



The California Endowment



## Increasing Enrollment and Retention in Children's Health Insurance Statewide Programs Through Trained Assistors

National Health Foundation

Stephanie Ha, Marlene Larson and Julia Pennbridge

January 2006



**Policy Report**

This report was funded by The California Endowment. Cover California's Kids is a program of The California Endowment.

The views in this report are those of the authors and not The California Endowment.

National Health Foundation wants to thank the CHAMP training staff for their contributions to this report: Lisa Soriano-Rodriguez, Judy Via, Amy Dai, Maria Castellanos NHF, and Trisha Fitzgerald.

Additionally, the authors want to acknowledge the statewide Master Trainers for their valuable feedback.

## I. Introduction

In January 2005, The California Endowment commissioned the National Health Foundation (NHF) to develop a policy report that will help lead and shape future training for assistors.<sup>1</sup> This policy report was commissioned because more than 1.1 million California children under age 19 remain uninsured,<sup>2</sup> even though extensive efforts and resources have been invested in outreach, enrollment, retention and utilization (OERU) activities targeting uninsured children. Therefore, The California Endowment wanted to understand how a comprehensive approach to training would enhance the capabilities of those assisting families (individuals performing OERU activities) so that more children will obtain, retain and utilize their health benefits.

The benefits from working with assistors have been evident since the early days of expanded health insurance options for California's uninsured children (July 1998 through December 2001). During this time, approximately 60 percent of the families completed and submitted their joint Healthy Families and Medi-Cal for Children mail-in applications with assistance. These families showed a successful enrollment rate of 79 percent; families that did not use assistors showed only a 63 percent enrollment rate.<sup>3</sup> When funding for outreach and the application assistance fee was eliminated, there was a reduction of active assistors, which resulted in much lower enrollment rates. In February 2005, 83 percent of the joint Healthy Families and Medi-Cal for Children mail-in applications were processed without assistance and of these, almost all (95%) were determined to be incomplete and therefore resulted in either delayed enrollments or denials.<sup>4</sup>

Clearly, assistors play an important role in assuring applications are complete and can be immediately forwarded to the appropriate programs for eligibility determination. Families find the application process cumbersome and difficult, and they often do not understand the different supporting documents that must be submitted with their applications. It is such a challenging process that families whose applications are rejected often do not have the knowledge or stamina to repeat the process. Thus assistors are essential to making the process work for families and to maximizing the number of children enrolled in the health coverage programs they deserve and need.

1 Assistors include Certified Application Assistants (CAAs) who have taken the state-approved certification class and passed the exam as well as individuals who assist families but have not been certified as CAAs. Assistors help families to enroll their uninsured children in available health care coverage programs, to appropriately use the benefits these programs provide and to retain their current benefits.

2 The number of uninsured children in California has significantly decreased as a result of expanded enrollment in Medi-Cal, Healthy Families, local children's health insurance expansion programs and other private sector initiatives. See, E. Richard Brown and Shana Alex Lavarreda, February 2005, "Job-based Coverage Drops for Adults and Children but Public Programs Boost Children's Coverage," a publication of the UCLA Center for Health Policy Research.

3 The Managed Risk Medical Insurance Board, *Application Assistance Fact Book*, March 2002.

4 The Managed Risk Medical Insurance Board, *Healthy Families Program February 2005 Summary*, at [www.mrmib.ca.gov](http://www.mrmib.ca.gov).

Given assistors' importance in making health care accessible to families, it is equally important that they get the training and ongoing support that they need to provide the best assistance possible. This is even more essential since the assistance fee was restored in July 2005, and many former assistors again have taken on the responsibility for assisting families. Many of these assistors will not have up-to-date information about recent program changes and others may never have been trained. Without training and support, inadequate assistance could become another barrier to families obtaining health coverage for their children, which would take considerable time and effort to overcome. Such a possibility can be avoided if training is available when and where it is needed and if assistors have the support and technical assistance they need to assure all their families become enrolled.

Currently assistors function under various roles and assume varying responsibilities relating to OERU activities. Some assist families to enroll their children into health coverage programs while others also follow up with families to ensure the children get into and stay in the programs. Whichever roles they assume, ideally assistors should be fully integrated into the overall application process and the role of assistors must be professionalized. Assistors must identify themselves as essential components of the entire application process and begin to develop guidelines about their roles, duties and responsibilities. To establish a professional identity, assistors must agree on the level of knowledge and skills required as well as share perceptions about accepted behaviors. This kind of professionalism best evolves in a context of high-quality training, opportunities to network and build relationships with like professionals, and easily accessible and relevant technical assistance. The recommendations that follow are designed to establish assistors as professionals and to assure ongoing and high-quality assistance is available to families throughout California.

The report is comprised of six sections. Following this introduction (I), the second presents and discusses recommendations for future assistor training in California. Best practices comprise the next section (III), while currently available assistor training opportunities are described in the fourth (IV). The fifth section provides a brief review of training efforts in California since 1998 (V). Finally, a summary concludes this report (VI).

## **II. Recommendations for the Future**

The state is making a major effort to transition to online training, and these recommendations address ways to improve, supplement and enhance current and future trainings. This requires recognizing that people learn in different ways and that ideally multiple training modalities (online, videoconferencing and face-to-face) would be used. Not only would these various approaches be available, they would also be provided within a context structured to: a) improve and standardize assistors' knowledge and skills, b) provide peer-to-peer networking opportunities, and c) assure accurate and up-to-date technical assistance is easily available. The recommendations are based on what NHF has learned about best practices from its considerable training experience, discussions with experts around the state, and what we know about the current environment. The recommendations fall into three categories: 1) those that address the creation of a master plan; 2) those that relate to assistor professional development, including certification and continuing education; and 3) those that address the technical assistance and collaboration necessary to foster a support network that helps assistors perform their roles more professionally.

## 1. RECOMMENDATIONS FOR CREATING A MASTER PLAN

A comprehensive, integrated statewide master plan needs to be developed<sup>5</sup> and should include strategies for: a) dealing with the professional development of assistors by creating a comprehensive course of study, b) developing a blueprint for an ideal support network, c) maximizing the use of different training modes, d) assigning master plan implementation responsibilities to appropriate organizations, and e) obtaining ongoing implementation funding. The current approach is limited. It includes MAXIMUS<sup>6</sup> providing the following: an online class for the certification of assistors; an online Review and Update class for CAAs (January 2006); an EE<sup>7</sup>-CAA online newsletter to keep CAAs abreast of Medi-Cal, Healthy Families and Access for Infants and Mothers (AIM) program changes; and an EE-CAA Liaison Help Desk accessed through an 800 number. The master plan should be based on a vision that maps how to expand current activities and how to integrate all assistor training and support needs. Minimally it should address the following issues:

**Creating a comprehensive course of study for assistors to standardize knowledge and skills.** The purpose of such a course is to bring all assistors throughout the state to the highest and most consistent level of knowledge and capability. At a minimum this would require all assistors to be certified. Once certified, CAAs need access to opportunities for continuing education so that they can refine their knowledge and improve their skills. This in turn requires that a broad range of specialized classes (those that have a specific focus such as application troubleshooting, retention of benefits and utilization of services) are available. This range of classes must be able to change over time as new problem areas and misunderstandings are identified. Finally, all CAAs should be required to complete a recertification course at least every other year. See [Recommendation 2](#) for a more detailed discussion.

It should be noted that an effective course of study requires class curricula and presentations to be standardized statewide and to be linguistically and culturally appropriate. Standardization requires that if trainers around the state supplement the online training, they have access to the same accurate and up-to-date class curricula and materials, and they all complete the same train-the-trainer class.

**Developing a blueprint for an ideal support network.** The blueprint will spell out long-term expectations for how the network will function, how it will be structured and how it can be used to strengthen the professional voice of assistors. This might include facilitating an assistor designated Web site, where materials from all the programs (public, private and local) are available; questions about the materials can be answered; and where meetings and conferences throughout the state are coordinated and scheduled. The beginnings of such a support network are outlined in Recommendation 3 and take a "ground up" approach. However, all these activities need to feed into a larger conceptual framework; this is the blueprint we are proposing.

---

<sup>5</sup> To maximize assistor effectiveness in performing OERU activities, a master plan should be developed that integrates all training and support activities. How this is developed will depend on which organization assumes the lead responsibility and how the process is funded.

<sup>6</sup> The administrative vendor for the Healthy Families Program.

<sup>7</sup> Enrollment Entities (EE) are agencies/organizations throughout the state that have met the criteria and have formally registered with MAXIMUS to provide application assistance.

**Encouraging several training modes.** While online training is the most expedient in reaching large numbers of assistors at minimal cost, no analysis has yet been done about the effectiveness of assistors trained via the Internet. The effectiveness of various training modes, including videoconferencing, face-to-face and online, should be explored and evaluated. NHF recommends that a pilot study be conducted to follow several groups through various training modalities to assess their effectiveness in giving assistors the information and tools they need to help families successfully negotiate the enrollment, utilization and retention processes.

While less expedient, classes taught in classroom settings or through videoconferencing can provide other advantages. First, having multiple training modalities supports different learning styles, and second, learning with a group can promote discussion about complex issues and provide opportunities for timely responses to difficult questions. Some in the field argue that face-to-face classes should always be available to assistors who, for whatever reasons, are unable to take the online classes. Because the specialized classes (those that offer more “hands-on” approaches to problem solving) are designed around the actual problems families encounter, and encourage problem-solving discussions among assistors, they may be better taught in a face-to-face settings or via videoconferencing.

**Assigning master plan implementation responsibilities.** If the state chooses not to expend additional resources to implement the master plan, the need for it will remain. If this is the case, other organizations should be identified to take responsibility for various components of the plan, and the master plan should include strategies for integrating the work of all these organizations.

**Obtaining master plan implementation funding.** Currently, MRMIB funds online certification classes and some statewide technical assistance. Some specialized classes are funded in some counties by local Children’s Health Initiatives or county departments. More systematic funding for specialized classes and new funds for implementing master plan strategies need to be explored. This exploration could include using some of the Anthem/Wellpoint settlement dollars, First 5 and county funds and funds from the philanthropy community. From these explorations a viable funding strategy should emerge. Once this has been created, potential funders should focus their training funding on elements identified in the master plan.

## **2. RECOMMENDATIONS FOR THE PROFESSIONAL DEVELOPMENT OF ASSISTORS**

To successfully help families, assistors must be knowledgeable about and understand the intricacies and nuances of the various health coverage programs. This means they must also have up-to-date and accurate information and the ability to easily access ongoing technical support. At best, the first assistor classes/trainings should provide an overview of all health coverage programs and a more detailed understanding of the requirements of specific programs. Once they have this information, assistors also need to have ways to answer questions as they arise, to keep up-to-date with the ever-changing program information, and to refine and expand their knowledge and skills.

Successful assistor professional development requires that the training approach, curricula content and support materials meet class participants' linguistic and cultural needs. It also requires that the curricula for all classes are standardized and comprehensive, that recertification is required, and that further education is available. Further education requires that special classes, tailored to shared problems and ongoing misunderstandings, are available. Data from tracking the successes and failures of the applications will help identify common assistor problems and can be used to design the special classes and to help managers hold their assistors accountable for following up with families to ensure enrollment into appropriate programs and retention of coverage. The approaches are discussed below:

**Making curricula, materials and technical assistance available in other languages.** Currently, class materials and technical support provided to assistors are primarily available in English. This lack of linguistically and culturally appropriate curricula, materials and technical assistance prevents many assistors from fully understanding what they are taught and from clarifying the information later. This can prevent them from properly assisting families. Recognizing this, MAXIMUS will complete in January 2006, a Spanish version of the online certification curriculum; however, materials and technical assistance should also be available in Spanish. Ideally, curricula, materials and technical assistance would be available in all "threshold"<sup>8</sup> languages.

**Requiring all assistors to be certified before they conduct application assistance.** Presently, assistors are not required to attend any classes, and if they do, the curricula are inconsistent. At a minimum, all assistors should be certified. This means they must pass the CAA online class offered by MAXIMUS. Requiring assistors to pass this class would ensure that they have all been exposed to the same basic program information.

**Expanding CAA certification curriculum to be comprehensive.** Families would be better helped if all assistors knew about all the public and private health coverage programs available for children (such as Kaiser Permanente Child Health Plan, California Kids, Access for Infants and Mothers, as well as specific county programs, CHDP and California Children's Services), in addition to understanding basic eligibility screening concepts and how to fill out the joint Healthy Families and Medi-Cal for Families mail-in application. Such a comprehensive curriculum would allow assistors to appropriately refer and therefore effectively work with families. Expanding the online CAA certification curriculum to include comprehensive information on all available health programs and services, including county-specific programs, would improve the quality of assistance throughout the state. This would require that some components of the CAA certification curriculum be specific to individual counties.

**Requiring CAAs to be recertified annually or biannually.** Many assistors were certified years ago and have had limited or no access to Review and Update classes that would help them stay current with program changes and additions. With reinstatement of the \$50 application assistance fee in July 2005, recertification should become a requirement prior to receipt of payment. Assistors should be required to be recertified at least every other year.

---

<sup>8</sup> English, Spanish, Vietnamese, Khmer (Cambodian), Hmong, Armenian, Chinese, Korean, Russian and Farsi

**Ensuring specialized classes are available.** To remain current and effective, assistors need access to continuing education in the form of specialized classes. The order of such classes can be self-directed and thereby strengthen skills and build on existing knowledge as new problems are confronted. Some of these specialized classes would provide new information and updates, others would address common problems and misunderstandings, and still others would expand assistors' skill sets. Examples of specialized classes include:

- **Follow-Up:** to give assistors an opportunity to work through some real-life family scenarios after their CAA certification class.
- **Application Troubleshooting:** to educate assistors on the reasons why applications may be denied or delayed and arm them with best practices on how to approach and resolve these issues.
- **Review and Update:** to provide assistors with updated information relating to eligibility requirements and/or the screening process and program specifics, including regulation/policy changes.
- **Utilization and Retention:** to educate assistors on how to help families access services and retain their children in health programs. This would also include how to troubleshoot problems during the Annual Eligibility Review and Annual Redetermination processes.
- **Local Initiatives:** to present information on local or county specific programs such as Healthy Kids. These trainings would be tailored to individual counties.

**Providing individual CAA level application tracking and enrollment data to Enrollment Entities (EEs).**

Application quality control and assistor accountability are only available when the agencies and individuals submitting families' applications are tracked. This kind of enrollment feedback helps EEs, and therefore CAAs, monitor their effectiveness and understand the frequency and types of errors being made. These data can be used to correct the process by allowing EEs to revise their screening and assistance procedures and by allowing MAXIMUS or a similar agency to revise existing curricula or develop new curricula to address the problems.

**3. RECOMMENDATION FOR CREATING A CAA SUPPORT NETWORK**

Even before February 2005, when application submissions and certification classes began to be conducted online, some assistors had difficulties understanding the process and the information they were given. Now assistors report having difficulties with the online application submission, while others report having difficulties with the online classes. Such difficulties can be minimized with a good support network which was beginning to emerge before the online functions were established. Not surprisingly, whenever many dispersed individuals are required to know and do the same things, formal networking systems are essential to facilitate similar explanations and activities across sites. The best support networks provide, at a minimum, easy access to problem-solving information and the ability to discuss problems with peers. So much effort has been put into simplifying the application process for families; now we must make sure that assistors are properly supported so that new barriers to the application process are not institutionalized.

Recommendations in this area are presented under two headings: a) troubleshooting online application submissions and classes, and b) building the infrastructure for a CAA support network.

**Troubleshooting online application submissions and classes.** Various problems can be anticipated in this area; for example, assistors may have difficulty submitting successful applications due to technical errors (e.g., they are unable to use the signature feature or to receive the application confirmation fax sheet from MAXIMUS) and passing the online certification class. Support in these areas should be designed to respond to identified problems and could include:

- **Technical support for submitting online applications.** Currently, assistors access technical assistance for both mail-in and online applications through the EE-CAA Liaison Help Desk at MAXIMUS. However mail-in and online processes differ and require distinct areas of expertise. Staff familiar with mail-in problems are often unable to provide adequate support for online submissions. Either these staff must become fully conversant with the online application process, or, to assure access to accurate information, assistors must have two separate help lines.
- **Orientation class for Health-e-App.** Before using Health-e-App, assistors should receive an orientation that explains the steps in the outline application process, e.g., when and which documents must be faxed, when and how initial payments must be sent, etc. Such support could reduce the numbers of delayed and unsuccessful applications.
- **Tutorials for assistors who have failed or who plan to take the online certification class.** NHF has heard that some assistors fail the online class and that others anticipate problems in passing the class. From experience with face-to-face classes, NHF knows that many individuals struggle with specific topics, particularly rules for program screening. A certification tutorial that provides practice along with explanations of the correct outcomes, and that can be taken before participating in the online class or after failing it, should result in higher passing rates. Given that these problems are compounded because many assistors tend not to be sophisticated computer users, ideally these tutorials would be offered face-to-face.

**Building the infrastructure for a statewide CAA support network.** Assistors need more structured ways of networking. A network focusing on their issues could help professionalize the field, provide easy access to solving application problems and facilitate timely and accurate dissemination of information about program changes.

- **Encourage the establishment of local networks.** Some local and regional assistor task forces that already exist (e.g., in Orange and San Diego counties) should be encouraged and supported to meet regularly and to hold conferences. The first Southern California Assistor Conference was held in August 2004 and was highly valued by CAAs and assistors because it allowed them to obtain current information, meet their peers and participate in workshops. These local task forces could, in turn, feed into a statewide assistor entity. Until such an entity exists, a Web-based forum could be used, e.g., [www.CHAMP-Net.org](http://www.CHAMP-Net.org), to meet assistor networking needs.

- **Institute or expand the assistors ombudsman/liaison programs at Single Point of Entry<sup>9</sup> (at MAXIMUS) and at local county departments of Social Services.** Assistors assume primary responsibility for advocating on behalf of families when problems arise. Thus, they must be able to get information about where an application is in the application process and the reason(s) why the application is incomplete. An ombudsman/liaison whose sole task is to work with assistors dealing with application problems could enormously facilitate the process. By keeping notes on the progress of troublesome applications, the ombudsman/liaison could directly help assistors be more productive and could gather information to improve the overall process. Currently, MAXIMUS and some county departments of Social Services have a limited number of ombudsmen/liaisons assigned to work with assistors. The assistors ombudsman/liaison program should be institutionalized in counties that lack such a program and be expanded at Single Point of Entry.
- **Designate a liaison to disseminate information about program updates and changes.** In addition to providing the specialized classes already discussed and the EE-CAA online newsletter distributed by MAXIMUS, assistors should have an organized way to obtain information on updates and changes in all health coverage programs for the families they assist. This liaison could work with an updated EE-CAA list and relevant administrative staffs (e.g., Kaiser Permanente Child Health Plan, Healthy Kids, CaliforniaKids), and collaborate with MRMIB and the California Department of Health Services to disseminate information about changes in program policies and procedures in a timely and orderly manner.

### III. Best Practices: Providing Successful and Effective Classes

The National Health Foundation has drawn from its training experience, including many discussions with Master Trainers,<sup>10</sup> to identify best practices for providing health coverage classes. Note, these practices apply to all training modalities (face-to-face, videoconferencing and online) unless otherwise stated. They are discussed under three different headings: 1) Assuring High Quality Curricula and Classes, 2) Technical Assistance Support and 3) Administrative Coordination of Classes.

#### 1. ASSURING HIGH QUALITY CURRICULA AND CLASSES

Providing curricula, materials and classes of high quality requires the integration of many different factors along with the standardization of how they are presented. The various factors include a comprehensive approach, a full range of classes and information, an interactive format, an evaluation plan and trainer skill. These issues are discussed below:

**Having a comprehensive approach.** The most effective assistors are those that understand the “big picture.” They understand how all government, private and local children’s health coverage programs compliment each other. With this knowledge, assistors better understand the total availability of resources and thereby better present options to families.

---

<sup>9</sup> Single Point of Entry (SPE) is a single system that first screens applications for no-cost Medi-Cal and forwards applications to the local county Departments of Social Services for Medi-Cal eligibility determinations. Applications which are screened ineligible for no-cost Medi-Cal are then forwarded to Healthy Families for processing.

<sup>10</sup> Master Trainers are individuals who voluntarily provide face-to-face CAA certification classes on an as needed basis for the MAXIMUS and were certified by MRMIB to be trainers.

**Offering specialized trainings.** Assistors need more information and skill building than is available in a single CAA certification class. Responding to the demand from around the state, NHF has developed and provided a series of classes to refine and expand the knowledge and skills of assistors. These classes include "Review and Updates," which delineates new program guidelines and policies, and "Utilization and Retention," which outlines strategies to help families use and retain the coverage they have. Maternal and Child Health Access and its partner, Neighborhood Legal Services of Los Angeles County/Health Consumer Center, also provide specialized classes in Los Angeles County.

**Making classes interactive.** Classes that provide interactive exercises or tools can enhance learning and make it fun. As a result participants feel involved and are more alert. One popular method is to break the class into groups and having each group work through the same family eligibility screening exercise. Then, everyone can regroup and discuss their thoughts, processes and recommendations. For online classes, a computer game can be constructed around similar screening exercises.

**Developing methods to continuously monitor class usefulness and effectiveness.** It is important to have benchmarks in place against which to monitor curricula acceptability and to allow for follow-up that ensures participants' needs are being met. For example, participant evaluations that address the information clarity and presentation effectiveness should be included with every class, and these evaluations should be reviewed by those responsible for training. Ideally, the curricula effectiveness can be further assessed by following up with a cohort of participants three to six months after completing the class. During the follow-ups, those responsible for training would gather information about the impact of the class on enrollment behaviors. Continual evaluations help develop better curricula and materials.

**Having qualified trainers (applies to face-to-face and videoconferencing).** Trainers must be highly knowledgeable about the curricula and materials and must behave professionally at all times. They can be put on the spot with unexpected or challenging questions and may face class participants that are difficult to handle. Competent trainers must either already have all the information they need or know where they can get it, and must be able to assert control over their classes. These abilities are reinforced when trainers are properly trained, have a support system where they can easily access information about programs and classroom management, and arrive early to each class to ensure adequate set up.

## 2. TECHNICAL ASSISTANCE SUPPORT

Through these activities, assistors should be able to clarify information they find confusing and expand their knowledge and skills. Technical assistance should be available throughout the class and a good technical assistance system provides easy access to a full range of explanatory information about common problems and misunderstandings.

**Providing technical assistance during classes.** Effective trainers will follow up with class participants during breaks because they know which participants are having problems. Doing so allows trainers to clarify misinformation and misunderstandings and lets participants know they have someone they can go to with problems. Similarly, users taking the online class should also be able to get help when they encounter problems.

**Providing post-class technical assistance and resources.** A good technical assistance system allows assistors to get answers to their questions as they arise and, therefore, continues to build their knowledge. This requires that the information provided is up-to-date and accurate. With such information, assistors become dependable resources to families.

Examples of two technical assistance systems are the MAXIMUS EE-CAA Help Desk and [www.CHAMP-Net.org](http://www.CHAMP-Net.org). The EE-CAA Help Desk provides assistance with applications and answers to program questions. The CHAMP-Net Web site provides current comprehensive eligibility and enrollment information about public and private health coverage programs for uninsured children and pregnant woman. One of its many resources includes an eligibility calculator, a screening tool in which families and assistors can enter income and family size information to determine the programs for which children may qualify. "Ask-the-Trainer," another resource, provides interactive Q&A that allows users to receive answers to their questions about program eligibility, program content, application assistance problems, etc.

## 3. ADMINISTRATIVE COORDINATION OF CLASSES

These activities focus on having appropriate classrooms and facilities, determining ideal class size and class times, and assuring effective communications when classes are conducted face-to-face or through videoconferencing.

**Having an appropriate classroom and facility.** Adequate accommodations require a classroom set up with chairs and tables facing the trainer, who has easy access to a laptop computer and an LCD projector that are set up and ready to use. A well-organized training that is provided in a comfortable setting is more likely to foster an environment suitable for learning and yield positive participant feedback.

**Keeping class sizes to between eight to 20 participants.** Ideally classes should not include more than 20 participants. Too large a class results in participants' questions not being answered, preventing a more nuanced understanding of the information; and, occasionally, participants' side discussions may disturb the presentation.

**Accommodating suitable class times.** Traditionally classes are conducted during business hours. However, these can be changed depending on the flexibility of the host agency.

**Assuring effective communication.** This must occur at two levels: between trainer and host agency and between trainer and participants. The trainer and host agency must discuss, clarify and agree upon class logistics, e.g., time, location and materials needed. Miscommunications at this level can spoil an entire class. Clear and direct trainer-participants communication is essential if class participants are to understand what the trainer expects of them.

## IV. Currently Available Assistor Training

Classes on children's health insurance programs for assistors continue to be available throughout California and can be categorized as follows: 1) the CAA Certification Class and 2) Other Classes (non certification) that provide additional information about specific programs and problems.

### 1. CAA CERTIFICATION CLASS

These classes are provided through three channels: a) online, b) by health plans and c) by Master Trainers. Most classes, however, are provided online at a single Web site.

**Classes offered online.** On Feb. 1, 2005, MAXIMUS, under contract to the Managed Risk Medical Insurance Board, launched an online CAA certification class in lieu of offering face-to-face CAA classes. This interactive class is designed for potential CAAs, who can only register to take the class if they are linked to Enrollment Entities. The online class takes an average of six hours to complete and is self-paced with quizzes in each section; the quiz in one section must be passed before the participant can proceed to the next. Once the online class has been successfully completed, which includes passing the certification exam, new CAAs obtain their certificates through the Internet. Information about this class is available on the Healthy Families Web site at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). In addition, MAXIMUS anticipates that a Spanish version of this class will be available in January 2006; an online Review and Update course for previously trained CAAs is being planned for a January 2006 release.

**Classes offered by health plans.** The online CAA certification class lacks the marketing strategies the state requires health plan representatives to know before they can become CAAs. Consequently, health plans' Master Trainers continue to provide face-to-face CAA classes to health plan staff. For example, the San Francisco Health Plan has provided 10 in-house certification classes that included marketing strategies to more than 300 staff and will continue to do so. MAXIMUS anticipates having an online certification class for health plan representatives in the future.

**Classes offered by Master Trainers.** When MAXIMUS instituted the online certification class in February 2005, the way face-to-face classes are scheduled was changed. Now, Master Trainers only provide face-to-face certification classes when MAXIMUS determines a need for them and is unable to provide them. The current plan is to document this need by directing those who cannot take the online class to the EE-CAA Liaison Help Desk (800-279-5012). Once sufficient numbers of individuals within an area/region have indicated problems with taking the online class, MAXIMUS will contact Master Trainer(s) in those areas to provide face-to-face, certification classes. MAXIMUS will determine the need and schedule for these classes and will coordinate them across the state.

## 2. OTHER CLASSES

Most of these classes occur face-to-face and vary in terms of geographic availability, content and the types of organizations providing them. Some agencies receive funding for providing classes while others do not. In general, fewer of these classes are offered in rural counties, such as Inyo and Lake, than in urban counties such as Los Angeles. Also, currently there are no systems for standardizing curricula content or for monitoring the way information is provided. These classes are typically made available through: a) local Children's Health Initiatives, and b) from Master Trainers. Some examples follow:

**Through local Children's Health Initiatives.** Many California counties are establishing Children's Health Initiatives (CHIs), through which to expand health insurance coverage for their uninsured children through age 18 (with some exceptions). Currently, 11 counties have such expansion programs: Alameda, Los Angeles, Kern, Riverside, San Bernardino, San Joaquin, San Francisco, San Mateo, Santa Clara, Santa Cruz and Tulare. Another 12 counties are working to launch Healthy Kids programs in the next six months. Several counties have classes for assistors built into their expansion initiatives, and others that do not yet have operational CHIs also provide classes. The counties differ in terms of the types and frequency of classes they will or expect to provide. Examples include:

- **Los Angeles County.** The National Health Foundation and its partners Maternal and Child Health Access (MCHA) and Neighborhood Legal Services of LA County/Health Consumer Center provide many different classes including overviews about public and private health programs (CHAMP and We've Got You Covered), Review and Update/New Initiatives, Parent Overview and specialized classes (Utilization and Retention, Troubleshooting and Immigration Issues).
- **San Mateo County.** This county's CHI, in partnership with the San Mateo County Health Services Agency, coordinates and provides most of the county's specialized classes, primarily Troubleshooting.
- **Humboldt County.** The North Coast Clinics Network, a consortium of community health centers, provides classes that focus on case management and how to work with uninsured families.
- **San Diego County.** The San Diego Kids Health Alliance Network (KHAN) provides limited refresher classes to support assistors.

**From Master Trainers.** Master Trainers, in addition to being on-call to provide a limited number of face-to-face certification classes, offer other types of classes that support the outreach, enrollment and retention activities of assistors. Examples include:

- **San Mateo County.** The Master Trainers of San Mateo County Health Services Agency provide extensive classes to support assistors using One-e-App/Health-e-App.
- **Solano County.** The Solano County's Kids Insurance Program provides one-to-one or group orientations to newly certified CAAs and update classes to assistors.
- **Fresno County.** Master Trainers of the Health Consumer Center provide classes that focus on building assistors' capabilities, e.g., public speaking, budgeting and policy issues.

## V. Historical Overview

This section traces the evolution of assistor training efforts in California through three time periods, highlighting some initial activities but focusing on assistor training from Spring 1998 through December 2004. The impetus for these training efforts was the enactment in September 1997 of California legislation to expand the no-cost Medi-Cal Program for Children ages 6 to 19 and to create the Healthy Families Program. Insurance coverage through these programs began on July 1, 1998.

### 1. INITIAL EFFORTS IN 1997 THROUGH FEBRUARY 1998

In 1997 the National Health Foundation and Maternal and Child Health Access (together with its partners including the Los Angeles County Health Consumer Center/Neighborhood Legal Services) offered classes to individuals who were assisting families with uninsured children to help them enroll their children in available health care coverage programs. These early training efforts were funded by the philanthropy community.

### 2. SPRING 1998 THROUGH MARCH 2003

To augment the state's aggressive outreach and enrollment efforts on behalf of Healthy Families and Medi-Cal for Children, certification classes were offered to individuals who would help families complete the new joint mail-in application for these programs. Organizations employing CAAs were eligible to receive an application assistance fee for each successful enrollment resulting from the joint mail-in application, and an additional fee when their CAAs helped families retain health care coverage during each annual eligibility review cycle. Activities throughout this period can be summarized as follows:

- In May 1998, the first certification classes were developed and conducted by Richard Heath and Associates, Inc. (RHA). These one-day, eight-hour classes (maximum class size set at 50) provided instructions on how to help families complete the joint Healthy Families and Medi-Cal for Children mail-in application and were held throughout the state; a limited number were taught in Spanish. Individuals successfully completing the class were acknowledged as CAAs. In 2001 a limited number of one-day refresher classes were provided to large groups of CAAs (up to 200 per training); because of budget cuts, these classes were suspended in 2002.

- In February 2000, the California Department of Health Services contracted with the National Health Foundation to train its recently funded Healthy Families/Medi-Cal for Children outreach contractors. Nine 12-hour classes were provided throughout the state; they included the eight-hour CAA certification class as well as the four-hour Children’s Health Access and Medical Program (CHAMP) class.<sup>11</sup>
- Between July and December 2000, when the demand far exceeded RHA’s training capacity, RHA routed L.A. assistors requesting certification classes to NHF. Although NHF was not under contract with the state to provide certification classes, it voluntarily trained more than 500 CAAs providing the day-and-a-half CHAMP/CAA classes in L.A. County. Classes were taught in both English and Spanish.
- On June 2001, the California Department of Health Services announced the award of two CAA training contracts – one to NHF and the other to the Child Abuse Prevention Council of Sacramento. Classes began in October 2001, but were suspended in March 2003 because of the state’s fiscal crisis. NHF provided CHAMP/CAA certification classes to more than 600 individuals. The Child Abuse Prevention Council of Sacramento provided the eight-hour certification class.
- Between May 1998 and March 2003, more than 31,000 individuals became Certified Applications Assistants.

### 3. SUMMER 2003 TO DECEMBER 2004

MRMIB began to explore alternate ways to train CAAs during the time it was transitioning to a new administrative vendor. Activities during this time included the following:

- During the summer of 2003, MRMIB solicited participation from individuals to serve as Master Trainers without any compensation from the state and trained 23 such individuals. MRMIB also identified the counties in which these Master Trainers would provide certification classes. The Master Trainers were involved in other projects/programs besides providing certification classes; they reported an average of two to five certification classes per year.
- Also during the summer of 2003, MRMIB certified approximately 16 representatives from health plans as Master Trainers. Health plans throughout the state had been providing a variety of in-house classes to their own staff and brokers. The Master Trainers provided these face-to-face certification classes which, in addition to the standard training curriculum, also provided information on the rules for marketing.
- By February 2004, NHF began offering certification classes under a contract from MAXIMUS. The 1½-day class included both the CHAMP and certification curricula. NHF conducted 66 classes in 26 counties throughout the state for 1,266 individuals. NHF’s training contract ended in December 2004.
- Also between November 2003 and December 2004, other types of classes were being provided for assistors by organizations throughout the state.

---

<sup>11</sup> Children’s Health Access and Medical Program (CHAMP), a signature training program of NHF which included comprehensive information about the affordable public and private health care programs available to families with uninsured children.

## Conclusion

Although some training for assistors was available earlier, the main impetus for these efforts was the September 1997 enactment of California legislation to expand the no-cost Medi-Cal Program for Children ages 6 to 19 and to create the Healthy Families Program. Since July 1998 when these programs began, training classes, some of which are required for certification and others which are not, have been available to different degrees depending on appropriate resources. Currently, classes for assistors – on how to enroll children in available health coverage programs, how to keep them enrolled, and how to make sure they use their benefits – are available online, through health plans, from Master Trainers and through local Children's Health Initiatives.

Data have shown that families who are assisted in applying for their children's health coverage are more successful in being enrolled than those that are not. Thus, it is imperative that the training continues. The trainers who have been providing these classes have learned enough to be able to identify best practices in this area and to know where the field needs to go. They know that the trainings cannot continue to be provided "ad hoc" and must be part of an approach designed to integrate high quality assistance into the health services system.

"Best practice" requires a comprehensive training approach and technical assistance support. Training classes must be available through several different modalities (online, face-to-face and videoconferencing) to accommodate different learning styles and reinforcement needs. The approach to formulating such trainings should seek to:

- Establish standardized curricula around the state (i.e., the same classes in different parts of the state using the same curricula),
- Include a comprehensive approach (i.e., present information on all health coverage programs available in a county),
- Provide information on identified problem areas (i.e., classes that refine and expand assistors' knowledge and skills in addition to basic information classes),
- Maximize successful completion (i.e., classes are interactive and provide culturally appropriate information), and
- Establish an evaluation plan that allows constant feedback and ongoing improvement of the trainings and assistor performance.

The technical assistance must be designed to allow assistors to easily clarify information they find confusing, to expand their knowledge and skills, and to access a full range of explanatory information about common problems and misunderstandings. To achieve this, existing technical assistance systems should be integrated and expanded.

This report provides many detailed recommendations for future trainings and support for assistors' outreach, enrollment, and health coverage retention and utilization-related activities. These recommendations fall into three main areas: 1) those related to creating an assistor support network, 2) those related to assistors' professional development, and 3) those related to creating a master plan. To establish an assistor support network, already existing and new local networks should be encouraged, assistors ombudsman/liaison programs be instituted or expanded, and a troubleshooting system created. The assistors' professional development should be supported by requiring they be certified and that the certification curriculum be comprehensive; requiring recertification; making curricula, materials and technical assistance available in the seven threshold languages; and ensuring high-quality, continuing education is available.

Essentially, NHF is recommending that the entire field of assistance to families seeking health coverage for their children be moved forward, and this is no small task. It must be approached thoughtfully and systematically. Thus, NHF is recommending that a statewide master plan be developed. This plan must set out the processes, and those responsible for them, in order to: a) create a comprehensive course of study for assistors, b) develop a blueprint for an ideal support network, c) encourage and integrate several training modalities and d) determine how these processes would be funded. It is only with a clearly articulated master plan that future training, ongoing education and technical support can be provided to sustain the competency of assistors and ensure the quality of their outreach, enrollment and health coverage retention and utilization activities. Well-informed and skilled assistors will continue to play a key role in helping to reduce the number of uninsured children. California owes its children no less. ■







# Cover California's Kids

The California Endowment  
1000 North Alameda Street  
Los Angeles, CA 90012  
1.800.449.4149  
[www.calendow.org](http://www.calendow.org)

For more information about Cover California's Kids, please visit [www.covercaliforniakids.org](http://www.covercaliforniakids.org)