



# Connecting Kids to Coverage National Campaign

## Back-to-School Planning: Enrollment, Retention, Vaccines, and Mental Health

WEBINAR TRANSCRIPT | JUNE 21, 2023

**Helen Gaynor:** Good afternoon everyone, and welcome to the Centers for Medicare and Medicaid Services' Connecting Kids to Coverage National Campaign webinar, "Back-to-School Planning: Enrollment, Retention, Vaccines, and Mental Health." My name's Helen Gaynor. I'm from Porter Novelli Public Services, and I work closely with the Campaign and the team at CMS as a contractor to support education and outreach to families eligible for free or low-cost health coverage through Medicaid and the Children's Health Insurance Program, or CHIP. I'm really looking forward to moderating our discussion today. We have an excellent panel of speakers ready to talk about outreach during the back-to-school season, which is an important time to connect with families to share enrollment information regarding Medicaid and CHIP, to highlight the importance of key benefits such as immunizations, and explore the integration of behavioral health services in schools and discuss how we can help families maintain their coverage as states restart eligibility reviews.

**Helen Gaynor:** Before I transition over for an official welcome, I do want to touch on a few housekeeping items. If you've joined this webinar on the WebEx desktop platform, you'll see a few features that will be helpful to you during today's presentation. We encourage you to submit any questions you have into the Q&A. Just make sure you send your questions to all panelists. There may be a default option to send it to a specific person, and we want to make sure we capture all questions for the designated Q&A session, which will happen at the end of the presentation. We'll either respond back in the Q&A or verbally during that section at the end of the presentation. For any questions that we are not able to get to, we will make sure to follow up with individuals separately after the webinar via email. The webinar is being recorded and will be posted on insurekidsnow.gov in the coming weeks.

**Helen Gaynor:** Thank you again for being here today, and I'd now like to introduce Meg Barry, Director of Division of State Coverage Programs, the Children and Adult Health Programs Group at the Centers for Medicaid and CHIP Services at CMS. Meg?

**Meg Barry:** Thanks Helen, welcome everyone. Like Helen said, I'm Meg Barry. I'm the Director of the Division of State Coverage Programs at CMS. Thanks for joining us today for a discussion of planning for the back-to-school season. Well, at least at my house, the kids feel like school just ended and summer just began. We know that means, in the outreach world, that it's really time to gear up for back-to-school. This year, more than ever, we're really urging you to take advantage of the return to school to message about several critical children's health topics. Those are unwinding, of the continuous enrollment condition, behavioral health in schools, and vaccines. We will have several experts from CMS talk about each of these topics, and then one of our Connecting Kids to Coverage grantees will share their own experience collaborating with schools and families. I'm going to hand it back to Helen to get us started today, since we have a very full agenda.

**Helen Gaynor:** Awesome. Thanks so much, Meg. I'd now like to introduce our first panelist, Stefanie Costello, Director of the Partner Relations Group at CMS. Stefanie, whenever you're ready.

**Stefanie Costello:** Great, thank you so much. Good afternoon. I'm Stefanie Costello at CMS and it's a pleasure to join y'all today to speak a little bit about the end of the Medicaid continuous enrollment condition and what that means for people enrolled in Medicaid and CHIP as we return to normal operations. I think y'all know a little bit about what's going on, but I want to give a background just to make sure y'all are aware of any of the updates, and if there's any new folks on here, just to make sure you understand what is happening.

**Stefanie Costello:** Medicaid and CHIP have been a lifeline, as you'll know, for health coverage for millions of people during the pandemic, due in part to legislation that incentivized coverage continually and flexibilities for states. Medicaid and CHIP enrollment is at an all-time high, and there's over 93 million people who are enrolled in Medicaid and CHIP as of February, 2023. A lot of this is due to the continuous enrollment condition, which was due to COVID. Since 2020, the majority of individuals who were enrolled and who have subsequently enrolled in Medicaid have been continuously enrolled in the program. In the Children's Health Insurance Program, states have adopted similar flexibilities that have resulted in the same effect, increasing enrollment, which is now how we are at the 93 million people enrolled. That's an increase of over 32% or over 22 million individuals since February of 2020. The continuous enrollment condition ended on March 31st, with the omnibus bill known as the Consolidated Appropriations Act or CAA of 2023. With the end of the continuous enrollment conditions, states will now begin the process of unwinding or returning to normal Medicaid and CHIP operations, and that includes restarting full Medicaid and CHIP eligibility renewals, and for Medicaid, disenrolling individuals who are no longer eligible.

**Stefanie Costello:** Because the continuous enrollment condition ended on March 31st, states are now able to terminate Medicaid enrollment with individuals who are no longer eligible. I'm sure some of y'all have heard in your states, as data's coming out, that this is well underway. This work will require a significant amount of work on the state's part, and researchers have estimated that nearly 15 million enrollees could lose their Medicaid and CHIP coverage as states resume the normal renewals and redetermination process. However, it's important to note that these estimates do not represent the number of people who are likely to become uninsured. A central goal for unwinding is to ensure that people who remain eligible for Medicaid and CHIP can retain their coverage, and those who are not are able to transition to affordable coverage like the marketplace, Medicare, or employer sponsored coverage. This is where y'all come into play, right?

**Stefanie Costello:** What are states expected to do? In returning to the normal operations, states are expected to initiate eligibility renewals for everyone in their Medicaid and CHIP populations within 12 months, starting in February, March, or April, and they'll have an additional two months, so that's 14 months total, to finish processing the renewals. As I noted, states have three options for when they begin redeterminations, and we'll go through that in just a moment. Separately, CMS has provided extensive guidance to states about other expectations during the unwinding period, and states have four months to resume timely processing of applications to the extent that has not been the case during the period that was the continuous enrollment condition. States have also been preparing for this process for over a year to ensure that eligible individuals can retain coverage, and to make sure people who are eligible for other programs transition effectively. The Department of Health and Human Services shares this goal, and we're committed to working with states, governors, and others to provide resources, tools, and guidance to ensure a successful unwinding period.

**Stefanie Costello:** This is the first unwinding graph that I'm going to share with you today. This displays when the first unwinding related renewals were initiated by month. You can see that states initiated the first unwinding related renewals each month, and to note, this information is based on state assessment calls conducted or delivered or submitted as of February 24th, 2023, so timelines might have shifted. We do have updated timelines located on our Medicaid.gov website.

**Stefanie Costello:** This graph here displays the effective date of the first anticipated terminations by month. Similar to the previous slide, this information is based on the state assessment calls conducted on February 24th, 2023, and again, anticipated timelines document is located on Medicaid.gov.

**Stefanie Costello:** I just talked about general timelines for initiating renewals, but it's important to remember what the renewal process entails. Generally, states need to renew eligibility for everyone in the Medicaid and CHIP program once every 12 months for MAGI beneficiaries. When I say MAGI, I refer to the population enrolled based on modified adjusted gross income, including most children, parents, pregnant individuals, and other non-disabled. States must renew eligibility at least once every 12 months for non-MAGI beneficiaries, and these include individuals who are over 65 as well as those with blindness or disabilities.

**Stefanie Costello:** States must first attempt to renew eligibility for appropriate populations based on information available to the state, without asking for documentation. This is referred to as ex parte renewal, also called auto-renewal, passive renewal, or administrative renewal. If someone can be redetermined eligible based off of available information, the state must send a notice letting them know that they are eligible. If the state attempts ex parte renewal and cannot find that a person is eligible, the state must send a renewal form to request needed information. The individuals enrolled on MAGI basis, most children and non-disabled adults, the state must provide a minimum of 30 days to return the form. Lastly, if the Medicaid agency determines an individual is ineligible for Medicaid, it must screen them for eligibility for other programs and transfer their information to the appropriate program. Many children may be transferred to CHIP. Individuals may also be transferred to the marketplace for determination.

**Stefanie Costello:** States have been preparing for the end of the continuous enrollment condition for over a year now, and have done a number of things to be ready. They've developed plans, they've obtained contact information, they've launched outreach and communications plans, and they've engaged partners, hopefully many of y'all on the call. We recognize that there is much work to do and challenges ahead, because there's going to be a large volume of renewals for states to complete. We understand there's workforce shortages to make completing the work timely much more difficult, and given how long it has been since many individuals have had contact with the Medicaid agency, contact information may also be outdated. That makes efforts to update contact information especially important.

**Stefanie Costello:** We do have a communication strategy, which we've been working on for over a year, and we're dedicated to making sure that people stay connected to coverage, whether that's remaining on Medicaid or CHIP, or transitioning to another coverage option. There's a multi-pronged whole of government approach, and right now we are definitely in an all hands on deck moment, and I'll go through some materials in just a moment to help y'all with that all hands on deck. There's two phases. One, phase one, messages are still relevant right now, which is about updating your contact information, and then phase two is Medicaid redeterminations and retaining coverage. Right now we're in a unique situation where both of these phases and communications are ongoing. We did refresh our outreach on April 1st of 2023, and we've been refreshing it every month. We've been adding some additional materials and reorganizing some things, and I'm going to show you that in just a moment.

**Stefanie Costello:** We have our toolkit, which I'm going to go through. It's a living resource and it has a number of materials that will be helpful for you to be able to educate folks. We have one full document, which I'll show you, which is a toolkit, but we've also broken out the materials inside the toolkit into standalone documents such as fact sheets and tip sheets, conference cards, fillable digital flyers, and then we have drop-in articles, social media, emails, and other things that you can use. The full toolkit is available in English and Spanish, and then we have select resources available in five additional languages. Here's a sample communication toolkit. Here's two of our sample social media graphics, our drop-in article, which y'all could use and share out. Then, we have some of our social media text messages there, in text messages. Then, right at the bottom right is our partner tip sheet.

**Stefanie Costello:** We also have just released updated information for children and families. These are available in English and Spanish, and we also have them available in a standard form, which you see on the left side, which is very general, about Medicaid. Then we have what we're calling a fillable flyer, a fillable postcard, which, as you can see on the top right, you can enter your state name and your state program. For example, if you're in Georgia, you can put Peach Care in there, just so it will resonate with people in your state.

What we need you right now to do is help, help, help. In the coming weeks and months, we know that you're already doing this work, and we need you to help get this message out and to help with the renewal process with anyone who comes to y'all. I want to note specifically that as a grantee, you can help families fill out paperwork related to their Medicaid and CHIP renewals. If someone comes to you and they've received a form in the mail, you can help them fill that out. What we're hearing out in the field is that a lot of individuals who might be on Medicaid for the first time are finding the form confusing or might not think it applies to them. Some of the forms can be complex and have a lot of language that's hard to understand, and so having a trusted grantee such as yourself be able to help people fill these out will go a long way.

**Stefanie Costello:** We've also updated our key messages for partners to share, and that includes the four messages below. Updating your contact information is still a message that we're sharing. Responding to the Medicaid and CHIP renewal form when it arrives, we want people to check their mail and to respond and fill out the form. This is where y'all can help, with that one. Parents should also respond even if they don't think they're eligible, because their kids should still be eligible. We really want to make sure that parents are filling it out, even if they don't qualify, that they know that their kids might. Then, for the parents and others, to consider other coverage options such as marketplace coverage at Healthcare.gov, through Medicare, or perhaps their employer.

**Stefanie Costello:** I'm going to actually share my video with y'all and share my screen with you, excuse me, and show you the toolkit that I was talking about. Right on the main page here, it's on our Unwinding and Returning to Regular Operations page, we have right at the top, we have the updated on our call to action. This is our all hands on deck messaging, and it also includes what stakeholders can do. I'm going to pull this open just to show y'all real quick. This is what you can do, so again, those same four messages that I just went over, and then we have, for public sector, private sector, for schools, for states, for congress, for healthcare communities, we have it all covered in here, so we encourage you to take a look at this, to share it with the organizations you partner with and work with. Again, all hands on deck. We want to make sure everyone is sharing this information.

**Stefanie Costello:** When we're back on the main Medicaid page, the Renew your Medicaid coverage here on the left, that's going to take you to your state, a map of the United States, and will take you to your state program. Then, this link down here, Outreach and Education, is where the toolkit is residing. On this page, we have the communication toolkit right at the top, English and Spanish, again, the five additional languages. We have our social media messaging, which y'all are welcome to use. Phase one really focuses on updating your contact information, opening your mail. Phase two talks about the Healthcare.gov special enrollment period to help people get covered there. Then, we've heard a lot about fraud and scams, and so we have specific messaging and social media to help educate people and look out for fraud and scams. Now, this next section, we've broken it out into helping people get ready to renew their coverage, and then we have resources for people who've lost their coverage, messaging for resources with kids and families, fraud, scams. We're cross-posting the back-to-school messaging, which should be available soon, and then we'll let y'all know when that's going to be available, and then we have some educational videos.

**Stefanie Costello:** If I pop one open, you're able to see that we have general messaging around flyers and postcards, and the fillable state specific messaging is what I showed you in the slide deck, that actually has a space for you to fill in your Medicaid state program or website or phone number there. We have information for providers and for American Indians and Alaska Natives. For people who've lost Medicaid and coverage, the things I want to draw attention to is, we have this partner tip sheet, which I think is really great. You can hand this out to individuals who might be interacting with somebody who's lost Medicaid or CHIP. It could be a front office worker, a benefits screener, a librarian, anyone, can take this little cheat sheet and it tells them the three things that they can share with a beneficiary who might have lost CHIP and the steps they need to take. This is a great tip sheet for folks to have.

**Stefanie Costello:** We also have healthcare options fact sheets, and then we have information down here on messaging and resources for kids and families. I know this is where y'all are most interested in. We have

postcards and fillable flyers for kids with Medicaid or CHIP, and I'm just going to open one up. They're the same, except one is fillable and one is not. "Does your child have Medicaid or CHIP? Help them stay covered." Then, the second part talks about the three messages, checking your mail, applying for coverage even if you don't think you're eligible. Your kids might qualify. We really want to hit that message hard, and then exploring low cost, quality health plan options if they're no longer eligible for Medicaid or CHIP. Then, that is available in English and Spanish. The fillable one is available in English and Spanish.

**Stefanie Costello:** Then, we have a postcard, again, for renewing kids, Medicaid and CHIP, and let me pop that open real quick. This kind of drives the message home, why it's important to communicate to as many families as possible. "About half the kids in the US get their healthcare through Medicaid and CHIP. Do you?" We really want to make people think, "Oh, well, we need to educate as many children as possible, because up to half of them could risk losing their health insurance." Then we have the same three steps, watching your mail to get a letter, getting help from a parent or guardian to complete and submit the Medicaid/CHIP renewal, and then asking a parent/guardian to reapply for Medicaid and CHIP. This is really important, especially for those young adults who might be aging out of ... Who might have aged out of Medicaid during this period and might never have applied by themselves, and that they're losing coverage. We want to make sure that those individuals are helped as well.

**Stefanie Costello:** Then finally, I'm just going to pop this open real quick, and this is all of our videos. You can use these videos. We have them in 30 seconds, 15 seconds, and six seconds. They're available in English and Spanish. You can put these on your social media, you can put them on your website, you can put them on a closed caption or closed circuit TV in a waiting room. We want to get the word out there. These are quick, easy videos that y'all can repurpose and post. We know a number of folks have been asking for that. I know this is a lot of information. I'm going to go ahead and stop sharing my screen, and that concludes my part, so I will pass it over.

**Helen Gaynor:** Thank you, Stefanie. We really appreciate the update on all of the unwinding resources and all of the new pieces that are available at [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding). Next, it is my pleasure to introduce Kate Ginnis, Senior Policy Advisor at the Center for Medicaid and CHIP Services at CMS. Kate, over to you.

**Kate Ginnis:** Thanks so much, Helen. I'm really, I'm delighted just to be here and talking to folks today. I have been at CMCS not too long, and before that I came from the Medicaid agency in Massachusetts, but before that, I spent most of my time focused on behavioral health for kids and families, sort of both doing clinical work and doing policy work. I'm really happy to be here talking to folks, as we're beginning to think about back-to-school.

**Kate Ginnis:** The Biden Harris administration really has a behavioral health strategy both for kids and for adults, but really focused on increasing access to equitable and high quality services and improving outcomes for people covered by Medicare, Medicaid, CHIP, as well as with private health insurance, and really thinking about transforming and addressing the mental health challenges exacerbated by the COVID-19 emergency. What we have been talking a lot about long before I sort of arrived on this particular scene is the fact that there's sort of the pandemic that has been going alongside the pandemic, especially for youth, and I'll get into some of the statistics, but especially for youth, the longstanding impact of the past three plus years on their mental health, their behavioral health. The Biden Harris administration is really focused on thinking about that and what we can do to help support kids and their families.

**Kate Ginnis:** There's been a lot of focus on crisis intervention, suicide prevention. Folks have probably heard about the launching of 988 hotlines, but I'm going to spend some time talking today about schools and thinking about how schools can really be a place that kids can get help. Why are we talking about this today? In 2019, as many as one in five kids between 12 and 17 had experienced depression, and most mental health disorders arise in childhood, including, 50% of adult disorders begin before the age of 14, and about 75% by the age of 24. It really speaks to the fact that we want to start impacting early and detecting early, and giving kids

treatment that they need, making sure that their mental health and substance use issues get addressed when they arise to potentially eliminate or at least impact the severity of a condition that may last well into adulthood. Data from the CDC show that youth mental health problems have increased significantly in the past decade, but access to services has declined, and so something that we've been thinking a lot about is how the places that kids go, schools, the pediatrician's office, adolescent medicine doc or family medicine docs' offices, community organizations, how to have everybody be thinking about kids' mental health so that we can all be part of the solution for them. There's a lot of evidence at this point that the COVID-19 pandemic made things worse for kids, and some populations were particularly impacted. Girls, more than one in four girls reported that they seriously considered attempting suicide in 2021, and more than one in 10 girls reported that they attempted suicide. Almost half of LGBTQ+ students seriously considered attempting suicide. This is a particularly vulnerable group of kids, and nearly three quarters of them had persistent feelings of sadness or hopelessness. Native suicide rates continue to be much higher than the overall national average for the group of kids their age, and that's the highest, again, across all ethnic and racial groups, and Black youth and in particular young Black boys have demonstrated an increase in suicidality and a disproportionate amount of suicidality between 2018 and 2021.

**Kate Ginnis:** Medicaid and CHIP are great ways that kids can access services, so they already have routine healthcare visits, what we sometimes call well-child visits or annual visits, but Medicaid and CHIP also include coverage for mental health, behavioral health services, to prevent, diagnose, and treat mental health symptoms and disorders. That could be in-person counseling. We saw a huge rise in teletherapy over the course of the pandemic. Partly that was, I think the expression is, "Necessity is the mother of invention." Really, kids needed to be seen and that was the way that they could be seen, but it was really useful in particular for adolescents. Case management services, inpatient and outpatient substance use disorder treatment as well, are covered by Medicaid and CHIP, and families can access through a lot of different settings. I talked a little bit about that, but I think on the next slide ...

**Kate Ginnis:** Schools are one of the key places that kids can access services, and it's not only mental health services and substance use disorder services. Kids can access a lot of different services including those listed here, but there is ... Kids spend most of their time in schools, and so thinking about how they might be able to get access to services if they need them is something we've been spending a lot of time on. Medicaid and CHIP reimbursement helps pay for services in schools, so there's a lot of acronyms on this slide that I'm going to explain. IEPs and IDEA are basically special education, so kids who need individualized educational plans, Medicaid and CHIP help pay for services, so if kids need occupational therapy or kids need speech therapy or kids need behavioral health services through their individualized educational plan, those things can get paid for by Medicaid or CHIP, but also services provided in general education settings can also be paid for by Medicaid and CHIP, so if kids are going to the counselor or the counselor is doing crisis intervention.

**Kate Ginnis:** It gives a sense of why it's really important that we are kind of optimizing the number of kids who are on Medicaid and CHIP, and as Stefanie just talked about, retaining their Medicaid and CHIP coverage through the unwinding, because we want to make sure that they can access these services. This May, a few weeks ago, we issued this huge guide, this Comprehensive Guide on Medicaid Services Administrative Claiming, which is a mouthful, but what it does is it outlines a lot of flexibilities so that schools and school districts can really make sure that they are using Medicaid and CHIP as a way to pay for services in schools and what that ... Not by becoming a Medicaid provider and having to do everything that Medicaid does, but by having some additional flexibilities that allows for services to be delivered and for the schools to then get paid. It's really meaningful in terms of having an impact on the budget, and thereby having services that would be perhaps not otherwise able to be paid for. It's a really important way that schools and school districts can think about getting services to kids.

**Kate Ginnis:** One of the biggest changes, and this was based on something that really we heard on the ground and had been for a long time, which is that a lot of school-based providers, the school counselors or the school social workers, are not otherwise Medicaid billable providers. Previously, even if the school was billing and claiming for Medicaid services, those providers could not be part of what was claimed for, and now

states are allowed to include providers who work only in schools, and that's a big change. We hope that many states will take up that flexibility, which will then allow more services to get to kids in schools. We really want to make sure that we are removing as much of the burden as possible while still keeping all the rules that need to be in place in place to promote the delivery of school-based services, so that you don't have to be a huge district to have a school-based services program where you're claiming Medicaid and CHIP dollars for those services, but that smaller, less resourced and rural districts can also get access for kids to mental health services as well as other services.

**Kate Ginnis:** Schools, again, they're a place where they're uniquely situated because they have the kids all day every day, and a lot of mental health and substance use disorder treatments can actually be delivered in schools, and particularly among students in low income and rural communities. A lot of kids who get mental health services get them in school, sometimes in a school-based health center, which is a health center, sort of a full service health center that is located in a school, and sometimes through direct school staff. Early access to appropriate mental health and substance use disorder services are part of comprehensive school-based mental health, and that can be associated with improved academic performance, less disciplinary encounters, as well as increased rates of graduation and decreased rates of dropout. The kids, if they can get the services, really it improves their mental and behavioral health, which in turn increases their academic success, and kids are really much better off both in and out of the classroom. We know that you all understand the importance of Medicaid and CHIP and making sure that kids can get services, and this is a slightly less direct way that you would necessarily see the claiming, but it really can pay for a lot of services that get to kids where they are in communities and right in their schools.

**Kate Ginnis:** The other thing, just one other thing to note is that, and Stefanie might have mentioned this, is that part of what schools can actually get paid for is enrolling kids and their families. They're great partners for you all, and I know many of you already partner with the schools, but they're great partners to help get kids covered and help keep kids covered during this next school year, when there's going to be a lot of focus on the unwinding that Stefanie talked about. I am going to hand it back to Helen so we can move on to our next speaker.

**Helen Gaynor:** Thanks so much, Kate, for sharing the importance of behavioral health services and the unique opportunity that the school setting provides to help kids access these services. Next, I'm excited to introduce Dr. Aditi Mallick, Chief Medical Officer at the Center for Medicaid and CHIP Services at CMS. Dr. Mallick, over to you.

**Dr. Aditi Mallick:** Thank you Helen, and thank you all for joining us today. I am delighted to be able to spend some time talking about the importance of vaccination. I will say, as a mom and as a physician, and in my current role, there are a few things that are as important to helping kids get to the classroom and stay in the classroom than preventing vaccine-preventable illnesses. Just for context, before I go into the vaccine life cycle that's here on this slide, folks may know this, but I really think it's worth noting that the pandemic has led to declines in child flu vaccination, and I think well-founded concerns that vaccine hesitancy that grew during the pandemic may have had a spillover effect onto routine childhood immunizations. The latest data from the CDC looks at the school year 2020 to 2021, and found that national coverage for state required vaccines, including measles, mumps, and rubella, the DTAP vaccine, and the varicella vaccine among kindergartners declined by at least a percentage point, and that's impacted the ability of ... The COVID-19 pandemic, excuse me, has impacted the ability to assess vaccine rates for subsequent school years, but I think fair to say, despite what has been a widespread return to the classroom and in-person learning, that we're still dealing with the disruptions to vaccine coverage.

**Dr. Aditi Mallick:** The critical message, again, before we get into the details here, is that follow-up on the outreach and engagement that you all are such great partners at is really, really critical for helping under-vaccinated or unvaccinated kids stay in the classroom. It helps reduce the impact of disruptions from vaccine-preventable illnesses and helps keep that child, that family, that community safer. In the spirit of distilling down to key messages, I have three key messages that I want to share. The first is that vaccines are safe. This is

really an intent to help dispel some of the rampant myths about vaccine safety. They go through a very rigorous process, and I won't go through the details of this slide, but I think it's really important to know that underpinning all of these are research, extensive amounts of studies for efficacy and safety, and then reviews by bipartisan, nonpartisan really, expert panelists that are really third party arbitrators of the evidence and the data, to know that the vaccines that we are giving our kids are safe when they go to market, when they're offered, and then continuously, that they are monitored through a variety of advisory committees and federal agencies.

**Dr. Aditi Mallick:** The second key message, vaccines are effective. I think this audience probably knows, but it bears repeating that vaccines are designed to help our body's immune systems learn how to fight germs and prevent more serious illness, or in very severe cases, death. Right now, there are vaccines available to prevent 14 different types of infectious diseases. I've alluded to some of them already, but they include measles, influenza, also known as the seasonal flu, hepatitis A, tetanus, pertussis, also known as whooping cough, and varicella, also known as chicken pox, or varicella, also known as chicken pox. Through vaccination, kids can stay healthy, go to school, and stay in school, and as I said, keep themselves, their families, and their communities safe.

**Dr. Aditi Mallick:** The third and final message I want to leave you with and most important to Connecting Kids to Coverage is, these vaccines are covered in Medicaid and CHIP. Through coverage in Medicaid and the Children's Health Insurance Program, parents can rest assured that their kids' vaccinations and booster shots are covered at no cost to the family. When scheduling medical appointments for their children, parents and caregivers can make sure that their children are also up-to-date on routine vaccinations. As Kate mentioned, this is [inaudible 00:38:20]. Medicaid and CHIP also, for reference, cover routine and emergency care, dental and vision, mental and behavioral health services, among a whole host of other services for children up to age 19. Getting and helping people to enroll and maintain their coverage, as you've heard from some of my colleagues today, is helpful for a number of reasons, including access to timely vaccination.

**Dr. Aditi Mallick:** Actions, and this will be my last slide, actions that you all can take, that we all collectively can take to help get children and youth back on their routine vaccinations and back onto the recommended schedule. I think you've heard me say, and I think you all know, there has been a drop in those routine immunizations, and while routine vaccination is rebounding, it is uneven and has not recovered among all groups. It really is historically underserved, historically marginalized populations, low income children, children with limited English proficiency, that tend to be in those groups that are having a slower rebound back to routine immunizations. The full impact of COVID-19 on routine vaccinations is an active area of study by the CDC, but what we know based on the latest data that I shared, from 2020 to 2021 is a concerning drop, and we have the opportunity now, as the Public Health Emergency is being unwound and we're trying to keep folks covered, to get back on schedule with vaccinations. With that, I will turn it back over to Helen. Thank you again for the time today.

**Helen Gaynor:** Thank you so much, Dr. Mallick, for touching on the importance of immunization as we enter the back-to-school season specifically, and the role that partners and community members can play. I'm excited to introduce Ashley Smith, Project Manager at the Greater Flint Health Coalition, next to talk about partnerships with local schools. Ashley, whenever you're ready, over to you.

**Ashley Smith:** Thanks Helen, for that great introduction. Again, my name is Ashley Smith. I'm the Project Manager of the Greater Flint Health Coalition for our Connecting Kids to Coverage program. The Greater Flint Health Coalition, we actually serve kind of two different roles within Flint and Genesee County. The first is that we are a neutral convener and backbone organization, so we actually convene over 25 different work groups, committees, and task forces, and then we also serve in the space of kind of community-based programs. We use our committees, our work groups, and our task forces to kind of inform what needs are within Flint and Genesee County in order to kind of create programs to be able to help the needs that we essentially uncover when convening our work groups.



**Ashley Smith:** Partnerships, why are they important? We know that there are a lot of different reasons as to why partnerships are important, but I'm just going to highlight kind of three here that we've kind of lived by when it comes with developing some of our relationships. The first is that partnerships, they allow for a diverse group of leaders to be able to kind of collaborate, and just allowing for that outside perspective or viewpoint is really important. I'm sure we have all been in a position or a situation where you're staring at something for 20 times over and then somebody new walks into the conversation, and they're like, "Oh, well, think about it this way," and so it really just gives that ability to kind of have that outside perspective. Allowing your resources and knowledge to come together to work towards a common goal within a shared space, and then lastly, partnerships have the ability to address barriers and challenges to essentially help deliver better outcomes. Our outcome here is that we want more individuals within Flint and Genesee County to be able to have access to healthcare coverage.

**Ashley Smith:** I want to touch base on just some best practices that we've kind of developed over the past few years with building partnerships. The first is going to be identifying a common goal, and so before you even approach a potential partnership, you're really going to want to have a clear vision for your project, including what your goals might be, potentially looking into the organization you want to partner with, maybe they have different interests, maybe they list some of their strengths or weaknesses, and just really kind of getting a great idea of exactly what you want to work towards and to make sure that that organization or partnership is going to be a good fit. The second is going to be establishing roles and responsibilities. Here, once you've identified who your partners are going to be, you really want to define what your roles and responsibilities are going to be. Typically, this is a MOU or a memorandum of understanding that is put in place. There are other similar documents, but here we're really going to want to outline kind of your objectives, your strategies, your timelines, all of those things that you think might be beneficial in order to kind of have it down on paper moving forward.

**Ashley Smith:** Here, it's also going to be important to assign what we like to call a point of contact, and to ensure that that point of contact stays up-to-date, because we know that turnover does exist in today's society. When we look at building and maintaining trust, so building trust and having an understanding about what is actually going on I feel like is kind of a requirement for a successful partnership, and just having that sense of kind of mutual respect, appreciation, and accountability among your partners, and then just really having the open and honest conversations and being respectful to different concerns and suggestions that your partnership might entail. Adaptability, and so we all know that partnerships aren't static, right, and so they kind of need to respond and adapt to change, opportunities, and challenge. This is especially important when it comes to building your new partnerships, when you're just kind of starting to get to know each other, but it's also important for your long term partnerships as well. Just being flexible and having the willingness to change as needed is very crucial.

**Ashley Smith:** Consistently communicating, and so we all know that communication is important in every aspect of our life, and your community partnerships are not going to be any different. Here we just really want to make sure that you are having open lines of communication, and then we really want to determine what the best method of communication may be. Is that a weekly meeting? Is it a monthly meeting? Is it via Zoom? Is it in person? Just really kind of trying to establish those boundaries so that moving forward from there, things are really clear and concise. Then, lastly on this slide, capacity-building and sustainability. I have to drop our parent mentors in here. We kind of like to do this, where it's the teacher teaching the teacher type scenario, and this kind of goes both ways. When you're creating a partnership, they probably have something to offer you and vice versa, you have something to offer them, and so you're creating capacity-building in that manner, and then that's really going to allow for some sustainability moving forward.

**Ashley Smith:** Our largest community partner when it comes to the back-to-school outreach season is actually the Genesee Intermediate School District, and so they serve 61,000 students with 8,500 educators across 21 public school districts and 14 charter schools. Over the past several years of partnerships, we've kind of determined some best practices when it comes to outreach for the back-to-school time. The first and foremost is going to be identifying a target population. Just really being able to hone in on a defined group of individuals

is going to be crucial here, and it's just going to give you that much more clear description of exactly where you want to go and how you want to do it, but it also is going to allow for much more targeted outreach efforts.

**Ashley Smith:** When it comes to the next one, so meet people where they're at, right? In Genesee County here, we know that transportation is an absolute huge barrier, and so we do our best to actually meet individuals where they are at within our target population, so that we're not creating additional barriers or not addressing those barriers in order for them to be successful with enrollment in healthcare coverage. Getting the word out in a non-stigmatizing manner, and so we recognize that in certain communities such as our own, the phrases of state assistance or the term Medicaid can sometimes have a negative connotation towards it, and so we tend to try and stay away from those phrases and words, and instead we'll focus on the term healthcare coverage, or, within Genesee County, we have certain healthcare coverage plans, and so we have Meridian Health Plan or McLaren Health Plan, and just really trying to change that connotation and to kind of remove that negative, stigmatizing kind of connotation around everything.

**Ashley Smith:** The next one, being respectful. I mean, that's kind of given. We really just want to make sure that we are respecting our community partners, the places that we are going, and all that good stuff that comes with number four. Building trust with and listening to the community, and so one of the biggest ways that we have determined to build trust is by putting ourselves out into the community at reoccurring locations. We often visit our mass transportation authority. We are at food pantries. We go to certain clinics, we go to COVID vaccine testing sites, and just really making sure that folks in the community know who we are, and they can put a face to a name. In terms of listening to the community, we also have individuals in our community who face additional barriers and social determinants of health needs, and so sometimes we're out in the community and a person will say, "I just need to know where my next meal is coming from," or, "I just need to know where I can rest my head at night." Sometimes it's hard to have health coverage as a priority when those basic needs are not met, and so that's another great way to be able to work with your partners, to get those basic needs met, and then when the individual feels like they are at a safe place, then we can help them enroll in healthcare coverage moving forward.

**Ashley Smith:** Eye-catching and easy-to-read flyers, we love to utilize the graphics and all of the documents that are on InsureKidsNow.gov. Those meet both of those criteria. We also do like to utilize Canva as our base and platform when MDHHS sends out different newsletters or information, just to kind of make it in a more eye-catching manner. Providing information in the primary language of those that you're actually serving, and so in Flint and Genesee County, we have a good amount of English speakers as well as Latino and Hispanic Spanish speakers, and so really just making sure that you have the appropriate materials available for the community that you are serving. We know that on certain geographical locations within Genesee County, we see different populations of individuals who speak different languages, and so just being conscious and aware of where you're traveling to, to make sure that you have the information available to the residents and to the communities. Then, offering services at non-traditional locations and times, so we've actually started to do some outreach to laundromats, gas stations, convenience stores, clothing stores, simply by just leaving our information up at the front desk or on the counter or on a bulletin board. Being able to kind of hit all those non-traditional avenues and channels has really helped spread the word of the work that we're doing in Genesee County.

**Ashley Smith:** Then in addition, we really want to make sure that we're giving an opportunity at not peak times, and so we do host and attend events that are, excuse me, on the weekends as well as weeknights, so that folks are able to get the assistance as well. Instead of kind of reinventing the wheel, we chose to just utilize some of the community events and opportunities that the Genesee Intermediate School District was already hosting and/or sponsoring, and so on the screen here are just a few of the fairly established events and opportunities for outreach that occur on a yearly basis. I do want to note, our last three have parentheses, in progress, and this is something new that we have kind of evolved over the past couple years to try and identify a different way to get our information out there. We are working with the school district to create kind of a district-wide newsletter that will go kind of, a blast to all of the teachers, all of the students, all of the educators, all of that good stuff, just to kind of give them the information and that they know that that's

available, because nobody knows the students better than the teachers themselves. If they recognize a need or an issue, that's one of the ways that we're going to be able to connect.

**Ashley Smith:** Next is our school registration packets, and so we're working closely with them to essentially have a checkbox on the registration packet that says, I either have healthcare coverage or I don't have healthcare coverage, and if I don't have coverage, do I want assistance? Then, that's going to be a direct referral back to our program to help them get enrolled. Similarly with the school lunch menus, those are, I believe most of the time, sent home on a monthly basis, but sometimes they are weekly. That's just another way that parents are going to be able to see our information out there and to know that we are available for some assistance when the time comes. Some additional opportunities that aren't on here that we have attended are holiday parties, health and resource fairs. We love to go to the trunk-and-treat events in October, as well as school field days.

**Ashley Smith:** Lastly, we always want to kind of evaluate the relationships and the partnerships to just kind of ensure that we are holding up our end of the deal in addition to the partners, and if something's not working, let's sit down and evaluate and figure it out. I'll give you a real life example here. The Genesee Intermediate School District in years past has been really much more focused on the actual enrollment process for people within Flint and Genesee County, and we had a meeting and we sat down and we were kind of humbled, and you've got to let them speak to what they're experiencing and how they think things are going. They said, "We really think that we would be more beneficial to the program and to the grant and to the outreach that we're doing if we can just strictly focus on outreach and not do enrollments." That was an opportunity for us to kind of switch what we had initially put down and wrote on paper, and it's worked wonderfully from here, considering the broad spectrum on the outreach that they have within the school district. Just making sure that we're listening to our partners and ensuring that we're able to have that flexibility and adaptability to make sure that we are moving towards that common goal, of ensuring more residents within Flint and Genesee County have healthcare coverage.

**Ashley Smith:** Lastly, I just want to wrap up with some lessons that we've learned. Relationship building with community partners is imperative. There's a reason that there's so many grantees and there's so many of us on this call, because we know that we can't do it alone, and so the more partners that you can kind of gather and get around the table, maybe it's just to get information out there, or if it's to do actual enrollments, it's going to be imperative and it's going to be huge. We know that needs within Genesee County are different based on location. I kind of alluded to knowing your population, knowing where you're going, if we need to bring full English or if we're going to be bringing English and Spanish materials. Then again, being flexible and listening to what your partners and community have to say is also going to be crucial when it comes to the back-to-school season. With that, I thank you all and I will turn it back on over to Helen.

**Helen Gaynor:** Awesome. Thank you so much, Ashley. We really appreciate the really actionable examples that you shared and really appreciate your time, so thank you. I will be sharing ... Ashley's contact information is on the screen here, and we will be posting these slides on [InsureKidsNow.gov](https://www.insurekidsnow.gov) in a couple of weeks, so you'll have access to all of this information there as well.

**Helen Gaynor:** Now I'm going to be sharing an overview of the Connecting Kids to Coverage National Campaign and resources that might be helpful, both during the back-to-school time and throughout the rest of the year. CMS's Connecting Kids to Coverage National Campaign reaches out to families and children with teens eligible for Medicaid and CHIP to encourage them to enroll their kids in these programs and to raise awareness about the services that are covered under these programs. The Campaign conducts annual initiatives, which are tied to priority topics at key times of year. Some of these initiatives include oral health, vaccinations, missed care, and then mental health and back-to-school are two of our biggest ones, which we'll dive a little bit more into today, but you'll see the list of kind of all of our mainstay initiatives on this screen here.

**Helen Gaynor:** In addition to our current back-to-school initiative and outreach, the Campaign has a number of priorities at the moment, a lot of which you heard about today. One of which is encouraging beneficiaries to

update their contact info and look out for that renewal letter, fill it out, and return it immediately to avoid a lapse in coverage. Of course, we want to continue to highlight the back-to-school season as a prime opportunity for enrollment and outreach, and continue to remind families that in addition to their children, they may qualify for Medicaid as well. Then, kind of the reverse of that is, if parents don't qualify for Medicaid, their children might actually be covered, so making sure those messages are clear. We've been focusing on hard to reach populations and continuing to develop accessible resources in a wide variety of languages, so some of our resources are available in up to 24 languages, and all of them are available in English and Spanish. We do invite you, if there is a language that your community speaks that we don't have resources in, and that is really high priority for you, please let us know. We've developed a lot of the resources that are in our outreach tool library in different languages based on feedback from the community, so if there's a specific language that you need resources in, we'd definitely be interested in knowing and seeing if that's something that we could look into.

**Helen Gaynor:** Then, providing resources to reach out to pregnant individuals has become a big priority for us, pregnant individuals who may be eligible for Medicaid or CHIP. We actually have new resources on InsureKidsNow.gov to support with this outreach, and even more resources coming soon, so that's a new resource on the website.

**Helen Gaynor:** Touching on one of our biggest priorities, which we've kind of discussed throughout this webinar, a major priority for CMS right now is the unwinding of the Medicaid and CHIP continuous enrollment requirement. As Stefanie discussed earlier, in March, 2020, CMS waived certain Medicaid and CHIP requirements and conditions, and the easing of these rules helped prevent people with Medicaid and CHIP from losing their coverage during the pandemic. However, as we learned earlier, and as we know, states have restarted eligibility reviews, and this means some people could be losing coverage and others will need to renew. CMS and the Campaign are encouraging people to update their contact information with their state Medicaid office, check their mail for a renewal form, fill it out, and return it right away to avoid a gap in coverage.

**Helen Gaynor:** Resources are available to support states and partners, that Stefanie reviewed earlier. That includes a communications toolkit that's available in seven different languages that includes, or specific resources within the toolkit, I should say, are available in seven different languages. Some of those include social graphics, copy for social media, and drop-in articles, and those can be found at [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding). Then, there is a consumer-facing site that'll help families connect with their state Medicaid office, and that is [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).

**Helen Gaynor:** Diving into our back-to-school efforts a little bit, we are just kicking off our back-to-school outreach with this webinar formally, and we'll be conducting outreach and activities throughout the year, or throughout the summer and into the fall. Back-to-school is a really important time because research has shown that students who have health coverage are better able to learn and participate in school activities, and we know that this is a prime time for outreach when health insurance and getting vaccines and well-child visits is top of mind for many families. Many of our Campaign materials help encourage families to enroll their kids and utilize key services covered by Medicaid and CHIP. You'll see a list of these resources on the screen. These materials include videos, posters, social media copy, graphics, and more. Like I mentioned earlier, everything is available in English and Spanish, and some of these resources are available in up to 24 languages. This year, we'll be posting an updated back-to-school toolkit, which will provide social media messages, drop-in articles, and more resources for outreach during this season, all in one place. In the coming weeks, you'll be able to access this toolkit at [InsureKidsNow.gov](https://www.InsureKidsNow.gov), and as Stefanie mentioned earlier, within the unwinding materials as well.

**Helen Gaynor:** The Campaign's mental health initiative is also a big priority for us. It focuses on raising awareness about the mental and behavioral health services covered by Medicaid and CHIP, and encouraging beneficiaries to utilize these services and raising awareness about the services that are covered. As you heard from Kate earlier in the presentation, mental and behavioral health is a major priority for CMS, and this initiative

and our resources for mental health have been growing each year. You'll see we have resources listed on the screen here, digital videos, newsletter templates, text messages, and more resources focused on sharing about the mental health services available are available on our website. In particular, the poster is available in 24 languages.

**Helen Gaynor:** All of these pieces are available at [InsureKidsNow.gov](https://InsureKidsNow.gov), and you can access them via the outreach tool library and through our initiatives pages. If you go to the outreach tool library, you'll be able to search for exactly what you're looking for and filter by material type, and if you go to the initiatives tab, you'll be able to visit separate initiative pages and look for resources focused on whatever topic it is that you're looking for. We have our mental health initiative page that houses all of our mental health resources. We have our back-to-school initiative page that houses all of our back-to-school resources, and so on, so there's two different ways to kind of look for and find the materials that you need on [InsureKidsNow.gov](https://InsureKidsNow.gov).

**Helen Gaynor:** Our outreach tool library, as I mentioned, you're able to search for exactly what you're looking for. The library is updated frequently with new materials to help your organization enhance outreach and get more children and families enrolled, and some of the pieces include posters, palm cards, social media posts, videos, PSAs, live reads, template newsletters, and a whole host of other items, so be sure to visit the outreach tool library on [InsureKidsNow.gov](https://InsureKidsNow.gov). We also offer a customization guide, and the customization of specific resources for your organization. This is specific to print materials, and we can add your organization's name, logo, and any other relevant state specific information based on some of these categories. To request customization and review the available materials that we offer customization in, you can visit the outreach tool library. There's a link to the customization guide right at the top, and then, email the CMS Division of Multimedia Services with your request and the specific information. On the screen, you'll see an example of a customizable piece where you can put your program's name, so if you're in a state where there's a different name for Medicaid or CHIP, or your organization's name, your website, your phone number, and up to two logos, locked up with the HHS and the [InsureKidsNow.gov](https://InsureKidsNow.gov) logos.

**Helen Gaynor:** If you'd like to learn more about the Campaign and the different resources we have, or if you have questions that come up after today's webinar, please email us at [ConnectingKids@cms.hhs.gov](mailto:ConnectingKids@cms.hhs.gov), and to stay up-to-date with all the Campaign's activities, we encourage you to follow us on Twitter, [@IKNgov](https://twitter.com/IKNgov), and sign up for the Campaign Notes e-newsletter, which can be found on [InsureKidsNow.gov](https://InsureKidsNow.gov) as well. If you do share any of the Campaign's resources, we encourage you to tag us and use the hashtag [#Enroll365](https://twitter.com/Enroll365).

**Helen Gaynor:** That brings us to the end of today's presentation. We have a little bit of time for questions, and I just want to mention that if we don't get to your question today, we do have everybody's email and we will be following up with individuals separately, if we're unable to answer your question on the call today. If you haven't already, please submit any questions to the Q&A box, and we will go ahead and get started. I believe our first question was for Stefanie, but if anybody else has thoughts on this as well, please feel free to answer. There's a question about, in materials to consumers, regarding the unwinding. What's the better wording, Affordable Care Act marketplace or health insurance marketplace? I think it was mentioned that ACA marketplace was on the screen, so just curious if there is a preference between the two phrases.

**Stefanie Costello:** Normally we use health insurance marketplace, so I'll go through and find out where we put ACA, but normally health insurance marketplace, and even better is just [Healthcare.gov](https://Healthcare.gov). It's just short, shorter, easier to remember, [Healthcare.gov](https://Healthcare.gov). We like to use that a lot as well.

**Helen Gaynor:** Awesome, thank you. Stefanie, you mentioned earlier, and I think I had in my presentation as well, it was seven languages that there are resources available in, is that correct?

**Stefanie Costello:** Yeah, so the full toolkit is available in English and Spanish. I think most, if not all of our materials are English and Spanish. Then, kind of our most used or popular ones, we've translated those into five additional languages based off of need. Those are on that toolkit page as well, so if you click on Chinese, for example, then it'll open up all of the materials that have been translated into Chinese.

**Helen Gaynor:** Awesome, thank you so much. Then, we have another question. I believe this is for Kate. What advice do you have for education agencies that are advocating for state change in policy, but the state Medicaid agency is moving slower. Is there any push that CMS can give to states?

**Kate Ginnis:** I don't know about push, but I will say that I think states were waiting for the guidance that came out in May to come out. There are two more pieces of the school-based services policy that will be coming out. One, this Friday, is the launch of the Technical Assistance Center website, that will be followed by some much more active technical assistance starting in the late summer, probably. That will be technical assistance for schools as well as for state Medicaid agencies, and then next year, states will be able to apply for grants. That notice of funding opportunity is being developed now, to help them kind of develop their school-based services claiming. I'm not sure so much whether it's foot-dragging or kind of waiting on us, because folks knew that there was a lot of policy coming out, so we hope that every state will begin to take advantage of all of the resources that are available so that they can expand their school-based claiming.

**Helen Gaynor:** Awesome, thank you. Then, we have a question, I believe this is for Dr. Mallick, but other folks might be able to answer as well. Does CMS require immunizations to be done by a primary care provider or PCP?

**Kate Ginnis:** Aditi had to jump off. Dr. Mallick had to jump off. Can you repeat the question, Helen, because I might be able to answer it, but you cut out.

**Helen Gaynor:** Sure, sure. Yes. The question is, does CMS require immunizations to be done by a primary care provider?

**Kate Ginnis:** No, CMS doesn't. There are many different venues where I think kids are getting vaccinations. That actually brings me to, I'm just going to take advantage of that particular question to say, that a lot of states have back-to-school vaccination clinics that are being done by community organizations or by the school nurses, or by local departments of public health, and those are great places to reach families. I think we heard loud and clear from Ashley how partnering with other community organizations and going where families are is a great way to reach folks. That kind of puts the vaccination and the kind of unwinding and/or helping folks newly get on Medicaid and CHIP in the same spot.

**Helen Gaynor:** Awesome. Thank you so much. Then, this is another general question, so anybody is welcome to answer, from CMS, but what age do kids age out of eligibility for Medicaid if they are still dependent on a parent and enrolled in an undergraduate program, for example?

**Kate Ginnis:** I can take this, unless Meg is on and wants to take it.

**Meg Barry:** I'll take it. Medicaid eligibility does not ... It's dependent on the child's age, and so kids generally age out of Medicaid at 19 or 21, depending on their group, but in a lot of states, they'll be able to continue on as an adult too, depending on whether the state's expanded eligibility to adults and depending on what their income is.

**Helen Gaynor:** Great, thank you.

**Kate Ginnis:** The only exception ... The only exception, sorry, that I'll just pin on to the end of what Meg said is that kids who are in foster care when they turned 18 actually have extended coverage through when they turn 26, which is sort of similar. I think that's a little bit of where the question came from around college age, is, do they have the same that commercial or marketplace plans have? No, unless you were a foster kid who turned 18, and then you can keep your coverage for that same amount of time.

**Helen Gaynor:** Awesome. Thank you both. We now have a question for Ashley. We're curious, how many touches or conversations with someone does it usually take before helping them with a new Medicaid application or renewal?

**Ashley Smith:** Nine times out of 10, we work closely with our community partners, and so most of the time it's going to be a referral back to us. We find that when it's a referral and those folks are seeking our assistance, it's the very first time that we're able to kind of get in touch with them, to be able to get that new application or that renewal application completed. Where we struggle, and it's often, sometimes it's five times, sometimes it's 10 times, is when we're out into the community. Sometimes folks don't want to do an application right then and there, and so then we try and set up an appointment at a later time, and then we play phone tag and things of that sort, but nine times out of 10, I would say right off the bat, we're able to kind of connect with folks within Flint to be able to get them the healthcare coverage.

**Helen Gaynor:** Great, thank you very much. Then, there are a couple of questions about our Connecting Kids to Coverage resources, so, are we allowed to customize outreach materials with our organizational logos? Materials that are included in the customization guide, yes, you're able to add an organization logo, up to two actually, on most of them, to those pieces. Again, you can find the customization guide on [InsureKidsNow.gov](https://www.insurekidsnow.gov) in the outreach tool library, and that guide will take you through all of the different pieces that are available for customization and provide directions in terms of who you reach out to and what type of information you need to share to receive the customized pieces. This is a cost-free service that we provide in terms of customizing outreach resources.

**Helen Gaynor:** There's another question about our maternal health resources for pregnant individuals and the messaging on those. We'll be sure to follow up with these resources so we can share the ones that are on our website that are newly released. The messaging is pretty general in terms of just saying that Medicaid and CHIP may cover pregnant individuals both during pregnancy and postpartum. We have some social media available for partners to utilize, social graphics, and we have some videos that'll be posted soon. When those are all ready, we'll be sure to share those out.

**Helen Gaynor:** I think that brings us to the end of our questions. There are a few that are specific about a local representative at a specific school event. We'll reach out to folks individually with any of the final questions, but I think that's it for today. Thank you so much, everyone. If anybody from CMS has any final words, I can give a moment for that, but we really appreciate everybody's time. All right, thank you all so much and we'll be posting the webinar on [InsureKidsnow.gov](https://www.insurekidsnow.gov) in about two weeks, and we'll send out an update on that via our Campaign Notes e-newsletter. Thank you all. Have a wonderful rest of your day.