

HHS Report on CHIPRA's First Year Highlights Gains in Coverage for Children

Enrollment of children in Medicaid and the Children's Health Insurance Program (CHIP) increased by 2.6 million during federal fiscal year 2009. Over the course of the year, these programs served nearly 40 million children, according to a report released in February by the Department of Health and Human Services (HHS) exactly one year after President Obama signed the Children's Health Insurance Program Reauthorization Act (CHIPRA). Despite these gains, it is estimated that five million of the nation's 7.3 million uninsured children are eligible for Medicaid or CHIP but are not yet enrolled.

Features of CHIPRA designed to boost enrollment include a new Express Lane Eligibility (ELE) option that allows state Medicaid and CHIP agencies to borrow and rely on eligibility findings from other need-based programs, such as Head Start and the National School Lunch Program, and to use information from other databases, such as tax records, to identify eligible children for outreach efforts. In 2009 three states (New Jersey, Alabama, and Louisiana) received approval to use the ELE option in their Medicaid programs. Many more states have expressed interest in the option for both Medicaid and CHIP, and the approvals that are expected in 2010 will help to identify and enroll a large number of uninsured children.

Officials in states that receive 2010 approval for the ELE option may find guidance in a new issue brief from the Kaiser Foundation's Commission on Medicaid and the Uninsured. The brief provides an overview of eight key decisions that a state will face in designing an ELE initiative. Early decisions involve how to determine which state agencies can and should be tapped as appropriate sources of data for identifying eligible children and determining their eligibility and then how to structure a collaboration with these agencies that imposes the least

burden on them and that falls within their allowable activities. In addition, technology plays a key role in simplifying the data-sharing and enrollment processes, and states must decide which electronic systems to implement or upgrade and whether they can use specific federal matching or incentive funds that support such improvements. The 11-page brief, *Building an Express Lane Eligibility Initiative: A Roadmap of Key Decisions for States*, is available on the Kaiser Web site at www.kff.org/medicaid/8043.cfm.

The HHS report describes another CHIPRA feature designed to boost enrollment—performance bonuses for states that meet established targets. These bonus payments help to offset the costs of expanding coverage to previously uninsured children. In December 2009 HHS Secretary Kathleen Sebelius awarded bonuses totaling nearly \$73 million to nine states. This was a strong showing, the HHS report notes, because of the “aggressive” 2009 enrollment targets established by CHIPRA and because states had less than a year to meet these goals. Thus it is likely that even more states will qualify for bonus payments in 2010.

Enrollment of the lowest-income uninsured children is a key goal of CHIPRA, and the 2009 gains were greatest in this group. Of the 2.6 million newly covered children, 2.2 million were enrolled in “regular” Medicaid, as opposed to CHIP-funded Medicaid expansions or separate CHIP programs. States' ability to enroll more children during a year of record budget shortfalls is largely attributable to increased federal matching payments to state Medicaid programs that were made available through the American Recovery and Reinvestment Act, which was signed into law less than two weeks after CHIPRA.

Medicaid and CHIP are important sources of coverage for children from all racial and ethnic groups. However,

the programs play an especially critical role for African-American and Hispanic children, who are more likely than white children to be from low-income families. Children from minority groups experience well-documented disparities in access to health care, and a recent data analysis conducted by the Kaiser Family Foundation examined whether Medicaid is helping to reduce them. Disparities were no more likely among children enrolled in Medicaid than among privately insured children on the four indicators examined: has a usual source of care, made at least one past-year ambulatory medical visit, experienced a problem getting needed care, and had a problem seeing a specialist. Insurance coverage—both private and public—improved access for African-American and Hispanic children but generally did not significantly narrow disparities in access. The 14-page Kaiser report, *Racial/Ethnic Disparities in Access to Care Among Children: How Does Medicaid Do in Closing the Gaps?*, examines data for more than 15,000 children from the 2003 and 2004 Medical Expenditure Panel Survey. It is available at www.kff.org/minorityhealth/upload/8031.pdf.

In releasing the report on achievements under CHIPRA, HHS Secretary Sebelius announced “The Secretary's Challenge: Connecting Kids to Coverage,” a five-year campaign that calls on government officials at all levels, representatives of community organizations, faith leaders, and concerned individuals to find and enroll the five million children who are eligible but remain uncovered. The 20-page HHS report, *CHIPRA One Year Later: Connecting Kids to Coverage*, is available at www.insurekidsnow.gov.

NEWS BRIEFS

Call for applications for the 2010 Psychiatric Services Achievement Awards: Innovative programs that deliver services to people with mental illness or mental disabilities, that have overcome obstacles, and that can

serve as models for other programs are invited to enter the 2010 Psychiatric Services Achievement Awards competition. Two Gold Achievement Award winners will be chosen—an academically or institutionally sponsored program and a community-based program. The Gold Award winners will each receive \$10,000. Second- and third-place winners will receive awards of \$7,500 and \$5,000, respectively. Funds for the 2010 American Psychiatric Association's Achievement Awards program have been provided by Pfizer, Inc. The application deadline is March 31. More information about the awards, including links to descriptions of last year's winning programs, and the application can be found on APA's Web site at www.psych.org/achievementawards. Potential applicants with questions are invited to call the Awards Program office at 703-907-8592.

TANF funds available for families in need of short-term treatment services:

The Administration for Children and Families (ACF) and Substance Abuse and Mental Health Services Administration are reminding states that Temporary Assistance for Needy Families (TANF) funds can be used to help families in need of short-term mental health or substance use treatment services. The grant notification (TANF-ACF-PI-2009-12) includes an explanation of how resources under the TANF Emergency Fund—a provision of the American Recovery and Reinvestment Act—can be used to support such services. The TANF block grant provides states and tribes with federal funds and wide flexibility to provide time-limited assistance, employment services for parents, and other specialized services, including mental health and substance abuse services, for struggling families. For example, a jurisdiction can use federal TANF funds to provide counseling services, such as mental health services, anger management counseling, and nonmedical substance abuse

treatment services to family members with barriers to employment and self-sufficiency. The guidelines are available on the ACF Web site at www.acf.hhs.gov/programs/ofa.

Comments on DSM-5 draft criteria invited:

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* is scheduled for publication in May 2013. As part of the development process, the preliminary draft revisions to the current diagnostic criteria for psychiatric diagnoses that have been proposed by the American Psychiatric Association's (APA's) DSM-5 Work Groups are now available online (www.dsm5.org) for review. Public comments are invited until April 20, and the criteria will be reviewed and refined over the next two years. During this time, APA will conduct three phases of field trials to test some of the proposed criteria in real-world clinical settings. When the draft criteria were released, the National Alliance on Mental Illness (NAMI) issued a press release calling on individuals and families affected by mental illness to review the criteria and submit comments on the APA site. NAMI has also created a discussion site for NAMI members and others to post feedback (www.nami.org/discussion/dsmv).

New AHRQ database of comparative effectiveness research grant awards:

The Agency for Healthcare Research and Quality (AHRQ) has created a database of awards for comparative effectiveness research (www.effectivehealthcare.ahrq.gov). The information is presented as it appeared on the submitter's grant application. Database searches can be filtered by 11 specific health topics, including mental health. The Web site of AHRQ's Effective Health Care Program also invites visitors to comment on draft research reports, submit scientific information packets and suggestions for research, and sign up for e-mail announcements by professional interest and health condition.

Definitions of key terms are provided, and the processes of conducting comparative effectiveness research and reviews are described. AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for Americans.

Bazelon Center analysis of proposed 2011 budget:

The current edition of *Mental Health Policy Reporter*, the online newsletter of the Bazelon Center for Mental Health Law, examines President Obama's proposed appropriations for mental health care in the 2011 budget and concludes, "If its freezes, cuts, and increases were enacted as submitted (never happens), children and adults with mental disabilities would win some and lose a little." Under the proposed three-year freeze for non-security-related domestic discretionary spending, programs would not be subjected to across-the-board cuts; however, many would be cut, eliminated, consolidated, or funded at 2010 levels, while others would receive increases. The budget proposes a \$110 million increase for the Substance Abuse and Mental Health Services Administration, which includes a \$23 million increase for programs administered by the Center for Mental Health Services—specifically for children's services and programs for the homeless population. The proposal includes an additional \$25.5 billion in Medicaid funding for states, which would extend by six months (through June 2011) the increase in federal matching funds provided in the American Recovery and Investment Act of 2009. The proposal also continues reentry investments in the Second Chance Act by providing \$100 million in 2011. The Second Chance Act is targeted to reduce recidivism by offenders reentering society from incarceration through access to job training, mental health counseling, and other services and supports. The full analysis is available at www.bazelon.org/newsroom/reporter.