

**Maximizing Enrollment for Kids**  
Making Medicaid and SCHIP Work

Maximizing Enrollment Self-Assessment Toolkit Stakeholder Questionnaire:  
Advocates and Community-based Organizations (CBOs)

**Introduction:** Your state has begun to assess its Medicaid and CHIP enrollment and retention policies and procedures using the Maximizing Enrollment self-assessment toolkit. The toolkit includes multiple components, one of which is this questionnaire. By providing answers to these questions you are helping your state's Medicaid and CHIP program administrators learn about your unique experiences with the current systems for enrolling and retaining children, and about changes you think could improve enrollment and retention of eligible children.

**Section I. For Family Advocates**

*Enrollment and Renewal Experiences*

1. How have you, personally, and/or your organization been involved in processes to enroll and or recertify children in Medicaid/CHIP.
2. How closely do you follow your state's enrollment and recertification policies and practices?
  - 2.1. How do you keep abreast of the latest developments?
3. From working with a number of states, we know there are common reasons why some eligible children may not be enrolled in Medicaid/CHIP, and why some may not get recertified in Medicaid/CHIP even when they remain eligible. What are the most common reasons why eligible children do not get enrolled in Medicaid/CHIP in your state (or community)?
  - 3.1. Do you think a major barrier is that:
    - 3.1.1. Families are unaware of the program(s)
    - 3.1.2. Families underestimate their own eligibility
    - 3.1.3. Families are distrustful of government (Why?)
    - 3.1.4. Families attempt to apply, but cannot not navigate the process
    - 3.1.5. Families have difficulty submitting the application (Why?)
    - 3.1.6. Families have difficulty meeting documentation requirements (Which ones?)
    - 3.1.7. Families have language barriers
    - 3.1.8. Families cannot get all their children enrolled
    - 3.1.9. The program mishandles applications
    - 3.1.10. Coordination between Medicaid/CHIP is mishandled
    - 3.1.11. The program does not have a good reputation (What is the reputation?)
    - 3.1.12. Premiums [CHIP only]

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4. IF SEPARATE PROGRAM: What are the most common reasons why eligible children are not enrolled in CHIP in your state (or community)?
  - 4.1. Do you think a major barrier is that?
    - 4.1.1. Families are unaware of the program(s)
    - 4.1.2. Families underestimate their own eligibility
    - 4.1.3. Families are distrustful of government (Why?)
    - 4.1.4. Families attempt to apply, but cannot not navigate the process
    - 4.1.5. Families have difficulty submitting the application (Why?)
    - 4.1.6. Families have difficulty meeting documentation requirements (Which ones?)
    - 4.1.7. Families have language barriers
    - 4.1.8. Families cannot get all their children enrolled
    - 4.1.9. The program mishandles applications
    - 4.1.10. Coordination between Medicaid/CHIP is mishandled
    - 4.1.11. The program does not have a good reputation (What is the reputation?)
    - 4.1.12. Premiums
    - 4.1.13. Other reasons?
5. What are the most common reasons why eligible children may not get recertified in your state (or community)?
  - 5.1. Do you think a major barrier is that:
    - 5.1.1. Families are unaware of the need to actively recertify
    - 5.1.2. Families have difficulty completing the recertification process (Why?)
    - 5.1.3. Language or literacy barriers
    - 5.1.4. Premiums [CHIP only]
    - 5.1.5. Families have difficulty meeting documentation requirements (Which ones?)
    - 5.1.6. They have not liked the program
    - 5.1.7. Families could not get all their children enrolled
    - 5.1.8. The program mishandled the recertification
    - 5.1.9. Lack of coordination between Medicaid and CHIP
    - 5.1.10. Other reasons?
6. For what types of families are these enrollment or recertification problems most significant?

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- 6.1. Immigrants, refugees, people with limited English proficiency, people with low literacy?
7. How well does the state do in its outreach to enroll or renew eligible children in hard-to-reach families?
8. What could the state or other partners do to help hard-to-reach parents/families of eligible children get enrolled and stay covered?
  - 8.1. What about for families in general (not just high risk)? Do you have ideas about how to fix the barriers they face in either enrollment or recertification?

***State Agency Culture***

9. To what extent do you think frontline agency (eligibility) staff are supportive and respectful of families seeking coverage on Medicaid/CHIP?
  - 9.1. Do you have any concerns that staff attitudes or treatment of applicants is a significant enrollment barrier?
  - 9.2. Do you think that any problems are isolated or widespread?
10. Do you think staff-client relations have improved or deteriorated or stayed the same over the last few years?
  - 10.1. How would you describe them today?
11. Are you aware of any recent changes in state policies or procedures that may have positively or negatively affected staff-client relations?
12. From your perspective, what changes could the agency make that would improve the interaction between staff and clients in face-to-face contact, phone contact, or by email?
13. To what extent do you think families view staff in the following ways:
  - 13.1. Courteous and respectful of applicants?
  - 13.2. Knowledgeable of policies and procedures; well-informed?
  - 13.3. More concerned about finding any avenue of coverage rather than focused on rules, compliance?
14. Do families have a way to express satisfaction or dissatisfaction with the enrollment/renewal process?
15. To what extent are families or their advocates able to offer feedback about the application and recertification processes?
  - 15.1. How does the agency request feedback?

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- 15.2. How responsive is the agency to feedback?
16. Do you think Medicaid/CHIP should be seeking feedback through other avenues, from more people, or more frequently?
  - 16.1. If so, can you give some examples of ways the state could do a better job seeking and responding to feedback from families or their advocates?
17. Are you aware of complaints from families about any of the following regarding case worker/staff communication with clients:
  - 17.1. Not returning phone calls or not returning calls in a timely fashion?
  - 17.2. Not returning emails or not returning emails in a timely fashion?
18. From an advocacy perspective, do you believe that enrollment has become less of a gatekeeper function and more of a valued pathway to coverage for families?
  - 18.1. If so, are you aware of any of the following changes taking place as a result?
    - 18.1.1. Caseworkers' attitudes and approach to their work shifting?
    - 18.1.2. Organizational culture shifting?
    - 18.1.3. Other?
19. To what extent are the relationships between Medicaid/CHIP and other state agencies supportive or cohesive on issues related to children's enrollment and retention (coverage)?
20. Do you think there are structural, administrative, political or other barriers that limit coordination or cooperation among state agencies with regard to enrollment and retention?
  - 20.1. For example, separate agencies, political dynamics between legislative and administrative branches related to budgets, authority, and priorities, etc.
21. Are you aware of any examples of how agencies have coordinated their staff or procedures to expand coverage or to reduce an enrollment or renewal barrier?

## **Section II. For Community-based Organizations**

### ***Partnerships***

22. How well do you think the state engages various non-governmental organizations (e.g., schools, Community Health Centers, health plans, providers, advocates, CBOs, religious organizations, foundations, businesses, day care providers, PTAs, Head Start, Community Health Workers, Promotoras/es, Tribal organizations) on issues that affect enrollment and retention?
  - 22.1. With what groups are its partnerships strongest?

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23. Is there an active coalition of stakeholders in the state (or in your community) that is involved with children's health issues, including children's insurance coverage?
24. What kinds of partnerships do you think the state is lacking when it comes to children's health insurance coverage?
  - 24.1. What are the barriers to more effective partnerships between the state and external organizations?
25. Is financial support to CBOs or other stakeholders offered for participation in enrollment and retention activities?
  - 25.1. If so, is financial support providing a strong motivation for participation?
  - 25.2. To what extent is too little financial support limiting the potential participation of external parties in supporting enrollment and renewal?
  - 25.3. Are there other, non-financial barriers that limit participation of external partners in enrollment and retention activities?
26. Do you think that the program has an effective relationship with schools when it comes to children's enrollment and retention?
  - 26.1. What do you think could make schools and Medicaid/CHIP programs better partners in terms of improving coverage and retention?
27. What services or communication do you think schools are, can be or should be most effective in providing to support enrollment and recertification of eligible children?
  - 27.1. For example, should schools be involved in:
    - 27.1.1. Providing information and/or applications to families?
    - 27.1.2. Application assistance?
    - 27.1.3. Helping families track applications as they progress throughout the system?
    - 27.1.4. Adding health insurance questions to mandatory school health forms?
    - 27.1.5. Conducting "back-to-school" campaigns?
    - 27.1.6. Host Medicaid/CHIP sign up events?
    - 27.1.7. Anything else?
28. Has the state been successful in linking school health requirements, such as vision, hearing, and dental screening, with health insurance enrollment?
  - 28.1. Is this now, or could it be, an effective way to improve children's enrollment in Medicaid/CHIP?

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***State Leadership***

29. To what extent do you think Medicaid/CHIP program directors have made increasing enrollment and retention a high priority?
- 29.1. Are there specific actions or policies that support your beliefs?
  - 29.2. To what extent are their agency heads supportive of this agenda?
30. To what extent do you think the Governor's Office supports or hinders Medicaid/CHIP's ability to improve enrollment and retention?
- 30.1. Are there specific actions or policies that shape your beliefs?
  - 30.2. Are there any "champions" for Medicaid/CHIP in the Executive Branch (including the governor)?
31. To what extent do you think the state legislature supports or hinders Medicaid/CHIP's ability to improve enrollment and retention?
- 31.1. Are there specific actions or policies that shape your beliefs?
  - 31.2. Are there legislative "champions" for Medicaid/CHIP?
32. To what extent do you think program stakeholders (e.g., agency staff, executive staff, health plans, and providers) are effective in the *legislative* process (e.g., drafting legislation, testifying, lobbying, etc.) when a bill is introduced that could impact eligibility, enrollment, retention, etc.?
33. To what extent do you think community-based/family stakeholders (e.g., advocates, CBOs, and families) are effective in promoting legislation or administrative changes that improve enrollment or retention?
34. Has your state organized a working group/commission/task force dedicated to enrollment and retention?
- 34.1. If so, how active and effective is this commission in promoting legislation intended to expand coverage, and opposing legislation that could reduce coverage for children and families?
  - 34.2. Is it well-represented by a diverse set of stakeholders?
  - 34.3. Are any important groups missing, which could be reducing its effectiveness?

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**Section III. For Family Advocates and Community-based Organizations**

*Overall Perceptions*

35. What do you think the program's highest priorities should be for improving enrollment of children in the next three years?
36. What do you think the program's highest priorities should be for improving retention of children in the next three years?
37. What do you think advocates could do or what are you or they trying to do to make external stakeholders more effective in working with government officials to promote effective enrollment and retention policies at the state executive or legislative level?