

Arkansas Finish Line Coalition Meeting Notes

Wednesday, July 23, 2008 at 11:30 AM

Arkansas Children's Hospital

Attendees: Tricia Ashmore, Tamara Baker, Mellie Boagni-Watson, Tony Boaz, Vickie Brantley, Laura Byler, Steve Copley, Rebekah Dixon, Paige Ferri, Barbara Gilkey, Cheryl Goad, Scott Gordon, Linda Greer, Christin Harper, Nancy Holder, Tereasa Holmes, Thomas Jackson, Roy Jeffus, Taylor Kent, Matt Knight, Tara Manthey, Suzanne McCarthy, Laura McDowell, Lisa Miller, Darrell Montgomery, Lynn Mouden, Julie Munsell, Ann Patterson, Sandy Prince, Rhonda Sanders, Frank Scott, Paula Smith, Rosi Smith, Peggy Starling, Marilyn Strickland, Jodiane Tritt, Mike Vogler, Lisa Weaver, Kara Wilkins, Gwen Williams, Lorie Williams, Stephanie Williams, Elisabeth Wright-Burak, Dick Wyatt, Dawn Zekis

Finish Line Coalition Goals:

- **Reduce the number of eligible, un-enrolled children from 44,000 to 22,000 during the three year time grant period. The Coalition, including local outreach partners, will identify barriers and develop strategies to reduce or eliminate them.**
- *Expand ARKids Eligibility from 200 to 300 percent of poverty.* The Coalition will consider expansion options and educate partners across the state about the importance of children's access to health insurance.
- *Develop a buy in program for families at and above 300 percent of the poverty line.* The Coalition will work with state officials to consider strategies allowing families to buy into either the current ARKids First program or a program with similar benefits.

This meeting focused exclusively on Goal 1.

Location: Arkansas Children Hospital – Cress Board Room, 800 Marshall St., Little Rock, AR 72202-3591

I. Welcome (Elisabeth Burak)

Elisabeth Burak began the meeting at 11:35 AM. She briefly reintroduced the Finish Line project and provided data about uninsured children in Arkansas. The agenda was then moved forward to allow Rev. Steve Copley time to present information regarding Benefit Bank.

II. Available Tools in Arkansas (Rev. Steve Copley and Dick Wyatt)

Benefit Bank - Rev. Copley began with a brief introduction to Benefit Bank. Benefit Bank has pilots in 7 counties (Hempstead, Izard, Montgomery, Mississippi, Phillips, Pulaski, and Washington) where individuals can go and work with a trained volunteer who will walk them through an application. The applicant is then pre-screened for eligibility to various programs and the form is automatically sent to DHS to verify eligibility. Benefit Bank is partnering with the Arkansas Finish Line project to help increase the number of children enrolled in ARKids First.

Q: Where do people go to sign up for Benefit Bank in the pilot counties? Sites are listed on the Benefit Bank website through a search tool at: <https://secure.thebenefitbank.com/ums?task=locator> .

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Q: How does an organization become an official Benefit Bank registration site?

Rev. Copley said any interested organizations can call him about joining at (501) 626-9220

ACCESS Arkansas – Dick Wyatt of the Department of Human Services presented information on ACCESS Arkansas.

What is ACCESS? ACCESS is an online screening tool where individuals are pre-screened by answering basic questions. It screens for 13 programs and will list both the ones that you are eligible for and the ones that you are not. Once s/he selects the programs they are interested in, the applicant will be directed to a page instructing them on the next steps that they must complete to be eligible for benefits.

As part of ACCESS Arkansas, two programs will soon have online enrollment capability: ARKIds First and Food Stamps. They will expand to include more DHS programs at a later time.

You can reach the ACCESS website by going online to Arkansas.gov, clicking the link to the Department of Human Services, and following it to the prompt for ACCESS Arkansas. The website has changed to make it more compatible with new hardware.

Q: What differentiates ACCESS from Benefit Bank?

- Benefit Bank is a screening tool that covers a wider array of governmental services, including federal and state taxes, and includes individuals who help applicants with their application. ACCESS covers programs that are specifically within DHS.
- Benefit Bank availability depends on individual locations and volunteer hours. ACCESS can be used at any time through an Internet connection, without the assistance of a trained volunteer.

Q: How will DHS handling the signature page of applications submitted electronically over ACCESS?

Applications will be held from processing until the signature page is received but DHS is looking into moving towards e-signatures soon.

Q: Can information that could be distributed to schools regarding both the Benefit Bank, ACCESS, and Finish Line programs? Elisabeth responded that Finish Line will work with local sites and county administrators to get out materials to schools.

Dick also noted that ACCESS is for new applicants to DHS only and is not available in a bilingual format. You can visit ACCESS at <https://access.arkansas.gov/Intro.aspx>.

Rhonda suggested, if possible, that DHS and AACF track applicants that come through benefit Bank and those who apply through ACCESS to see whether there are key differences between facilitated

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enrollment (BB) and individual enrollment (ACCESS) to help inform decisions about future investments in facilitated enrollment.

III. Barrier and Outreach Discussion

Elisabeth began discussion about enrollment barriers with some data about uninsured children in Arkansas. Over half of uninsured children in Arkansas are already eligible for ARKids First...what is keeping them from enrolling?

Cheryl Goad, Matt Knight, Rebekah Dixon, and Mellie Watson, all members of the Finish Line Project outreach sites or other local partners (Jonesboro, El Dorado, Northwest Arkansas), named several barriers that they have encountered. They are:

- Mis-information/lack of information
- Inconsistencies in PCP referral process (once children are on ARKids but also may be a deterrent to enrollment), and lack of PCPs (NW has thousands of children with no PCP)
- Transportation
- Longer than expected time frame for application to process (45 days)
- Reenrollment letter sent through the mail looks like a bill; people tend to ignore
- For limited English proficient populations: mistrust, language barriers, need for cultural competency
- Health literacy challenges; Volunteers needed to help

Q (Rhonda Sanders): *Are PCP issues keeping families from enrolling or are they an issue after families are already enrolled in ARKids?* Matt answered that it is not a direct issue but it does lend people removed from ARKids First, which in turn, leads to reenrollment issues.

Laura McDowell also pointed out that working with [Coordinated School Health](#) was a great way for outreach teams to get information through schools. She also noted that every building in every school district is required to have a **Parent Center Coordinator**. These coordinators could be valuable outreach resources in trying to find and enroll eligible children. Human Services workers, located in some districts, are also a critical resource (DHS can provide a list of Human services workers, which Finish Line staff will pass along to local sites and any interested partners). Laura again reiterated the importance of working with schools but she noted that the initiative has to come from outside schools. DHS can provide a list of Human Service Workers in the individual schools.

Rebekah Dixon inquired about what happens to families that lose health care for kids due to massive layoffs in their company? Frank Scott from the Governor's Office and Gwen Williams of DHS answered that Arkansas Workforce and DHS work in conjunction to present various programs to workers that they

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are now eligible for, including ARKids. Mellie asked is there a way to cross reference a Medicaid list from DHS with a list of the students in the school districts and she suggested that children be given some sort of incentive, such as a pen or pencil, to complete and return their ARKids application. DHS said that they cannot distribute those types of list due to confidentiality issues, but may explore other options.

Rhonda Sanders asked if we could possibly implement tentative projects at the Benefit Bank pilot sites, such as presumptive eligibility (PE)? Elisabeth explained PE—a process where applicants receive benefits immediately from trained community partners (e.g. schools, others) based on screening questions that, if answered a particular way, assume eligibility, which can increase enrollment and outreach. Tamara Baker from the Arkansas Department of Health mentioned that it is currently available for women who require prenatal care.

Roy Jeffus, Medicaid Director, Department of Human Services spoke on some issues that have emerged in regards for PE in prenatal care in Arkansas:

- Pregnant women are required to come back and enrolled and usually don't after receiving their initial treatment
- Federal government requires that ALL Medicaid children must be covered under PE
- States must pay for applicant if any discrepancies are found throughout the application process

Elisabeth pointed out that while this is correct, the options for using PE under ARKids could be successful if proper attention were paid to implementation, as Medicaid/SCHIP has more flexibility in who can be trained application facilitators. With proper design, concerns Roy noted could be minimized and it would get more kids in to the program. For example, Arkansas could allow trained facilitators (school social workers, CHC staff, etc etc) to take eligibility information on an ARKids application itself, provide an ARKids card IF children meet particular criteria (determined by short screen), then send the application to DHS for eligibility processing. Unlike other experiences with PE, if Arkansas made it a first step in the application process (rather than putting the onus on families to come back and provide more information later), then it has better chance of success.

Rhonda noted that it has been at least 10 years since this kind of strategy was examined and perhaps it's a good time to revisit?

Julie Munsell from Arkansas Department of Human Services asked about uninsured data by counties and Elisabeth told her that while we can access enrollment data, it is difficult to break uninsured data by county due to the state population size.

Paula Smith from the Arkansas Department of Education (ADE) then mentioned that ADE has a map of the state with how many children receive free and reduced lunches in each county, which would also aid in gathering accurate data.

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Julie mentioned if we know some of the demographics, such as older kids are most uninsured, we can use advertising methods used in other state programs, such as the Stamp Out Smoking program, which targeted children instead of their parents. Middle school immunizations would also be a good time to enroll older students. Matt brought up a point about the availability to computer access. Even if someone knows of a computer with public access, they still run into the dilemma of transportation. And who is trained or available to help people who use public access computers? Librarians, etc.?

Jodiane Tritt of the Department of Health wondered if we could find a way to strengthen enrollment through incentives or penalties. For example, children are required to be immunized to enter school. Would there be similar approaches for families with children who are eligible? What's the "stick"?

Summary of ideas for possible action to increase enrollment and retention:

- Benefit Bank and ACCESS
- Find PCPs (both before enrollment and once enrolled)
- Online enrollment – and re-enrollment?
- Facilitated enrollment
- Presumptive eligibility
- Provide information in back-to-school packets, use open houses and other venues
- Use data to target particular age groups or geographic areas
- Connect with Parent Center Coordinators , human service workers, or others in schools

Finish Line staff will invite participants on an enrollment advisory group to advise the full Coalition on these and other possible solutions.

IV. Updates/Next Steps

New funding opportunity. Christin Harper, Senior Policy Analyst for the Department of Human Services, spoke about a new opportunity from the Robert Wood Johnson Foundation. A grant is available for states to increase children's enrollment and retention on Medicaid and SCHIP. The grant requires the following:

- Funding is available for eight states. Each state will be awarded \$1 million dollars over 4 years.
- Unlike past grants, the foundation requires applicants to be state government. The grant encourages cooperation between the state and organizational partners but emphasizes the importance of state involvement.

Christin mentioned that she would be contacting several organizations for letters of support in the upcoming weeks. The governor's office has already signed on and is a full supporter of the initiative.

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Christin wanted to emphasize that this grant differs from the Finish Line grant because it solely focuses on enrollment and not expansion. August 6, 2008 – Grant deadline

- December 15, 2008 – Notifications sent
- February 1, 2009 – Project implementation date

Upcoming tools and resources from Finish Line. Tara Manthey, AACF Communications Director, gave a brief overview of various media projects that coming in the next few weeks and months, such as the Finish Line website (arfinishline.org), brochures, handouts, and flyers. She also talked about the radio advertisements that AACF will roll out around back to school time.

New Northwest Arkansas Office for Arkansas Advocates for Children and Families. AACF will open a satellite office in NW AR which will also conduct outreach for the Finish Line project. On August 4th, Laura Kellums started as the NWA Office Director.

Next meeting (NOTE CHANGE): Monday, September 55, 2008 at 11:30 AM at Arkansas Children's Hospital – Cress Board Room