

Appendix A

Names and Titles of Interview Respondents

State Contacts and Interview Dates	
Alabama	
Gayle Lees Sandlin Director, CHIP Alabama Department of Health Interview date: 10/26/98	Phyllis Gilchrist Director, Women's Health Branch and State Adolescent Health Coordinator Department of Public Health Bureau of Family Health Services Interview date: 11/30/98
California	
Bob Bates Adolescent Health Coordinator Department of Health Services Maternal and Child Health Branch Interview date: 10/30/98	Leslie Cummings Associate Director for Health Policy Department of Health Services Interview date: 12/2/98
Colorado	
Barbara Ritchen Director, Child, Adolescent & School Health Department of Public Health & Environment Family & Community Health Services Division Interview date: 11/10/98	Merril Stern Director, Family and Community Health Services Department of Public Health & Environment Family & Community Health Services Division Interview date: 11/10/98
Connecticut	
Jadwiga Gocłowski Title V and CSHCN Director, Family Health Connecticut Department of Public Health Services Interview date: 11/9/98	Lynn Noyes Supervisor, School & Primary Health Unit Department of Public Health Bureau of Community Health Interview date: 11/9/98
Florida	
Donna Barber Former Director Division of Family Health Services Department of Health, Family Health Interview date: 12/10/98	Sylvia Byrd Executive Community Health Nursing Director Family Health Services/School Health Program Interview date: 12/10/98
Massachusetts	
Louise Bannister Assistant Director, PCC Plan Division of Medical Assistance Interview date: 12/14/98	Deborah Klein Walker Assistant Commissioner Bureau of Family and Community Health MA Department of Public Health Interview date: 12/4/98
New Mexico	
Kathleen Valdez Chief Medicaid Planning Program Operations Bureau Medical Assistance Interview date: 12/4/98	Patsy Nelson School Health Director Office of School Health Interview date: 12/1/98

New York

Taimy Carnahan
Director, Adolescent And School Health Unit
Interview date: 12/2/98

George Diferdinando
Director, Division of Family and Local Health
NY State Department of Health
Interview date: 12/2/98

Lorraine McCann
Adolescent Health Coordinator
Department of Health
Bureau of Child & Adolescent Health
Interview date: 12/2/98

Susan Moore
Director, Bureau of Health Economics
Department of Health
Interview date: 12/2/98

North Carolina

Carolyn Sexton, RN, BSN, MPH
Division of Public Health
Interview date: 11/13/98

Utah

Linda Abel
Immunization Program
Interview date: 11/9/98

Kathleen Glasheen
Bureau Director
Community & Family Health Services
Maternal and Child Health Bureau
Interview date: 11/9/98

Dawn Higley
Community & Family Health Services
Maternal and Child Health Bureau
Interview date: 11/9/98

Chad Westover
CHIP Program
Utah Department of Health
Interview date: 11/9/98

Wisconsin

Millie Jones
Section Chief
WI Division of Health
Interview date: 12/16/98

Sharon Lidberg
Adolescent Health Program Consultant
Division of Public Health
Interview date: 12/16/98

Katherine McCabe
Bureau of Managed Health Care Programs
Interview date: 12/16/98

Appendix B

Respondents' Priority Issues for Adolescents

The following table depicts interview responses to the open-ended question:

What are three specific adolescent health issues you would most like to see addressed in your state's CHIP program?

Topic/Details	# Respondents who Cited	States
1. Mental Health Benefits: <ul style="list-style-type: none"> ◆ Behavioral health/early identification services ◆ Early intervention mental health services – EPSDT does not adequately capture mental health problems ◆ Adequacy of mental health coverage ◆ Sexual abuse 	7	AL (2), CA, CO, NM (2), UT
2. Reproductive Services: <ul style="list-style-type: none"> ◆ Family planning ◆ Pregnancy prevention ◆ Low birthweight babies ◆ Pregnant adolescents ◆ STDs and HIV ◆ Annual exams for family planning for sexually active adolescents 	7	AL (3), IL, NC, NM, UT
3. Preventive Health Services: <ul style="list-style-type: none"> ◆ Periodic health exams ◆ How to make them desirable and attainable, how to utilize them ◆ Immunizations ◆ Using GAPS more ◆ Improving the delivery of anticipatory guidance by physicians ◆ GAPS/adolescent package being approved in Medicaid 	6	AL, CA, FL, MA, NC, UT
4. Access and Utilization: <ul style="list-style-type: none"> ◆ Addressing barriers for adolescents to access and utilization of specialty services (including empowerment/confidentiality) ◆ Transportation ◆ Access to private visits by physicians ◆ Assuring primary and preventive care is accessible to teens 	6	CT, FL (2), MA (2), WI

Topic/Details	# Respondents who Cited	States
5. School-Based/School-Linked Services: <ul style="list-style-type: none"> ◆ Providing services in schools ◆ SBHCs being included as essential providers ◆ Managed care reimbursing SBHCs and including SBHCs in provider network ◆ Continuing link with SBHCs to increase the rate of visits by adolescents 	5	CO, FL, MA, NC, NM
6. Substance Use/Abuse: <ul style="list-style-type: none"> ◆ Coverage and benefits 	5	AL, CA (2), CO, NM
7. Confidentiality: <ul style="list-style-type: none"> ◆ Respecting the privacy of adolescents and their ability to access confidential services ◆ Addressing confidentiality as a barrier to access and utilization of specialty services 	5	CA, CO, CT, FL, MA
8. Outreach and Enrollment: <ul style="list-style-type: none"> ◆ Self-enrollment for adolescents who have dysfunctional families who will not follow through with the application ◆ Outreach to special populations 	4	CA, CO, CT, UT
9. Expanding Eligibility: <ul style="list-style-type: none"> ◆ Medicaid coverage for all children ◆ Coverage for 18-21 year-olds ◆ Expanded coverage for children with special health care needs; carveout for CSHCN so that they can come in at higher income level (e.g., 200% of federal poverty or the child can be regarded outside the family unit) 	3	MA (2), WI
10. Tobacco Use	2	CT, NM
11. Dental Health	2	AL, UT
12. Special Populations: <ul style="list-style-type: none"> ◆ Adolescents with special health care needs ◆ Out-of-school youth/at-risk kids 	2	CT, WI
13. Service Delivery: <ul style="list-style-type: none"> ◆ Provider training ◆ Specialized clinics for teens that are culturally appropriate 	2	CO, WI

Topic/Details	# Respondents who Cited	States
14. Quality Assurance: <ul style="list-style-type: none"> ◆ Assuring that specific needs for teens are actually provided through solid follow-up 	2	CO, WI
15. Injury Prevention	1	CA
16. Vision Care	1	AL
17. Others: <ul style="list-style-type: none"> ◆ Asthma-related hospitalizations ◆ Making sure youth know their rights as consumers 	1	UT
	1	WI
TOTAL RESPONSES	62	

Appendix C

Summary of CHIP Programs/Plans for Surveyed States

State	Type of Program	Name of Program	Age and Income Eligibility	Provisions for Children with Special Health Case Needs (CSHCN)
Alabama	Combination plan	<i>ALL Kids</i>	Medicaid: 0-6, up to 133% FPL 7-19, up to 100% FPL Separate: 0-6, 134-200% FPL 7-19, 101-200% FPL	The state is planning an amendment to create a wraparound program called <i>ALL Kids Plus</i> .
California	Combination plan	<i>Healthy Families Program</i>	Medicaid: 0-1, up to 200% FPL 1-5, up to 133% FPL 6-18, up to 100% FPL Separate: 1-5, 133-200% FPL 6-18, 100-200% FPL	CHIP families are referred to the Title V program for CSHCN.
Colorado	Separate state plan	<i>Child Health Plan Plus (CHP+)</i>	0-18, up to 185% FPL	CHIP families are referred to <i>Health Care Program</i> , the Title V program for CSHCN. <i>Husky Plus</i> is a wraparound program designed for CSHCN. CHIP families are served through current Title V programs.
Connecticut	Combination plan	<i>Husky Plan</i>	Medicaid: 14-18, up to 185% FPL Separate: 0-19, 185-300% FPL	CSHCN are served through <i>Children's Medical Services (CMS)</i> , the Title V program for CSHCN.
Florida	Combination plan	<i>Florida Healthy Kids</i>	Medicaid: 15-19, up to 100% FPL Separate: 0-19, up to 200% FPL	CSHCN are served under the Medicaid program or with Medicaid look-alike benefits.
Illinois	Combination plan	<i>KidCare</i>	Medicaid: 0-19, up to 133% FPL (Pregnant women and infants up to 200% FPL) Separate: 0-19, 133-185% FPL	

Provisions for Children with Special Health Case Needs (CSHCN)
CSHCN are enrolled in the Medicaid fee-for-service program and become part of the state's 1115 demonstration waiver program.
CSHCN are served under the Medicaid program.
CSHCN are served under the regular CHIP plan. Starting February 1999, additional benefits will be added to the CHIP program to augment services for CSHCN.
CSHCN receive services through the NC Title V program.
The state requires that CSHCN have access to appropriate pediatric specialists, even if the specialists are not included within the network of the managed care plan.
CSHCN are served under the Medicaid program.

Age and Income Eligibility
Medicaid: 1-19, up to 150% FPL Separate: 0-19, 150-200% FPL
Medicaid: 0-19, 186-235% FPL
Medicaid: 15-18, up to 100% FPL Separate: 0-19, up to 192% FPL
0-19, up to 200% FPL
0-19, up to 200% FPL
0-19, up to 200% FPL

Name of Program
<i>MassHealth</i>
<i>SALUDI</i>
<i>Child Health Plus (CHPlus)</i>
<i>NC Health Choice for Children</i>
<i>Utah Children's Health Insurance Program (UT CHIP)</i>
<i>BadgerCare</i>

State	Type of Program
Massachusetts	Combination plan
New Mexico	Medicaid expansion
New York	Combination plan
North Carolina	Separate state plan
Utah	Separate state plan
Wisconsin	Medicaid expansion

Sources:

1998 State Children's Health Insurance Program: Annual Report. (1999) National Conference of State Legislatures: Denver, CO. National Governor's Association: Washington, DC.

Brown, Treby. The Impact of the State Child Health Insurance Program (CHIP) on Title V Children with Special Health Care Needs Programs. (1999) Association of Maternal and Child Health Programs: Washington, DC.

Children's Health Insurance Program: Eligibility Levels Under CHIP. (April 15, 1999) National Conference of State Legislatures: Denver, CO.

Health Care Financing Administration: Baltimore, MD.

NGA Supplement: State Children's Health Insurance Program 1998 Annual Report. (May 25, 1999) Center for Best Practices, National Governors' Association: Washington, DC.

State CHIP plans and interviews with state officials.

Appendix D

RESOURCES ON CHIP AND ADOLESCENTS

This resource section provides background information on many of the available publications, newsletters, journal articles, websites and other resources on CHIP and adolescents. The first subsection, entitled “organizational resources” highlights groups that have extensive CHIP resources and linkages available on the Internet. The resources are divided into the following areas:

- General
- Benefit packages
- Outreach and enrollment
- Adolescents with special health care needs (CSHCN) and at-risk youth
- School-based health centers
- Confidentiality
- Access
- Quality assurance and evaluation
- Linkages

ORGANIZATIONAL RESOURCES

Health Care Financing Administration (HCFA): HCFA’s website on the Children’s Health Insurance Program (CHIP) provides materials of interest to various audiences regarding CHIP. The website contains the following information:

- CHIP state plan submissions
- Outreach
- Title XXI legislation
- Reserved CHIP allotments
- CHIP-related White House and Administration Information

HCFA’s website on CHIP is located at: <http://www.hcfa.gov/init/children.htm>.

Maternal and Child Health Policy Research Center: The Children’s Health Insurance Project of the MCH Policy Research Center conducts research and analysis on children’s health insurance status and trends, issues and options under CHIP, employer attitudes and policies about dependent health insurance coverage, and the scope of private health insurance benefits for children. A series of analytic issue briefs and fact sheets about CHIP are available on the website. For more information, visit <http://www.mchpolicy.org>.

National Academy for State Health Policy (NASHP): Funded by the David and Lucile Packard Foundation, NASHP's CHIP Implementation Center is designed to assist states in the planning, implementation, and refinement of their Children's Health Insurance Programs. The website includes the Academy's issue briefs on CHIP implementation and *CHIP Chat*, an interactive forum for the exchange of ideas and questions on CHIP programs. The CHIP Implementation Center is located at: <http://www.nashp.org/progs/prog0001.htm>.

National Conference of State Legislatures (NCSL): In an effort to provide information on state actions involving CHIP, this website contains several resources on general CHIP issues, as well as more detailed information on implementation topics such as outreach plans and specialized coverage. Some of the areas of information available on the website are listed below.

- Cost-Sharing
- Crowd-Out
- Eligibility Levels
- Enrollments
- Oral Health

For more information, visit: <http://www.ncsl.org/programs/health/chiphome.htm>.

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In addition, the NCSL maintains the Health Policy Tracking Service (HPTS), which is available to legislators and legislative staff on the HPTS website at <http://www.hpts.org>. HPTS publishes issue briefs on CHIP which are updated monthly. The site also provides state activity updates. For more information, contact Patrick Johnson at 202-624-7781 or e-mail patrick.johnson@ncsl.org.

National Governors' Association (NGA): The Health Policy Studies Division of the NGA's Center for Best Practices conducts numerous activities and services for governors and their staff to support and assist state efforts to implement Title XXI. The website provides links to numerous CHIP reports and resources, including the following:

- *Issue Briefs* and *StateLines*
- policy positions
- testimony and correspondence
- SCHIP Tools
- Related links to other resources

For more information, visit: <http://www.nga.org/CBP/Activities/SCHIP.asp> or call 202-624-5300.

GENERAL

Assuring the Health of Adolescents in Managed Care. 1998: UCSF/National Adolescent Health Information Center. NAHIC developed this quality checklist to aid in evaluating and planning health care services for adolescents in managed care settings. A managed care organization can use this checklist, which presents key components of health care for adolescents, to review current practices and to develop procedures designed to better meet the needs of adolescents. For more information, contact David Knopf at NAHIC at 415-502-4856.

Brindis, C., Irwin, C., Ozer, E., Handley, M., Knopf, D., and S. Millstein. *Improving Adolescent Health: An Analysis and Synthesis of Policy Recommendations.* 1997: UCSF/National Adolescent Health Information Center. This analysis identifies consensus areas where policy recommendations in adolescent health have been made. It also delineates critical barriers to implementation, identifies areas that have been omitted or have only emerged more recently and highlights strategies that may aid in developing programs that reflect policy priorities. For more information, contact NAHIC at 415-502-4856.

Children's Health Insurance Program: State Implementation Approaches are Evolving. May 1999: United States General Accounting Office. This GAO publication reports on the first year of CHIP implementation and focuses on the efforts of 15 states. In particular, it examines: SCHIP design choices, pursuit of statutory options, development of innovative outreach strategies, and strategies to avoid the "crowd out" of both private insurance and Medicaid coverage by CHIP. The report notes that states have made considerable progress in implementing CHIP, but emphasizes that design approaches will change as states finalize their plans. For a copy of the report, visit <http://www.gao.gov>.

CHIP Resources for Advocates. 1999: Families USA. This resource is a 500-page notebook that contains useful resources and information to help state advocates work on implementation of CHIP. There are sections on the following topics: The Basics, State Data, Getting It Right, Medicaid or Not, Benefits, Cost Sharing, Outreach and Coordination, Crowd Out, Quality and Access, Managed Care, Children with Special Needs, Special Populations and Key Contacts. In addition to materials prepared by FUSA, materials from numerous other organizations are included. For ordering information, visit <http://www.familiesusa.org> or call Rachel Klein at 202-628-3030.

Focusing On Results: How State Title V and Children's Health Insurance Programs Can Work Together for Healthier Children. September 1997: Association of Maternal and Child Health Programs. This issue brief discusses child health considerations in six areas: overall design; planning and administration; benefits and other services; service delivery systems; eligibility, outreach and enrollment; linkages with other programs; and monitoring and evaluation. This brief also highlights roles that state Title V programs can play in planning and implementing new federal provisions to reach their goal of healthier children. Call 202-775-0436 or visit <http://www.amchp1.org> for more information.

Health Insurance for Children: State and Private Programs Create New Strategies to Insure Children. January 1996: General Accounting Office. This report provides in-depth background on policy issues regarding children's health issues and profiles six innovative programs in five states (Ala., Fla., Minn., N.Y. and Pa.). This report is available on the Internet at <http://www.gao.gov> (report #96-35) or call 202-512-6000.

Kann, L., Warren, C., Harris, W., Collins, J., Douglas, K., Collins, B., Williams, B., and L. Kolbe. *Youth Risk and Behavior Surveillance-United States, 1997*. 1998: Surveillance and Evaluation Research Branch, Division of Adolescent and School Health, Centers for Disease Control and Prevention. The YRBS monitors six categories of priority health-risk behaviors among youth and young adults. The report summarizes results from the national YRBS survey, 33 state surveys, three territorial surveys, and 17 local surveys conducted among high school students from February through May 1997. Data from this survey is being used by health and education officials to improve national, state, and local policies and programs to reduce risks associated with the leading causes of morbidity and mortality. For further information, visit <http://www.cdc.gov/nccdphp/dash/yrbs/ov.htm>.

Ozer, E., Brindis, C., Millstein, S., Knopf, D., and C. Irwin. *America's Adolescents: Are They Healthy?* 1998: UCSF/National Adolescent Health Information Center. This monograph provides an overview of the health of adolescents, including: demographic trends, health care utilization, mortality during adolescence, and risky behavior during adolescence. This information highlights the needs of adolescents, programs and policies that focus on adolescent health promotion and disease prevention, as well as the health care delivery system. For more information, contact NAHIC at 415-502-4856.

Riley T. and C. Pernice. *How are States Implementing CHIP?* 1998: National Academy for State Health Policy. This publication updates NASHP's earlier *How Will States Implement the Children's Health Insurance Plans?* Based on the 47 state plans submitted to HCFA by late September 1998, the report identifies trends among the states and provides detailed summaries of each state's plan. New to this edition are policy briefs on Cost Sharing, Crowd Out, Evaluation, Employer Based Coverage, and Outreach. Call 207-874-6524 or visit <http://www.nashp.org> to order.

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The State Adolescent Health Coordinators Network (SAHCN): SAHCN is the organization for the State Adolescent Health Coordinators, individuals within a given state or territory that are responsible for planning, implementing and evaluating policies and programs that impact the health and well-being of adolescents. SAHCN's mission is to provide leadership and advocacy for comprehensive adolescent health and youth development within state and national agencies; to advocate for the improvement of adolescent health, safety, and welfare; and to provide information and consultation to other organizations and agencies regarding adolescent health. For more information, contact Chair, Steve Conley at 804-371-4098 or e-mail sconley@vdh.state.va.us or contact Trina Anglin at MCHB at 301-443-4291 or e-mail tanglin@hrsa.gov.

State-Subsidized Insurance Programs for Low-Income People. November 1996: Alpha Center. This report reviews the evolution of state programs that have subsidized health insurance coverage over the last decade. It reviews current state programs and discusses challenges these programs may face in the future. For a copy call 202-296-1818.

VanLandeghem, K., Sonosky, C.A., and J. Kagan. *Maternal and Child Health Principles in Practice: An Analysis of Select Provisions in Medicaid Managed Care Contracts*. 1998: Association of Maternal and Child Health Programs. This report was developed with the recognition that as Medicaid populations increasingly are being served under managed care arrangements, state agencies, including state Title V programs, must become highly sophisticated purchasers of care. This report examines state Medicaid contracts. For more information, contact the AMCHP office at 202-775-0436.

Why Title V Maternal and Child Health Programs are Key to the Success of State Child Health Initiatives. June 1997: Association of Maternal and Child Health Programs. This fact sheet describe the unique expertise of Title V programs that should be tapped in the implementation of CHIP programs. Contact the AMCHP office at 202-775-0436 for a copy of this fact sheet.

BENEFIT PACKAGES

Edelstein, B. *Oral Health Services in the Child Health Insurance Program (CHIP).* 1998: Children's Dental Health Project. This document promotes the need to include dental services in State Child Health Insurance Program (CHIP) plans. This fact sheet provides information on who and what benefits are covered under the program, state options and responsibilities, the intent of Congress regarding dental coverage, and the importance of providing dental benefits to CHIP children. A listing of submitted proposals from State CHIP plans is included. For more information, e-mail Burton_Edelstein@hms.harvard.edu.

Fox, H., McManus, M. Graham, R., and R. Almeida. *Plan and Benefit Options Under the State Children's Health Insurance Program.* 1998: Maternal and Child Health Policy Research Center. The purpose of this issue brief is to assist states in evaluating the various plan and benefit packages that could be offered. A brief overview of the five types of coverage that are permissible under Title XXI is presented along with a discussion of the range of the potential benefit packages that could be offered. For more information, contact Regina Graham at the Fox Health Policy Consultants at 202-223-1500.

Heffron, J. *Strategies for Advocacy and Public Education Related to the State Children's Health Insurance Program.* 1998: National Mental Health Association. The National Mental Health Association maintains a State Healthcare Reform Advocacy Resource Center that provides information and technical assistance. For more information, contact Jesse Gately, Manager at 703-838-7524.

Heffron, J., Chamberlain, K., and C. Miller. *The State Children's Health Insurance Program: An Analysis of the Mental Health/Substance Abuse Benefits and Cost-Sharing Policies of Approved State Children's Health Insurance Program Plans.* 1999: National Mental Health Association. This educational booklet details the approaches each state is taking to expand health insurance coverage, as well as their mental health and substance abuse benefits. Copies are available by calling 703-838-7534.

State Options for Expanding Children's Health Insurance. May 1997: National Conference of State Legislatures. This report explores the nature and extent of lack of insurance among children and describes state programs that provide coverage. To order, call 303-830-2054.

State Programs for Providing Children's Health Insurance: A Resource Notebook. May 1997: National Conference of State Legislatures. This notebook serves as a companion piece to the above report and provides more specific information on state programs. To order, call 303-830-2054.

Title V and Children's Oral Health. In press: Association of Maternal and Child Health Programs. This issue brief was developed to highlight the ongoing issue of children's oral health status in this country, the health systems in place to address this issue, and the role of Title V programs and others (e.g., CHIP) in improving children's oral health status. Examples of Title V program involvement are also included as well as recommendations for how Title V programs can strengthen and improve children's dental health programs. Call 202-775-0436 for more information about the brief.

OUTREACH AND ENROLLMENT

The Children's Health Insurance Program - States' Application and Enrollment Processes: An Early Report From the Front Lines. May 1999: Office of the Inspector General, Office of Evaluation and Inspections. This study found that states are taking steps to improve applications and ease the application process for families. However, various factors, including families' misconceptions about immigration and citizenship status, are preventing families from applying for CHIP. OEI recommended that HCFA work with States and Immigration and Naturalization Service (INS) to address these issues. For a copy of the report, visit: <http://www.dhhs.gov/progorg/oei>.

CHIP and Outreach. 1998: National Conference of State Legislatures. This table provides information about states' outreach efforts under CHIP as of October 1998. For a copy, visit <http://www.ncsl.org/programs/health/chipout.htm>.

CHIP Implementation Brief: Early Lessons Learned: Outreach and Enrollment. 1998: National Academy for State Health Policy. This brief is based upon a one-day intensive seminar: *CHIP-ing Away at the Uninsured: An Intensive on Implementing Title XXI*, which was designed for CHIP program implementers and provided lessons on outreach and enrollment shared by states. For more information, e-mail info@nashp.org.

"Covering Kids" Up and Running in 27 States and DC. Covering Kids Partners. Spring 1999. This first issue of the newsletter provides background information on grants awarded by the Robert Wood Johnson Foundation. These grants are for states to work on targeted efforts addressing outreach, simplification and coordination of children's health coverage application and redetermination processes. For further information, visit <http://www.coveringkids.org>.

Insure Kids Now: The National Governors' Association launched the *Insure Kids Now* hotline in February 1999. The toll-free number, 1-877-KIDS-NOW, connects callers nationwide to existing health insurance call centers in their own states. Parents of children eligible for the State Children's Health Insurance Program and Medicaid can receive information and referrals. For more information, visit: <http://www.insurekidsnow.gov>.

King, M. *Insuring More Kids: Options for Lawmakers.* 1998: National Conference of State Legislatures. This report outlines the major provisions of the new State Children's Health Insurance Program. It highlights the two major approaches available to states (expand Medicaid or provide another insurance alternative), provides examples of non-Medicaid approaches and compares costs among state programs. It also discusses matching funds, children with special needs, outreach to eligible families and other aspects of the issue. To order, visit: <http://www.ncsl.org/public/catalog/cyfcac.htm>.

Media Backgrounder: State Children's Health Insurance Program. April 21, 1999: National Governors' Association. This document provides information about total enrollment numbers for the CHIP program and state developments in state outreach and enrollment efforts. For a copy of the backgrounder, visit: <http://www.nga.org/Releases/PR-21April1999schip.asp>.

Southern Institute on Children and Families: 1997 Annual Report. 1998: The Southern Institute for Children and Families. The Institute's annual report provides background information on improving health access to benefits for low income families and outreach to these families. For further information, visit <http://www.kidsouth.org>.

State Children's Health Insurance Program: 1998 Annual Report, NGA Supplement. 1998: National Governors' Association. This publication is to be used jointly with the *1998 State Children's Health Insurance Program Annual Report* to monitor detailed elements of each state's CHIP plan or amendment. For more information on NGA resources on CHIP, visit <http://www.nga.org/Center/Activities/SCHIP.asp>.

States Use Innovative Children's Health Insurance Hotlines to Enroll Uninsured Children. February 23, 1999: National Governors' Association. This brief provides results of a survey of all fifty states and provides information on key elements of their children's health insurance hotline. It also provides a summary table listing elements of each state's hotline. For more information, contact Joy Kauffman at 202-624-7854 or visit <http://www.nga.org>.

Cornell, E. *How States Can Increase Enrollment in the State Children's Health Insurance Program.* May 7, 1998: National Governors' Association. This brief examines the outreach and enrollment opportunities and challenges facing Governors and state health policymakers as they implement SCHIP. It also includes an appendix that highlights the best outreach and enrollment practices of three states. For more information, contact Emily Cornell at 202-624-7879.

Shruptrine, S. and K. Hartvigsen. *The Burden of Proof: How Much is Too Much for Child Health Coverage?* December 1998: The Southern Institute on Children and Families. This report includes information from a poll of 17 southern states and the District of Columbia that was conducted to identify verification questions that states wanted to pose to Health Care Financing Administration. The report includes information about verification requirements at application, verification requirements at redetermination and other issues. For more information, visit <http://www.kidsouth.org>.

ADOLESCENTS WITH SPECIAL HEALTH CARE NEEDS AND AT RISK YOUTH

Monitoring the Health Status of Hard-to-Serve Children: Lessons for SCHIP Implementation. September 28, 1998: National Governors' Association. This brief describes the unique characteristics and conditions of migrant, homeless and special needs children. It discusses some appropriate quality assurance measures for monitoring the quality of care that they receive and highlights projects using these measures. For more information, contact Mara Krause at 202-624-5380 or visit <http://www.nga.org>.

Toolkit for Youth Workers: Runaway and Homeless Youth. September 1998: National Network for Youth. This fact sheet provides background information on runaway and homeless youth and services available for these youth, including federal grant programs. For more information, contact National Network for Youth at 202-783-7949 or visit <http://www.NN4Youth.org>.

Brown, T. *The Impact of the State Child Health Insurance Program (CHIP) on Title V Children with Special Health Care Needs Programs*. January 1999: Association of Maternal and Child Health Programs. This issue brief presents findings from a survey of ten states' Title V Children with Special Health Care Needs Programs and the impact of CHIP on their programs. For more information, contact the author at 202-775-0436 or visit <http://www.amchp1.org>.

English, A. The new Children's Health Insurance Program: Early implementation and issues for special populations. *Clearinghouse Review*. January – February 1999; 429-449. The Balanced Budget Act of 1997 gave states options to provide essential health care to children and adolescents from low-income families without health insurance. While almost every state has submitted a children's health insurance program plan, advocates may find significant opportunities for developing the plans to make them more effective and perhaps to help fill some gaps left by welfare reform.

English, A., Kappahn, C., Perkins, J., and C. J. Wibbelsman. Meeting the health care needs of adolescents in managed care: a background paper. *Journal of Adolescent Health*. April 1998; 278-292. This journal article provides background information regarding the special needs of adolescents in the light of managed care's increasing replacement of fee-for-service reimbursement as the dominant method of health care financing and services delivery for patients. Reprint requests may be addressed to Abigail English, Center for Adolescent Health and the Law, 211 North Columbia Street, Chapel Hill, NC 27514 or e mail: info@adolescenthealthlaw.org.

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Fox, H.B., Graham, R.R., McManus, M.A., and C.Y. Chen. *An Analysis of States' CHIP Policies Affecting Children with Special Health Care Needs*. April 1999: Maternal and Child Health Policy Research Center. This issue brief examines how state CHIP plans, approved as of January 31, 1999, are structured with respect to eligibility, benefits, plan arrangements, and cost-sharing policies to serve children who have special health care needs. This analysis includes detailed state tables. For a copy of the brief or further information, visit <http://www.mchpolicy.org>.

Newacheck, P., Marchi, K., McManus, M., and H. Fox. *New Estimates of Children with Special Health Care Needs and Implications for the State Children's Health Insurance Program*. March 1998: Maternal and Child Health Policy Research Center. This fact sheet is intended to provide background material for states to better understand Title XXI coverage issues for children with special health care needs. For a copy of the brief or further information, visit <http://www.mchpolicy.org>.

Reiss, J. *Does Your State's Title XXI SCHIP Plan Promote the Development and Maintenance of Quality Systems of Care for Children with Special Health Needs? Issues and Criteria for SCHIP Plan Review and Analysis*. 1998: Institute for Child Health Policy. This policy brief presents CSHCN-related issues and criteria that can be used when reviewing and analyzing CHIP plans. For more information, contact the Institute for Child Health Policy at 352-392-5904 or visit <http://www.ichp.edu>.

Reiss, J. *Promoting Transition of Children and Youth with Disabilities and Special Health Care Needs to Employment and Independence: Health Insurance and Service Integration Issues*. April 3, 1998: Institute for Child Health Policy. This brief was a testimony presented at the National Institute on Disability and Rehabilitation Research Public Hearing in Tallahassee, Florida. For more information, contact the Institute for Child Health Policy at 352-392-5904 or visit <http://www.ichp.edu>.

Schulzinger, R. *Key Transition Issues for Youth with Disabilities and Chronic Health Conditions*. September 1998: Institute for Child Health Policy. This paper describes recent changes in the Supplementary Security Income (SSI) program affecting adolescents, what SSI work incentives are available to them, how they can maintain access to quality health care and benefits during their transition years, and key issues to consider during transition planning. For more information, contact the Institute for Child Health Policy at 352-392-5904 or visit <http://www.ichp.edu>.

SCHOOL-BASED HEALTH CENTERS

Fothergill, K. *Update 1997: School-Based Health Centers*. Advocates for Youth. This publication provides a summary of the findings from Advocates for Youth's 1996 national survey of school-based health centers. It includes information on SBHC services, staffing, populations served, and financing. Furthermore, changes and trends in the SBHC movement are discussed in this report. To order, visit <http://www.advocatesforyouth.org>

Guiden, M. *School-Based Health Centers and Managed Care*. State Legislative Report 23(11): 1-11. 1998: National Conference of State Legislatures (NCSL). This report from NCSL offers policymakers an overview of school-based health centers and the services they provide; a look at managed care and examples of existing collaborative efforts with centers across the states; a discussion on federal action; and the implications for SCHIP. To order, contact the NCSL Book Order Department at 303-830-2054.

Kaplan, D.W., Calonge, B.N., Guernsey, B.P., and M.B. Hanrahan. Managed care and SBHCs: Use of health services. Archive of Pediatrics and Adolescent Medicine. 1998; 52:25-33. The objective of this study was to explore the use of physical and mental health services for adolescents who are enrolled in managed care and have access to a school-based health center (SBHC), compared with adolescents enrolled in managed care without access to an SBHC. The article concluded that SBHCs seem to have a synergistic effect by adolescents enrolled in managed care in providing comprehensive health supervision and primary health and mental health care and in reducing after-hours (emergent or urgent) visits. School-based health centers are particularly successful in improving access to and treatment for mental health problems and substance abuse.

Koppelman, J. and J. Graham-Lear. *The New Child Health Insurance Expansions: How Will School-Based Health Centers Fit In?* 1998: George Washington University. This report is based on a June 1998 Making the Grade and National Assembly on School-Based Health Care-sponsored workshop on the relationship between the State Child Health Insurance Program (CHIP) and school-based health centers. Workshop participants used the health centers' experience with Medicaid managed care as a window for understanding their prospects for negotiating contracts with health plans under SCHIP. Experiences in Colorado and Connecticut were presented as case studies on these evolving issues. For a copy of the report, visit <http://www.gwu.edu/~mtg/pub/papers/Oct98/index.html>

National Survey of State SBHC Initiatives: School Year 1997-1998. 1998: George Washington University. This summary presents results from a 1998 Making the Grade survey of the 50 states and the District of Columbia to assess the growth of school-based health centers across the country and determine the extent of state policies supportive of that growth. The survey focused on assessing the degree to which widespread changes in the health care system and the retreat from government-supported health services had affected the growth of centers. For a copy, visit <http://www.gwu.edu/~mtg/sbhc/98summ.html>.

Website. <http://www.gwu.edu/~mtg>. Making the Grade is a national grant program supported by the Robert Wood Johnson Foundation. Under this initiative, the foundation has made \$17.5 million available to support state-community partnerships to establish comprehensive school-based health centers. On behalf of the foundation, the national program office monitors development of the state programs, provides technical assistance to Making the Grade grantees, and shares information about grantee experience with a variety of audiences. The office can be contacted by calling 202-466-3396.

Website. <http://www.nasbhc.org>. The National Assembly on School-Based Health Care is a non-profit private association representing school-based health care providers and supporters. Created in 1995, the National Assembly's primary mission is to promote accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts. The National Assembly supports its 1200 individual and organizational members by providing community, state, and national advocacy, information and knowledge exchange, networking opportunities, and technical assistance. The office can be contacted by calling 202-638-5872.

ACCESS

84 *Children's Health Insurance Expansions: State Experiences in Developing Benefit Packages and Cost-Sharing Arrangements*. February 17, 1998: The Office of the Assistant Secretary for Planning and Evaluation, Office of Health Policy, U.S. Department of Health and Human Services. This report is based on a review of nine states that have undertaken major children's health expansions and their experiences in developing benefit packages and cost-sharing arrangements. For a copy of the report, visit <http://aspe.os.dhhs.gov/health/reports/benefits>.

CHIP and Cost-Sharing. 1998: National Conference of State Legislatures. This table provides information about states' cost-sharing requirements for families under CHIP as of October 1998. For a copy of this table, visit <http://www.ncsl.org/programs/health/chipcost.htm>

CHIP Implementation Brief: Early Lessons Learned: Cost Sharing and Premiums. 1998: National Academy for State Health Policy. This brief is based upon a one-day intensive seminar: *CHIP-ing Away at the Uninsured: An Intensive on Implementing Title XXI*, designed for CHIP program implementers and provides lessons on CHIP and cost-sharing shared by states. For more information, e-mail info@nashp.org or visit <http://www.nashp.org>

CHIP Implementation Brief: Early Lessons Learned: Employer-Sponsored Health Insurance Using Title XXI Funding. 1998: National Academy for State Health Policy. This brief is based upon a one-day intensive seminar: *CHIP-ing Away at the Uninsured: An Intensive on Implementing Title XXI*, designed for CHIP program implementers and provides lessons on CHIP and employer-sponsored health insurance shared by states. For more information, e-mail info@nashp.org or visit <http://www.nashp.org>

Dresing, M., Naff, R., and T.F. Stoller. *Raising the Bar for Quality and Access in Pediatric Delivery Systems: The Experience of the Florida Healthy Kids Corporation*. August 1998. This report is one in a series of technical assistance papers that is intended to help communities and states in their endeavor to provide health insurance and quality healthcare services to their children. For more information, contact the Healthy Kids Corporation at 850-224-KIDS.

Finan, T., and E. Neuschler. *Bright Futures and Managed Care Action Brief: Outreach: Private and Public Sector Efforts that Work*. November 1998: National Institute for Health Care Management (NIHCM). This brief provides a summary of the key issues and insights of a roundtable forum convened by NIHCM, entitled “Outreach: Private and Public Sector Efforts That Work.” At the forum, practitioners from states and the private sector presented and discussed outreach initiatives to enroll children for coverage (under Medicaid and CHIP) and get them receiving care in a medical home. For more information contact NIHCM at 202-296-4426.

Fox, H., McManus, M., Rodgers, J., and K.B. Hayden. *Cost-Sharing Options Under the State Children’s Health Insurance Program*. March 1998: Maternal and Child Health Policy Research Center. This issue brief is intended to assist state policymakers in structuring reasonable policies for CHIP participants and provides a guide for states in examining the implications of alternative cost-sharing approaches with respect to such issues as family income, number of eligible siblings and children’s health, or disability status. For more information, contact 202-223-1500 or visit <http://www.mchpolicy.org>.

Gehshan, S. and J. McDonough. *Family Coverage Under the State Children’s Health Insurance Program*. October 1998: National Conference of State Legislatures. This paper describes the law and current federal guidance on pursuing the family coverage option, and gives an overview of various state approaches that have been proposed to take advantage of the option. For more information, visit NCSL’s website at <http://www.stateserv.hpts.org>

Millions of Uninsured and Underinsured Children are Eligible for Medicaid. January 1997: Center on Budget and Policy Priorities. This report describes the range of policy issues regarding the translation of eligibility for Medicaid into actual coverage. It includes state specific information on the number of children eligible but not enrolled on Medicaid. This report may be particularly helpful to states designing and coordinating the outreach components of their state plan. For more information, call 202-408-1080.

State Challenges and Opportunities in Rural and Frontier Health Care Delivery. September 29, 1998: National Governors’ Association. This publication describes the unique characteristics of rural and frontier populations, outlines the barriers to rural and frontier health care delivery, describes some successful state responses to these challenges, and examines new rural health care delivery opportunities for states. For more information, contact Tracey M. Orloff at NGA at 202-624-7820 or visit <http://www.nga.org>

States Have Expanded Eligibility Through Medicaid and the State Children’s Health Insurance Program. February 10, 1999: National Governors’ Association. This update from the National Governor’s Association provides information about states’ Medicaid and CHIP eligibility levels for children, by age group, and for pregnant women as of October 1, 1998. For more information, contact Mara Krause at NGA at 202-624-5380 or visit <http://www.nga.org>

Thorpe, K. and C. Florence. *Covering Uninsured Children and Their Parents: Estimated Costs and Number of Newly Insured*. July 1998: The Commonwealth Fund. This report estimates that CHIP, combined with Medicaid, could reduce the number of uninsured children by 80 percent if states were to enroll all those who are eligible. For more information, contact Mary Mahon at 212-606-3853 or mm@cmwf.org

Using SCHIP Funds for Health Insurance Premium Contributions: Policy Issues and Operational Challenges. October 15, 1998: National Governors' Association. This issue brief identifies the benefits of coordinating public and private health insurance programs through a premium subsidy approach. It also identifies operational challenges for state policymakers choosing to use SCHIP funds for premium contributions and options to address those challenges. For more information, contact Joan Henneberry at NGA at 202-624-3644 or visit <http://www.nga.org>

Weinick, R., Weigers, M.E., and J.W. Cohen. Children's Health Insurance, Access to Care, and Health Status: New Findings. *Health Affairs*. March/April 1998. This journal article presents analysis of data from the household component of the 1996 Medical Expenditure Panel Survey. Findings suggest that children are at greater risk of encountering difficulties with the health care system depending on their race/ethnicity, parents' education, and parents' employment status.

CONFIDENTIALITY

Cheng, T., Savageau, J., Sattler, A., and T. DeWitt. Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *JAMA*. 269 (11): 1404-1407. 1993. This journal article presents findings from a study of high school students that addressed confidentiality issues in health care. The study found that a majority of adolescents have concerns they wish to keep confidential and a striking percentage report they would not seek health services because of these concerns.

English, A., Matthew, M., Extavour, K., Palamountain, C., and J. Yang. *State Minor Consent Statutes: A Summary*. 1995: Center for Continuing Education in Adolescent Health. This publication is available for the Center for Adolescent Health and the Law. The authors are currently working on an updated version of this publication. The Center for Adolescent Health and the Law works to create a legal and policy environment that promotes the health of adolescents and their access to health care. The Center conducts research, analyzes legal and policy issues, prepares publications, provides training and technical assistance, and engages in advocacy. Contact Abigail English at the Center for more information at info@adolescenthealthlaw.org or call 919-968-8870.

McCabe, M.A. Involving children and adolescents in medical decision making: Developmental and clinical considerations. *Journal of Pediatric Psychology*. 21(4): 505-16. 1996. This paper reviews the developmental and clinical considerations, and provides recommendations, for determining particular children's level of involvement in making medical decisions. The paper also describes the distinct roles for pediatric psychologists in this process.

Weithom L.A., and S.B. Campbell. The competency of children and adolescents to make informed treatment decisions. *Child Development*. 53: 1589-1599. 1982. This article presents results from a study to test for developmental differences in competency to make informed treatment decisions at four age levels (9, 14, 18, and 21). The findings from the study do not support the denial of the right of self-determination to adolescents in health-care situations on the basis of a presumption of incapacity. Further, children as young as nine years old appear able to participate meaningfully in personal health care decision making.

QUALITY ASSURANCE AND EVALUATION

Children's Health Insurance Implementation: Beginning the Discussion on Quality and Performance Measurement. ASTHO Access Brief VII. 1999: Association of State and Territorial Health Officials. This *Brief* is the first in a series of documents on the subjects of data assessment, quality assurance, and performance measures related to the Children's Health Insurance Program (CHIP). This *Brief* in particular is designed to examine some of the issues related to the definition of quality and performance measures and to suggest possible avenues for state and community-level discussions. For further information, visit <http://www.astho.org>

Edmunds, M. and M.J. Coye, Editors. *Systems of Accountability: Implementing Children's Health Insurance Programs.* 1998: National Academy Press. This publication presents a framework and recommendations for designing systems of accountability for CHIP as states take a variety of steps to reduce the number of uninsured children. This book is available for viewing at <http://www4.nas.edu/IOM/IOMHome.nsf>

Rader A., Pernice, C., and T. Riley. *Evaluating CHIP: A "How To" for States (Vol. I) State and Federal Health Data Sources: An Inventory for CHIP Evaluators (Vol. II).* December 1998: National Academy for State Health Policy. Volume I includes speaker materials (including case studies and proposed state methodologies for CHIP evaluation) and related resources for NASHP's December 1998 comprehensive workshop on "Evaluating CHIP: A 'How To' for States." Volume II provides an inventory of health data sources and addresses their utility in evaluating the success of CHIP. Call 207-874-6524 or visit <http://www.nashp.org> to order.

State Children's Health Insurance Program Evaluation Tool. 1998: American Academy of Pediatrics. This tool provides 30 indicators that measure the impact of Title XXI on three closely linked dimensions of quality assessment of health care: access, process, and outcomes. For copies of the document, contact Beth Yudkowsky at 800-433-9016, ext. 7946 or visit <http://www.aap.org/research/reshome.htm>

LINKAGES

Issues in Developing Programs for Uninsured Children: A Resource Book for States. March 2, 1998: The Office of the Assistant Secretary for Planning and Evaluation, Office of Health Policy, U.S. Department of Health and Human Services. This resource book contains reference information on nine states that established children's health insurance expansions prior to enactment of Title XXI. It is intended to provide relevant information for states as they design their own children's health insurance programs. For a copy of the report, visit <http://ape.os.dhhs.gov/health/reports/resource/toc.htm>.

Many Streams Make A River: Proceedings of the National Conference on Community Systems-Building and Services Integration. September 14-15, 1997: Maternal and Child Health Bureau. This publication provides a reference for communities working to sustain systems-building and services integration at the local level and informs health policymakers and decisionmakers about the contributions of community initiatives for achieving systems reform in health policy. For copies of the report or videotape proceedings, contact the National Maternal and Child Health Clearinghouse at 703-356-1964.

State Children's Health Insurance Program. American Public Health Association. This newsletter provides information for public health professionals about the potential impacts of SCHIP on public health programs. It also provides key areas where public health programs can collaborate with SCHIP. For more information, visit <http://www.apha.org>.

Geshan, S. *State Options for Expanding Children's Health Insurance.* May 7, 1998: National Conference of State Legislatures. This report provides state examples of the various options for expanding children's health insurance through CHIP. For more information, contact <http://stateserv.hpts.org>.