

Centers for Medicare & Medicaid Services
Medicaid and CHIP Renewals:
What to Know and How to Prepare, A Partner Education Monthly Series
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Webinar recording:

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Stefanie Costello: Hello and welcome. My name is Stefanie Costello, and I'm the Director of the Partner Relations Group in the Office of Communications at CMS. Thank you so much for joining us today for our monthly stakeholder webinar on Medicaid and Children's Health Insurance Program (CHIP) renewals. This is a continuation of HHS and CMS's monthly series of webinars that began in 2022 to keep partners informed and help them prepare for the return to regular operations in Medicaid and CHIP now that states are restarting routine Medicaid and CHIP renewals. As you know, states have restarted their regular Medicaid renewals now that pandemic-era protections for Medicaid coverage have ended. From now until the middle of 2024, everyone with health coverage through Medicaid or CHIP will renew their coverage. If an individual is no longer eligible for Medicaid or CHIP, they can transition to another form of health coverage, such as the Health Insurance Marketplace, Medicare, or employer-sponsored coverage.

Today's webinar will focus on outreach to the young adults to help ensure that they are aware of the steps they need to take to stay covered. We know that for many young adults, this may be the first time they need to renew their Medicaid coverage on their own, without the help of their parent or guardian. Some young adults may no longer be eligible for Medicaid or CHIP and will need to find another coverage option, like the Health Insurance Marketplace, a student health plan, or an employer-sponsored plan. Today we will cover key information that partners, like you, should know to help guide young adults through this process.

Everyone should be able to see today's agenda on their screen. First, you will hear from Perrie Briskin from the Center for Medicaid and CHIP Services for an update on CMS's recent work related to Medicaid and CHIP renewals. Next, you will hear from Gene Coffey with the Center for Medicaid and CHIP Services for an overview about Medicaid and CHIP eligibility for young adults and pathways to different coverage options. Then you will hear from Jennifer Wilkes from Cognosante, a contractor that works with CMS on local enrollment assistance, for some best practices on outreach and enrollment to young adults. You will also hear from Martha Sanchez with Young Invincibles about the work they are doing to help young adults stay covered. And lastly, you will hear from our partners at the Department of Education before we share—before we share some recently released CMS resources and open it up for questions.

So, before I pass things over to our speakers, I wanted to share just a few housekeeping items. The webinar today is being recorded, and the recording, transcript, and slides will be available on

our CMS National Stakeholder Calls webpage. The link for that webpage will be posted in the chat, and you will receive an email once the recording has posted. Also, while members of the press are welcome to attend the call, please note that all press or media questions should be submitted using our Media Inquiries Form, which may be found at [cms.gov/newsroom/media-inquiries](https://www.cms.gov/newsroom/media-inquiries). All participants are muted today. Closed captioning is available via the link shared in the chat by our Zoom moderator. As I mentioned, we will have time to answer a few questions today, and you could submit your questions using the Q&A function from the menu below. Questions we do not have time to answer today will be used to help inform topics covered on future calls. I know we have a full agenda today. So, we'll get right to it. And I'm going to turn it over to Perrie Briskin with the Center for Medicaid and CHIP Services. Perrie?

Perrie Briskin: Thanks, Stefanie. Hi everyone. I can't see any of you because we're in a webinar format but it's great to be here, and I know many of you are some of our close partners and friends that we meet on a regular basis. For those I don't know, my name is Perrie, as Stefanie said, and I am a Senior Advisor in the front office for the Center for Medicaid and CHIP Services. So as this group knows, this process of Medicaid renewals is a tremendous, massive, challenging undertaking for both the federal government and states, and we have been calling this an all-hands-on-deck moment. In some ways, you know, it is shining an important light on Medicaid renewals and the challenges that people with Medicaid and CHIP go through on an annual basis to renew their coverage. This process shouldn't be as hard as it is. There should not be as much churn as there is in the system. And so, while this is incredibly challenging, it is—we think—not a bad thing that we're getting so much attention on Medicaid and being able to get the word out and also to engage many new partners, like yourselves, on this important work.

We are always concerned when people lose coverage. It is an administration priority—a Biden-Harris Administration priority—to ensure that as many people who are eligible for coverage have their coverage and get to keep their coverage, whether that's Medicaid, Marketplace, Medicare, or employer-sponsored insurance. We also continue to encourage those states that haven't expanded Medicaid, and those people that fall in the coverage loophole—encourage those states to expand and to continue to keep the uninsured rate in this country at an all-time low.

Behind the scenes, we are doing a tremendous amount of work with states to do systems fixes, operation fixes, to make it easier for states to process people and to make it easier for people to renew and keep their coverage. One thing you may have seen in the news most recently, is on August 30, we sent a letter to all states notifying them of a multi-state systems issue that was impacting—had especially large impacts for children. So, we sent a letter about an auto-enrollment issue where states were auto-enrolling people at the household level instead of at the individual level, meaning that if there was one person in a household that was no longer eligible for Medicaid or maybe did not reply to their renewal form, that they—that the state was then mistakenly disenrolling the entire house. So, maybe other eligible people were in the household, but because one person in the house was no longer eligible, everyone got kicked off erroneously. We have moved with states to quickly address and work to fix the issue. So, we last week, announced that 29 states had self-attested to having this issue in their system, and we are working to: one, reinstate – one, to pause terminations; two, to reinstate for those populations impacted; and three, to work with the states on a plan to fix the issue in the short and long term.

So that is one example of something we're doing behind the scenes to make sure that the systems are working the way they should.

Separately, and I know for external facing—and many of you have been involved in this—is CMS has released a number of materials to help organizations like yours reach out to individuals to make sure they're aware that renewals are happening and help connect them to help they need to renew their Medicaid and CHIP coverage. We have released on our website a number of toolkits, social media, and mailer template language, fliers, you name it. We also, we know that states have released their own communications toolkits, school districts have released their own communication toolkits, managed care plans have released their own communication toolkits. So, at this point, there is definitely a large library of messaging and materials that your organizations can use to reach different populations. We continue to work with partners to help you get the word out. But also, we want to continue to hear your feedback on what you are seeing that is going well or not working as well on the ground, and that's important to us. You are an arm of our compliance and oversight. So, if you're seeing patterns and trends among people in your community or in your state where you think there is possibly a violation of Medicaid rules, or significant barriers to people renewing their coverage we want to hear about it, and I believe through this group you have the contact information, but someone can put that in the chat.

For today's presentation which focuses on young adults, we know, as Stefanie said, this may be the first time that many of these young adults have had to renew the Medicaid coverage themselves. Maybe they started during the Public Health Emergency being under the age bracket—under 18—and needing to now go through the process as an adult. And we are here to make sure that people are aware that this is happening, encourage them to update their address and contact information with their states, and know who to reach out to for help—whether that's the state, call center line, their local FQHC, their managed care plan, or a navigator in their state. So, we are really happy and excited to be talking with you about this important issue, and just thank you and applaud you for all of the work that you've done on Medicaid and CHIP renewals over the last probably two years. And we just thank you for being a partner and looking forward to this conversation. And with that, I will turn it over to Gene Coffey. So, who—from our Division of Medicaid Eligibility Policy. Gene, over to you.

Gene Coffey: Yes, thanks, Perrie, and hello everybody. This is Gene Coffey. I'm the Technical Director in the Division of Medicaid Eligibility Policy at the Centers for Medicaid and CHIP Services at CMS, and I'm just going to provide a very brief overview of Medicaid eligibility and the eligibility pathways that might be available to individuals who are young adults. You know, that's certainly our theme for the day, and you know we're talking about young adults; we're talking about Unwinding. So, what we're contemplating here is ultimately situations where people who were eligible for Medicaid, at least in part on the basis of being under the age of 19 during the Public Health Emergency and who during the Unwinding period are being determined, as they are, to no longer be under the age of 19 whether or not they have alternative basis for Medicaid eligibility. For many of them, there will be an alternative basis for Medicaid eligibility, and again I'm going to provide just a very high-level overview of some of those other bases. Now, I understand that you know, for many of you, the material I'm going to briefly go over is very old hat—that you don't need another primer on Medicaid's eligibility rules. But for

those of you for whom Medicaid's eligibility rules might be a little bit nebulous, well then again, I'm just going to provide some of the details to hopefully make it a little bit more clear. And so, with that—I can't remember is it Hailey or Stefanie who is controlling the deck? Yes, thank you, either way, next slide.

Okay. You know, when Medicaid was first—when the Medicaid program—Medicaid Act was first enacted, there was literally just one sentence that described Medicaid's eligibility population. Specifically, those individuals who are receiving benefits from one of the federal cash assistance programs. Whether it was the AFDC program, the Aid to the Aged, Aid to the Blind, Aid to the Totally and Permanently Disabled, Aid to the Aging and Disabled. Obviously, the terminology for some of those latter programs, which ultimately became consolidated in the SSI program, is a little bit outdated. But the point is, that is basically the sum total of the Medicaid eligibility population—people receiving benefits from one of the federal cash assistance programs. In the 60 years since, that one sentence has grown substantially, and now, there are approximately 40 different eligibility pathways into the Medicaid program. And we typically refer to these eligibility pathways as eligibility groups. Medicaid's eligibility groups. Many of these groups have overlapping requirements, but each and every group has some feature, some criteria, that is unique to it and separates it and distinguishes it from all other eligibility groups. And while it is possible in some discrete circumstances, very limited circumstances, that an individual might be eligible and enrolled in two different groups, generally speaking, an individual who is eligible for Medicaid is enrolled in one particular group. And as I said, you know, with our theme today being about young adults, we're looking at some of the eligibility groups that such young adults who are aging out of their original Medicaid eligibility groups might be seeking eligibility in. Next slide, please. Next slide?

Thank you. Okay. First, let's level set on how such individuals may have established their eligibility to begin with. There are many Medicaid eligibility groups that serve individuals who are—as they're collectively referred to—children. Essentially, generally people who are under the age of 19. Now, I should point out that the “children” definition under the Medicaid program is one that can go up to individuals who are under the age of 21. States do have the discretion to serve individuals under the age of 21 as a categorical population. But generally speaking, Medicaid's children population is made up of individuals who are under the age of 19. And these—this—on this particular slide, we basically consolidated the income eligibility rules that apply to individuals who are qualifying on the basis of being under the age of 19. And what's important to point out here on this particular slide, is that the income eligibility standard limits that states typically apply in determining eligibility for kids or for children or for people under the age of 19 are comparatively higher than the eligibility groups that apply to other categorical populations. They are among the most generous in the Medicaid program. So those individuals who first established under Medicaid on the basis of being under the age of 19 and who reached the age of 19 and continue to age are going to be challenged in many circumstances to maintain their Medicaid eligibility. But even so, some of those individuals will still be able to maintain their eligibility in other Medicaid eligibility groups. And so, we'll look at a few of them. Next slide, please.

For somebody who is turning 19, you know, if they happen to be a parent or if not a parent, if they happen to be the primary caretaker for a child who is a relative of theirs, well they can

establish categorical status as a parent or caretaker relative, and depending on their income, can qualify in a state's mandatory parents and caretaker relative group. This is a mandatory eligibility group, and it is the eligibility group that effectively, as a mandatory group, replaced the former eligibility group that serve people who are receiving AFDC. There were some options for states to cover people who were parents or caretaker relatives. But the point here is, for those individuals who may be turning 19, again, if they are parents, if they are caretaker relatives, they might be able to maintain their eligibility depending on their income in this particular eligibility group. Now, in contrast to the income eligibility standards that apply most typically to the children-related eligibility groups—which, as I said before, are comparatively generous—the income standards for the parents and caretaker relative groups—the mandatory group in most states—can be quite low. They are among the lowest in most Medicaid eligibility programs, and as you can see from the slide here, you know, at least one state may go as low as 13% of the Federal Poverty Level as the income standard for the parent and caretaker relative group. But again, an individual becoming 19 might be able to establish eligibility in this group. It is, however, a group with a low-income standard, so it wouldn't be uncommon that an individual turning 19 and aging out of their children's status for purposes of Medicaid might be looking for an alternative to the parent and caretaker relative group. So, let's see a couple of those. Next slide, please.

Pregnant individuals. There is an eligibility group—a mandatory eligibility group—that serves pregnant individuals. And you know, just for historical purposes, if you're, you know, proverbially scoring at home, being pregnant was not an original categorical status for Medicaid eligibility – I mean that's not really relevant, but it's just something that I typically point out whenever I'm able to weave in a little bit of Medicaid history. But again, there is now a mandatory eligibility group that serves pregnant individuals. And somewhat similar to the eligibility groups that serve children, the pregnant individual eligibility income standards are comparatively high. As you can see on this slide here, there is at least one state that goes as high as 375% of the Federal Poverty Level. And if you are pregnant and you do have income within the range for your state's pregnant individual eligibility group, you are guaranteed continued Medicaid coverage for the 60 days after the end of your pregnancy. Also, as you can see on this slide here, there is now state discretion to extend that continuous eligibility period up to 12 months, or I shouldn't say up to 12 months. It's either that—the mandatory 60 period—or at state option, a 12-month period. But, of course, you know, pregnancy is a rather discrete status, so you know, for an individual who's aging out of a Medicaid children's eligibility group, you know, if they don't have income low enough to be eligible in the parent or caretaker relative group or just not a parent or caretaker relative and are not pregnant, they still need to find another eligibility group. Next slide, please.

One alternative may be the adult group. You know, this is the group authorized by, and made famous by the Affordable Care Act, which, while effectively an optional eligibility group, is an eligibility group that most states have elected under their state plans. And again, this a little bit—this group, the existence of this group weaves in the historical approach of the Medicaid program. Originally, it was not enough to simply be a low-income individual and qualify for Medicaid. You know, for most of Medicaid's history you had to—with some discrete exceptions, you had to fit the categorical profile of an individual who would have been eligible under one of those original cash assistance programs. You had to be 65 years old or older, or you had to have

blindness or a disability, or had to be a parent or caretaker relative, or you had to be a child. Then later on, you had to be pregnant. Well, in 2014, there was authorized an eligibility group that did not require an individual to have such a categorical status. An individual who has income below 133% of the Federal Poverty Level, comparatively lower than for example, the children's eligibility groups and the pregnant individuals' eligibility groups. But in those states that adopted this group, this is an alternative. Now, there are some requirements beyond just being an individual with income below 133% of the FPL that apply to the eligibility for this group. As you can see here, you have to be under 65, you can't be pregnant or otherwise entitled to Medicare or otherwise eligible for one of the other mandatory Medicaid eligibility groups. But again, this is a potential alternative and probably a popular alternative compared to the other groups—the pregnant individuals and parent and caretaker relative group—for those individuals who are aging out of the kids group. And finally, next slide, please.

We have just a hodgepodge here of the other eligibility groups that a person aging out of a children's group may be eligible under. There are certainly any number of eligibility groups that serve people who have disabilities or people who need long-term services and supports. I don't see on the slide here but certainly it is an important eligibility group, and important eligibility groups. There are groups that serve people who are aging out of foster care, or who are receiving adoption assistance through their state agencies. You know, those are individuals who may be eligible for Medicaid. But you know, these particular groups that are predominantly displayed on this particular slide—we call them non-MAGI—it's related to the financial methodologies we use to determine their eligibility, which I didn't think I had enough time to get into today. I was looking more at the categorical status. These are sort of like the parent and caretaker relative group, like the adult group. They have comparatively lower income standards to the children's groups. So even a child who might have a disability, you know, who's aging out, if not receiving SSI, you know, there could be some complication for those individuals to maintain their eligibility.

There is always the medically needy population, individuals who you know, are a parent or a caretaker relative or have a disability or are pregnant but have income that is too high to otherwise qualify for Medicaid can qualify in those states that have medically needy programs which are designed to serve these categorical populations of individuals who have incomes too high but have medical debt that reduces their available income to state thresholds. So, again, this is a very quick, high-level overview. There is much detail that could still be included here. But, you know, we do recognize that there is a challenge for those individuals given those comparatively higher income standards for children eligibility groups for the maintaining of Medicaid coverage once they reach the age of 19, but those other eligibility groups do exist. And certainly, you know, it is our hope, it is our—you know, every bit of our effort right now to ensure that those kids who are reaching the age of 19 where they are eligible for one of these eligibility groups—these alternative groups—are in fact being enrolled. So, I think that's going to wrap up my brief overview right now. I think I turn it over next to Jennifer.

Jennifer Wilkes: Yes, thank you Gene, and thank you CMS for welcoming Cognosante's Enrollment Assistance Program. Next slide, please.

My name is Jennifer Rockey Wilkes, and I am the Healthcare Training and Outreach Manager for Cognosante's Enrollment Assistance Program. And as Stefanie mentioned, we are contracted to provide enrollment assistance services on the ground as well as through the use of the MAC tool for those individuals who are coming off the Medicaid unwinding. And so today, we are really looking to talk with you about young adults and why this population is vulnerable and how we can best serve them. Next slide, please.

So, one of the things I think about when I'm working with my outreach specialists is—thinking about the young adults and the specific vulnerabilities that they encounter. And as we look at outreach strategies, we look at what are the agencies that are serving to really come in and circumvent these vulnerabilities. And so, we partner with those. But first we need to define what are some of the vulnerabilities that we look at. And so, we're looking at low health literacy. As Gene was talking about, we have consumers who are aging off of Medicaid, aging off of CHIP, and they've never had to think about securing health insurance, what is a co-pay, what is a premium? We also are looking at generational poverty. Statistics are showing right now that upwards of 50% of the nation's population's youth have been or are currently receiving Medicaid or CHIP services. So, we know that there is generational poverty occurring, that is impacting their health outcomes. You compound that with lack of gainful employment opportunities, and we have a perfect storm of why we need to target our messaging and our outreach strategies to this vulnerable population. And all of this then comes in and it compounds the fact with stigma and discrimination. Society does tend to look down on young adults as not having a lot of value, not really knowing what they're doing. You compound that with being unemployed and poor, and we're seeing huge amounts of discrimination occur and specifically in our health care settings. We're seeing inequity in testing, in diagnosis, and in treatment. Next slide, please.

So, what have we been doing at Cognosante to try and ameliorate some of these negative impacts from society? We've been partnering with Medicaid and CHIP to really create a seamless transition for those youth who are aging off of the rosters. So, we want to get in with our local agencies before a consumer gets discharged or is released from Medicaid. So, we want to create those partnerships so we can get an immediate referral and work with the young adult in finding a coverage option that best meets their needs. We are also working with our foster care system. Again, before emancipation occurs, we want to get in and work with these foster care agencies, work with the foster care families, to remind these young adults on what service provisions they are eligible for. Whether that's continuation of Medicaid up until the age of 26, or the provision under the Affordable Care Act, where they will receive free health insurance as a result of being in the foster care system. Another agency or entity that we've had great success with is partnering with agencies who work—who are working specifically with our LGBTQ youth programs. LGBTQ youth have historically been underserved and marginalized. There is a very low threshold of trust for a community in general. And so, our outreach really tailors to how can we get in with trusted key influentials as well as trusted partners and align with them and gain access and entry into this really important demographic. And it's even more important because we're finding right now that nationwide, the LGBTQ+ youth population is two times more likely not to have health insurance than the non-LGBTQ youth population, as well as two times more likely to not get preventative screenings and be up to date on immunizations. So, by creating a targeted outreach strategy where we are you know, really aligning with these trusted entities. Getting in there and being able to educate on the importance of these screenings, importance of health care

and the protections that they have with no cost sharing for any of these preventative and wellness services. It really helps give us a leg up in helping to reach this particular demographic. Next slide, please.

I'd be remiss if I didn't talk about our community college work and local university work. We know that kids are aging off of parent's health insurance at age 26, and so, helping again to do some health education on how to shop for health insurance, why it's important to continue that health insurance despite feeling perfectly fine today. We do a lot of work there and have large-scale enrollments. We're doing a lot of work in our career technology and trade schools as well. Specifically, we're finding great success with our medical program areas and biotech program areas. These areas, in order for the students to be able to go out and do clinical placements and complete their certification requirements, they have to have up-to-date, current immunizations. And so, we are partnering with department chairs, we're going to student orientations, we're going into the classrooms for these trades to really help them understand how they can continue health insurance coverage if they don't have it, and what their options are. And when I'm looking at the medical and biotech, I'm really thinking of your CNAs, your RNs, we're looking at our medical assisting, phlebotomists, you name it. And this graph is really showing some of the great collaborative work that we're doing across colleges. And just a shout-out to team Arizona because we actually had Phoenix College come to us to want to work with us on a refugee and asylee young adult enrollment event because they have a large number of people needing those services. Next slide, please.

I also want to talk about the work that we're doing with our parole, probation, and re-entry programs. Again, we want to create a seamless transition for youth who are coming out of incarceration, coming back into our community. We can't solve all of their problems and issues that they are facing, but if we can help ensure that whatever medical treatment they have gotten while incarcerated, they can continue to have it in the community through some type of health coverage, that is what we are there for and that is the outreach that we're doing. We are doing a tremendous amount of transitional-age youth shelter work, and we're doing this across all of the 12 states that we're serving. One of the most innovative programs that we're running right now is in Oklahoma City, where we're partnering with Sisu Youth Services, which is a tiered level of shelter to transitional housing programs. And we're doing a three-part educational series with this population—really—and we meet with them at dinner, so we have a captive audience. Very short time because there's not a lot of—a long attention span—but we're really educating them on what is health insurance, if you had Medicaid or CHIP and you no longer have it, why? Why has that happened? And then why is health insurance important and what can we do to help you get into health insurance? So, we have large-scale enrollment event after that three-part series as well as we have a static location there at their 24/7 drop-in center so that we can really capture the high turnover rate of the individuals who are coming through this shelter system. Next slide, please.

And I want to talk—finalize when we're talking about outreach—looking at Planned Parenthood or family planning events as well as food insecurity. As Gene mentioned, any pregnant individual under a certain income bracket is eligible for continued Medicaid and/or CHIP. And so, by partnering with our local health departments to do family planning day events, immunization clinics, etc., we—it's a seamless transition between individuals who are coming to get whatever that service is, whether it's STI screening and treatment, a Pap smear, free birth

control, etc. It just works really well, because then they transition straight over to us on how can we help you keep and maintain that service provision that you just received by coming to this event. And then our final area are the food insecurity programs. If we know that our young adults are vulnerable and they have generational poverty as well as lack of gainful employment opportunities, then we know they're going to be hungry. And so, we have really made a targeted effort to be at our food banks, work with our faith-based organizations who are doing food distributions, mobile grocery trucks, food pantries. We are there on the days that the food is distributed. We have static locations so that our young adults know who we are. We're there every week so they start to trust that we are who we say we are, that we do what we say we're going to do. And we've seen great success in being able to make some initial contacts and to help people explore what their options are.

So, one of the things I want to just kind of end on is, as you can see, I didn't even get to talk about all of the different agencies that we—that were on the slides, and I didn't talk about all the agencies that we have been partnering with throughout the 12 states. But I did give a great snapshot on really targeting outreach to the community that you're working with and finding those partners, those key influentials, who are doing that exact work and how can we create a win-win with that agency to make an influence and impact on our young adults. I tell our community outreach specialists this all the time and I would leave you all with this as well, that we do not have a one-size-fits-all approach to this particular demographic. You have to get in there and see what's going to work, and what works for this county may not work for that county, but both are equally good, and both are equally valuable. And to just not give up. Final slide, please.

I thank you so much for your time. My name is Jennifer Wilkes. If you have any questions, please email me at the email listed. And I know that I am now going to pass things onto Martha Sanchez with Young Invincibles.

Martha Sanchez: Hello everyone, I am Martha Sanchez with Young Invincibles. Next slide.

I should have said I am the Director of Health Policy and Advocacy at Young Invincibles. So, who is Young Invincibles? Next slide.

We are a national non-profit committed to elevating the voices of young adults in the political process and expanding economic opportunity and well-being for young adults ages 18-34. Next slide.

A little back story, our foundation is on the Affordable Care Act. We started out as a group of college students back in 2009 who got involved in the drafting of the ACA to make sure that young adults could stay on their parents' health insurance until age 26. So since then, we have expanded our work at YI to include advocacy for young adults in the areas of higher education and workforce. But our health care work continues on, and it's one where we get to provide direct services, including direct enrollment through some of our directly hired navigators, as well as national information and on advocacy efforts and how to become advocates for our own health and well-being. Next slide.

So, at YI, we lead the National Get Covered Coalition. So, this coalition is consisted of hundreds of assisters and navigators throughout the country. This is what many of you may—well, some of you may—have heard about Enroll America back in the day. We acquired essentially this group to continue to provide them with resources on how to conduct outreach to young adults around Medicaid and ACA enrollment. Next slide.

So, what that looks like is we do a lot of work around Open Enrollment and Special Enrollment Periods, and we provide health literacy to the navigators and assisters, which also can include health, community – health community centers and other advocacy organizations, but then we also translate those materials to provide them directly to our young adults. I should also mention that we have five regional offices. So we are in California, Texas, Colorado, Illinois, and New York, with a lot of direct enrollments going on in Virginia. Next slide. And I've already mentioned this so we can go on to the next slide.

Okay. So Open Enrollment and Medicaid Unwinding. So, for assisters, the outreach organizations, and consumers, we provide a number of one-pagers, toolkits, social medias. We do a lot of TikToks now because that's where a lot of young people are. And so, if you want to learn more about the National Get Covered Coalition, how to join so you can get access to our webinars and frequent updates, I just put the link in the chat to our website. So, you can join there. You'll also see some linked toolkits on that website, especially the Medicaid Unwinding Toolkit as well as our Open Enrollment toolkits from previous years. So, we do a number of digital advertising as well, aimed at young adults, and we also do hustle texting. So, we will—when it comes to our network of young people—we will directly text them. YI has a number of advocacy training programs, so we have a number of alumni throughout the country that we always reach out with when we have new updates and information. But even though we have quite a strong social media and comms team that does all the—support a lot of this distribution, there is just nothing like old school tabling. And so, we work with a lot of universities and colleges throughout the country as well. Specifically in Virginia, we do—this is the main thing, this is our bread and butter—is to go out into the community, community events, fairs, colleges, and universities, and we table, and we meet with young people directly to explain to them health literacy. So, we often will provide health literacy workshops because a lot of young people don't understand how complicated our health care system is, what's a co-payment, what's a deductible, and then just to interact with them, have them sign up for our updates. But in this case, in the season of Medicaid Unwinding, asking them, you know, “have you updated your information? Do you know that changes are coming to Medicaid?” You may not have had to renew your Medicaid in the last couple of years, but now states are going to start asking you to renew. And a couple of things that we've noticed is that especially when it comes to Latino young adults, you know, a lot of the young people that we meet who are Latino are first-generation college students, are often the translators in their families. They are also the interpreters in their families and the trusted messengers. So, it's really – that's a very key demographic because, given the language barriers when it comes to Medicaid Unwinding in the Latino community, reaching young adults is a way to reach an entire household, an entire family, and plus their extended family with the message that you should be updating your Medicaid contact information because if they can't find you, they can't reach you and you stand to possibly lose your coverage. Next slide.

And so, these are some of the materials that we normally put out around Open Enrollment, which is what are the deadlines, what does eligibility look like for assistance on the federal Marketplace, and just some like GIFs and things. Next slide.

And now these are some materials that are specific to Medicaid Unwinding. You can find all of these graphics, by the way, on the toolkit in the link that I shared in the chat. So, these are graphics you are welcome to take, you're welcome to put on your socials. They are not branded, so feel free to use them as you would like, similar with the message—messaging—in the toolkit. But here we're trying to just keep it very straightforward to catch young people's attention, especially college students who are moving off or on campuses. These graphics and toolkits are also in Spanish. So, we—and we've, you know, we have done the best to make sure that we didn't just translate it but that it was Spanglish in some ways, so that it makes a lot of sense for young people. And then we're also, on TikTok, creating videos where we explain what the heck is going on with Medicaid Unwinding. And I think the other thing that we have noticed with young people is that we are all in a mental health crisis. So, a lot of people who are relying on Medicaid for mental health really don't want to lose coverage. And so, kind of explaining what is at stake in terms of at YI, we support enrollment in the federal Marketplace, but we know that Medicaid is better in terms of—it's free. However, young people who were on Medicaid, if their income is only slightly higher from their eligibility, we definitely want them to understand that there are options on the Marketplace for as low as \$10 or \$15, thanks to the extended premium tax credits. So we're trying to deal with the messaging of, you should update your contact information so that you can keep your Medicaid, but if you are no longer eligible, make sure that you are one, checking whether or not if you're a full-time you know, worker, whether your employer can provide you insurance but b, make sure you go to [HealthCare.gov](https://www.healthcare.gov). Next slide.

And so, some other tips is that we don't want to fearmonger necessarily when it comes to the messaging. It's great to say changes are coming or states are now renewing Medicaid. And in directing people to the resources. Also, with young people, reminding them to check their mail is super important. But a lot of them if they—and this depends on the state. Unfortunately, the complication with this entire process is that each state can be very different. So, depending on the state, they may have completed their applications through an online portal. So, asking them to go online and check their application status and see if they need to update their contact information is very important. And also, just the general messaging of contact your Medicaid agency ASAP if you think they don't have a good way to reach you. Next slide.

And again, this is a little bit more messaging, this is all in our toolkit, but I think with young people, also like—and with everyone—making sure that they're checking their mail and that it's not junk mail. To check whether or not it is, because there are some scams out there. But that's why it's so important to check the mail, contact your agency directly as well. Next slide.

Other tools that Young Invincibles has—and if you navigate our YI website, you will find them. I'll also try to put that in the chat before I end this, is we have the [National Get Covered Connector tool](#). So, this is a site where you can schedule appointments with navigators and look for assistance simply by putting in your ZIP Code. You'll get a list of assisters and navigators in your area. Next slide.

And this is what it looks like. So, you just enter your ZIP Code. You can select the miles and then you'll see the—a lot of the, our assisters and navigators—you can schedule directly online but otherwise it will at least give you a phone number and contact information for how to reach them, and as you can tell, a number of them are community health centers. What's so great too is some of them have opted in. So, what you'll see when you see that rainbow flag is they are LGBTQ friendly. Next slide.

So that's it. Please make sure that you reach out either to me or to my staffer Mina Schultz, who is our manager of the Get Covered Coalition, if you have any questions, or if you would like to get connected. That's all. Thank you everyone.

Alexia Everett: Thanks, Martha. This is—hi, everyone, or good afternoon, everyone. This is Alexia Everett—I'm with the U.S. Department of Ed as a Strategy Advisor within the Office of Planning, Evaluation and Policy Development. And I am here today to share a few of the resources that the Department of Ed has just recently released to support renewals and enrollment in Medicaid and CHIP. And so, I'm proud to say that the Young Invincibles campaign and toolkit are available as part of our resources. So, thank you, Martha, for all that you all are doing.

I don't have any slides. I'm just going to share in the chat some links that will be of interest to this issue. And so, I think most importantly last week, we released a program memo to state higher education agencies and institutes of higher education titled “End of the Public Health Emergency and Impact on Affordable Health Coverage for College Students.” The [link](#) is there for you in the chat, and in that link, it's essentially a compilation of key steps that institutions of higher ed and state higher education agencies can take and resources to help inform the steps that they take to make sure that young people don't lose coverage, or should they lose coverage, find—quickly find—affordable health coverage. And so, you'll see things, including the toolkit that Martha just shared, as well as other ideas, including how to use your institution's data to identify who may be eligible for public benefits, including Medicaid, SNAP, etc. So, lots of great information there. Please check it out and share it with your networks.

I'd also like to highlight that we recently partnered with the American College Health Association, ACHA, to help spread the word to its network of over 8,500 college and health and wellness professionals and leaders, which reach about 20 million students annually. They put together some information and communications materials for their network to use as well. So those will be—or have already been—distributed through ACHA.

And then, you'll see in the chat here—I just wanted to highlight two different institutions who are helping to spread the word. The University of Utah has developed targeted communications on the Medicaid Unwinding process to inform students on what to do to keep their coverage as well as what to do if they lose their coverage. So, you can check that out at the [link](#) provided. The University of Southern Florida, in partnership with the non-profit, Single Stop, has developed a tool that enables students to obtain immediate eligibility results, for up to 21 essential federal and state benefits, including Medicaid. And when I say immediate eligibility, I mean within 15 minutes, they can learn if they're eligible for Medicaid or other affordable care options. And finally, I just wanted to highlight a couple of things including, you know, this Administration has

made unprecedented investments to support student's mental health and well-being through the bipartisan Safer Communities Act, which is key. And as part of this historic set of investments, Ed has awarded over \$286 million across 264 grantees in 48 states and territories, aimed at boosting the training, hiring, and diversification of mental health professionals through two programs: the School-Based Mental Health and Mental Health Service Professional Grant Program. I mention that here because the grantees of the Mental Health Service Professional Grant Program are partnering with institutions of higher ed, nearly half of which are minority serving institutions, historically Black colleges and universities, tribal colleges etc. We just know – I highlight that because we just know it's important to create a pipeline of well-trained, diverse mental health professionals to help support our org to reach each and every student who's eligible. And then finally, you'll see in Ed's 2024 budget proposal, we requested 150 million through the fund for the improvement of post-secondary education for post-secondary mental health supports, investments in critical resources to support student's basic needs, including 30 million to help build systems and enable students to access non-student aid public benefits. So, this continues to be a priority for our Secretary and the Department. Thanks for your time. I'll turn it back over to Stefanie.

Stefanie Costello: Great, thank you so much. So, I want to take just a moment to go over some of our resources that we've updated this past month for y'all. And I'm just going to share my screen because I think it's the best way to run through everything. All right. So right here, we're on the [Medicaid.gov](https://www.Medicaid.gov) website that has the Unwinding information. On the left-hand side, here is how to get there. You click on “Outreach and Educational Resources”, and it takes you to this page right here. A few things we want to draw your attention to. We have two toolkits which might be helpful for y'all. One has been out for a few months but it's “Reaching Children and Families in School-Based and Early Education Care Settings.” This includes talking points, emails, social media, other messaging that you can give. So, if y'all work in this space as well, please make sure to visit that. Hailey is going to put [this page](#) in the chat for everybody.

Last month, we highlighted our Faith-Based Toolkit, so it's for faith-based organizations. It has similar information. Pulpit messaging, bulletin messages, and other things for communities. We have a train-the-trainer deck that's been up for a while too, but it has talkers in there, so if all this was interesting to y'all, and this was one of your first webinars you've been on, please see this. It has great information. And similarly, we have an “Outreach to Families and Children on Medicaid Renewals.” This slide deck is really great. It really talks about families and children. I want to pull it up real quick. It has this slide in it, which I really like. We've seen a lot of questions about eligibility pop up in the questions today, but this is a really easy table that I think got—easy to digest and really have that visual around eligibility. This table is in that slide deck with some talkers as well that y'all can take a look at. So again, that link is in this outreach to family and children.

Other new resources we want to make sure you're aware of is we have this little paragraph here about ordering free materials. You can visit the CMS product ordering website. You'll have to create an account. It's free. But we have Unwinding materials, including postcards and other fliers and things you can order and distribute. And those are available in English and Spanish and some of them are also available in some additional Asian languages. So, feel free to order those for free.

And the last thing I wanted to point out that we've added in the last month is our outreach to special populations. So, we have handouts specifically for stakeholders and partners about reaching specific populations. Those are all posted here. So, we have one for Asian American, Native Hawaiian and Pacific Islanders, one for Black Americans, one for Hispanic or Latino, one for people with disabilities, one with people who live in rural areas, and then we have one for American Indian and Alaska Native. These all came out in conjunction with a webinar series we did, and all of these webinars are posted right here, including a transcript. So, if you reach any of these populations and you missed any of these webinars, please check them out. They are posted here, and then the resources for those populations are here. So, I wanted to make sure that y'all saw that.

And I saw we had a very packed agenda today. We sure did. We had so much great information shared today. And unfortunately, that means we don't have time for question and answers because we're right up at 1:00. But I wanted to thank y'all very much for joining today's webinar, and I hope that the information shared today was helpful and that you leave this webinar feeling ready to go out in your communities and share this information with the young adult population. We will be sending an email in the next week or so with a link to access this recording, the transcript, and slides from today's webinar – we had that question as well – and we will also include the links that were shared today from many of the speakers who were on the call. We really need your help in getting this information out to your networks and people in the communities who are enrolled in Medicaid and CHIP. Again, this is an all-hands-on-deck effort to make sure people keep health care coverage, whether that is through Medicaid or CHIP, or other health coverage options like the Health Insurance Marketplace. We appreciate your partnership in this effort and we're here to support you throughout the process. We are hoping you're able to join us again.

Kate Ginnis: I'm sorry to interrupt, Stefanie. Can I say one second?

Stefanie Costello: Sure.

Kate Ginnis: Because there's a really important question in the chat that I just want to answer. This is Kate Ginnis, from the Center Director's office at CMCS. Almost all, if not all, Unwinding activities will continue regardless of whether there is a shutdown that begins on October 1. So, I just want to assure people that we are—like we are asking you all to continue doing this work, we are going to continue all of the Unwinding work that we can do. So just—I just wanted to answer that even though we don't really have Q&A time today. So, I'm sorry for interrupting. I just wanted to get that message out.

Stefanie Costello: All right, thank you, Kate. Up here, we have our upcoming monthly webinar dates. We have two more scheduled for this year, one is October 25 at noon, and then we're going to do a combined November and December one around the—because of the holidays, we're just going to do one at the beginning of December, that will be December 6. So, you can register for those. That information is in the chat as well. And with that I want to again thank you all for being on today's call and for your commitment to helping ensure that people are connected to the best health care coverage that they're eligible for, and we look forward to continuing to

work alongside all of you and continuing to engage with you. Thank you, and this concludes today's call.