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## CONNECTING KIDS TO COVERAGE: *Ten Things Schools Can Do*

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*Millions of children in the United States are uninsured, yet nearly two-thirds of them are eligible for health coverage under Medicaid or the Children's Health Insurance Program (CHIP). To close this coverage gap, outreach and enrollment efforts are needed.*

*From the youngest children in preschool and Head Start, to teens in high school, America's students are better equipped to excel when they are getting the health care services they need. Families trust information from their child's school, so schools are natural partners for finding and enrolling eligible children. Outreach groups eager to work with schools should always start by reaching out to the superintendent or principal or other decision maker.*

### **Schools may want to consider the following activities:**

- 1. Engage all members of the school community.** In addition to teachers, counselors, and school nurses, don't forget secretaries, cafeteria workers, coaches, bus drivers, janitors and PTA members. They often know students who may be missing out on health care and can link them to coverage.
- 2. Train school staff to provide application and renewal help.** School staff can help families complete application forms, troubleshoot problems and remind parents that it's time to renew coverage. In states that have adopted the Presumptive Eligibility option (see Policy Tools, below), school staff may be able to enroll eligible children temporarily, giving families time to complete the enrollment process.
- 3. Team up with experienced partners.** Community groups with trained staff know how to help families enroll and renew coverage. When a school partners with a health care provider, families may also get a reliable source of care for their children. This brief [video](#) shows a vibrant school-health center partnership in Rhode Island.
- 4. Make outreach part of the school's routine.** Add insurance status questions to school registration or emergency contact forms and provide help to families with uninsured children. Some schools have used these forms to track progress year to year with the goal of achieving 100% coverage. Schools can add a check-box to the School Lunch application so parents can authorize information to be shared to help enroll the child in health coverage.
- 5. Incorporate outreach at special events.** School health fairs, clinics for school physicals and PTA meetings present a perfect time to provide application help. Back-to-School Night, fund-raisers or school performances might be a good time to share information. Direct families to a convenient place to get application help later on.
- 6. Target schools in which children are likely to qualify for Medicaid or CHIP.** Schools with large proportions of children eligible for free or reduced-price school meals and students in Title I schools are likely to be eligible. Provide application help for these families.
- 7. Enlist high school athletic coaches.** Without insurance it may be hard to get the physical exam many school districts require in order to play. Often families with uninsured children are reluctant to let them participate for fear they might get hurt on the field. See the [Get Covered, Get in the Game. campaign outreach materials](#) for coaches and others.



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8. **Sign up students when they register for Driver Education.** This is another time when families may be concerned about health coverage for their teens.
9. **Identify schools with large numbers of limited English proficient (LEP) students.** Provide bilingual information and application assistance. Some schools conduct English as a Second Language (ESL) classes for adults, which offers a direct link to parents.
10. **Take advantage of school resources, such as computer labs, when appropriate.** One Florida school district established a “Family Connection Corner” with free Internet access in half of its schools. Families can apply online with school staff on hand to help.

### **Durango Student is Off and Running with Health Coverage**

Whenever a family is concerned about how to pay for a child’s health care, finding out if Medicaid or CHIP can help is a key first step. And thanks to a CHIPRA outreach grant awarded to the Colorado Association for School-Based Health Care (CASBHC), a Durango child got coverage and care right away.

One afternoon, 13-year-old Jackie (not her real name) showed up at her school’s health center, eager to get the required sports physical so she could run track. As the nurse was going through Jackie’s medical history, the first red flag went up. Jackie could not be cleared to play without further evaluation because her mother’s heart problems put her at risk. The second red flag was raised when Jackie’s Mom said she was uninsured. How would she get the tests, let alone specialty care if she needed it? Because Colorado has a presumptive eligibility process, the school’s outreach worker was able to enroll Jackie in coverage on the spot. Just two days later, Jackie had been to a cardiologist who, after further exams, gave Jackie the green light for track. Now Jackie’s off and running – with track meets ahead of her and the protection of health insurance behind her!

Jackie is just one of more than 1,000 children who were enrolled in Medicaid or CHIP, or were able to renew their coverage, in the first year of the CASBHC program. School clinics in five pilot sites participate, using data from the National School Lunch Program and school-level data on insurance status to identify children who might qualify for coverage.

### **Policy Tools**

- **Presumptive Eligibility (PE).** Under the PE option, states can authorize “qualified entities,” including schools, to enroll children temporarily in Medicaid and CHIP if they appear to qualify. Families get time to complete the full application process, but meanwhile children can get needed health care, including prescription medicine. To learn more and to find out if your state has adopted the [PE option](#).
- **Express Lane Eligibility (ELE).** The ELE option in CHIPRA allows states to use findings from other public benefit programs to facilitate enrollment in Medicaid and CHIP. The health coverage program can rely on the family’s income information from the School Lunch Program, for example, and does not have to ask the family to provide that information a second time. To learn more and to find out if your state has adopted the [ELE option](#).

For more on how schools can Connect Kids to Coverage, view our [School-Based Strategies that Make the Grade](#) webinar.