

Did you know?

New information and resources

Internet Resource for Health Care Providers and Consumers*

On May 9, 2006, Governor Kaine launched the VA Department of Health's (VDH) new Cultural and Linguistic Appropriate Standards, or CLAS Act, Internet site - <http://CLASActVirginia.vdh.virginia.gov>. The site is designed to assist health care providers in delivering culturally competent care for their limited English proficient patients. "The CLAS Act web site is a great tool for Virginia residents that require language assistance in order to receive the best care possible... the site is a tool and a step for giving Virginia's health care community the proper resources that it requires to provide the necessary services to the entire Commonwealth." Over time, resources in as many as 24 additional languages will be added to the site.

CLAS Act web site resources include:

- A listing of multicultural health and human service programs in Virginia;
- Commonly used clinical phrases in English and Spanish (coming soon - audio files to help with pronunciation);
- Guidance on how to translate materials and use interpreters effectively;
- Information about where to access translated health education materials;
- Virginia studies and reports on immigrants, refugees, and their health care needs; and
- Upcoming events such as conferences and training related to culturally and linguistically appropriate health care.

VDH's Office of Health Policy and Planning will also release a CLAS Act Resource Directory, identifying successful programs and resources for health providers to improve their ability to deliver core health care services to patients with limited English proficiency.

VDH hopes that resulting improvements in communication will lead to better health outcomes, greater patient satisfaction, and a decrease in the cost of health care due to the delays in accessing basic preventive

care. Medical errors and inefficiencies due to compromised comprehension will also be minimized by enhanced communication abilities.

Health Access Survey

The Virginia Health Care Foundation (VHCF), has contracted with the Urban Institute, a nationally recognized economic and social policy research organization, to conduct its 2006 Health Access Survey. Data will be gathered from several sources to answer questions about the number, rate, and distribution of Virginia's uninsured, as well as reasons for not being insured, eligibility for coverage (both public and private) and the impact of being uninsured in Virginia.

VHCF is also working with the Urban Institute and the Joint Legislative Audit and Review Commission (JLARC) to address additional questions about the cost of providing care to uninsured Virginians. All of this information will be used to assist JLARC with its study of the uninsured, as directed by the 2006 General Assembly.

Both studies will be completed in the Fall. Partners in the project include the Secretary of Health and Human Resources, the Virginia Department of Medical Assistance Services, the Virginia Department of Health, and the Virginia Hospital & Healthcare Association.

CHIPAC Meetings Open to Public

Meetings of the Child Health Insurance Program Advisory Committee (CHIPAC) are public meetings, anyone who wishes to can attend. Upcoming meetings:

- Thursday, September 14, 2006
- Thursday, December 7, 2006
- Thursday, March 8, 2007
- Thursday, June 7, 2007

As meetings dates approach, you may check for more information on the time, location, and agenda for these meetings on the Commonwealth Calendar at: www.virginia.gov/cmsportal2/online_services_4096/commonwealth_calendar.html

*Source:
Governor's Press Release,
May 10th



Health Care Foundation
 1400 West Street, Suite 445
 Alexandria, VA 22304
 703-838-2321
 nowva.org

Presort
 Standard
 U.S. Postage
 PAID
 Permit #2367

Info Changed?
 Contact SignUpNow to
 get more information by
 calling (703) 828-6062 or e-
 mailing signupnow@vhcf.org.

Thanks...



To Our VA CKF Partners

Preparation of this newsletter was assisted by a grant from the Robert Wood Johnson Foundation, Princeton, NJ.

Additional support was provided by: Roy R. Charles Charitable Trust, Anthem Blue Cross and Blue Shield, UnitedHealthcare (MAMSI), Capital One, the Carilion

Foundation, the Annie E. Casey Foundation and AMERIGROUP.

To SignUpNow's Partners

Virginia Department of Medical Assistance Services and the Virginia Primary Care Association.

Not Yet

By
 the Greene,
 n Manager,
 en's Health
 Initiatives
 Health Care
 Foundation

Recognizing that there continue to be large numbers of uninsured children in some parts of the Commonwealth, the Department of Medical Assistance Service (DMAS) generously agreed to provide funding for several *Project Connect* grantees to continue their work for another year, and on June 13, 2006 the Virginia Health Care Foundation Board of Trustees awarded continuation grants to the following four projects.

- **Alexandria Neighborhood Health Service, Inc. (ANHSI)** will continue its work in Arlington, focusing on lower income Hispanic families. The funding will support ANHSI's effort to increase enrollment and retention in the FAMIS programs. The project will institutionalize its work by training community partners in both Arlington and Alexandria to carry on the task of enrollment assistance in the coming years.

- **Consortium for Infant and Child Health (CINCH)** will continue to enroll uninsured children and pregnant women in Hampton Roads. CINCH will also expand its service area to include York County, Poquoson and Franklin City in the coming year. The project will continue to institutionalize enrollment in its target areas.

- **Cumberland Plateau Health District, working in partnership with Clinch Valley Community Action Agency,** will continue to provide outreach and enrollment assistance to families in the far Southwest area of Virginia and will also work on institutionalizing enrollment into area agencies.

- **REACH** will work to institutionalize enrollment in Richmond area schools and in a variety of community-based organizations in the greater Metro Richmond Area.





SignUpNow

Outreach

Communities Connecting Kids With Health Coverage

New Medicaid Requirement

By Linda Nablo,
Director, Division of
Maternal & Child Health,
Virginia Department of
Medical Assistance
Services

New Medicaid Requirement

On February 8, 2006 the President signed the Deficit Reduction Act of 2005 (DRA). Among the significant changes that the DRA makes to Medicaid is the addition of a new federal requirement, effective July 1, 2006, that all US citizens and nationals applying for or renewing their Medicaid coverage provide documentation of their citizenship and identity. They will be asked to submit one document for both proof of citizenship and identity, or two documents; one for citizenship and one for identity.

Common Documents Used to Prove Citizenship and Identity

U.S. Citizenship Documents	Identity Documents
<ul style="list-style-type: none">■ A birth certificate; or■ An official hospital birth record.	<ul style="list-style-type: none">■ A state driver's license;■ A state issued ID card; or <p><i>For children age 16 or under:</i></p> <ul style="list-style-type: none">■ A student ID card; or■ A school record with the place and date of birth and parent's name listed; or■ A doctor, clinic, or hospital record with the date of birth listed; or■ As a last resort, a signed statement from the parent or guardian. (<i>Ask the eligibility worker for an official form.</i>)

A U.S. passport can be used for both citizenship and identity



Inside:

General Assembly Update

Did you know?

VHCF Grantees Graduate

Institutionalization - What Does It Mean?

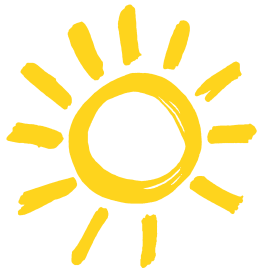
Enrollment Progress

A longer list of acceptable documents can be found on the Virginia Department of Social Services (DSS) web site at www.dss.state.va.us. Representatives from your local Department of Social Services can tell you what other documents may be acceptable. If a family is having difficulty obtaining one of the documents listed or has any questions, they should contact their eligibility worker. Whenever possible, the worker will allow additional time for the family to obtain the necessary documentation. Proof of citizenship and identity is only required one time. Copies will be made for the case record.

The Department of Medical Assistance Services (DMAS) is working with DSS and the Virginia Department of Health (VDH) to implement this new policy and has sought further guidance from Centers for Medicare and Medicaid Services (CMS). DSS will work with VDH to assist families in obtaining copies of birth certificates when the families have difficulty in obtaining them. DMAS will also send a letter to all individuals currently enrolled to notify them of this new requirement.

This new law **does not** apply to those enrolled in the FAMIS, FAMIS MOMS, State and Local Hospitalization, and Refugee Medical Assistance programs. It also does not apply to parents and guardians of enrollees who do not receive Medicaid.

2006 General Assembly Update



At long last! A budget agreement was reached by the House and Senate budget negotiators in the waning hours of Friday, June 16. The Senate voted to ratify that agreement Monday, June 19th. The House did so Tuesday, June 20th.

The budget addressed a number of important child health issues. The final budget that went to the Governor included the following:

- **Increasing eligibility for FAMIS MOMS from 150% FPL to 166% FPL.** The budget amendment also includes language that clarifies that the FAMIS MOMS program may provide coverage to lower income pregnant women who do not qualify for Medicaid for non-financial reasons.
- **Increasing reimbursement for Pediatric Services 5% in both years of the biennium.** A total of \$7 million the first year (state & federal) and \$14.5 million in the second year (state & federal) is appropriated. This increase applies to physicians and practitioners that deliver pediatric services, excluding hospital emergency department visits, to children age 21 and younger who are enrolled in Medicaid and FAMIS. This increase will take effect on July 1, 2006.

- **Language directing DMAS to review and report on other states' SCHIP buy-in programs.** This study would look into the feasibility and cost of allowing families with incomes over the FAMIS limits to purchase health insurance from the state - essentially to "buy" FAMIS coverage for their children. Buy-in programs such as these fill a necessary coverage gap for children of working families who are not eligible for SCHIP, but do not have access to or cannot afford private insurance coverage.
- **Expanding the Virginia family planning waiver to serve all women with income under 133% FPL.** Currently these services are only available to women who had a Medicaid covered pregnancy. This will help women 19 and older who want to plan their pregnancies.

On June 27th, the Governor returned the budget to the House and Senate with his amendments. The House and Senate worked on the budget again on the 28th and returned it to the Governor. He signed it into law on the 30th. All the child health issues listed here survived! Stay tuned for details on implementation.



An Update On...

DSS Eligibility Worker Trainings
VHCF worked with DMAS and DSS to bring important training to local DSS eligibility workers around the state. "Making the Pieces Fit: A Special Event for Families and Children Eligibility Workers," was conducted in 8 regions during April and May. The purpose of the training was to acknowledge the significant role that the eligibility workers play in FAMIS enrollment and retention; review FAMIS policies; highlight promising practices in enrollment and renewal; and offer eligibility workers opportunities to ask questions of policy experts. The programs were well-received throughout the state and nearly 900 eligibility workers were trained.

Soon DMAS will post a comprehensive document on their web site (www.dmas.virginia.gov) providing a compilation of questions asked by eligibility workers at the sessions, and via e-mail after the sessions, along with the corresponding answers.

SignUpNow

With funding from the Virginia Department of Medical Assistance Services, *SignUpNow* will be enhancing its web site (www.signupnowva.org) this summer. Along with the usual updates of the *Tool Kit* and news items, the project will be creating an on-line version of its workshop curriculum to help community workers stay on top of program changes. Stay tuned for the new and improved site!



VHCF Child Health Insurance Grantees Graduate

By
Joanne Greene,
Program Manager,
Child Health
Insurance Initiatives,
Virginia Health
Care Foundation

The Virginia Health Care Foundation's *Project Connect* grantees and *Covering Kids & Families* pilots together have targeted 82 localities and enrolled over 31,871 children. Since the beginning of the 2005-06 grant year alone, the grantees enrolled over 3,500 children and pregnant women in the FAMIS programs.

On June 30, 2006, the three CKF pilots and five *Project Connect* grantees graduated from funding. We congratulate these projects for all their hard work and great success!

Our *Project Connect* graduates include:

- Blue Ridge Area Health Education Center (AHEC)
- Bon Secours Richmond Health System
- Child Health Investment Partnership (CHIP) of the Roanoke Valley
- Johnson Health Center
- INOVA Partnership for Healthier Kids

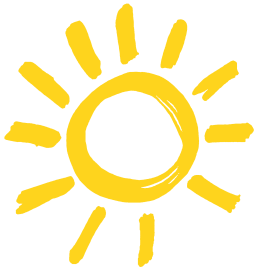
Covering Kids & Families graduates include:

- Consortium of Infant and Child Health (CINCH)*
- Radford University FAMIS Outreach Project
- United Way, Thomas Jefferson Area

Many of these graduates will continue their work enrolling children and pregnant women in Virginia's child and maternal health coverage programs as independent projects.

- Bon Secours Richmond Health System will continue to employ its two outreach workers. Both will have expanded positions, and will provide care coordination to families who receive care at Bon Secours.
- CHIP of the Roanoke Valley will continue its full time outreach worker, providing outreach and enrollment assistance to children and pregnant women in Roanoke and surrounding counties.
- Johnson Health Center (JHC) will maintain one part time outreach worker, providing enrollment assistance to families at the Johnson Center, the James River Dental Clinic, and the new JHC prenatal clinic. The outreach worker will also assist families with emergency Medicaid and other benefit programs.
- INOVA Partnership for Healthier Kids (PHK) will continue to provide the exemplary school based assistance that it has for many years! PHK will also continue to be involved in the Virginia Covering Kids & Families Coalition, serving on the Value Access & Utilization Task Force and heading up the Hispanic Outreach Task Force.
- United Way, Thomas Jefferson Area will provide referral services to families needing application assistance, referring families to the outreach worker at UVA Hospital and local departments of social services.
- Radford University FAMIS Outreach Project is actively seeking funding to continue their efforts beyond September 2006. They have institutionalized enrollment in area Virginia Employment Commission (VEC) Offices, the Radford University Health Clinics and other local agencies.

*CINCH graduates as a CKF pilot, but it is still a *Project Connect* grant recipient, see back cover for more details.



Institutionalization - What Does it Mean?

By Joanne Greene,
Program Manager,
Child Health
Insurance Initiatives,
Virginia Health
Care Foundation

Institutionalization is a BIG buzz word for many grant writers and grants managers. But what does it mean for child health insurance advocates? When we speak of institutionalization, we are referring to your willingness to take on the task of outreach and enrollment assistance. We want the value of health insurance for every child and every pregnant woman to get “under your skin” in such a way that you become passionate about enrolling uninsured children and pregnant women in state-sponsored health insurance.

Institutionalization occurs when...

- School nurses identify uninsured children and share information about FAMIS with parents.
- Human Resource Managers and small business owners routinely tell new employees about FAMIS and FAMIS Select as a low cost way to enroll the entire family in low-cost health insurance.
- Head Start workers and other community service workers identify and assist uninsured families with FAMIS/FAMIS Plus applications as part of their intake process.
- Community Health Centers, free clinics and other medical offices prepare FAMIS application packets, give applications to uninsured families, and offer to assist families with the application process.
- Health Departments utilize “Web Vision” to assist uninsured children and pregnant women with a FAMIS application.
- YOU take one additional step to help an uninsured child or an uninsured pregnant woman with information about Virginia’s state sponsored health insurance programs.

Virginia has done a wonderful job enrolling children in health insurance. Now it’s up to you, our community partners, to keep enrollment numbers high by instituting FAMIS screening and enrollment assistance as part of your routine. We are depending on you, but more importantly, uninsured children and their families are depending upon you.

Enrollment Progress



FAMIS, FAMIS Plus & FAMIS Select

As of June 1, 2006 over 77,969 children were enrolled in FAMIS and more than 351,361 were enrolled in FAMIS Plus.

The new FAMIS Select Program, which offers families the opportunity to enroll their FAMIS-enrolled children in private or employer-sponsored health insurance programs and receive assistance paying the premiums, continues to grow.

- An average of 30 children are enrolled in FAMIS Select each month.
- Over 90% of the families enrolled in FAMIS Select purchase their coverage through an employer.
- Through FAMIS Select an additional 28 non-FAMIS children and 231 adults

have received coverage in a family plan since August 1, 2005.

- The main reason families leave the FAMIS Select program is because their income has increased and the children are no longer eligible for FAMIS.

FAMIS MOMS and FAMIS Select

Over 450 women have been covered by FAMIS MOMS since August 1, 2005. This exceeds the 385 predicted to be enrolled in the first year.

Participation in Medicaid for Pregnant Women has also risen, most likely as a result of outreach for FAMIS MOMS. As of June 1, 2006, there were 16,932 women in Medicaid for Pregnant Women.

