their enrollment options. We encourage youths to follow up with their case manager or Independent Living Coordinator if they have questions about their eligibility, which means we need to make sure that our Independent Living Coordinators and case managers understand the benefits of this law. We hope that the number of young people eligible for this benefit quite frankly decreases each year, because there will be fewer children who are aging out. Although we must honor our responsibility to those who are still our children, we want to acknowledge that the state is a poor parent under any circumstance. We hope that as you join us in helping older youth enroll for the ACA benefit, you will also help us ensure that every young person has a permanent family. So the next slide talks about how everyone can help teens in foster care. And there really is a role for everyone to play in ensuring that all young people have access to health care. There are so many people who impact the life of a young person who is likely to age out of foster care, from those who are directly involved in the Child Welfare system including case workers, foster parents, judges and CASA volunteers and mentors to those who work with young people through other systems. There are teachers, coaches, advocates and health care providers. We are incredibly grateful for your interest in helping us get the word out and ensure that every eligible youth learns about this new benefit under the ACA and enrolls. So thank you.

Donna Cohen Ross: Joo, thank you so much. That was such a great overview, and I think you already started to spark some ideas about what some of our outreach grantees and partners need to do. I just want to mention to folks before we move on two things. One, we're going to have time for questions and answers in a little while, but you mentioned the state Independent Living Coordinators as kind of a first touch for a lot of young people, and the very last bullet on the resource slide that she shared with us is how to find the right person in your area. So we thank



you for that. I am going to introduce our next speaker. The next speaker is Judith Cash. She is a colleague of mine at CMCS, a long time friend and coworker. She is the Director of the Division of Eligibility, Enrollment and Outreach in our Children and Adults Health Program Group at again CMCS. She is going to dive in a little bit deeper on some of the new rules and policy issues that we want folks to keep in their minds as they go forward and look for the individuals that Joo talked about to help them get enrolled. So Judith, I'm passing the baton to you.

Judith Cash: Thanks Donna, I'm happy to take the baton from you. It's a delight to be here with you and to chat with this group. I want to just let you know I'm also joined here in my office by Stephanie Bell who is the Deputy Director of the Eligibility Division. I feel like Joo provided a fabulous foundation for the information that we're going to share, and we can really build on that by talking as you said Donna a little bit more about Medicaid eligibility for this population. So as I think probably most of the audience knows, and as Joo mentioned, most kids who are in foster care, and certainly many who are experiencing homelessness are in fact eligible for Medicaid or CHIP, but sadly many of them remain uninsured despite being eligible. So we know that folks on this call really are working hard to help make every attempt to identify those kids and to help them with the application or renewal process to assure their timely access to coverage and health services. So I want to start by talking a little bit about two groups of, I want to make sure I'm supposed to be, there we go, thank you. Two groups of children in the foster care community, and those are the IV-E foster care children and then the group of children who are not in IV-E foster care but are in some other form of foster care in the state. And again as Joo mentioned earlier and you may already be well aware, but IV-E foster care children are automatically eligible for Medicaid. Any child for whom a IV-E foster care maintenance payment is being made is eligible for Medicaid in the state in which he lives and should be automatically enrolled. And that enrollment is required in the state where the child lives even if that child would not be eligible for IV-E foster care in that state. So if the IV-E foster care payment is being made by another state but the child lives in a different state, that child is eligible for Medicaid in that state. Also importantly, these children are not required to have an application filled out on their behalf. These children are automatically enrolled and automatically renewed as long as they stay in IV-E foster care. Children who are moving out of foster care, and not those children aging out, we'll talk about those in just a moment, but those kids who are leaving foster care and returning home, certainly we should also make sure that, states should make sure that they remain cover. So checking first to make sure that they are not eligible under another Medicaid group, and it is likely that they would still be eligible under Medicaid or CHIP. But if not, to be sure to refer that child to coverage under another insurance affordability program. Similarly, most non-IV-E foster care children will also meet Medicaid or CHIP income limits, primarily because the parents' income won't count for these children since the child is not living at home and the parents are not in that child's household. So again, most of these children will be eligible, knowing too that most states cover children under 19 with income up to 200% of the federal poverty level in either Medicaid or CHIP, and the median across the country is about 250% of the poverty level. So again, most of these children will be eligible and the work that you all are doing around the country to help to identify them and get them enrolled is critical to continuing their coverage. I want to talk a little bit now about the other group that Joo mentioned that joined the fold if you



will as a result of the Affordable Care Act effective on January 1, and that was the requirement to cover what are referred to as "former foster care children" under Medicaid. And this provision applies not just to those children who are receiving or did receive the IV-E maintenance payments, but non IV-E foster care as well. There is no income test for this population, but the requirement is that they were enrolled in both Medicaid and foster care either when they turned 18 or to an older age if in your state aging out of foster care happens at a higher age up to age 21. These individuals are eligible for Medicaid up to the point at which they turn 26. So again it's a critical population who are often uninsured, this young adult group who are particularly vulnerable as they age out of foster care and as Joo mentioned often many of them still do not have a permanent family, but this is the population for whom this coverage is designed. It's important to note that to be eligible for this group of former foster care children, these individuals may not be eligible under another mandatory category. So if this individual is eligible as a child in your state, as a pregnant woman or as a parent or caretaker relative, then they are not eligible as a former foster care child. But if they don't fit any of those categories then they should in fact be enrolled in the former foster care group. And states have the option to cover individuals who were enrolled in foster care and Medicaid in a different state and have since moved to their state and aged out. So that is an option that we provided to states in our proposed rules that was issued back in January. So thinking about individuals who are transitioning from being a foster care kid to a former foster care kid, the opportunity to help to plan and ensure that these children and young adults are in fact covered is critically important. We're aware that IV-E agencies are required to help a foster youth to develop a plan before the child ages out, and this planning for health insurance coverage should be part of that work. So child welfare agencies and Medicaid agencies really can work together to be sure to incorporate coverage under this group as part of the transition plan as soon as possible. States have an option, we've been asked questions about, how will we know if an individual was in foster care, especially if they've moved here from another state. And states really have an option to accept an applicant's attestation of their former foster care status or they can establish an electronic data match for example. States submitted to us plans for how they will verify factors of eligibility and have the option for this factor to accept self attestation or to develop some kind of a plan for checking electronically. So the availability of electronic systems has made applying for Medicaid in general simpler, and this is no exception to that. So I'll jump here now from the foster care and former foster care group to another group of youths who are particularly vulnerable of course, and those are children who are experiencing homelessness. And again as you are probably aware, Medicaid does not have special eligibility rules for children who are homeless and living apart from their parents. But indeed there are a number of provisions that make applying for Medicaid and getting eligible for Medicaid for those homeless children really available to them. So recognizing that an applicant does have to attest to being a resident of the state to which he is applying but isn't required to have a permanent address in that state. And so there is a place on the single streamlined application in fact where someone can acknowledge that they do not have a fixed address but they are able then to provide some contact information who would be able to receive information on their behalf. And while there is variety in state policies and practices about who can apply on behalf of a child and who can sign the application on his behalf, the



individual must be able to provide the required information for the application, social security number, citizenship status, etc. the authorized representative can provide that information. That does not have to be a legal guardian or parent, but must be a person who is can act responsibly on behalf of the child. And again, the single streamlined application, the reliance on electronic verifications, has really taken away some of the previous barriers for this population in particular, where states are no longer allowed to rely totally on paper documentation but in fact are required to use electronic verification and reduce the amount of burden on the consumer as possible. And so, in that states are only allowed to request information from individuals that is necessary for determining eligibility, I think we've provided some opportunities to reduce some of the previous barriers to individuals. We also have talked i some of our other webinars with individuals about this population about determining household income. I know that you all are not eligibility workers and shouldn't be expected to be, and so I wanted just to provide a little bit of this background not with the expectation that you all would be determining eligibility but just so that you have a general understanding of the way eligibility is determined, in particular as related to household income so that you would know when you have an individual who is likely eligible what kind of information would need to be provided. For a number of Medicaid eligibility groups there is no income test. So the IV-E children that we talked about the former foster care children, and in some states other non-IV-E foster care children don't have Medicaid income requirements. But for those who do, for those Medicaid eligibility groups whose eligibility is based on MAGI we determine household income based on who is in the child's Medicaid household. And that really brings into account whether or not the child is claimed as a tax dependent or in fact intends to file taxes. And we total that MAGI based income for every individual in the MAGI household. So again, recognizing and looking at who is in the household, if the child does not live with his or her parents the child may be the only person in the Medicaid household and it's the child's income only that would be considered in determining eligibility. So a critical factor in recognizing the work we can do to help ensure that vulnerable and in particular homeless kids get enrolled. Again, just some additional information to make sure it is available to you if you need it, and we can always provide backup and more detail if that's helpful to you. But it really is reasonable to expect that parents of some vulnerable youth including those who are homeless may not be providing support for them. From the child's perspective, he or she would not be claimed as a tax dependent. It's also reasonable to expect that parents may claim youth as tax dependents depending what portion of the year the child was with the family at home and how much support the family provided to the child. So establishing reasonable expectations from the perspective of the child who is no longer living with a parent that is seen as a reasonably predictable change in the child's household. And so there are factors that are taken into account to ensure that children who are eligible are in fact given the opportunity to enroll in Medicaid and that we look at the child's current situation and current household and the people who are providing support for that child in the child's tax household. So this final slide just gives you a few resources that might be helpful. The statute reference to the Former Foster Care Group which is new as a result of the Affordable Care Act. We also issued Frequently Asked Questions at the end of December that include a number of different areas including the Former Foster Care Group and I think you might find particularly helpful as



they address these issues. And then finally the Proposed Rule, which we are now in fact working on finalizing, but the Proposed Rule is available from the Federal Register. Donna, I think I'll turn it back over to you.

Donna Cohen Ross: Great, thank you so much Judith, and we're about to start our first Q&A. I want to say two things. One, Joo had to leave us and so the person who is going to be helping us answer questions is her colleague Joe Bock. So Joe I want to be sure you are with us on the line.

Joe Bock: I am.

Donna Cohen Ross: Terrific. And I will say, we've been getting lots of questions through the chat. Some of them are questions that are going to ask one or the other of you maybe to repeat a little bit of what you've already said, but I think that will help clarify things. I think sometimes it's good to hear something a second time so that it helps you absorb it. So it's not for repetition except in a good way. So thank you. We're going to start, I'm going to turn it over to Riley because she is the keeper of the questions.

Riley Greene: Absolutely. And just to answer a quick question off the bat, these slides and a recording of this webinar will be available on InsureKidsNow.gov after the webinar. It usually takes a couple of weeks for us to get it up there, but those will be available for you to download off the website and that will give you the chance to click on all of these great links that our speakers are sharing as resources. And speaking of resources Joe, I think I'll direct one of our first questions to you from Erica Cross. She was asking about the specifics on health outcomes for foster youth that Joo was describing earlier. Could you talk about where you can find those types of statistics and where those studies kind of live for people to access?

Joe Bock: I'm sorry, the specific health statistics that she was talking about?

Riley Greene: Yes, the health outcomes for children in the foster care system. Joo gave a great run through of different findings for this population and we have some folks that are interested in finding those studies.

Donna Cohen Ross: I'm wondering if they were on her resource page, and if they are Joe I wonder if you're able to point out which of the resources folks should look at for that information.

Joe Bock: It is.

Riley Greene: Sorry, we're going to quickly flip back through to that page, and here we've got it in front of everyone.

Joe Bock: Right. There are a couple of links to specific data on health care needs of kids in care, one from the Green Book and one from SAMHSA as well.

Riley Greene: Great, okay. And we've got that slide up in front of everyone. Again these slides will be available on Insure Kids Now so you can click these links if you access the slides later. So another question here from Wendy Schrader. She is asking about moving states basically. Can



a child who ages out of foster care in California receive Medicaid if she moves to another state until she is 26? If yes, how would she access this Medicaid?

Donna Cohen Ross: So I think Judith you touched on that issue but I wonder if this is one of those issues that it's good to hear again.

Judith Cash: Sure, and thanks Wendy for the question. So the answer is, that's a state option. The law requires that the state cover children who were in foster care and in Medicaid when they aged out, either at age 18 or the higher age if that's the age in the state. States have the option to cover children who were in foster care and Medicaid in a different state, so that child who aged out of foster care in Nevada for example and then moves to California, California has the option to cover those children or not. And at this point I believe we have 12 states who have taken up that option to cover former foster care in other states, and that is something that states come in to us with a state plan amendment and let us know whether they have taken up that option or not.

Donna Cohen Ross: Great, thank you Judith. I have another question for you that came in actually from our friend and colleague Trisha Brooks. And this is a question that asks, suppose there is a state that won't accept self attestation or decides that a data match isn't cost effective. Can the state ask the young person, the applicant, for documentation?

Judith Cash: So again, states have the option to decide how they will verify a variety of factors of eligibility, including the option to accept self attestation. The rules require that states only require paper documentation when electronic sources have been checked and the information is not otherwise available. So while we encourage states to accept self attestation and certainly to use existing data sources, we also encourage them to establish electronic sources to check that information. That is something that states have the option to do.

Donna Cohen Ross: Thank you so much Judith. Joe, I think the next question is one I am going to pitch to you. This question comes from Alice Kobost, and she is asking about whether citizenship status matters for former foster care youth. This might be a question for Joe, it might be a question for Judith or Stephanie, but I think we've already talked about the fact that for that group there is no income test, but are there some other non-income factors that matter with respect to eligibility, and the one that is being raised here is immigration status.

Joe Bock: Immigration status is a factor for eligibility for Title IV-E, so actually I would have to defer to the Medicaid folks whether or not once a kid leaves foster care, they are no longer IV-E eligible, if that would be an issue for ongoing status.

Judith Cash: So like all other categories of Medicaid, citizenship or satisfactory immigration status is a requirement for eligibility in Medicaid. That's not different for this group.

Donna Cohen Ross: Thank you so much, and I think some of these issues, again if there are still questions about these you should send them through the chat. For anything that we're not able to get through or not able to get through thoroughly enough, we'll be trying to work through those answers in more detail if necessary and share them with you in writing. I think we have a couple more questions but they are perfect questions to help lead us to our next speaker. So go ahead.



Riley Greene: Absolutely. We have a couple of folks have written in, Daniel Flynn and Alice White, thank you for writing in, asking about best practices for outreach and enrollment to these vulnerable populations, which is a perfect segue into the next part of the presentation and into our next speaker. So we'll go ahead and close the Q&A for now, and Donna will introduce our next speaker Leigh.

Donna Cohen Ross: Great, thank you Riley. And I just know that Judith I think is going to have to take her leave right at the moment and I wanted to thank her so much for her presentation. Joe, you're welcome to hang with us in case there are more questions towards the end but I also wanted to thank you for the participation of our friends at ACF in opening up the webinar for us. So thanks to you all, we are going to get to those best practices and I want to welcome our first speaker who is Leigh Cobb. She is the Health Policy Director at Advocates for Children and Youth in Baltimore. She is going to tell you a little bit about that. But I also wanted to take the opportunity to say a thank you to two organizations that have been working very hard in this area. One is an organization called SPARC, the State Policy Advocacy Reform Center. It's a group that's managed by one of our Connecting Kids to Coverage partners First Focus, and it focuses on child welfare issues. And also CCF, the Center for Children and Families, which is at Georgetown University. They have been working on this issue as well, and the reason I wanted to take a moment to thank them is that we've asked Leigh to do something a little bit out of the ordinary on our webinars, and that is not only talk about what her organization is doing but also to share some promising practices from around the country, and we've asked her to check in with SPARC and CCF and some of her other colleagues to get some good grist for the mill to talk about. So I just wanted to thank everyone in advance for that joint effort. Now I'm going to turn it over to Leigh who is going to lead us through the next part of our webinar. Thank you Leigh.

Leigh Cobb: Well thank you Donna for that lovely introduction. If we could move to the next slide it describes Advocates for Children and Youth a little bit. We are a statewide child advocacy organization working across multiple issue areas, and as you can see from the slide we have been involved in a number of things regarding the roll out of the Affordable Care Act, monitoring network adequacy and identifying integrative care models are among them. But one of our key focuses has certainly been making sure that former foster youth are aware of and get enrolled in this new coverage option. One thing that certainly has happened at ACY is that it has been an excellent opportunity as it has been nationally for our child welfare area and our health area to work together. So now I will go on to, I'm going to give just a couple examples, there are many examples out there, lots of states are doing really important work in this area. But I wanted to show a couple things. From California, Children Now and the Youth Law Center have developed and posted a website for youth and a second website for youth advocates, and I think that is an approach worth noting because I think it will interest you, that you may not be surprised, are certainly displayed or developed in a different way than those that need to reach caseworkers and advocates and other policy makers. One of the things California has also done is, the folks out there have partnered with California Youth Connection to use youth ambassadors, and one of the things they've done with these young ambassadors is develop PSAs. They have four right now with more in the pipeline. I have just linked one of them, but it is a



very compelling story about a young woman and I recommend that you all listen to it. And in addition to telling her story, it provides really terrific information on how to access and enroll in this new opportunity in California. And I will note that among the benefits it cites is oral health care, and that not all states cover oral health for former foster youth or adults in Medicaid and so that's really a terrific opportunity for former foster youth. Moving on to Arizona. Arizona right now is creating a toolkit, and a number of other states including New York and the Schuyler Center have developed toolkits. And I think the thing to recognize about toolkits is they really are an opportunity to pull materials together that were developed for different kinds of stakeholders, both for youths themselves but also community based organizations, providers, health centers, etc. One of the things that Arizona has done, and Maryland, I'll a little bit more about Maryland, is a handout, a wallet size card. Sometimes it's great to have materials that can just go in a wallet or a pocket rather than say a one page fact sheet. Certainly developing materials in a youth friendly style is important, and also promotion to youth through social media has been I think critically important as we heard previously across probably all states. So moving on to Maryland. One of the first things we did in Maryland was to develop a Prezi, which is a kind of presentation that, it's a little more interactive than just the slide show. And the first one we did featured Joe's Barber Shop, and we took that opportunity to talk about the barbers in each of I believe nine different chairs, one of whom was a former foster youth. But it gave us an opportunity to present different scenarios. And we found that that is a great way to engage all sorts of folks, both the youth but also community based organization and other advocates. Another thing that we did is our foldout card, and the front page is to the right on this particular slide. We found that it was incredibly effective to inform both the youth but also those that served them about two of Maryland's provisions, one of course being the Medicaid coverage provision for youth up to age 26, but the second is Maryland's tuition waiver. And by providing information to both groups and providing information on this one foldout card we found we were able to really expand the interest in getting information and the use of the card. That worked particularly well for us. The other thing we had, we have been really fortunate that we were able to hire a young woman who is our outreach associate, and she has really been going directly into the community to work, meet former foster youth and certainly in the process many unstably housed or homeless youth as well, to both talk to them about their experiences, hear what the barriers are, and of course provide information to them. Michelle was able to work with youth and develop a song which they wrote, the music and the words, and also a slide show, and the link is there and there is a little bit more on our Maryland PSA on the next page. And the youth certainly had a lot of fun developing this. These efforts are not easy, particularly when you're using multiple youths and coordinating music etc. but it was well worth doing, and really we have developed some terrific relationships with these particular youths and we continue to work on stories and develop other materials. One thing that we actually keep talking about is getting a very small sticker to just stick on a cell phone with a QR code, and while we've not yet done that in Maryland it's something that we identified a while back as being perhaps a particularly good way to reach youth. So moving on, I thought I would just highlight what appear to be effective strategies not just in Maryland but really across all states, both with the support groups that have been identified there and also by Georgetown Center for Children and Family. Engaging youth is



really critical and is probably number one. We started with focus groups and then moved onto developing further materials which clearly other states have done too. California is not the only state to use YouTube videos, but certainly really engaging youth in designing the materials has been important. The use of social media I think is particularly critical for this age group, and as you will see if you look at state toolkits, I think at this point many, many advocates use a combination of Twitter or Facebook or YouTube as well as one page fact sheets. Third, I think none of us should assume that state agencies have had the time or the resources to educate all case workers or others working with youth about this provision. So it's been important in Maryland and elsewhere for advocates to take the lead in making sure that everyone, from social workers to legal aid attorneys to community based organizations that serve youth in other ways understand this new provision. And success certainly involves building trust through community and stakeholder engagement. Clearly just attending a meeting and handing out flyers or one pagers isn't sufficient. Michelle has been particularly successful in Maryland by attending youth meetings on a regular basis. We have something called YO, Youth Opportunity in Baltimore, and you know early on we recognized that there is an east side and a west side, and it's important to engage both. And I'm sure other states have similar dynamics. And finally, success really requires persistence and repetition in multiple venues and through multiple mediums. We have worked consistently with a group in Baltimore called Ready by 21 that helps youth transition from foster youth status into the former foster youth group that is now eligible for coverage. Educating youth at this critical juncture has been really important, but persistence has been really critical. And then we have really identified a number of issues as we've gone through this process. Low health literacy is an issue generally, not just for the former foster youth population, and when folks talk about literacy in this context as I'm sure most of you know, there are multiple kinds of literacy and we're not just talking about reading level. There is certainly health insurance literacy, which many Americans don't have or have a limited grasp. And then there is also health literacy in the context of knowing how to access the services to which you are entitled. And that is particularly important for former foster youth. They may have a Medicaid card, they may be enrolled, but that's not the same as actually getting the services they need. Lack of transportation is another major issue we have identified, and so it's a question of transportation and not just to enrollment locations but also to the services themselves. Many youths are forced to take multiple buses, and if there are fares, that can be a detriment to accessing the important services they need. Another thing that really relates to that is need for in-person enrollment assistance, and transportation can be an issue but there is no question that for many individuals, not just former foster youth, in-person enrollment help can be absolutely invaluable. And one thing that we have really discovered is that in Maryland as elsewhere there are hotlines and call in lines and there is a call center that is heavily staffed in Maryland, but for these youth who have cell phones, they have limited minutes, and so they cannot spend or waste these precious minutes on hold. And so for the youth in particular, in-person assistance has been a critical component. Other systems issues, and one of them is certainly early identification of the former foster youth status in the application process because as you have heard, youth do not have to provide income eligibility information so they need not go through the whole process so it's really important to ask that question up front. Electronic verification of former foster youth



status is certainly very important. Because of IT issues in Maryland, it has been most productive here for youth to really go to the local Department of Social Services where possible. There are other ways to enroll, but that is where verification has been easiest. But certainly moving forward we really want electronic verification from the HEC system itself. Another key component is the automatic transition between youth in foster care and the new former foster youth eligibility category. That is actually in Maryland's legislation but has not been put into practice yet, and certainly the IT system is one of the reasons we've not been able to move forward with that. But it's critical because otherwise what we find is that youth who try to enroll just as they're about to age out of foster care get kicked out of the system because they're already on Medicaid, and to avoid a gap we need to make sure that the system helps them transition, not that they have to be unenrolled before they can be enrolled. So I think, streamlined application processes certainly make the work of outreach folks easier. Finally I have a link here to, California has developed a one pager application form for former foster youth, and that was something I didn't think Maryland would have to use but I can see that at least in the interim period that could be a very important tool and so I've included it for everyone. Thank you for listening and participating, and good luck in your efforts. I'm happy to answer questions I think after Barbara speaks. But feel free to contact me as needed in the future. Thank you.

Donna Cohen Ross: Thank you so much Leigh. That was really great, and again we really appreciate you checking in with your colleagues around the country so that you could pull together what is happening in lots of different places. We really do appreciate that. Now I want to take the opportunity to introduce our next speaker, our final speaker, and that is Barbara DiPietro. She is the Director of Policy at the National Health Care for the Homeless Council, and she is going to shift gears just a little bit and focus on children and youth who are experiencing homelessness and talk about some important things to note about their special needs and also outreach and enrollment strategies, and when Barbara completes her presentation we will take a little time for questions for both Leigh and Barbara. So Barbara, welcome this afternoon.

Barbara DiPietro: Thank you, I appreciate it Donna and thanks everybody for being here today. Some of the issues that we've talked about with former foster youth are some of the similar issues with youth and families experiencing homelessness. Just a quick description of what the National Council does. We provide training and technical assistance to Healthcare for the Homeless grantees and other homeless healthcare providers and also provide policy analysis, research and advocacy, really trying to unite the best practices in homeless health care. Just also a little background. There are about 1200 federally qualified health centers nationally. Of those, a little over 250 are special populations health centers that specifically focus on homelessness. Broad range of primary care, many provide behavioral health and in fact HDHs are required to provide substance abuse services. Case management outreach, and of course enrollment and other benefits work. Many people are probably aware of HRSA funding, the Health Resources and Services Administration, that funds health centers, put out a really generous dedicated funding stream for outreach and enrollment in the previous year, and so that's allowed health centers in every community to be able to hire additional people whose sole job is to do outreach and enrollment affiliated with the Affordable Care Act. And so we're really excited about those



additional resources in local communities, because we're able to find folks who clearly are newly eligible but also people who have fallen through the cracks and have been previously eligible but have been unenrolled. For the most part that captures a lot of kids and their families who have experienced homelessness. One of the things that's really important to remember is that when families are in crisis and they are without stable housing, they are prioritizing the basics of human needs. They are trying to figure out where they are going to eat, where they are going to sleep, and trying to survive. And so things like medical care and benefits will fall by the wayside. I think that presents an additional challenge for us when we are working with vulnerable populations to try to connect them to benefits when that may be competing with other needs. From a health care for the homeless perspective, as a provider we are really tending to see two different groups of youth. We tend to see little kids age 0 to 5 who come in, are generally with their family. And these are kids who are staying in domestic violence shelters or in family shelters or increasingly particularly communities that don't have a lot of homeless service or shelter capacity, we are seeing more families staying on the street or are living in cars and vans. So we're seeing that population. And then we're seeing older youth, we're age 15-19 who may be with or without their family and be unaccompanied. And so each of these populations brings a different perspective from a health care provider's standpoint. Just to talk a little bit about what we are seeing with the little kids on the next slide. Kids, like all kids, immunizations, developmental screens, well child visits, all of these are really critical for a child's development and making sure that they're reaching milestones in a healthy way. And when kids miss immunizations, when they miss other screenings, we miss an opportunity to really provide a clinical intervention and connect kids to a greater level of care. And so when we have the opportunity, particularly behavioral health and developmental delay, it is critical that we get ahead of that as soon as possible. Living arrangements for families who are experiencing homelessness have got really a lot of risks associated with them, both environmental, you think about lead, you think about asthma and dust, rodents and bugs. But then there is also trauma, the risk of violence and neglect, some of the things that are going along with former foster youth. And just being aware that people are coming from places where there are risks and particularly things that have implications for health. So connecting these families back to benefits is particularly important, because Medicaid is going to help them access the broader benefits that are going to help them regain stability. And while certainly it doesn't provide housing, it does provide access to mental health care and addictions, specialty care, hospitalization. But then also just an ongoing medical home. And when we see the broader services, we see that that can be a stabilizing force. A lot of states, particularly when homeless families are moving around a lot, we will see that families, maybe they are connected to Medicaid but they are going to be showing up in different locations to access care. And sometimes that becomes a problem for providers when you are not the assigned provider, and so particularly in managed care states that is going to be an issue at the provider level. But many states do allow a lot of flexibility to change providers for homeless families or under other circumstances. So that gives a degree of flexibility. But then remember too that outreach and enrollment, particularly for this population, is so critical because of the unstable living situation, because people tend to be moving around and because they have other things that are drawing their attention on a daily basis. They need that extra helping hand to



keep up with the paperwork or keep up with making sure benefits are in place. And then when we move on and we talk about older youth, we really are thinking about, you know, teens bring the same primary care and behavioral health issues as the general population but even more acutely so because of likely trauma or violence or dysfunction that has produced unstable living situations. And then on top of that, like many teens family planning and STD screening and treatment are really important. Making sure though that we are sensitive to some pretty complex family dynamics. Judith talked about, you know, it may be unclear whether a parent is still including a youth in their household or not, so whether a youth can apply on their own or not, that is going to be state by state but also it's going to involve some intense family dynamics that can be very difficult at an enrollment perspective to tease through. And so sometimes teens can even be afraid to communicate or contact family members because of prior trauma. And one of the things too that is important to remember as you're doing outreach with this population, trust is really critical. Very reluctant to show vulnerabilities, even if they do have medical conditions, it may be something that they're not willing to share with others. So they really need time to develop trust with someone before they are going to share personal information or be willing to really kind of go through the process of enrollment. One of the things from a provider perspective that we're really always on the lookout for is youth, particularly unaccompanied youth who are living on the street or perhaps couch surfing are really at risk for exploitation, for violence, for trafficking. So these are some of the risks that we're seeing in the clinical environment that can sometimes make a difference in how ongoing a nature we can establish and particularly how we can connect them to benefits. But again a lot of the state laws will vary with regard to how we enroll people into benefits and provide them services absent parental consent. A lot of that will be a state level decision. And then much like some of the challenges that have been focused on for the foster care youth, uncertain follow up, especially for unaccompanied youth. Again like Leigh had mentioned, cell phone minutes are precious, and it may be that they've got 10 minutes left and being on hold for an hour is not going to be a reality for them. So really thinking about the resources that you can help provide to make that connection to benefits easier. Just thinking about some recommendations that I would make to people who are working with this population, particularly if you are targeting and looking more to help this demographic. Partnering with where people are currently getting services. Domestic violence and women's shelters, meal programs, places where people are accessing services. This may be jobs or employment programs as well, you'll see a lot of women there with their children. And taking time to talk with people and really find out about their situation. Sometimes it takes a little bit for people to understand why enrollment is important for them. What Medicaid is, what health insurance is. Sometimes these are not intuitive concepts. And so it might be that you are spending three times as much of your time educating them about what health insurance is and what it can do for them than you are on the actual enrollment. And then finding out really their priorities for what they are interested in may not mesh with what you see as what the priority might be. So for example, it may be that addiction or mental health may be part of a destabilizing influence, but if the client isn't interested in behavioral health care then selling them on drug treatment that is a benefit of Medicaid may not be the solution. But if mom is really interested or a teen is really interested in seeing a dermatologist or seeing a podiatrist or getting something



fixed, you can really use that interest to be able to drive Medicaid interest and enrollment. So thinking about where they are and what they would like to achieve. Thinking about access to care, again the services that they want. And then thinking about when you enroll and where you are selecting a plan and a provider. Talk with the client about where they usually stay and then try to find a provider that is going to be convenient for them. Some of the previous speakers talked about transportation being an issue, and if folks have got to go you know two different places or take three different busses that is going to diminish their ability to engage in care. And another point that's important is connecting families to a provider that will see all age groups. If you are connecting them to just a pediatrician, then it means that mom is unlikely to be able to engage in care or see a doctor as well. And in our families it is often the parents' destabilizing factors that are contributing to the homelessness for the whole family. And so it really might be important for the whole family to really make sure that the parents are engaged in care. So making sure that you are seeing a multidisciplinary all ages provider will really help kind of tailor a medical home that will make sense for this family. And then again like Leigh had mentioned, mailing addresses and phone numbers are also problematic as has been stated. It is important to know they don't have to have a permanent address, but picking a mailing address where people can receive their mail is important. And that might be a shelter that has a P.O. box or a shelter or provider, it might be an aunt or a family member that allows them to get their mail periodically. But make sure to talk to them about what makes sense for them and where they can get those insurance packages. And I can't emphasize enough that the no paperwork requirement of the streamlined application is really important for this population. They generally do not have birth certificates or social security cards, and so having that automatic electronic verification is really important and the in-person assistance that has been emphasized before rather than expecting people to navigate their own way or spend a lot of time online. The in-person assistance is really helpful. And so finally I'll just finish with some resources here, I know the slides will be shared online. These are all hyperlinked to where you can find some great resources. The Council does provide training and technical assistance, if this is something you would be interested in please contact us. But we really see that through health care and through access to Medicaid and those services, we can really help stabilize families, and in doing so we can make tremendous strides in preventing and ending homelessness. I really appreciate being here today, and I'll turn it back to Donna for question and answers.

Donna Cohen Ross: Thank you so much Barbara, that was really terrific. I think we are all particularly grateful about one of your last points where you talked about how important it is to make sure not just children but parents get covered and get healthcare as well. As our Connecting Kids to Coverage grantees and partners know, we have a new focus that really hones in on that message about parents may be eligible too, and of course depending on your state, more parents than ever before may be eligible and in a little while you are going to be hearing a little more about that. So we really appreciate your opening the door for that conversation. So now we do have some more questions that have come in, and some of these I think require a little bit of a tag team approach, so we'll try that. But I'm going to pose the first question to Leigh, and Joe I don't know if you're still on the phone with us but if you are you might want to chime in. And this question is from Daniel Flynn, and he is asking for our recommendations, Leigh your



recommendations and maybe Joe's as well, for organizations that are good organizations to touch base with if you are trying to reach out to the former foster youth. What are good, besides the Child Welfare Agency which was discussed, what are some good private nonprofit organizations or other kinds of groups that are good to touch base with.

Leigh Cobb: This is Leigh. The first thing that comes to mind for me certainly is an organization like Healthcare for the Homeless that Barbara has worked very closely with for years. But organizations like Healthcare for the Homeless or perhaps a federally qualified health center or other community health center where youth might go to get services is certainly one example. Organizations that provide job services for youth and also certainly organizations that deal with youth homelessness in particular have been effective from our standpoint. And so I think it varies state to state and city to city, but I would start there. You are absolutely right that it's not just agencies, it's not just DSS and a potential issue is that the youth don't want to go back to DSS. It sort of depends on the relationship there. Legal aid can be a helpful resource in getting the word out.

Donna Cohen Ross: Thanks Leigh. Joe are you still on the phone with us?

JooYeun Chang: This is actually Joo, I'm back.

Donna Cohen Ross: Oh, you're back. Great. We really are tag teaming here. Joo, I'm wondering if you have any thoughts about organizations that maybe keep in touch with foster families or other kinds of groups that you think our grantees and partners should think about as they're reaching out to kind of expand their own networks.

JooYeun Chang: Yes absolutely, it's a great question. So a couple of national organizations come to mind. The Foster Club is a national organization of young people who are currently in care and those who were formerly in care. And they have a pretty wide network. It's an organization for young people in care and by young people in care, and so they have a network of folks throughout the country and they rely quite a bit on technology to stay in touch with each other and they are great at getting information out to one another. Another national group where young people who have left foster care often turn to that is outside of the agency is The Foster Care Alumni of America. So that is an alumni organization where young people will go and get connected after they leave care. Those two instances though, they are formal organizations that invite young people that have left care to come and be part of some type of organization. So they will often go there for information or just to talk to one another. But if we think about the most vulnerable young people, those who may not have access to the technology to sign up online or to get in touch with these people, I think another non agency partner to think about are your runaway and homeless youth shelters, some of your transitional living facilities and places that allow young people, young adults to drop by for things like supplies or a place to take a shower. And that will vary by community, but almost every community has a place like that. And so I think that's a good place to go to for some of the most disconnected young people.



Donna Cohen Ross: Great. Thank you so much. I have another question now that I think is one that is also a tag team question for Barbara and I think Judith, I think you're back with us. So you might want to share a little bit on this. This one is from Kristie Perdomo, and I hope I'm pronouncing your name correctly Kristie. Kristie works in a school system and has students who are unaccompanied youth, they could be between the ages of say 14 and 18. Barbara you mentioned couch surfing, so did Kristie. And she I think is asking for us to clarify. Her question is, so they can just walk into the Department of Social Services to try to get assistance? That's her question. Do they need a representative? So I think I'm going to ask Judith, if you're there to first repeat kind of what you had talked about before about state by state rules, and then Barbara I'm going to ask you to come in and just give any thoughts about what's the best way to handle that kind of situation. Are you with us Judith?

Judith Cash: I am Donna, thanks. So yeah, there are state by state rules relative to who can apply on behalf of a child, and in most states it is required that there is someone who acts on the child's behalf. It does not necessarily have to be the parent or legal guardian, but someone who can and does act responsibly on the child's behalf and can provide some of the required information including social security number, income, etc. And again, once that is done the individual is looked at relative to who is in his or her Medicaid household, which is of course based on 36B tax rules and relative to who if anybody is considering that child a tax dependent. And even if it may be true that a parent claimed the child as a tax dependent because he or she was for part of the year, if that child is living apart from the parent now that will also be looked at in terms of determining who is in that child's Medicaid household, and it might be that only that child's income would be considered in determining eligibility for Medicaid. So it is important to identify these children and to provide them the support to fill out the application, provide the information that is needed, and really walk them through the application process, because I think it is important for people to ask the right questions on kids' behalf and really be their advocates when it comes to identifying who is available to provide support and who is not. So you know it is a reasonable expectation that a child no longer living with his or her parents is a change in the household, and so that is going to impact his or her Medicaid eligibility.

Barbara DiPietro: This is Barbara. I would add to that too. If you are working with someone in the school system that has come to your attention, it may be that there is a school based health center either at your school or in your area or a federally qualified health center or an HCH in your community. All of these venues will serve and provide services without regard to ability to pay or insurance status. And so connecting them to services, it may be that the enrollment comes maybe on the second or third time after getting services. So part of it is you want to make sure that the kid is getting help, and then the enrollment will come along with that, it may not even be the first step. So working with the child to find out where that next best step would be, I think the risk of course is moving too fast or even moving forward with social services may risk the youth running away from your intervention.

Donna Cohen Ross: Great, thank you so much Barbara. While we have you, I have one more question, and we get questions like this a lot and I want to see if we can pay a little attention to it. And that is, just to the extent that there might be some strategies that are maybe a little bit



different in rural communities, one of our questioners, Cheryl Walker, asked what suggestions we might have for reaching homeless youth in small rural communities. I'm wondering if you have any thoughts about that.

Barbara DiPietro: I do. Rural, suburban and rural is an increasing area where we are seeing homelessness, and these tend to be places without formal assistance, long-term shelters and such. A lot of times there can be a lot of informal networks particularly among the faith community who may be sharing places where people will stay, and then thinking about reaching out to some of those places where you can engage people in enrollment. Or also thinking about where again whatever limited assistance might be available in rural areas, it tends not to be shelter focused. But if there are Head Start programs, or if there is preschool or places where kids will be with their families that is a good place to start. Older kids are really hard, but unaccompanied youth like the mall just like other teens. And so that can be a place where you can really engage people as well, but they do tend to hang out in groups and so that presents another dynamic to be navigated.

Donna Cohen Ross: Thank you so much Barbara. I want to say a couple of things. One, we have lots of questions coming in, and we are going to have to move on in the webinar but we will either answer the questions in writing or we'll contact you individually and hook you up with the right speaker if you have an in depth question. So we are committed to getting all of the questions answered and we thank you for your questions. It just, the ones we've heard and the ones that we're reading in the chat just show how concerned everyone is about making sure these particularly vulnerable youth get health coverage. So I want to take a moment here to thank Leigh and Barbara for their presentations and also to thank Judith and Joo both for rejoining us for questions and answers. And before we wrap up I am going to turn it over to one of our Connecting Kids to Coverage team members Sandy Won, who is going to take these last few minutes to share some of the new materials that we have and talk a little bit about what we're doing in our spring wave of our campaign. We're very excited about it, and we hope that you will be as well. So Sandy I'm passing it on to you.

Sandy Won: Thanks Donna and thanks everyone for joining today. Hopefully you've gotten a lot of information about reaching this very vulnerable population in your outreach. We want to go a little bit into what the Connecting Kids to Coverage Campaign has been doing in these past several weeks. As you know, we are at a point in our campaign where we're really focused on the fact that Medicaid and CHIP enrollment goes year round. And as Donna mentioned, in states where they're expanding Medicaid there are more parents who may be eligible for coverage as well. So we've created some new tools and resources that we hope you will avail yourselves to. They are all available on the website, and we'll show you how to get those. But we really hope that you will use these resources in your outreach. We know right now during the time when open enrollment in the marketplace is closed, we can really build on the momentum of health coverage and all of the great enrollment numbers that came through in the past several months and really keep those Medicaid and CHIP numbers up as we go into the summer months. We know for our purposes that the closing of open enrollment as well as the back to school season is such traditionally a great time to do outreach to families for kids who are eligible but not



enrolled in Medicaid and CHIP. So we have these resources as we mentioned, and we'll just start with the first thing we have here which is a 90 second web video that we've created. It's on CMS's YouTube channel, and you can share it through your social media channels, you can put it on your website with a YouTube link. But it basically just goes through a sassy girl named Sophia and her friends who are all covered and confident kids. You should be able to play it from the website, but definitely take a listen and look, share it with your network, it's something that we thought would be really useful to share not only with your partners but with families as well. So we hope you'll take advantage of that. We've also got our great Kid in Charge here. He's young but he wasn't born yesterday, and he knows that Medicaid and CHIP are a good thing. And again we've got some messages about enrollment going year round as well as the fact that parents may be eligible too. These materials, the flyer is customizable. So we can customize it to your state program, your state income levels, whether or not your state has expanded Medicaid we can make sure that that language is in there or not. So please visit the website, make sure you learn a little bit more about the customization options, but we want to make these as flexibly useful to you as possible. We've got several other new tools that we introduced this year that we thought would be great ways for you to get the word out. We've got some social media graphics, again knowing that a lot of you are on Facebook and Twitter and Pinterest and all of the other ways to sort of connect socially online. We've created images that you can put in your feeds. We know just from the research that we've done in advertising that a lot of the Facebook feeds that have images on it are more likely to be shared and liked and spread around. So we wanted to give you some tools with that. So we've got cute kids who are just kind of talking about, or have a headline, a provocative headline that can give you the opportunity to post something about Medicaid and CHIP enrollment. We've also got a guide on the Insure Kids Now website that can kind of walk you through how you can use these in your Facebook and Twitter social media channels. We've got some suggested posts and tweets that you can certainly make those your own and whatever works for your situation in your state. And we have a link down here for other materials, we've got radio readers, we have drop in articles that you can put in newsletters to the families, of parents, we've got a radio PSA that you can also use in your waiting rooms or as your hold music on your phone line. There are a lot of ideas and tools. So we invite you to visit the link that we've shared on the screen right here. On InsureKidsNow.gov we've got a lot of ideas, a ton of resources, we hope you'll take advantage of them. We also hope you'll let us know how you're using them and if there are other tools that you need you should certainly share those ideas, we're always looking for good ideas for outreach resources. So order your materials today. As I mentioned, these are all customizable. A lot of the materials that are available, or all of the materials that are available are in English and Spanish. We've also got materials translated in other languages, we know a lot of you work with a diverse range of families and groups and so we want to try to meet you where you are in your outreach. As I mentioned, everything is customizable. So here's a link just to how the materials can be customized, who you contact to get that done. And as you're preparing for your back to school outreach, because it's never too early to think about that, you can get that process moving along. And we have our campaign field desks here at the Connecting Kids to Coverage Campaign. Call us toll free at 855-313-KIDS or email us at insurekidsnow@fleishman.com. We are here available for any kind of



technical assistance you need in your communications for your outreach and enrollment. If you've got questions about the campaign, if you've got examples of ways that you're reaching families in this year round enrollment and the expanded capability of enrolling parents, we would love to hear your stories. We also share them through our newsletter so it's always great to get examples from people who are working on the ground. You all have the best perspective and we certainly want to make sure we're sharing best practices where possible. So finally, I just wanted to encourage everyone on this webinar to connect with our campaign. As I mentioned we've got the InsureKidsNow.gov website, which is available with all of the resources. We've also got our eNewsletter which goes out pretty often with a bunch of new information about the campaign. We'll let you know when this webinar is posted online through the eNewsletter, so if you can sign up here is a link to do it. And then we also post on IKNGov on the Twitter handle. There are a lot of interesting things going on Facebook with the Insure Kids Now Facebook page as well as the Healthcare.gov Facebook page. So we hope you will like us both on those. And then finally I will turn it back to Donna for some final closing thoughts.

Donna Cohen Ross: Great, thank you so much Sandy. Again, I really do hope that everybody checks out that page on InsureKidsNow.gov. Look at the video, it is just, we've never done anything like this before and I think you will agree when you get a chance to look at it that it really is a great tool and it is showing up on Facebook pages all over the country, we are really excited about that. I want to take the opportunity now as we close to once again thank all of our speakers, especially to thank our participants for your great attention and your great questions. Again, we'll be getting back to a lot of you with questions we couldn't answer just now. And finally I want to thank our great team, our Connecting Kids to Coverage team. We had Lauren in the background here helping us with the slides, Riley who you heard from and Sandy, we really could not do webinars like this without their great work. So I want to thank everyone. We encourage you to again as Sandy said let us know what you're doing. Because when you're doing something that works, we want to share it far and wide. So give us an opportunity to highlight you. Thank you everyone. We'll be having additional webinars going forward; we'll let you know about those and we really thank you for your participation today. We're going to sign off now as it is now 3:30 Eastern time on the dot, that has never happened before, and have a good rest of your day. Thank you.