

***The Connecting Children Program
Community Health Worker Training Curriculum,
Resource Materials and
Program Evaluation***

BOOK 1: Curriculum

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- A-2. Recommendations for Preventive Pediatric Health Care, American Academy of Pediatrics
- A-3. How to Keep Your Health Benefits – Medi-Cal (English and Spanish)
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- B-1. Health and Social Services Resources and Phone Numbers, San Diego County
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- B-4. Medi-Cal Policy Institute: Children's Medi-Cal & the Healthy Families Program
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C. Sample Healthy Families Program Forms and Letters

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- C-6. Disenrollment and Re-enrollment letter
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Introduction and Background

Background: Connecting Children

The Connecting Children Program was designed to increase retention of children in the Healthy Families and Medi-Cal for Children programs, and to encourage proper utilization of benefits. In 1999 the **Community Health Improvement Partners** (CHIP) was selected by the Centers for Disease Control and Prevention and **Group Health/Kaiser Permanente Community Foundation** (Seattle) as a partner in a one-year Community Health and Managed Care Initiative. CHIP developed and implemented the **Connecting Children Program** to add a retention component to the extensive outreach and enrollment activities already undertaken by the San Diego Kids Health Assurance Network (SD-KHAN). As many as 20 percent of parents enroll their children in Healthy Families or Medi-Cal for Children, but discontinue for reasons that are avoidable, thereby leaving their children uninsured. The purpose of Connecting Children was to help keep the children enrolled and problem solve with the parents to avoid disenrollment.

The Connecting Children Program worked with partnering health plans -- **Community Health Group, Kaiser Permanente** and **Sharp Health Plan** -- to get a list of recently enrolled children in southern San Diego County, and to contact the parents to ensure they understood their benefits and the importance of retaining coverage for their children. Four Connecting Children community health workers (CHWs) were housed at the San Diego Kids Health Assurance Network (SD-KHAN) between April and December 2000. The evaluation of the initial program is described in **Book 3, Evaluation**.

CHWs contacted newly enrolled families by phone to:

1. Encourage the parent to select a primary care physician and schedule a checkup for their child as a first step in promoting long-term preventive health practices, since historically, many newly enrolled children do not access health care;
2. Teach the parent and child if old enough the value of prevention and treatment services and the appropriate use of the health system; and
3. Teach the parent the value of keeping their child enrolled in their chosen health insurance product and give the parent an opportunity to ask any questions they might have.

The Connecting Children Program has taken what it has learned from its CHWs, as well as SD-KHAN and master trainers of Certified Application Assistants, and compiled essential information into this training guide. By training CHWs throughout San Diego County, we hope to expand the number of parents and children who can benefit from our experience, and who will retain their health coverage in Healthy Families or Medi-Cal for Children once they receive it.

Key Partners

San Diego Kids Health Assurance Network

The Connecting Children Program was a natural complement to SD-KHAN, which had already established an extensive outreach and enrollment program for Healthy Families and Medi-Cal. The concept of SD-KHAN began to develop in 1996 by the County of San Diego Health and Human Services Agency's Child Health and Disability Prevention program. Without a traditional public health care infrastructure with a county hospital and clinics, nor a single point of entry for available health services in San Diego County, SD-KHAN has been identified as a major initiative and a priority strategy for the County of San Diego Health and Human Services Agency to achieve its commitment of access to care. SD-KHAN utilizes a systems approach and program institutionalization focused on access to care in San Diego County to assure the public health function within the county. The goal of SD-KHAN is to assure that members of San Diego County's communities are educated about and have access to an on-going medical home where they receive preventive as well as comprehensive health care from a provider who knows them and respects their cultural diversity.

In 1998, SD-KHAN established a Collaborative Committee to assess community health care needs, identify barriers to access to health care, develop systems-based strategies to efficiently overcome identified barriers, and link the community's uninsured children and families with available health care services and a medical home. The committee currently has broad-base representation from over sixty-five member organizations, which include local community based organizations, hospitals, health plans, schools, churches, employers, and government agencies. This collaborative network and the resulting systems-based approaches and program institutionalization assure that a variety of health care needs and messages can be assessed and efficiently met.

The SD-KHAN toll-free Information, Assessment, and Referral telephone number (1-800-675-2229) is the same number used by the state mandated Maternal and Child Health line for Child Health and Disability Prevention (CHDP) Program. Because the CHDP program has been well established for decades within the county, many schools, community based organizations, Women, Infants and Children (WIC) centers, preschools, Head Starts, and other organizations are well aware of the program's services of providing free checkupcheckups. SD-KHAN expands upon the toll-free CHDP services to offer one-stop shopping for additional information, assessment, and referral services for the community. By knowing the eligibility guidelines for various state-funded programs and services provided by available community resources, the staff eliminates the steps of families making calls to many programs in order to find those health resources available to them. In addition, follow-up services are provided to ensure that families access appropriate health resources and provide additional assistance accessing the resources if necessary.

Community Health Improvement Partners

The Community Health Improvement Partners (CHIP) is a collaboration of San Diego health care systems, hospitals, community clinics, insurers, physicians, universities, community benefit organizations and the County of San Diego who are dedicated to a common vision to improve the health of San Diegans. Formed in 1995, CHIP is organized under the auspices of the Healthcare Association of San Diego and Imperial Counties.

The collaborative effort has its roots in a group called The San Diego SB 697 Coalition, which formed to meet the needs assessment requirement of Senate Bill 697. The Coalition published its first needs assessment, *Charting the Course: A San Diego County Health Needs Assessment* in 1995. The group renamed itself the Community Health Improvement Partners (CHIP) and with the Access to Care Work Team published *Safe Harbor: Increasing Access to Health Care in San Diego*. Since 1995 CHIP has evolved with the core functions of assessment, collaboration, program development and education.

Overview

The Connecting Children Program series is comprised of three books. **Book 1, Curriculum**, which is this document, is organized into the following sections:

Unit 1: Overview of the Uninsured and Health Coverage Options

Unit 2: Healthy Families and Medi-Cal Disenrollment

Unit 3: Strategies to Increase Retention

Unit 4: Community Health Worker Key Questions

It starts with an agenda that describes the objective of the unit, the estimated time requirement, and the topic areas. Most units include case examples. Each is concluded with a post test that can be given to the CHWs individually, or used for discussion as a group.

Book 2, Resource Materials, contains resources for CHWs to give to parents, materials and checklists for their own information, and sample Healthy Families letters and forms. **Book 3, Evaluation**, describes the results from the pilot program.

Unit 1: Overview of the Uninsured and Health Coverage Options

Agenda

Objective:

To provide an overview of the uninsured and health coverage options to the degree that is necessary to work with families on retention.

Time:

Approximately 45 minutes

Topics:

1. Why do Children Need Health Insurance?
2. The Uninsured
3. Benefits
4. Medi-Cal for Children
5. Healthy Families Program
6. Eligibility
7. Outreach and Enrollment
8. Public Charge – Why some families do not apply despite eligibility
9. Post Test

Why do Children Need Health Insurance?

- To get the regular care they need to grow into strong healthy adults.¹
- To feel healthier in school and participate in sport activities.
- To see a doctor when needed and before an illness becomes too serious.
- To avoid needing to use the emergency room because an illness becomes an emergency.

The Uninsured

- An estimated 10.7 million children under age 19 nationally and 1.85 million children in California are uninsured.²
- The federal government enacted the State Children’s Health Insurance Program (S-CHIP) to expand health coverage in the states and insure most children. California opted to use the funding from this program to provide for families with incomes above eligibility guidelines for children’s Medi-Cal coverage and implement a new initiative called “Healthy Families.”
- In San Diego County, 19 percent of children 0-18 years old (about 145,258) are uninsured. Of these, about 103,000 (71 percent of the uninsured) are eligible for Medi-Cal or Healthy Families but are not enrolled See **Figure 1**.³

Figure 1: Number of Children Under Age 19 Enrolled or Eligible but not Enrolled in Health Coverage Programs, 2000

Category	Enrolled	Eligible but not enrolled
Medi-Cal	143,502	57,958
Healthy Families	24,300	45,320
Total	167,802	103,278

Source: County of SD, 6-15-2001 draft

- Between 1998 and 2000, California only spent \$258 million of its \$855 million allotment for S-CHIP. In January 2001 California submitted an S-CHIP waiver to the federal government to waive the age limit and approve a plan to cover parents under the Healthy Families Program.

¹ The 100 Percent Campaign Brochure: Did you know you can get health insurance for your child at little or no cost?

² Source for most of this subsection and others under this heading: Medi-Cal Policy Institute. (2001, April). Medi-Cal Facts: Children’s Medi-Cal and the Healthy Families Program. www.medi-cal.org

³ County of San Diego. (October 25, 2001 draft). Estimated Health Insurance Status of Non-Elderly San Diegans: 2000, Reference Sheet.

Benefits

- Both Medi-Cal and Healthy Families cover:

Physician visits	Home health
Hospital care	Contraceptives
Laboratory work	Hearing care
Immunizations	Dental services
Prescription drugs	Mental health services
	Vision screens
- Medi-Cal delivers care through managed care health plans (i.e. Community Health Group, Sharp Health Plan and Kaiser Permanente), and fee-for-service arrangements where the family can see any physician on the Medi-Cal list and may pay a portion of the cost based on income.

Medi-Cal for Children

- Medi-Cal provides no-cost and low-cost health coverage to low-income families.
- The program is managed by the California Department of Health Services (DHS).
- The parent selects from one of the following health plans that contract with Medi-Cal:

Blue Cross of California	Kaiser Permanente
Blue Shield	Sharp Health Plan
Community Health Group	Universal Care
Health Net	UCSD

Healthy Families Program

- The program was implemented in July 1998 and is administered by the Managed Risk Medical Insurance Board (MRMIB).
- It provides health coverage by subsidizing private health insurance policies. Current health plans that contract with Healthy Families include:

Blue Cross of California	Kaiser Permanente
Community Health Group	Sharp Health Plan
Health Net	Universal Care
- It provides low-cost health care to children with family incomes too high to qualify for no-cost Medi-Cal but below 250 percent of the federal poverty level (FPL).
- Families pay monthly premiums of between \$4 and \$27 depending on the health plan and the number of enrolled children in the household. Premiums are due on the same date each month. To save money, families can pay for three months at a time and get one month free.
- Certain prescription drugs and physician visits also require \$5 co-payments.

- Family co-payments will not exceed \$250 per year for health services. Vision and dental services require additional co-payments that may exceed the \$250 total.
- Children who were previously enrolled in employer-sponsored insurance or disenrolled from Healthy Families need to wait three months before enrolling in Healthy Families. Children disenrolled from Healthy Families need to wait six months before enrolling again.
- Subscribers are required to submit an Annual Eligibility Review (AER) each year to confirm continued eligibility.

Eligibility

- Eligibility for the program depends upon the age of the children and the family's income (see **Figure 2**).
- Because of Medi-Cal's and Healthy Families' graduated income level requirements according to age, a young child may be eligible for Medi-Cal but their sibling may be eligible for Healthy Families.

Figure 2: Children's Eligibility for Medi-Cal and Healthy Families

	Medi-Cal	Healthy Families
0 up to 1 years old	Up to 200% FPL	200-250% FPL
1 up to 6 years old	Up to 133% FPL	133-250% FPL
6 up to 19 years old	Up to 100% FPL	100-250% FPL

Note: The Federal Poverty Level (FPL) for a family of four is \$17,650 per year as of April 1, 2001.

Outreach and Enrollment

- A single mail-in application is used to apply for either Medi-Cal or Healthy Families.⁴
- Families may apply for Medi-Cal at a local Medi-Cal office or at clinics staffed with outstationed eligibility workers.
- Most families (over 60 percent) get assistance completing their application from a Certified Application Assistant (CAA) from a community-based organization, health clinic or school at no charge to the family.
- An electronic application that could be completed by a Certified Application Assistant on a computer and sent by e-mail is currently being tested and implemented in some areas.
- Applications are sent to the state's processing center, called the Single Point of Entry, and the state screens for potential eligibility to either program.
- On 31 percent of the applications received by the California Single Point of Entry, the applicant indicates they do not want their children to be enrolled in Medi-Cal. The 100%

⁴ Source for this subsection: 100% Campaign, Community Voices, October 2000.

Campaign reports that this is most likely due to bad experiences with and the poor perception of public benefits programs.⁵

- Enrollment entities receive \$50 for each successfully enrolled HF/MCC program application; and \$25 for each completed Healthy Families AER form.
- In California, parents usually hear about Healthy Families and Medi-Cal for Children through word of mouth from family or friends. The top local referral sources to SD-KHAN are from service systems such as the County Family Resource Centers, Head Starts, and other organizations in the health and human service sector. Families also hear about the programs through media campaigns.

Public Charge – Why some families do not apply despite eligibility

“Public charge” is a term used by the Immigration and Naturalization Services (INS) to describe individuals who cannot support themselves and depend upon public benefits such as CalWorks. An alien who is likely at any time to become a public charge is not eligible to become a legal permanent resident of the United States. Some people have denied themselves public benefits for which they are eligible because they don’t want to hurt their own or their child’s chances of becoming a citizen. The INS reports that Healthy Families and Medi-Cal are not subject to public charge consideration.⁶

A public charge information sheet is included in all Medi-Cal and CalWorks application packets distributed by the County of San Diego Health and Human Services Agency. Further information on public charge, much of which is available in multiple languages, can be found at the INS website (<http://www.ins.usdoj.gov/graphics/publicaffairs/presinfo.htm>). The Consumer Center for Health Education and Advocacy in San Diego has a detailed publication entitled, “Immigrants and Health Care” produced in May 2001 that answers common questions about immigrants and health care in California (<http://www.healthconsumer.org/publications.html>). The fact sheet developed by the 100% Campaign entitled, “*Will using benefits hurt my chances of getting a Green Card or becoming a U.S. citizen?*” is attached in **Resource A-9**.

⁵ 100% Campaign, Community Voices, October 2000.

⁶ Immigration and Naturalization Service (1999, May 25).

Post Test

True or False:

1. In San Diego County, approximately 20% of children are uninsured.
2. In San Diego County, over 100,000 children are eligible but not enrolled in Healthy Families or Medi-Cal.
3. Healthy Families and Medi-Cal do not cover prescription drugs.
4. A family with an income of 250% or less of the federal poverty level who meet other eligibility requirements will be eligible either for Healthy Families or Medi-Cal.
5. Enrolling a child in Healthy Families or Medi-Cal can hurt a parent's chances of becoming a legal permanent resident of the United States.

1) True; 2) True; 3) False; 4) True; 5) False.

Unit 2: Healthy Families and Medi-Cal Disenrollment

Agenda

Objective:

To educate CHWs about the reasons families lose Healthy Families and Medi-Cal coverage, even though they are still eligible and will become uninsured.

Time:

Approximately 60 minutes

Topics:

1. Healthy Families Disenrollment
2. Medi-Cal Disenrollment
3. Exercise
4. Post Test

Healthy Families Disenrollment

Percent and Number that Disenroll

In San Diego County, 27 out of every 100 children who ever enrolled in Healthy Families became disenrolled.⁷ This is slightly higher than the state's total of 24 out of every 100.⁸

- In San Diego County, about 20 out of every 100 enrollees disenrolled due to possibly **avoidable** reasons:
 - 11% for nonpayment of premium.
 - 5% because the Annual Eligibility Review (AER) information was not received by the program.
 - 4% because the AER was received by the program but it was incomplete and the requested information was not received.
 - This means **over 8,000 children** are losing insurance who may still be eligible and will become uninsured!

- In San Diego County, about 7 out of every 100 enrollees disenrolled due to **unavoidable** reasons:
 - 3% because the family's income was too low at AER (meaning they would instead be eligible for Medi-Cal for Children).
 - 2% because the applicant requested that coverage be discontinued.
 - 1% because the child attained age 19 and was no longer eligible.
 - <1% because no citizenship or immigration documentation was provided.
 - <1% because the family's income was too high.
 - <1% because the family obtained employer coverage.
 - <1% because the family changed to no-cost Medi-Cal.

⁷ Custom report obtained by SD-KHAN from the Managed Risk Medical Insurance Board. Includes disenrollees between June 1998 and February 2001.

⁸ Healthy Families, Retention in the Healthy Families Program, www.mrmib.ca.gov.

Reasons

Nonpayment of Premium Survey

In telephone interviews with just over 5,000 Healthy Families parents statewide who disenrolled due to non-payment of premium between July 1999 and July 2000,⁹ the reason for non-payment were reported as follows:

Premium/Statement

- 18.1% could not afford payment
- 16.4% were not aware of being discontinued
- 13.4% forgot to pay premium
- 9.3% never received invoice
- 5.3% lost invoice

Obtained other coverage

- 14.4% obtained employer sponsored coverage
- 6.0% obtained private insurance
- 7.8% were already on no-cost Medi-Cal

Other

- 5.1% moved out of state
- 3.1% were not happy with program
- 1.1% stated other reason

Other Explanations

- **Confusion over information requested.** Sometimes children become unintentionally disenrolled because the parent cannot understand what information is being requested. Some parents do not understand the billing statements or they are confused because they receive separate bills for each of their children.¹⁰
- **AER not received or not understood.** The parent does not receive the Annual Eligibility Review (AER) because they have moved but the state does not have their new address. Parents who do receive the AER form may find it confusing. As a result they may not complete and return the form, or some information may be missing.
- **“My child is healthy, why pay?”** Connecting Children CHWs found the most common reason for not keeping up with payments for their health coverage was because parents saw that their children were healthy, so they questioned the value of paying insurance premiums. Parents needed to be educated that the insurance was important because it would cover them in an emergency; allow them to get needed preventive services such as immunizations, dental exams, and vision exams; and allow them to get early care for their

⁹ Survey conducted by MRMIB. Follow up phone calls were made to families listed on HFP Report #9 as “Non-Payment of Premium” to learn why the children were disenrolled from the program. About 30% of attempted contacts (5,069 out of 17,293) resulted in completed telephone interviews. HFP Report 9A.

¹⁰ 100% Campaign, Community Voices, October 2000.

children if they do get sick, rather than waiting until the point where it becomes an emergency, which can be very costly.

- **Confusion over benefits or dissatisfaction with care.** Some parents drop coverage because they do not understand their health coverage plan, or because they are dissatisfied with the service or care they get at their physician's office.¹¹

Problems with the S-CHIP process or program.¹²

- **Beneficiary confusion over need to renew.** Some parents think that as long as they keep paying the premium, they do not have to renew. In fact, they have to complete the Annual Eligibility Review form every year.
- **Lack of program responsiveness and complicated appeals process.** Parents from California became frustrated when they called the program to address a problem (i.e. a termination letter), but the representative did not have the information on file and therefore could not help to solve it. Instead, the parent is asked to submit an appeals form through the mail, which is a longer and more complicated process.
- **Stiff penalties for missed payment.** The program has stiff penalties and does not let parents know when there is flexibility. In California, for example, a missed payment may result in program discontinuation for a minimum of 6 months.
- **Complicated forms, especially for limited-English speakers.** Latino focus group members in California said that although the forms are written in Spanish, the literacy level is above their education level. The language needs to be simplified.
- **Enrollment status unclear.** Some parents may not know whether or not their child is actually enrolled. The program may need to do a better job of communicating with parents about their child's status.
- **Poor program communication with parent.** Communication problems with the program can result in a child being incorrectly dropped from the program. Notices about changes in a child's coverage or the possibility that coverage will be discontinued sometimes arrive after the fact and do not make sense to the parent.
- **Misinformed outreach workers.** Sometimes parents get help from outreach workers who at times give them the wrong information. Outreach workers need to be sure they are accurate in the information they are giving.

Sample Dialogue

Client: "My daughter needs a physical but we both feel uncomfortable with a male doctor. Can we switch to a female doctor?"

CHW: "Let's see what your health plan's policy is on changing providers. If we can do it any time, let's try to find a female doctor. Does her office need to be close to your home, or are you able to go to other areas?"

¹¹ Connecting Children.

¹² Kannel et al. (2001). Information from three focus groups of parents whose children were disenrolled from State Children's Health Insurance Programs (S-CHIPs) due to avoidable reasons, and three focus groups where the children were still enrolled. Focus groups took place in California, Utah and New Jersey.

Life Challenges faced by Parents

- **Unexpected expenses.** Some parents have instability in their income and cannot always afford to continue paying the premium when finances get tight. If an unexpected expense comes up, the parent may have other financial priorities and may not be able to pay the health coverage premium.
- **Competing financial priorities.** Although parents may value the benefit of health coverage, they may not be able to afford it when they have to stretch their paycheck to cover rent, groceries and clothing for their children.
- **Not seeing the value of insurance and preventive care.** Parents with healthy children may not see the benefit of keeping their insurance coverage. Some parents don't understand the value of preventive care. Others may see that they only took their child in one time during the year for a checkup and otherwise did not use the health insurance. They don't see the value of insurance or understand the need for preventive care.
- **Guilt or shame about public assistance.** Some parents feel guilty about receiving subsidized health insurance because they think someone else may need it more than they do. Some parents feel ashamed to accept public assistance of any kind, even when they are paying a premium. In some cases it is the first time the parent would be asking for any type of assistance and they fear the social stigma.

Sample Dialogue

Client: "My child is in a wheelchair and I was upset to find out that at his new doctor's office there are no ramps."

CHW: "Let's call to see if they can accommodate him in any way. If not, let's find a physician in an accessible office."

Medi-Cal Disenrollment

- **Failure to provide documentation.** Medi-Cal eligibility technicians report that the most common reason for Medi-Cal disenrollment is the failure to provide missing verifications or proofs of income, property, residency, immigration, and other documents.
- **Failure to keep program updated on status.** As of January 1, 2001, it is the parent's responsibility to report, within 10 days, any information that may affect their Medi-Cal eligibility, such as changes in family composition, income, property or address. Prior to January 1, 2001, parents had to respond to a form asking for any changes in assets, income and family status on a quarterly basis. Many eligible Californians lost coverage because their report was incomplete, not returned, or lost in the mail, and they would have to re-apply. Elimination of the quarterly status report should decrease the number of families who are disenrolled due to problems with quarterly reporting requirements.
- **Complicated paperwork and forms.** Some people think staying enrolled in Medi-Cal requires too much paperwork. The forms are too complicated for most people to complete, and the terminology can be difficult. Forms and requirements are especially difficult for people who do not have strong English skills.¹³
- **Frustration.** Parent frustration and confusion over the Medi-Cal forms or requirements can lead to loss of Medi-Cal coverage.
- **Dropped for unknown reason.** A large percentage of individuals dropped from Medi-Cal did not know why they were dropped. They did not receive a clear reason for it. In some cases, they were dropped in error, or they have been told they are ineligible when they are not. Some parents become so frustrated with the runaround that they discontinue coverage rather than try to fight it.
- **Too much hassle.** Some parents say the Medi-Cal is not worth the hassle. They know they can get Medi-Cal on the spot in an emergency, or they can pay on a sliding fee scale at a clinic or emergency room.
- **Don't know about Transitional Medi-Cal.** Some people do not know that they can continue with coverage even after getting a job through the transitional Medi-Cal program. It is a program that extends Medi-Cal coverage for people who gain employment and leave welfare. (See **Resource A-10**, Transitional Medi-Cal for Families with Increased Earnings.)
- **Confused about health plan or dissatisfied with provider.** Some participants enrolled in Medi-Cal managed care (as is the case in San Diego) are unable to name their health plan and have a more difficult time finding doctors in their area who see Medi-Cal patients. It has reduced their freedom to choose and change doctors to some degree.

¹³ The points in this and the following bullets are from: Medi-Cal Policy Institute. (2000, March). Speaking Out...What Beneficiaries say about the Medi-Cal program. www.medi-cal.org/publications. A private consulting firm in conjunction with the UCLA School of Public Health interviewed 2,402 current and former Medi-Cal beneficiaries in August and September 1999, including 1,170 non-senior adult recipients, 755 parents of children in the Medi-Cal, and 477 seniors who use Medi-Cal to supplement Medicare benefits. Sixty-five percent of respondents were current beneficiaries, and 35 percent were former beneficiaries who were enrolled within the past year. In addition, the researchers conducted 11 focus groups statewide to gain more information and to hear more from non-English speaking Asian groups (Cambodian, Vietnamese, and Cantonese).

- **More difficulty in navigating system for ethnic groups.** The Medi-Cal system is more difficult for ethnic groups and non-English speaking beneficiaries to navigate. These groups have greater difficulty understanding the paperwork that is required.
- **Can't get care at preferred location.** Latino, Asian, and African American beneficiaries are less likely to get their care at their preferred location due to the limited number of private physician offices that meet their cultural and language needs.

Exercise

To illustrate some of the concepts just described, the trainer can read the following exercise to the participants, which is based on a real-life situation described by a community health worker:

Trainer: "I am going to read a real-life experience that a CHW had while working with a family. Think about how you would help in this situation."

Exercise: The García Story

"I spoke with a mother by phone who had many questions about a situation she had with her health plan, so I decided to make a home visit. Once I was there, she told me she had taken her son to a hospital emergency room because he had fallen and hit his head. The hospital was not one of the providers in her health plan. She received a bill from the hospital for \$271, which she could not afford to pay. Several months had gone by and she was now being called by a collections agency to pay the bill. Since she was being charged for the emergency room visit, she did not see the point in continuing to pay her Healthy Families premium, so she decided one month not to pay."

Trainer: "What could you as a community health worker do to help Mrs. García?"

The following are possible responses:

1. Call the health plan member services department to find out if the mother can get coverage for the emergency room visit. Health plans cannot require members to only use contracted emergency rooms. It is possible that the hospital did not bill the health plan for the visit, or that the claim may have been denied as non-emergent, in which case the member would have the right to appeal the denial to the health plan member services.
2. Contact Healthy Families to continue coverage and be sure the parent begins making payments again within 60 days of the last premium payment. If payment is not made within this time period, the parent would have to wait six months before being able to re-enroll.
3. Show the parent where to find the telephone number for the health plan member services in case she has questions about coverage in the future.

Post Test

1. What are the main two avoidable reasons enrollees are disenrolled from Healthy Families?
2. What is the main reason children are disenrolled from Medi-Cal?

1) Nonpayment of premium and Annual Eligibility Review information is not completed; 2) Their parents do not provide the needed documentation such as proof of income, property, residency, immigration and other documents.

Unit 3: Strategies to Increase Retention

Agenda

Objective:

To describe ways that CHWs can work with families and increase retention in their health coverage program.

Time:

Approximately 45 minutes

Topics:

1. Healthy Families
2. Medi-Cal for Children
3. Proper Utilization of Services – Healthy Families and Medi-Cal
4. Understand Cultural Issues
5. Exercise
6. Post-Test

Healthy Families

Strategies for Community Health Workers to Increase Retention

- **Pay three months in advance and get one month free.** Once enrolled, recommend to the family that they pay three months in advance so that they can get one month free. Not only will they enjoy a discount, but they will not have to remember to make the payments monthly.
- **Recognize value of coverage.** Reinforce to parents the value of health coverage and ensure they know how to utilize their benefits. They need to see the value of coverage in order to continue paying the premium.
- **Avoid the most common reasons for disenrollment.** Educate families that the program has found that the most common reasons for disenrollment is non-payment of premium and failure to complete the Annual Eligibility Review (AER). Tell them to expect the AER about 60 days prior to their annual renewal date, and to be sure to obtain assistance if needed.
- **Report change of address.** Remind parents to submit the change of address forms so they continue to receive forms and letters by mail, including premium payment invoices and the Annual Eligibility Review form.
- **Use electronic debit or payroll deduction.** Educate parents about how to use electronic debit or payroll deduction for premium payment in case they would prefer to debit the payment automatically.
- **Have resource phone numbers handy.** Be sure parents have the resource phone numbers to call in case they have any questions, such as phone numbers for their Certified Application Assistant, health plan member services, SD-KHAN and other phone numbers. Provide them with written information such as the SD-KHAN brochure (see **Resource A-1**) that they can refer to as needed.
- **Anticipate arrival of the AER.** Reach out to parents when it is time to complete the AER if that information is known (i.e. by CAAs). If families do not receive the AER 10 months after enrollment, they should call the Healthy Families program. Follow up to answer any questions they might have and to be sure they send the completed AER.
- **Educate parents about the appeals process.** If an applicant feels Healthy Families made an incorrect decision, such as they were determined to be ineligible for Healthy Families or disenrolled, they may ask the program to review the decision that was made. To do this, the applicant should complete the Healthy Families Review form (see **Resource C-7**) and submit it within 60 days of the date of the decision. CAAs can help the applicant complete the form, but the applicant must sign the request. The form is included in letters to families when their request is denied, and can also be found on the Healthy Families website at www.healthyfamilies.ca.gov.¹⁴ In San Diego County, the Consumer Center for Health Education and Advocacy can also help.

¹⁴ July 2000 HF/MCC Information Update.

- **Follow-up.** Use outreach workers to follow up with Healthy Families recipients who do not respond to the AER.¹⁵

Strategies for Healthy Families Program Administrators to Increase Retention

- **Conduct interviews.** Conduct interviews or focus groups to learn why members disenroll, and develop and implement a plan to decrease avoidable disenrollments.¹⁶

Medi-Cal for Children

Strategies for Community Health Workers to Increase Retention:

- **Educate beneficiaries about benefits.** Improve communication with beneficiaries so they can better understand what their benefits are.
- **Link with a suitable provider.** Ensure Medi-Cal beneficiaries are linked with a provider that meets their cultural and linguistic needs, and are at their preferred location.
- **Educate families about Transitional Medi-Cal.** Educate families about Transitional Medi-Cal (see **Resource A-10**). Inform working adults that they may be able to retain coverage even if they gain self-sufficiency.
- **Report changes within 10 days.** Remind beneficiaries of the requirement to report a change of address or other change within 10 days.

Strategies for Medi-Cal Program Administrators to Increase Retention

- **Improve program communication.** The Medi-Cal program should improve communication with beneficiaries on why they no longer qualify or why they are being dropped from the program.
- **Reduce paperwork.** Reduce the paperwork needed to continue enrollment from year to year. Focus group participants reported feeling that they should only have to report financial information if there is a change in status. Otherwise, coverage should be continued without an additional requirements.¹⁷

¹⁵ Rosenbach, et al. (2001, January). Implementation of the State Children's Health Insurance Program: Momentum is increasing after a modest start. Health Care Financing Administration.

¹⁶ Rosenbach, et al. (2001, January).

¹⁷ These and the following points are from: Medi-Cal Policy Institute. (2000, March).

Proper Utilization of Services – Healthy Families and Medi-Cal

Community health workers from the Connecting Children Program made the following recommendations based upon their experience working with parents regarding proper utilization of benefits.

Assure existing enrollees are linked with a medical home.

- Show parents the list of local area physicians. Some parents have always taken their child to a Tijuana physician for care, and may not know physicians in their own area. They may feel that the problem is treated more rapidly, that there is less waiting time, and that they get what they need through penicillin or an injection. These parents may need to adjust to the U.S. style of medical care, and get linked with a local provider.
- Explain to the parent how they can change providers or health plans if necessary.

Assure families utilize services appropriately, including preventive services.

- Educate parents on the services covered through Healthy Families, Medi-Cal, or other health coverage.
- Keep up-to-date on changing eligibility requirements and new services and benefits offered by the health plans; share this information with parents.
- Review the health plan manual with the parent so they can see what services are covered and know what their rights are. Show them in the manual what they should do in case of a medical emergency. Explain to them the way referrals to specialists work and how to request a referral for their child if needed.
- Educate parents on the importance of their children visiting their primary care provider, getting well-child exams, utilizing preventive services, and getting eye exams and dental exams. All of these are covered by HF and MC.
- Explain how important it is for parents to take their children to the dentist. Many parents don't understand how important this is. They need to understand that dental exams for their children are as important as health or vision exams.
- Explain to the parent about immunization schedules and the importance of keeping their children up to date on them.
- Some parents have only used an emergency room for services when their child gets very sick. They need to learn to take their child to their medical home first, and utilize preventive services to help maintain the child's health and prevent unnecessary expenses.
- Teach parents how important it is to talk to their doctors if they have concerns about their child's behavior or school grades. The doctor may help find a reason. Perhaps the child needs glasses to read or see the chalkboard. If a child is misbehaving, sleeping more than usual, or seems depressed, the physician may be able to help the parent identify what is wrong.

Problem-solve with recipients to remove barriers to care.

- Ask parents if there is some reason they cannot get the services they need. Work with them to overcome any obstacles.
- If a parent has a right to a service but cannot get access to it, advocate for them with the health plan and show them how they can get the service they need.
- Some parents do not know how to navigate the system of care, but can learn how with your assistance. If necessary, go with the parent to the clinic or other location and walk them through the system the first time.
- Telephone trees can be difficult for parents to navigate, especially if they do not speak English well. Parents who speak no English or very little English have difficulty and hang up when the system says, “If you want to speak to this department press 1; if you want to speak to that department press 2,” etc. As a result they do not take their child to the doctor when needed. The CHW can help them navigate the telephone system.
- If a parent is waiting for a referral to a specialist to be approved, they need to follow up with the physician office rather than waiting for a phone call. Sometimes parents will wait patiently, even when the doctor’s office should have called them, but have not. In many cases this is an oversight by the doctor’s office and the parent loses time by waiting.
- Help parents solve transportation problems.
- The most common barriers to obtaining needed health care is that the client does not understand the health plan, does not know what services are offered, or they don’t know how to make an appointment.

Sample Dialogue

Client: “My son was so sick that I called his doctor to make an appointment. They scheduled me to bring him in the same day and I was delighted. When I got there, however, it was a nightmare because I had to wait for so long. When I asked why I had to wait when I had an appointment, they said they were trying to squeeze me in. I waited but I was very upset about it.”

CHW: “Did you contact your member service representative advocate? Let’s find out what their policy is on same day appointments. Some health plans have policies about how soon a child needs to be seen, depending on the urgency of the health problem. If you are dissatisfied with the services you may also want to consider changing physicians.”

Understanding Cultural Issues

- If a child has a fever, diarrhea and vomiting, parents accustomed to using services in Mexico are under the impression their child should receive a shot or antibiotic to make them feel better. In the U.S. they may be sent home without these, and told to drink fluids and rest. Parents may see this as a shortcoming of the U.S. system, and continue to use services in Mexico. Someone may need to explain in greater detail why they may not receive an injection or prescription, and the importance of a continued and regular source of care for the child.
- Immigrant families are afraid that if they apply for Healthy Families and enroll their children into this public program, it may have a negative impact on the family's ability to sponsor a relative. As a result many do not want to apply for the programs.¹⁸

¹⁸ Source: 100% Campaign, Community Voices, October 2000.

Exercise

To illustrate some of the concepts just described, the trainer can read Part 1 of the following exercise to the participants, which is based on a real-life situation described by a community health worker:

Trainer: "I am going to read a real-life experience that a CHW had while working with a family. Think about how you would help in this situation."

Exercise: The Lee Story

Part 1:

"I was recently working with the Lee family composed of a Mom, Dad, 7-year-old girl and 18-month-old boy. The mother, Mrs. Lee enrolled the 7-year-old in Healthy Families, but had not taken her to the doctor for her first wellness visit under the health plan. As it turned out, the physician's office was too far away from their house and she was not sure if the physician spoke Chinese, her preferred language. When I asked if her son was enrolled in Healthy Families, she said he was not."

Trainer: "What could you as a community health worker do to help Mrs. Lee?"

The following are possible responses:

1. Help the mother to change providers. Review the plan benefits booklet and follow the procedure to change physicians. Identify a physician that is closer to home and has a provider that is bilingual in Chinese.
2. Help the mother fill out the "Add New Children" form (see **Resource C-4**).

Trainer: "Here is Part 2. Think about what you would do to follow up."

The Lee Story Exercise

Part 2:

Three weeks later Mrs. Lee said she received notice that coverage for Healthy Families was denied because the family's income was too low, but that the child was eligible for Medi-Cal. The mother did not think this made sense since the older child was eligible for Healthy Families.

Trainer: "What could you as a community health worker do to help Mrs. Lee?"

The following are possible responses:

1. Inform the mother that the income eligibility guidelines vary by age (**see Figure 2 on Page 10.**) It is possible that a younger child could be denied coverage in Healthy Families even when an older child is eligible. This usually means the younger child would be eligible for Medi-Cal instead.
2. If the application might have been denied in error, the CHW can help the parent with the appeals process.

Post Test

1. Identify 3 strategies for increasing retention in Healthy Families.
2. Identify 3 strategies for increasing retention in Medi-Cal.
3. What are some of the most common barriers to obtaining needed health care?

True or False:

4. Once a primary care physician is selected, it cannot be changed for a year in either Healthy Families or Medi-Cal.
5. Many parents don't realize their children are covered for dental services as well as health services.
6. Children enrolled in Healthy Families and Medi-Cal are eligible to receive all of the recommended childhood immunizations.

Answers: 1) refer to text on Page 24; 2) refer to text on Page 25; 3) The client doesn't understand the health plan, does not know what services are offered or does not know how to make an appointment; 4) False; 5) True; 6) True.

Unit 4: CHW Key Questions

Agenda

Objective:

To review the four key questions a CHW should ask a parent with a child on Healthy Families or Medi-Cal and to provide the resources needed to work successfully with the parent.

Time:

Approximately 1 hour

Materials

Each participant should have a copy of **Book 2, Resource Materials**

Activities:

- Review the question and the description of the issue
- Read the story that provides an example of the issue
- Review Book 2, Resource Materials
- Have the CHWs complete the post-test at the end of the section as a group or individually

Topics:

1. Question 1. Do you understand the health benefits that are available to your child?
 - Mrs. Lawrence's Story
2. Question 2: Has your child been to a doctor for a wellness exam and the dentist for a checkup using his/her new health coverage?
 - Mr. Herrera's Story
 - Mrs. Jackson's Story
3. Question 3: Now that you have health coverage for your child, do you know what you need to do to keep it?
 - Mr. Singh's Story
4. Question 4: Do you need a referral for other community services?
 - Mrs. Perez's Story

1. Do you understand the health benefits that are available to your child?

The most common barriers to obtaining needed health care is that the client does not understand the health plan, does not know what services are offered, or does not know how to make an appointment. Some parents have always taken their child to a Tijuana physician for care, and may not know physicians in their own area. Others have only used an emergency room for services when their child gets very sick. Parents need information about how their child can utilize their health, dental, vision and mental health benefits, and how they can get the care their child needs before it turns into an emergency.

Trainer: "I am going to read a story about an actual CHW situation. Rather than read the whole story, I will read the problem first and ask you how you might have helped. After our discussion I will read what the CHW in the story actually did."
(Trainer reads Part 1 of Mrs. Lawrence's Story.)

Mrs. Lawrence's Story – Part 1

Mrs. Lawrence, a mother of five children, had Healthy Families coverage for her children, but she did not know which number to call to make appointments for them to get check ups.

Trainer: "What might you do to help Mrs. Lawrence? Remember, the fact that she doesn't know how to make an appointment suggests she might not be familiar with other information as well. What information would you give her in order to help her?"

Elicit responses from the group, which could include the following:

- Review the contents of the health plan package with her.
- Show her where to find the phone numbers she needs to call for an appointment.
- Show her the number for her health plan in case she needs further assistance.
- Help her make well-child and dental appointments for her children.

Trainer: "Here is how the CHW helped Mrs. Lawrence:" (Read Part 2 aloud.)

Mrs. Lawrence's Story – Part 2

The first step for the CHW was to work with the mother and carefully review the contents of the health plan package she had received. The CHW showed her where to find the numbers she needed to call for an appointment, and went over the steps to take if she needed further help by calling her health plan directly. The CHW helped her make well-child checkups for her children, and to schedule dental appointments. She said she felt so much better as a mother for making sure her children were healthy.

2. Has your child been to a doctor for a wellness exam and the dentist for a checkup using his/her new health coverage?

Wellness exam. A parent should not wait until their child is sick before going to the doctor. Well-child exams are regular checkups to ensure a child is healthy and growing well. The American Academy of Pediatrics recommends that infants, children, and adolescents receive wellness exams on a regular basis (see **Figure 3**). The Recommendations for Preventive Pediatric Care are included in **Resource A-2**. Children and youth will have health screenings, such as vision, hearing, and dental screenings, so providers can find or rule out health problems. They will also receive regular immunizations to help prevent them from getting diseases such as hepatitis B, diphtheria, tetanus, pertussis, polio, measles, mumps, rubella chickenpox, and other diseases.¹⁹ (See the recommended immunization schedule in **Resource B-3**). Parents should be encouraged to talk to their pediatrician not only about health concerns, but also about concerns they might have about a child’s behavior, grades in school, or other concerns. A pediatrician may talk with adolescents and their parents about topics such as injury prevention, violence prevention, and nutrition counseling.

Figure 3: Recommended Ages to Have Wellness Exams

Infants	Children	Adolescents
Newborn	15 months	11 years
First week	18 months	12 years
1 month	2 years	13 years
2 months	3 years	Every year through age 21
4 months	4 years	
6 months	5 years	
9 months	6 years	
1 year	8 years	
	10 years	

Source: American Academy of Pediatrics, Recommendations for Preventive Pediatric Health Care, 2000.

Dental checkup. Children should see a dentist about every six months, depending on the child’s needs or susceptibility to disease. Sometimes a health professional will incorporate an oral exam into other wellness visits and reinforce good oral habits, but this does not replace a visit to the dentist. The dental or health professional will examine the child’s teeth and educate parents about fluoride supplements, bottle use, teething/tooth eruption, tooth cleaning injury prevention and dietary habits.²⁰

¹⁹ Information about well-child exams is from Bright Futures, “Your Child’s Health Record” brochure in **Resource A-8**.

²⁰ Casamassimo P. (1996). Bright Futures in Practice: Oral Health.

Barriers to care. Some parents encounter barriers when they try to take their child for a wellness exam. They may call the clinic and find a recording answers that asks them to “Push 1 if you need..., Push 2 if you need...” This can be challenging for parents, especially if English is not their preferred language. In addition, they may have difficulty finding transportation, or find out that their provider is not culturally sensitive, or is not bilingual. The CHW will work with the parent to identify strategies to remove these barriers to care.

Sample Dialogue

Client: I requested transportation vouchers two weeks in advance of a doctor's appointment but never received them. Can you help me?

CHW: It is too bad that you had to be inconvenienced like that. Can I help you reschedule your appointment and see to it that you get your vouchers?

3. Now that you have health coverage for your child, do you know what you need to do to keep it?

The main reasons eligible children become disenrolled from Healthy Families is because the premium is not paid or the Annual Eligibility Review form is not submitted. Sometimes the family may move and not notify Healthy Families by completing a change of address form. As a result, premium notices are not received, payment is not made, and the child is dropped from coverage.

The main reasons eligible children are disenrolled from Medi-Cal is because the parent does not provide the needed documentation, or because they do not complete the annual update form. Parents need to be educated about the value of health insurance, and how to avoid the most common reasons for disenrollment.

Trainer: "I am going to read a story about an actual CHW situation in three parts, and ask what you would do along the way." (Trainer reads Part 1 of Mr. Singh's Story.)

Mr. Singh's Story – Part 1

Mr. Singh had two children enrolled in Healthy Families and regularly made his payments. One month he was notified by his landlord that his rent was about to be increased. Mr. Singh could not afford the increase, and suddenly was faced with having to move his family. He wanted very much to stay in the same neighborhood since his children liked their school and had friends in the area. He spent his weekends looking, and finally found a place that was available, in his price range and very nice. Within one month he was ready to move, preparing his children and packing all of their belongings.

Trainer: "As a community health worker, what would you anticipate could happen to a family's coverage if they moved? What information would you give the parent to assure continuous coverage?"

Possible responses:

- The CHW should remind the parent to submit the change of address form immediately so they continue to receive their premium payment invoices and the Annual Eligibility Review form.
- The parent needs to make payment within 60 days of the due date of the last paid premium so that the children are not disenrolled. If there are extenuating circumstances such as loss of job or family illness, a family can appeal to Healthy Families for an extension.

Mr. Singh's Story

When the Singh family got to their new apartment they got settled in and found that they were all able to adjust to the change. The only problem was that in focusing so much on the move, Mr. Singh neglected to notify Healthy Families about his new address. He did not receive his premium notices, but did not notice since he was concentrating on the move and the well being of his children. He also did not receive his Annual Eligibility Review. As a result his children were disenrolled.

Trainer: What would you do to help Mr. Singh once his children were disenrolled?

- If a family has not received a premium statement or AER, the family or the CHW can assist them by calling Healthy Families to request the needed documents.
- There is not grace period for the AER, so it is very important for the family to report the change of address and submit the completed AER. If the children are disenrolled, they cannot enroll again for 6 months.
- If children are wrongly disenrolled the CHW can help the parent appeal to Healthy Families by completing an appeals form (see **Resource C-7.**)

Mr. Singh's Story

The CHW assisted him in forwarding his change of address to Healthy Families and re-enrolling his children in the program.

4. Do you need a referral for other community services?

A CHW from Connecting Children pointed out that to reach their objective of linking children with a health care provider, she needed to address the parent's and family's health and social service concerns. Referrals were often needed for transportation, food assistance programs, addiction programs such as Alcoholics Anonymous, children and infant services, adolescent and teen services, the Legal Aid Society, employment services, resources for immigration issues and other services. At a minimum the CHW should provide the name of an agency and phone number, as well as a staff contact if known and the address.

CHWs need to become familiar with resources in their area that could be helpful to families. **Resource B-2** has an example of resources that Connecting Children used in the South Bay area.

The following general resources are also available:

- United Way INFO-LINE is the best central resource and can refer clients to almost any needed service in San Diego County, including crisis services. Call one of the numbers below. Also see summary of services in **Resource B-1**.
 - Greater San Diego 619-230-0997
 - North County Coastal 760-943-0997
 - North County Inland 760-740-0997
 - From Outlying Areas in San Diego County 1-800-227-0997
- Inform San Diego Resources, <http://www.informsandiego.org/index.asp>. This is a comprehensive web-based resource. See list of selected key phone numbers in **Resource B-1**.

Trainer: Mrs. Perez's story below shows how a CHW referred a client to resources in the community for additional assistance. (Read story aloud).

Mrs. Perez's Story

Mrs. Perez had trouble making a well-baby check up because her English skills were limited and the person who answered the phone seemed impatient with her. She became frustrated and delayed scheduling the appointment. "Besides," she said, "I don't have enough money to pay for my gas and electric bill. I need to pay that first, which means I cannot afford the premiums for my baby's health insurance."

The CHW emphasized the importance of keeping her baby on schedule for seeing the doctor as recommended for preventive visits. She worked with Mrs. Perez to find a physician's office that was bilingual, and taught her what to say when she called. The CHW also referred Mrs. Perez to the MAAC project for assistance in working with SDG&E about a payment plan. This assistance left enough cash available to pay the Healthy Families premium, and the baby received the care it needed.

Resources for Parents and CHWs

Trainer: Let's review the resource materials in **Book 2, Resource Materials**. You can use these resources when you are assisting a parent. Remember, when you give out information, go over it carefully with the parent rather than just giving them a copy of it. Parents may have questions you can answer on the spot. The resource materials are divided into three groups:

Section A: Materials to give to parents

Section B: Procedures, scripts and worksheets for Community Health Workers

Section C: Sample Healthy Families and Medi-Cal forms and letters

Let's begin by turning to the **CHW Checklist** in the front of **Book 2**. You will use this checklist as a guideline when you are working with families. As we review this checklist, we will see it refers us to materials to give to parents.

We can take time now to look at all of the resource materials and become familiar with them before working with families.

Post-Test

True or False:

1. In a family it is possible to have one child eligible for Medi-Cal, while another child is only eligible for Healthy Families.
2. A parent should wait until a child is sick to take them to the doctor.
3. Parents only need to take their child to the dentist if they notice a problem.
4. If a parent pays three months of Healthy Families in advance, the child can receive one month free.
5. A parent who gains self sufficiency is automatically disqualified from Medi-Cal.
6. CHWs should only focus on insurance coverage and not address any other problems the family may have.

Resource questions:

7. What is the best resource for any question about Healthy Families or Medi-Cal?
8. What informational resource should be reviewed with all families with a child enrolled in Healthy Families?
9. What is the best central contact for any San Diego County health or social service resource (such as for counseling, food services, child care, or other services)?
10. Who can a parent call if they feel they have been treated unfairly?

Answers: 1) True; 2) False; 3) False; 4) True; 5) False; 6) False. 7) San Diego Kids Health Assurance Network; 8) The SD-KHAN brochure: "Important Information about Your Healthy Families Program;" 9) United Way InfoLine; 10) Consumer Center for Health Education and Advocacy.

Lessons Learned from Connecting Children

- CHWs must be knowledgeable about the differences between health plan benefits in the various health care programs, as well as the differences in benefits among various health plans. They need to refer the parent to member services when they have more complicated questions, and facilitate as needed.
- During an interview, CHWs try to assess a client's knowledge about the benefits of prevention and ways to maintain health insurance. CHWs have found that many people are unaware that wellness exams are free-of-charge. Once informed, a parent will take their child(ren) for a wellness visit. CHWs try to educate parents, such as some from the Latino community, who are accustomed to taking their children to the doctor when they are sick rather than to wellness exams for "prevention" purposes.
- The "entire family unit" needs to be assessed for health coverage, as well as other services they may need. CHWs found that families seemed to need counseling services, especially for mental health and substance abuse issues. The CHW needs to be aware of resources available to these families and to refer them as necessary.
- Parents routinely seek assistance from CHWs on questions regarding navigating and utilizing their health plan. They also seek assistance on a range of social service needs. CHWs believe that its important to address social service needs in order to meet the health objectives of this project.
- CHWs need to be resourceful and persistent while at the same time be kind and respectful, when working with doctor's offices, making appointments, and assisting in other ways.
- CHWs need to be culturally sensitive so that they can adapt to different situations. Training on how to approach people from different cultural backgrounds regarding health and health coverage is important for carrying out the activities of this project.
- Parents need to be educated about their dental benefits. Many do not know they have benefits or do not know what benefits their child is entitled to. Some need assistance in linking with a dentist for care.

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Glossary

Annual Eligibility Review (AER) – The process Healthy Families uses to update the family's information, including address, income, and other topics. The family receives an AER packet in the mail that must be completed and returned.²¹

Centers for Medicare and Medicaid Services – Formerly the Health Care Financing Administration (HCFA). This is a federal agency within the U.S. Department of Health and Human Services. HCFA runs the Medicare and Medicaid programs, and with the Health Resources and Services Administration, runs the Children's Health Insurance Program (CHIP). Healthy Families is California's CHIP program.

Certified Application Assistant (CAA) – CAAs have undergone training to assist families with the Medi-Cal and Healthy Families application. CAAs are usually affiliated with a community-based organization or health provider. They may receive \$50 per successful application unless they belong to organizations that receive state contracts to provide such services.

Electronic Data Systems (EDS) – The Managed Risk Medical Insurance Board has contracted with EDS to review and process applications, and to bill for and receive payments for the Healthy Families program. They are responsible for the general information line (888-747-1222).

Federal Poverty Level (FPL) - The Federal Poverty Guidelines, often referred to as the "Federal Poverty Level," are issued each year in the Federal Register by the Department of Health and Human Services. The guidelines, a simplified version of the poverty thresholds used by the Census Bureau for statistical purposes, are used to determine financial eligibility for certain federal and state programs, including Medi-Cal. These guidelines are based upon income and family size. As of February 2000, the Federal Poverty Level is \$8,350 (in annual income) for an individual and \$17,050 for a family of four.

Fee-for-Service - The traditional method of paying for care in which health care providers are reimbursed for a particular service such as office visits, medical procedures, and prescriptions at a rate established by the Medi-Cal program. Roughly 50% of Medi-Cal beneficiaries in California receive coverage through a fee-for-service system.

Health Care Financing Administration (HCFA) – see Centers for Medicare and Medicaid Services.

Health Maintenance Organization (HMO) - A health plan (an organized group of practitioners) that delivers and manages the provision of health services under an agreement that the plan receives a specified rate for each person enrolled in the plan. The HMO is usually paid a monthly premium for each person enrolled in the plan regardless of the frequency or type of service provided.

Healthy Families Program - California's State Children's Health Insurance Program (S-CHIP). Healthy Families provides health coverage to children in families with incomes between 100% and 250% of the Federal Poverty Level who do not qualify for Medi-Cal and do not have private insurance. Services covered are similar to those in the benefits package for California state employees and require payment of a monthly premium. Healthy Families does not extend coverage to adults.

²¹ Glossary adapted from the The Medi-Cal Policy Institute; www.medi-cal.org/resources.

Healthy San Diego - San Diego's Medi-Cal-managed care program. It is part of the San Diego County Health and Human Services Agency, and manages the health plans that have been contracted to care for Medi-Cal recipients. The goal of Healthy San Diego is to establish a Medi-Cal managed care system that integrates public health functions and services of the local health department with private sector, full-risk service health plans.

Managed Care - A method of delivering and financing health care that seeks to control health care costs by coordinating an individual's health care. Managed care plans (sometimes called HMOs) typically receive a prepaid rate for each member enrolled in the plan and maintain some level of risk for providing all necessary services for enrolled members within that prepaid rate.

Managed Risk Medical Insurance Board (MRMIB) - A state entity governed by a board of five appointed members that administers three programs that provide some form of health care coverage to specific populations. These programs are AIM, Healthy Families, and MRMIP.

Maximus - The company that contracts with DHS to perform activities under the Health Care Options (HCO) program.

Medicaid - A federal program, established in 1965, that provides health care coverage for low-income families and certain individuals who lack other health insurance. Medi-Cal is the name of California's Medicaid program which, like other state's programs, is funded by both the federal and state governments.

Medi-Cal - Medi-Cal, California's Medicaid program, provides health care coverage for low-income and disabled individuals who lack health insurance. Jointly funded by the state and federal government, it is the primary source of health and long-term care coverage for 5.1 million Californians.

Outstationing - A form of Medi-Cal outreach that allows individuals to apply for Medi-Cal at locations other than those at which applications for cash assistance (CalWORKs) are received and processed. Most common locations for outstationing are perinatal clinics, hospitals, and schools. Additional locations include family support centers, mental health centers, local health departments, and community-based organizations (CBOs). Innovative outstation locations are adult day care centers, drug rehabilitation facilities, clinics serving people with AIDS and tuberculosis, and probation facilities.

Public Charge - A term used by the Immigration and Naturalization Service (INS) to describe immigrants who have become or will become dependent on public benefits (including Medi-Cal). Depending on immigration status, the INS can refuse an individual's entry or re-entry into the United States, or stop someone from becoming a permanent U.S. resident if it believes that the individual is likely to become a public charge. However, an immigrant is not automatically inadmissible into the United States because he or she received public benefits in the past.

Transitional Medi-Cal (TMC) - A program administered by the state that extends Medi-Cal coverage for up to 12 months for families who leave welfare (CalWORKs) due to new or increased earnings from employment. The program covers all persons meeting a certain criteria for the first six months and individuals up to 185% of the Federal Poverty Level for the remaining six months.