



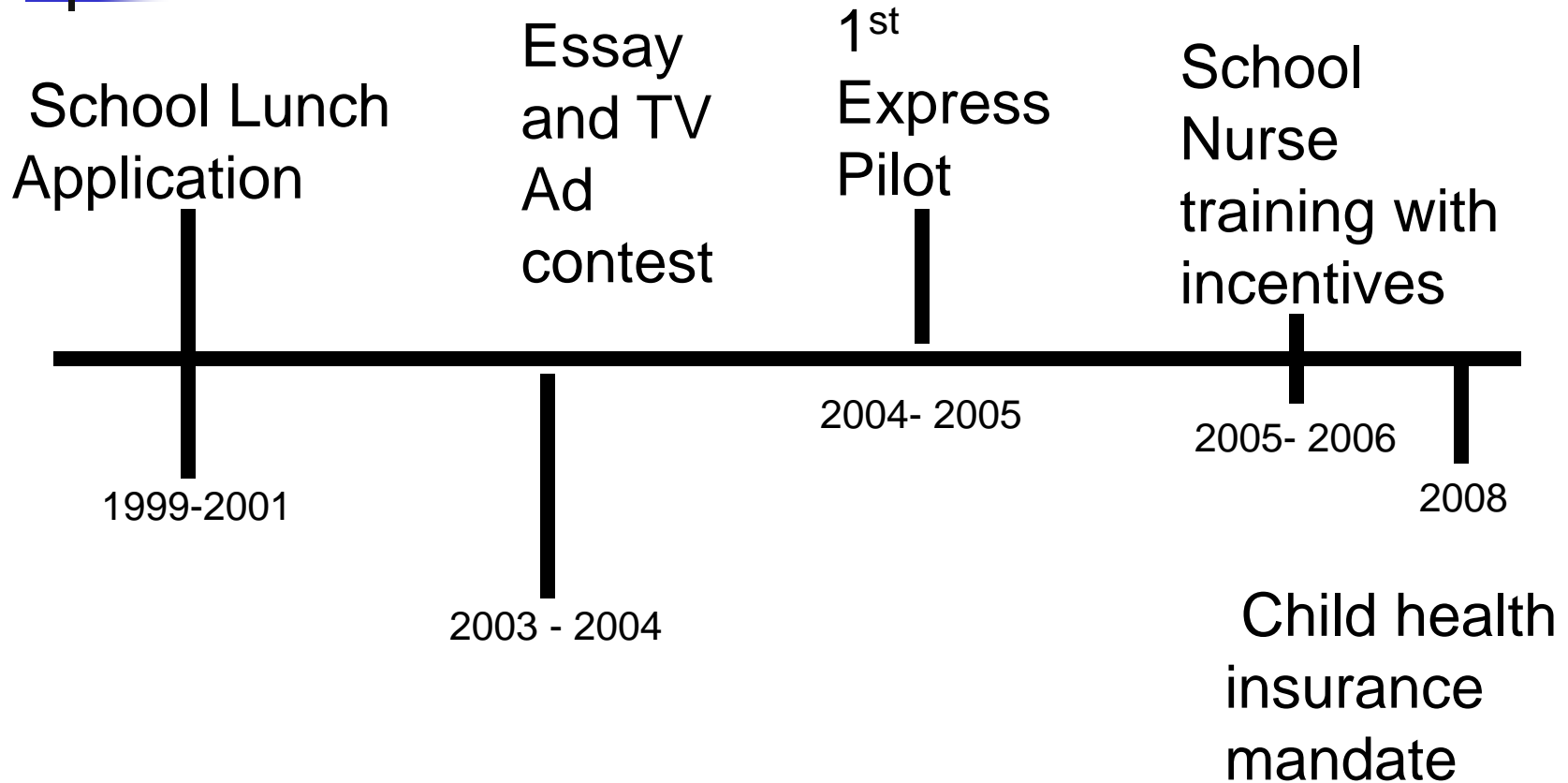
Overview of School Outreach



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School Outreach Timeline





2009-2011

100% Insured for Sure Grant!

Express Lane Free and Reduced Lunch Project

- 9 school districts (64,000 students).
Approximately 6,400 uninsured students identified. 25,000 with unknown status.
- 5,000 coded Application packets mailed.
Sandwiched between “Heads Up” and a
“Reminder” Post Card mailing

The NJ FamilyCare School Express Lane Application for children receiving Free or Reduced Price Lunch is a quick and easy way to enroll your child(ren) in the NJ FamilyCare program. If you wish to apply for benefits along with your child(ren), please use the regular NJ FamilyCare Application, which is available online at www.njfamilycare.org or by calling 1-800-701-0710 (TTY 1-800-701-0720 for hearing impaired individuals).

Income eligibility will be based on your child's(ren's) eligibility for Free or Reduced Price Lunch. If you have had a recent change of income you may want to apply using the regular NJ FamilyCare Application to be sure the correct income is used to determine your child's(ren's) eligibility.

In most cases, you will not need to submit any supporting documentation if the application is complete. You can expect to hear from us in 3-4 weeks.

PARENT(s)/GUARDIAN(s) NAME **Sex (M/F)** **Social Security Number (Not Required)**

ADDRESS

Home Address: Apt# /Floor: Home Phone:
City: Zip: Cell Phone:
Mailing Address (if different): County: Email Address:

List ALL Children UNDER THE AGE OF 21 Living in Your Household *Use paper to add additional children.*

Child Name	Do you want NJ FamilyCare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex M/F	Social Security Number (Required, if applying)	State/Country of Birth and Birthdate (DOB) MM/DD/YYYY	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Permanent Resident? If yes, write Date of Entry
				St/City: _____ DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Date of Entry / / <input type="checkbox"/> No
				St/City: _____ DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Date of Entry / / <input type="checkbox"/> No
				St/City: _____ DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Date of Entry / / <input type="checkbox"/> No

Is anyone listed above pregnant? Yes No If yes, check one: Parent CHHD (This information may be used to determine household size)
Does anyone have unpaid medical bills for the last 3 months? Yes No

Health Maintenance Organization (HMO) Information: You will have to pick an HMO from the choices below to be enrolled.

<input type="checkbox"/> AmeriChoice	<input type="checkbox"/> AMERIGROUP	<input type="checkbox"/> Healthfirst NJ	<input type="checkbox"/> Horizon NJ Health
Available in ALL counties	Available in ALL counties; except Salem County	Available in Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union counties ONLY	Available in ALL counties

Your child's Doctor's Name & Address:

Is anyone applying taking prescription medicines, using any special medical equipment or receiving any medical treatment? Yes No

If you need assistance selecting your HMO, contact a Health Benefits Coordinator at 1-866-472-5338.

Signature

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities", which I can also get at the NJ FamilyCare website at www.njfamilycare.org or by calling 1-800-701-0710, and that I will obey the law and regulations of the program. I understand that I am giving the NJ FamilyCare program permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMOs and its providers. I also authorize the NJ Division of Taxation to release my tax return information to NJ FamilyCare. In addition, I hereby authorize any educational institutions or school district to release my medical records or those of my child(ren) to the NJ FamilyCare program for the purpose of determining eligibility and billing the Program. I certify under penalty of law that everything I have stated in this application is true. I am aware that if any of the statements made by me in this application are willfully false, I am subject to punishment.

 **SIGN YOUR NAME HERE:** _____ **DATE:** _____

For Official Use Only
Enrollment Site # _____
SLP-Exp F

NJ-C-APP-SL-EXP-F-1010



2011 School District Responsibilities

1. Ask health insurance status of each student. Maintain electronic student database with the School Lunch participation indicated.
2. Provide an accurate mail/outreach file of uninsured students with a Free or Reduced lunch indicator whose parents authorize information sharing. And, unknown insurance status by October 30th each year.
3. Allow families the opportunity of opting out of having their School Lunch program participation shared.



Lessons Learned

- Program awareness vs Program enrollment
- Need a SPA to do Express Lane Eligibility. Screen and Enroll.
- Need an MOA - Education and Agriculture
 - Requirement of parental authorization to share child's health insurance status. (HIPAA).
 - Parents must be given the opportunity of opting out of having their SLP info shared.
 - Need comprehensive electronic student mail file which contains the health insurance status and lunch indicator.
- Ask the right question.
- Alleviate fears of undocumented families.
- “Hand hold” the process.



Lessons Learned con't

- Unknown health insurance status- data match. Parents fail to return emergency cards
- Incomplete emergency cards.
- Lack of interoperability of student enrollment and
- Free and Reduced Price Lunch information. Actual Income?
- School Lunch Database capture: Income? FPL? Categorically eligible? category
- CBO can not have access to list of uninsured school students (FERPA)



Thank You!

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NJ FAMILY CARE

Affordable health coverage. Quality care.