



## *Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreement Awards Focused on Increasing Enrollment of American Indian/Alaska Native Children*

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**Date:** November 14, 2016

**Contact:** <mailto:press@cms.hhs.gov>

On November 14, 2016, the Centers for Medicare and Medicaid Services (CMS) released a funding opportunity announcement that makes available \$4 million in cooperative agreements to enroll and retain uninsured American Indian (AI) and Alaska Native (AN) children who are eligible for Medicaid and the Children's Health Insurance Program (CHIP). The Medicare and CHIP Reauthorization Act of 2015 (MACRA) appropriated this funding in order to build upon past outreach and enrollment efforts aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process.

### ***Background***

The nation has made substantial progress reducing the number of uninsured children and enrolling eligible children in Medicaid and CHIP. The number of uninsured children in the United States is at the lowest level on record: in 2015, just 4.5 percent of children remained uninsured<sup>1</sup>. A study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates over time, found that nationally, participation rates have increased steadily. From 2013 to 2014, the national Medicaid and CHIP participation rate among eligible children rose by 2.3 percentage points, from 88.7 percent to 91.0 percent. Despite the recent gains in coverage and all the progress that has been made to simplify the eligibility, enrollment and renewal processes, more than 2.8 million children are eligible for Medicaid or CHIP, but unenrolled. Recent research from the Georgetown University Health Policy Institute, Center for Children and Families found that AI/AN children have the highest child

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<sup>1</sup> Cohen RA, Martinez ME, Zammiti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2015. National Center for Health Statistics. May 2016. Available from: <http://www.cdc.gov/nchs/nhis/releases.htm>.



uninsurance rates of the child population, at 13.4 percent<sup>2</sup>. Many of the states with the highest uninsured rates for children have Medicaid and CHIP participation rates that are below the national participation rate and also have large AI/AN populations.

## *Purpose of Funds*

This funding opportunity will support innovative outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside, and enlisting the support of tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families. The cooperative agreements will fund activities aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process. Applicants are encouraged to consider:

- Engaging schools in outreach, enrollment assistance, and retention activities;
- Establishing community based partnerships with organizations that serve AI/AN children and their families; and
- Using outreach workers for one-on-one application and enrollment assistance in the health care clinic or in the field.

These grants will fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. Based on past experiences successfully enrolling AI/AN families, we encourage applicants to consider providing direct help, such as in-person assistance to families seeking to enroll their children in health coverage or linking families with organizations in the community who are trained to provide application assistance. In addition, research shows enrolling parents in coverage makes it more likely that their children will enroll. Thus, activities that include reaching out to parents and grandparents in tribal communities to inform them of their own eligibility is an important strategy for enrolling children. All funded projects should incorporate both initial application and renewal assistance into their proposed activities.

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<sup>2</sup> Alker J and Chester A. Children's Health Coverage Rate Now at Historic High of 95 Percent. Georgetown University Health Policy Institute Center for Children and Families. October, 2016. Available from: <http://ccf.georgetown.edu/2016/10/26/childrens-health-coverage-rate-now-at-historic-high-of-95-percent/>



## ***Eligibility***

This grant opportunity is open to: Indian Health Services Providers; Tribes and Tribal organizations operating a health program under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93- 638, as amended); and, Urban Indian organizations receiving funding under the Indian Health Care Improvement Act (IHCIA) (P.L. 94-437, as amended). Coalitions headed by one of the above entities are also eligible to apply.

## ***Estimated Funding***

CMS estimates awarding ten to twelve cooperative agreements at \$250,000 - \$500,000 each (over a 2-year period), up to the \$4 million in available funding.

## ***Application Process***

Eligible organizations should submit applications to CMS by the Key Dates listed below. A more detailed description of the application process and the [FOA Application Package can be found at Grants.Gov](#) by searching for Funding Opportunity Number: CMS-1Z0-17-001

## ***Key Dates***

|                                    |                            |
|------------------------------------|----------------------------|
| Letter of Intent to Apply Due:     | December 14, 2016          |
| Application Due:                   | January 17, 2017           |
| Anticipated Award Date:            | May 17, 2017               |
| Anticipated Period of Performance: | May 17, 2017– May 16, 2019 |