



**Report to the Legislature**

**Health Services for Children  
Children's Health Care Coverage**

**2SSB 5093, Section 2(2)**

**November 2007**

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Health and Recovery Services Administration  
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## ***Overview & Summary***

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Second Substitute Senate Bill 5093 asks the department to modify its eligibility renewal procedures to lower the percentage of children failing to annually renew. The department established two workgroups one to look at the eligibility renewal process and the other to review income verification requirements. The workgroups consist of DSHS staff, community stakeholders and advocates. The department will implement recommendations outlined below from the renewal and income workgroups. The report arises from instructions from the 2007-2009 Legislature.

*2SSB 5093 Section 2 (2), in part: (2) The department shall accept applications for enrollment for children's health care coverage; establish appropriate minimum enrollment periods, as may be necessary; and determine eligibility based on current family income. The department shall make eligibility determinations within the time frames for establishing eligibility for children on medical assistance, as defined by RCW 74.09.510. The application and annual renewal processes shall be designed to minimize administrative barriers for applicants and enrolled clients, and to minimize gaps in eligibility for families who are eligible for coverage. If a change in family income results in a change in program eligibility, the department shall transfer the family members to the appropriate programs and notify the family with respect to any change in premium obligation, without a break in eligibility. The department shall use the same eligibility redetermination and appeals procedures as those provided for children on medical assistance programs. The department shall modify its eligibility renewal procedures to lower the percentage of children failing to annually renew. The department shall report to the appropriate committees of the legislature on its progress in this regard by December 2007.*

### **Eligibility Review Pilots**

Beginning January 2008 the department will implement 4 renewal pilot projects throughout the 6 DSHS Economic Services Administration Regions and Health and Recovery Services Administration (HRSA) Medical Eligibility Determination Services (MEDS) Office. The pilots are scheduled to run for 6 months from January to June 2008.

- 1. Initiate a Telephone Renewal at the time of an Unscheduled Client Contact (Any Contact Model).*

When a review is due within 3 months of a telephone contact from the client, a review is initiated.

Example: A family is receiving children's medical and childcare. On September 4th the parent calls to report a change in work hours and a need for additional childcare

hour. The worker verifies the change in work hours and monthly family income. The worker notices that the review for children's medical is due in November. While the client is on the telephone the worker asks if they can complete the child's medical review. The worker initiates a medical review and completes a telephone review at the same time. The child's medical is recertified for one year.

## *2. Outbound Calling Renewal Model*

Staff will telephone clients up to 3 months before the review is due for children's medical and complete a review by telephone. HRSA will pull lists 3 months prior to the review end date for stand-alone children's medical assistance units. This will allow time for the review to be completed before the actual ACES review would be mailed.

If the client is not a home when the telephone call is made, the worker will leave a voice message tells the client:

- Their child's medical review is coming due
- That the family may call back at their earliest convenience to complete the review by telephone – if they wish
- If a telephone review is not convenient the family will receive a paper eligibility review.
- Reminds the family to continue medical benefits for their child they must either call or complete the paper review.

If we can not reach the client because they have no current telephone number or voice message they will receive a paper review by mail.

## *3. Simplified Renewal Form with Business Reply Self-Mailer*

HRSA will pull lists 3 months prior to the eligibility review end date for stand-alone children's medical assistance units. HRSA will mail a simplified children's medical review. The form tells the client they can call to complete their eligibility review or return the form with income verification. The simplified review will be a postage paid self-mailer when folded. (Attachment A)

## *4. Special Mailing Envelope*

The Department plans to mail the current eligibility review form using a special envelope to encourage the family to open immediately to continue children's medical coverage. The message on the envelope will be bolded and in color. (Attachment B)

The assignments for the renewal projects are as follows:

- Region 1 – Outbound Calling Renewal Model
- Region 2 – All Pilots
- Region 3 – Outbound Calling Renewal Model
- Region 4 – Any Contact Model
- Region 5 – Control group – will not be implementing any renewal project
- Region 6 – Special Message Mailing Envelope
- MEDS – Simplified Renewal Form – with Self-Mailer Envelope

The Department will be measuring the progress and success of each regional pilot. The Office of Financial Management (OFM) has developed for HRSA a baseline churn measurement for the children's medical caseload in seven regions. Churn is the measurement of clients who return to the program after termination within a short time frame. OFM will continue to measure the churn throughout the six month pilot project and we will compare these measurements to the baseline figures to see which pilots have been successful in reducing the churn. (Attachment C) Throughout this pilot project HRSA will also be monitoring termination codes from the Automated Client Eligibility System (ACES). A successful pilot will show a reduction in termination codes for no eligibility review form returned, and no verification returned.

### **Income Verification**

In January 2008 the department will implement changes to income WACS for children. In December all staff who determine eligibility for children's medical, will receive training on these new income regulations.

The WAC changes and training should reduce barriers for families by allowing:

- An estimate of monthly income rather than exact verification of pay received in the month of application.
- Families applying for cash, Basic Food and medical will not have their children's medical delayed pending verification for cash or food programs.
- Training will reinforce that before pending for income verification staff will use system interfaces and third party telephone contacts with employers to verify income whenever possible.
- Families can use their last year federal income tax statements to anticipate monthly self-employment income.



## Medical Benefits Renewal

To continue your children's medical coverage you must complete a yearly review.

- Call the number on the attached letter to complete your review by telephone; or
- Complete this form and mail it to us with current proof of income.

Please Print.

				CLIENT NUMBER	
FIRST NAME		LAST NAME		MIDDLE INITIAL	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)			E-MAIL ADDRESS		
<b>HOUSEHOLD</b>					
Has anyone moved into your home in the past 12 months?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAME		DATE OF BIRTH		GENDER	
				Female <input type="checkbox"/> Male <input type="checkbox"/>	
U.S. Citizen		Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to you	
Has anyone moved out of your home in the past 12 months?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAME			DATE MOVED OUT		
<b>Monthly Income for your household.</b>					
Earned income is wages from an employer or profit from self employment. <u>Unearned</u> income is a benefit, like unemployment, child support or Social Security.					
Name of person with income		Employer (Name/Phone) or Income Source		Monthly Income (before taxes or expenses)	
<p>Note: Provide proof of your current income. Proof of earned income is copies of wage stubs, or a statement from your employer. If you are self-employed, you can provide a copy of last years income tax return. Be sure to call or return your renewal form even if proof of income is not currently available.</p>					
<b>Expenses for your household</b>					
Total monthly child care cost you pay so you can work \$					
Total court ordered child support you pay each month \$					
<b>Declaration And Signature</b>					
I have read and understand the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct and complete to the best of my knowledge.					
SIGNATURE OF APPLICANT				DATE	

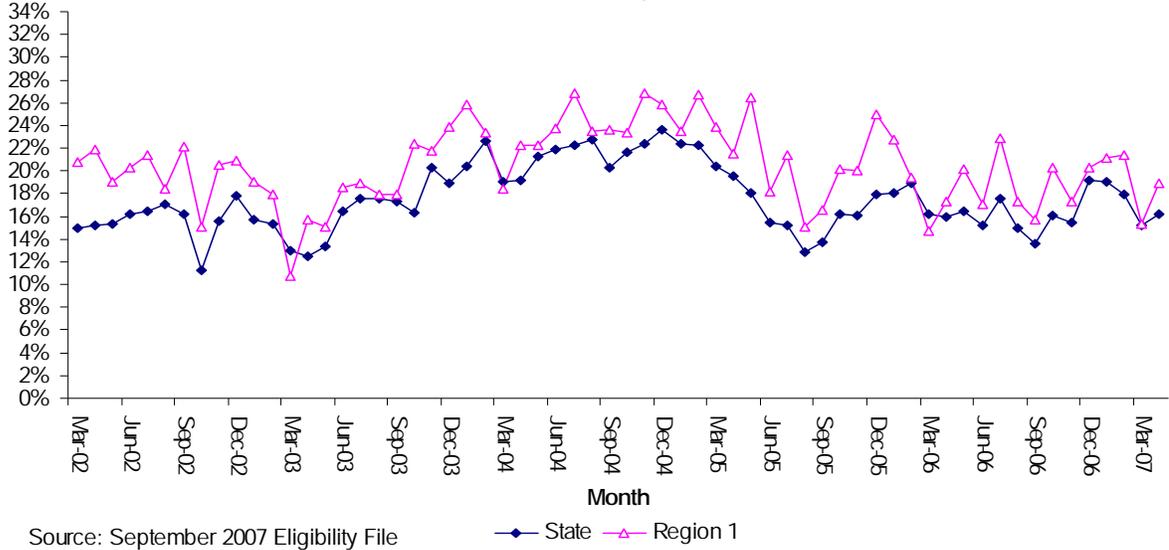
**To Mail:** Refold with the business reply on the outside (no postage needed)

Attachment B

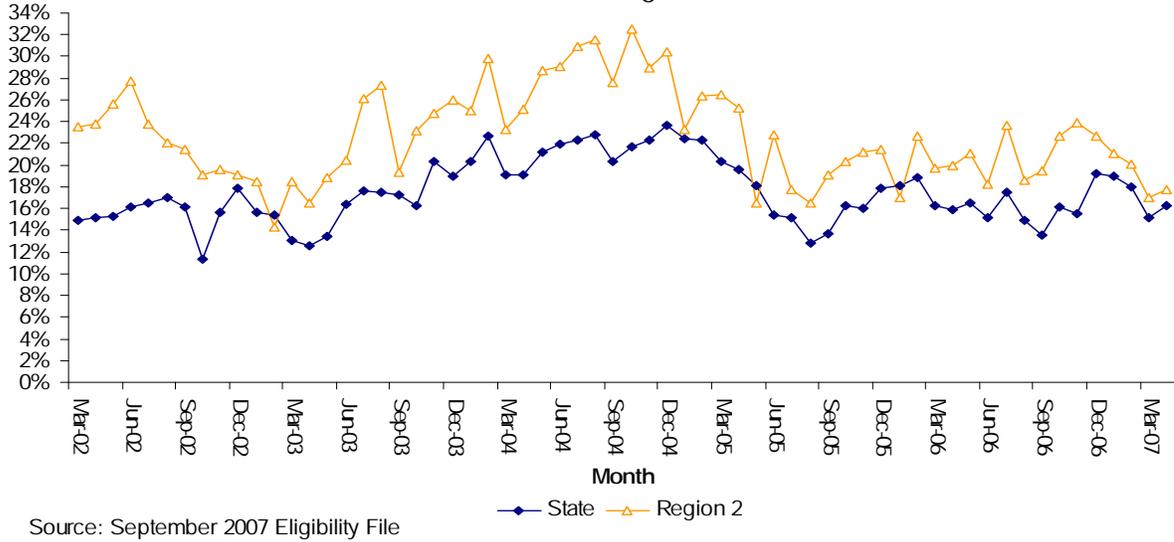
The diagram shows a rectangular envelope with a flap on the right side. At the top left, there is a circular logo of the State of Washington and the text "State of Washington DEPARTMENT OF SOCIAL AND HEALTH SERVICES". Below this is a rectangular area labeled "RETURN ADDRESS REQUESTED" with a width of "11 1/2\"". Below that is a larger rectangular area labeled "INSIDE TINT 347 GREEN" with a width of "11 1/2\"". At the bottom center, there is a dimension of "15 1/2\"". On the right side, there is a slanted instruction: "OPEN IMMEDIATELY! DON'T LET YOUR CHILD'S MEDICAL COVERAGE END!". Below this, there are two paragraphs of text: "Client message in 12 font bold red letters on an approximate 25 to 30 degree slant as above. OPEN IMMEDIATELY! DON'T LET YOUR CHILD'S MEDICAL COVERAGE END!" and "The word Open should be no closer than 1 1/2\" from the top of the envelope and the word CHILD'S should not be lower than 4\" from the bottom of the envelope. This will provide a clear postage area for USPS acceptance."

Attachment C

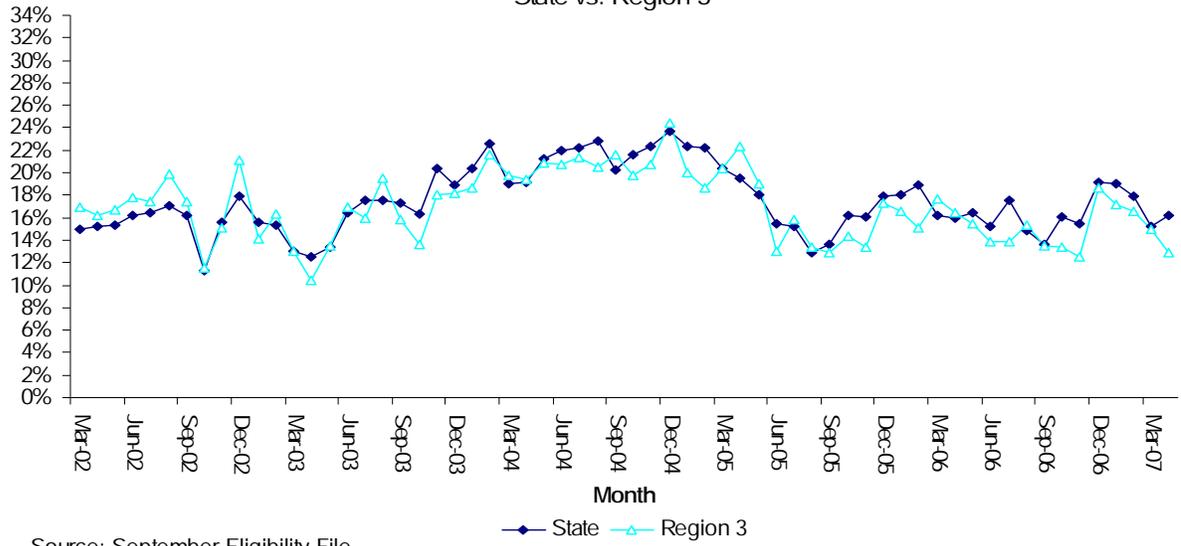
1055 Children (Excluding Program D) Leaving Program This Month And Returning Within 3 Months As A Percentage of All Leavers  
State vs. Region 1



1055 Children (Excluding Program D) Leaving Program This Month And Returning Within 3 Months As A Percentage of All Leavers  
State vs. Region 2



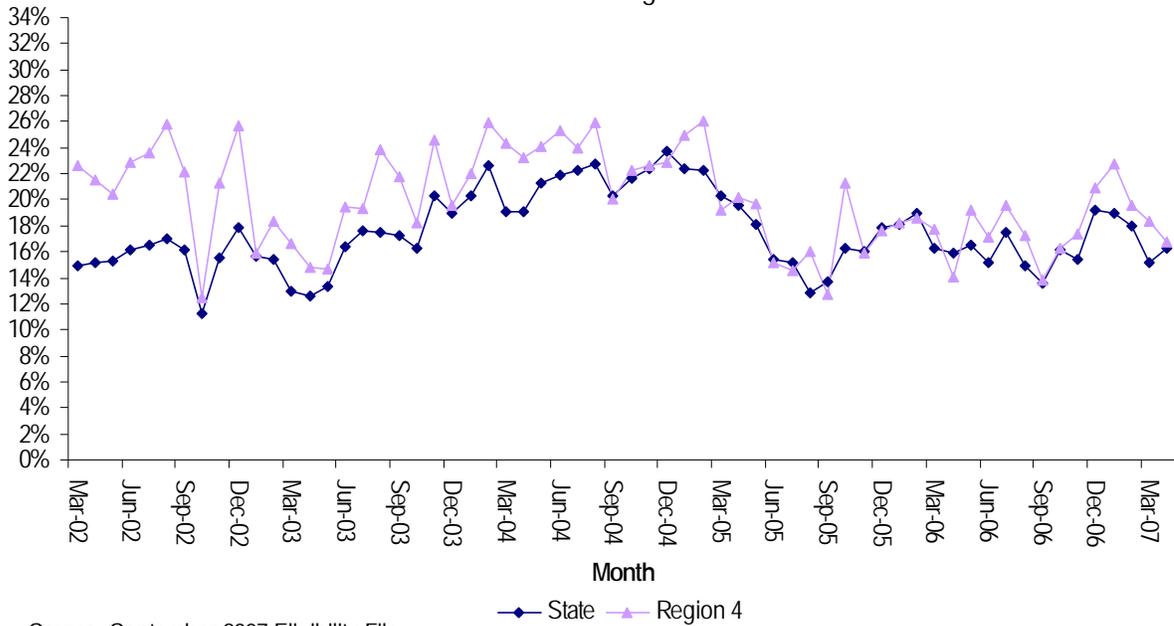
1055 Children (Excluding Program D) Leaving Program This Month And Returning Within 3 Months As A Percentage of All Leavers  
State vs. Region 3



Source: September Eligibility File

### 1055 Children (Excluding Program D) Leaving Program This Month And Returning Within 3 Months As A Percentage of All Leavers

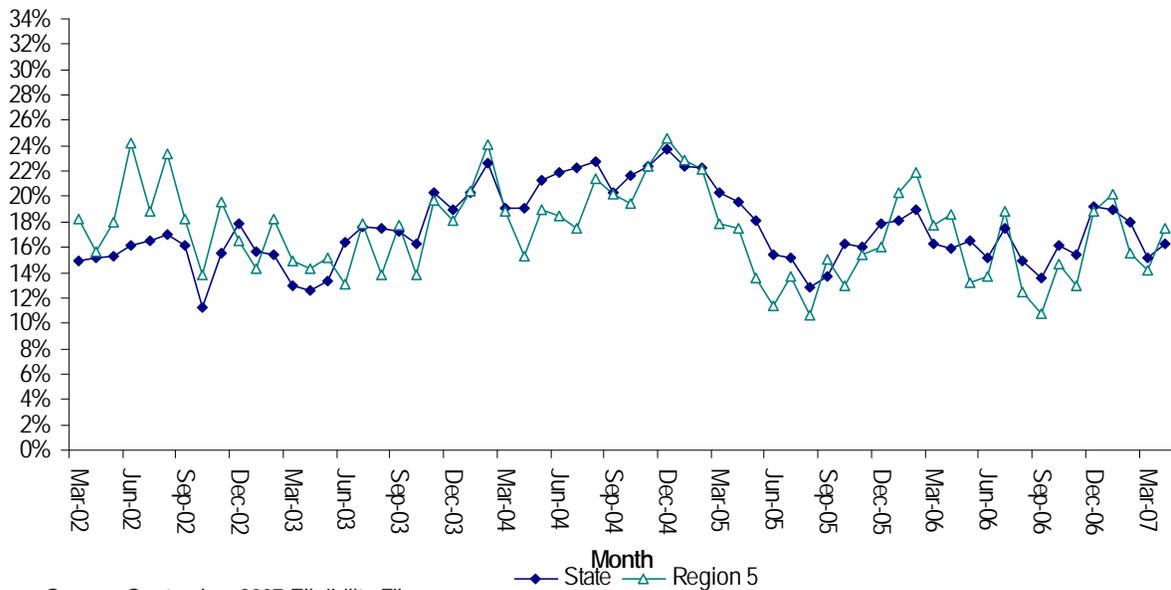
State vs. Region 4



Source: September 2007 Eligibility File

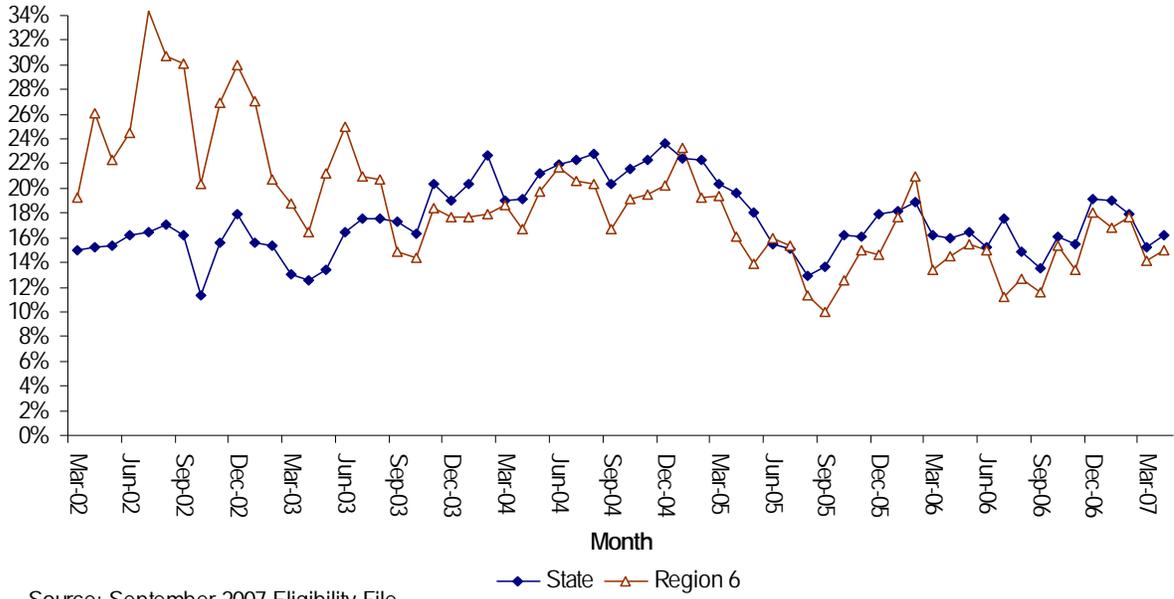
### 1055 Children (Excluding Program D) Leaving Program This Month And Returning Within 3 Months As A Percentage of All Leavers

State vs. Region 5



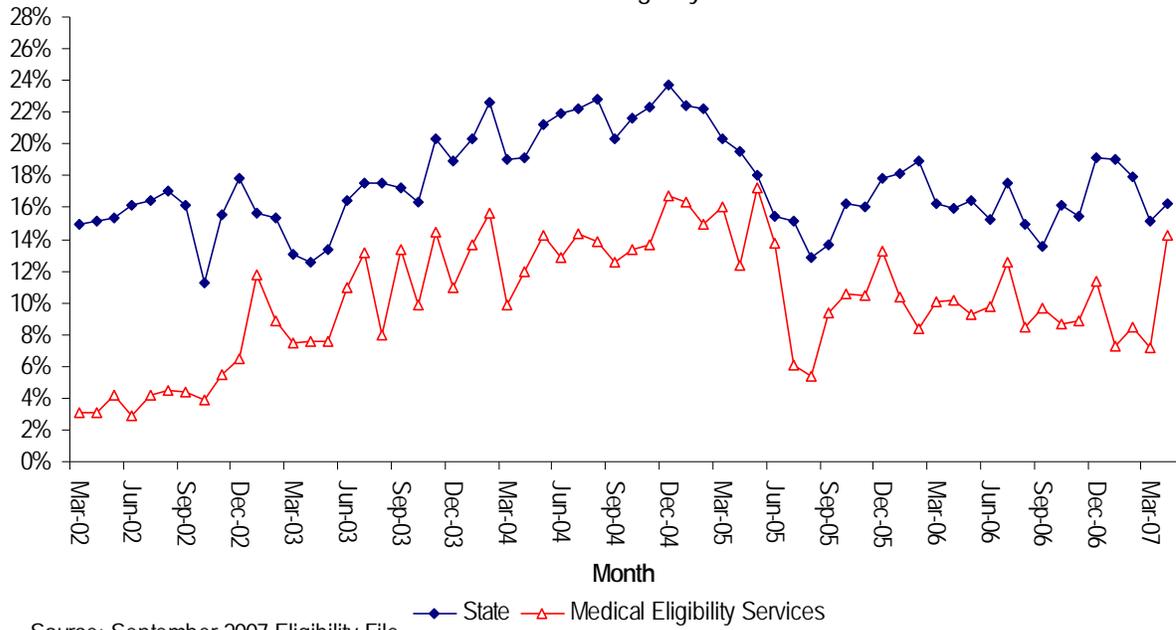
Source: September 2007 Eligibility File

1055 Children (Excluding Program D) Leaving Program This Month And  
Returning Within 3 Months As A Percentage of All Leavers  
State vs. Region 6



Source: September 2007 Eligibility File

**1055 Children (Excluding Program D) Leaving Program This Month And  
Returning Within 3 Months As A Percentage of All Leavers  
State vs. Medical Eligibility Services**



Source: September 2007 Eligibility File