

Linking Kids to Health Coverage and Health Care



**A Toolkit for School-Based Health Center
Outreach and Enrollment in Medicaid and
the Children's Health Insurance Program**

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I. Preface

Across the United States, school-based health centers (SBHCs) play an important role in keeping kids healthy so they are ready to learn in school. Numerous studies have demonstrated the connection between good health, school-based health center use, and positive school outcomes.^{i,ii} While SBHCs provide a health care safety-net to thousands of uninsured students, health insurance is critical to ensuring children can access a variety of services, including specialty care, beyond the SBHC doors. Having health insurance is an imperative factor in ensuring children have access to quality, affordable, and comprehensive health care. Uninsured children are less likely to have a regular source of health care and less likely to seek preventative care. According to a nationwide survey of low-income parents, the parents of uninsured children worry their child will not get the health care they need and state that affordability is the reason their child is uninsured.ⁱⁱ Ensuring that more children have health coverage not only provides peace of mind for parents but helps children access a range of health care services when they need them.

Medicaid and the Children's Health Insurance Program (CHIP) are important sources of coverage for millions of children. Recently, significant gains have been made in increasing the number of children covered through the programs. In 2011, more than 43.5 million children across the U.S. had coverage through Medicaid and CHIP. More than 1.5 million of these children were added to Medicaid and CHIP in that year alone.

ⁱⁱⁱ Yet, thousands of children who are likely eligible remain unenrolled. An estimated two-thirds of the 6.6 million uninsured children in our nation were eligible for Medicaid/CHIP in 2009.^{iv} Even enrolled children may experience movement on

and off the programs, a phenomenon known as "churn." Churn also impacts health coverage and access to care.

For more than a decade there has been an ongoing effort to help increase the number of insured children. Much of this effort has focused on children who are eligible for but not enrolled (EBNE) in the public health coverage programs, Medicaid and CHIP. (See Box 1 for more information on Medicaid and CHIP.) A marked increase in these efforts was realized with the passage of the Children's Health Insurance Plan Reauthorization Act (CHIPRA) in 2009. CHIPRA reauthorized the CHIP program and included additional policies and funds to enroll more EBNE children across the nation. A large federal outreach campaign includes Secretary of Health and Human Services Kathleen Sebelius' challenge for local governments and organizations to connect kids to coverage, outreach to school athletic directors and coaches, two cycles (to date) of outreach and enrollment grants, and a comprehensive list of outreach resources. Additionally, CHIPRA allows states more flexibility and incentives to streamline and simplify eligibility and enrollment policies. Through CHIPRA performance bonuses, states receive a financial incentive to simplify policies and increase coverage of children. Support for specific policies, such as express lane eligibility, continuous eligibility, and presumptive eligibility, further promotes increased enrollment into the programs. (See Box 2 for definitions of these policies. For more information and additional resources on the federal effort to enroll more eligible children, go to <http://insurekidsnow.gov>.)

Box 1. Public Health Insurance Programs: Medicaid and CHIP

Medicaid

Medicaid is a federal program available in every state. Medicaid provides health coverage to more than 50 million children, families, pregnant women, the elderly, and people with disabilities.

All states provide Medicaid to children under age 6 with family incomes up to 133% of the federal poverty level, or FPL. Medicaid is available for children under age 19 with family incomes up to 100% FPL. In 2012, 100% FPL for a family of four is \$23,050/year. Medicaid covers U.S. citizens and eligible immigrants. Some states have expanded Medicaid eligibility thresholds. For more specific information on each state's Medicaid program, go to <http://insurekidsnow.gov/state/index.html>

Medicaid covers a range of services for children, including preventive care, immunizations, screening and treatment of health conditions, doctor and hospital visits, and vision and dental care. In most cases, these services are provided at no cost to families.

Information provided by the Centers for Medicare and Medicaid Services and found at <http://insurekidsnow.gov/medicaid/index.html>.

CHIP

The Children's Health Insurance Program (CHIP) is available in every state and provides free or low-cost health coverage for more than 7 million children up to age 19. CHIP covers U.S. citizens and eligible immigrants.

Children in families with incomes up to 200% FPL or \$46,100/year for a family of four are likely to be eligible for coverage. In many states, children in families with higher incomes can still qualify.

Each state's CHIP program differs in various ways, including eligibility, benefits, premiums and cost-sharing, and application and renewal procedures. At a minimum, all states cover routine check-ups, immunizations, hospital care, dental care, and lab and x-ray services. Children get free preventive care, but low premiums and other cost-sharing may be required for other services.

For more specific information on each state's CHIP program, go to <http://insurekidsnow.gov/state/index.html>

Information provided by the Centers for Medicare and Medicaid Services and found at <http://insurekidsnow.gov/medicaid/index.html>.

Box 2. Eligibility and Enrollment Definitions^v

Express Lane Eligibility - allows states to use data from other programs and databases to determine children's enrollment in Medicaid and CHIP

Continuous Eligibility - enables states to enroll children in Medicaid and CHIP coverage for 12 months and keep them enrolled for that period regardless of a change in circumstances

Presumptive Eligibility - allows states to authorize entities, such as health care providers, community-based groups, and schools, to screen for Medicaid and CHIP eligibility and to "presumptively" enroll children who appear to be eligible

With the availability of free or low-cost health insurance for thousands of eligible uninsured children, many have wondered why so many children remain unenrolled. Research has demonstrated that families face many barriers that impede the enrollment of eligible children into the programs. According to a survey of low-income parents, some of the top barriers to enrollment include:

- Belief that the enrollment process is difficult
- Perception that family income is over the eligibility limit
- Lack of information about where to apply or get information on the programsⁱ

SBHCs can play a significant role in enrolling eligible children in Medicaid and CHIP. According to the National Assembly on School-Based Health Care (NASBHC), 85 percent of SBHCs across the nation help families with enrollment in Medicaid and CHIP.^{vi} Schools are often cited as an essential location for outreach activities. Schools are where children spend seven hours a day, five days a week, nine months of the year. Parents are familiar with their child's school location and are welcomed and feel safe there. SBHCs are a trusted source of health care and are a natural source of information on Medicaid and CHIP and the importance of health coverage.

SBHCs also have a vested interest in enrolling more patients in Medicaid and CHIP. Most SBHCs bill Medicaid and CHIP for patient visits.^{vi} Providing enrollment and renewal assistance supports SBHC revenue by allowing more SBHC visits to be billed to Medicaid and CHIP.

This toolkit is designed to support SBHCs in the development of outreach and enrollment activities that help enroll children in Medicaid and CHIP. The toolkit's guidance is based upon the re-

sources, activities and experiences of CASBHC's partners in the CHIPRA Outreach and Enrollment grants, including the SBHCs and Pueblo StepUp, as well as school-based/SBHC outreach efforts in Oregon and Cincinnati, Ohio. Each SBHC operates in a unique environment, and no single approach to outreach and enrollment will be appropriate for all SBHCs. This toolkit is designed to provide guidance, ideas, and tools that SBHCs can access when designing an outreach and enrollment strategy that meets the needs of the students, school and community it serves.

The beginning of the toolkit provides a list of essential components to help build a solid foundation for outreach and enrollment efforts. The next section of the toolkit details three outreach and enrollment models that have demonstrated promising enrollment outcomes. Each model is described, including a list of key steps for implementation. The following section describes marketing efforts to support SBHC outreach efforts. Finally, the toolkit explains various revenue sources that may support SBHC outreach efforts.

II. Essential Components of Successful Outreach and Enrollment Efforts

Building a strong foundation to support SBHC outreach and enrollment activities helps ensure more effective efforts. No matter which outreach strategy a SBHC implements, the following steps help strengthen outreach efforts.

State and local system assessment - Each state has a different system by which it finds, assists, and enrolls eligible children. Before embarking on an outreach project, SBHCs should understand the state and local system for outreach and enrollment. Important facets include:

- Which state agency(ies) oversees these activities?
- Does the state support community-based outreach efforts (training, funding)?
- Do community-based outreach sites/staff need to be certified by the state?
- Who is authorized to determine eligibility, and what is the process (county-based, statewide vendor)?
- What activities can a SBHC perform (outreach, application assistance, presumptive eligibility, eligibility determinations)?
- How can families apply (paper, online)?

Understanding the mechanics of the state's outreach and enrollment system will help SBHCs identify the most appropriate activities for its outreach and enrollment efforts. Additionally, SBHCs should maintain contact with the state agency to promote collaboration and coordination of outreach messages and events.

For more information on state Medicaid and CHIP programs, go to <http://insurekidsnow.gov/state/index.html>.

Community outreach scan - Across the country, the number of community partners performing Medicaid and CHIP outreach is growing due to support from foundations and local, state, and federal government resources. Prior to developing a SBHC outreach initiative, it is important to understand who in the community is already involved in outreach. The state agency may be able to help identify local outreach sites. Important information to determine includes:

- Who is performing Medicaid and CHIP outreach in the community served by the SBHC?
- What activities are they performing (outreach, application assistance, eligibility determinations)?
- What is their proximity to the SBHC?
- Are they working with a certain population?
- What is their current capacity?
- Do they provide assistance for other social service programs that support overall family well-being that the SBHC cannot provide, e.g., job training, mortgage relief, application assistance for adult health coverage?

Based on the answers to the above, the SBHC can determine the most appropriate role: the scale of its outreach efforts, gaps to fill, potential for duplication, and partnerships to create.

Partnership with schools - SBHCs are built upon a partnership with schools. Extending this partnership to Medicaid and CHIP outreach activities is

important. Schools and school staff can be active partners in supporting SBHC outreach. Whether the school is sharing data to help target outreach to certain children, marketing SBHC outreach to parents, or encouraging school staff to refer eligible children to the SBHC for application assistance, it is up to the SBHC to work with the school to identify its role and develop a plan to support SBHC outreach. Fortunately, schools with SBHCs are already invested in the health care of students by supporting SBHC activities. SBHCs can stress the importance of health coverage in strengthening services to children. Additionally, SBHCs can encourage outreach partnerships with the school by identifying other benefits for the school and students. These may include:

- Support for the Medicaid School Health Services Program: This federal program allows school districts to receive federal reimbursement for health services provided at public schools to certain students on Medicaid. (For more information see section VI, Sustaining SBHC Outreach and Enrollment Efforts.)
- Support for Medicaid Administrative Claiming (MAC): Through the School Medicaid Program, schools can be reimbursed for the cost of administrative and outreach activities that support the Medicaid program, including outreach and application assistance. (For more information see section VI, Sustaining SBHC Outreach and Enrollment Efforts.)
- Connecting student athletes to health care coverage: SBHCs and schools can work in partnership to ensure that student athletes have comprehensive health coverage that covers sports-related injuries and health care needs outside of school.

- Promoting public health programs to school employees: Children of school staff may be eligible for programs. Outreach might include activities such as adding brochures to employee paycheck envelopes or providing information to laid-off staff.

On-site application assistance - Creating the capacity to provide on-site application assistance at the SBHC ensures that more parents of likely eligible students apply for the program. SBHC outreach staff finds that allowing families to apply at the SBHC and limiting additional steps, such as submitting applications at another site, has increased the number of parents who actually apply. Additionally, on-site application assistance creates an automatic link between health coverage and care at the SBHC. Of course, providing on-site application assistance means investing in staff and space to provide this service. If a full-time outreach worker cannot be supported, providing part-time on-site assistance can be successful when families are told when the outreach worker will be on-site or when another SBHC staff person (front desk, medical assistant) is allowed to start the application process with the family. Another option is to locate an outreach and/or eligibility worker from another community organization at the SBHC, a practice called “outstationing”. Often, community groups are eager to provide outreach at schools, which presents a valuable opportunity for SBHCs unable to support their own SBHC outreach worker.

Training - Medicaid and CHIP rules and processes can be complicated and confusing. It is important that outreach staff is properly trained on program rules and application and enrollment processes to ensure that families are not misinformed. Some states provide training for community-based outreach workers and may require certification. Check with your state agency for training events

and requirements. SBHC outreach staff should maintain a relationship with the state agency in order to stay updated on program rules/process and to communicate barriers to enrollment. Additional resources may include local Covering Kids and Families coalitions that support the enrollment of eligible children in Medicaid and CHIP. To find out if your state and/or community has a Covering Kids and Families coalition and/or a National Covering Kids and Families Network member, go to <http://ccf.georgetown.edu/index/nckfn>.

Navigation/Case management - Outreach and enrollment often extend beyond one-time application assistance. Due to complex application processes and eligibility rules, many families need help navigating the system beyond the initial application. SBHC outreach activities can embrace this additional assistance, which may include follow-up with state eligibility workers to resolve application problems.

Implementation team - Convening a team comprised of all essential staff involved in outreach helps develop a solid foundation and open communication about the outreach efforts. Implementation team membership is determined by identifying staff and/or supervisors who have any part in the outreach process. Team members may include the SBHC administrator, affected principal(s), director of nutrition services department or other person who processes the free and reduced-price meals applications, school staff who bills for Medicaid services, school nurse, front office staff, information technology (IT) staff, school-based providers, and one or more community liaisons with ties to the populations that have high rates of eligible but unenrolled children. The role of the implementation team is to develop, implement and assess the outreach strategy(ies) employed by the SBHC. Development of an implementation team at the beginning of an outreach

initiative helps increase communication, collaboration, and outreach effectiveness.

School year timing - Consider the school year calendar when designing an outreach strategy. Tie outreach activities to key school year events, such as back to school activities, student athlete physicals, parent-teacher conferences, and immunization deadlines. Additionally, consider the school year when developing the timeframe for outreach implementation. For example, if forms, such as the school health form or free and reduced-price meal application, need to be modified, consider that most schools modify forms for the upcoming school year in the spring of the previous school year. Likewise, flyers about the coverage program must usually be submitted to the school district or principals early in August for preparation of school registration packets.

Outreach and enrollment goals - SBHCs should establish goals to determine the effectiveness of specific outreach strategies. Since the desired outcome of any outreach effort is an increase in children enrolled in Medicaid and CHIP, the most apparent goal is the number of children enrolled or renewed in the programs. The enrollment goal can be based on past efforts of the SBHC or a partner, an analysis of the number of children enrolled in the free and reduced-price meal program in the school district, and/or the number of EBNE children in the community (dependent on available data). For example, based on data provided by the Colorado Health Institute (CHI) and by the Colorado Department of Education (CDE), the Colorado Association for School-Based Health Care (CASBHC) determined enrollment goals for SBHC outreach sites by multiplying the number of children on free and reduced-price meals in the school district (CDE data) by the percent of children likely eligible but not enrolled in Medicaid and CHIP in that county (CHI data).

Tracking outcomes - Understanding the outcome of your enrollment efforts informs the evaluation of strategies. Depending on the state's system and process, determining whether a child assisted at a SBHC actually becomes enrolled or renewed can be challenging. If the SBHC has access to the eligibility system or even a provider portal to verify eligibility, these sources can be used to follow-up on enrollment outcomes. Another, more time-consuming, practice is to follow-up with the family directly about the enrollment outcome. Tracking outcomes is imperative to understanding which strategies work in enrolling children and which are ineffective.

Refining strategies - Based on enrollment outcomes and goals, outreach strategies should be refined to ensure the most effective use of SBHC outreach resources. For example, if SBHC outreach staff attended all school district back-to-school registration events and only tracked one child enrolled as a result, SBHC staff should consider revising the outreach strategy. Each SBHC will have to decide how it will determine whether a specific strategy is effective.

Incorporate renewal assistance - Ensuring that eligible children remain enrolled in Medicaid and CHIP should be emphasized as much as enrolling children for the first time. Resources invested in enrolling children should not be lost by having children lose coverage because they did not renew. Tracking enrollment periods of children assisted through the SBHC allows the creation of a renewal outreach target list to be used when it is time to renew. The SBHC can flag cases to identify when the family should be contacted about renewal assistance. Many SBHCs contact families via a postcard or phone call about 6-8 weeks before the enrollment span ends. SBHCs can also help families complete the renewal process at the SBHC.

III. Outreach and Enrollment Models

There is a wide variety of strategies used to reach potentially eligible children. Outreach activities range from health fairs and billboards to communication targeted to lists of likely eligible children. Whichever strategy is used, it is imperative that the activities be specific to the community being served. For the purposes of SBHC outreach, three strategies have shown promising enrollment outcomes.

Model 1: Teachable Moments

Each year, thousands of children receive health care services in SBHCs across the U.S. Whether a well-check up, a mental health session, or SBHC registration, each encounter at a SBHC provides a prime opportunity to connect children to health care coverage—“teachable moment.”

Outreach to New Enrollees - Many of the uninsured children seen at SBHCs may be eligible for public health coverage but not enrolled. Each visit with an uninsured child and their family offers an opportunity to educate about the importance of health coverage and the availability of coverage through Medicaid and CHIP. Further, these teachable moments are an opportune time to offer application assistance on-site. Many SBHCs have noted that providing outreach and application assistance when children are in need of specialty care is highly successful. Due to the barriers in accessing specialty care for uninsured patients, parents are often more willing to complete the application process when the child is referred beyond the SBHC for care.

Outreach for Renewal Coverage - Teachable moments are not limited to uninsured children who may be eligible for coverage. SBHC visits are also an favorable time for renewal outreach. Depending on the state’s Medicaid/CHIP eligibility verifica-

tion system, SBHCs may be able to determine the renewal date of SBHC patients. Whether renewal dates are written on the child’s insurance card or are accessible via a provider eligibility portal, SBHC outreach staff can use renewal date information to identify, target, and assist children and families to ensure that coverage is renewed.

Health Coverage Curriculum: A Lesson Plan for Youth

Teachable moments can extend beyond health care providers. In Oregon, state outreach workers and community partners provided teachers and athletic coaches with a curriculum about health coverage and youth health. Teachers reported that students used this information to educate their parents on the importance of coverage, and parents responded by enrolling. *Tool 1: Oregon Teacher’s Guide in English and Spanish (pages 25-26)*

Key Steps to Implementing Outreach through Teachable Moments

- Develop a clear process for identifying, targeting, and assisting patients
 - How will children be identified? (SBHC enrollment form, patient file)
 - Who will identify children? (front desk staff, medical assistant, outreach staff)
 - Once identified, who communicates with the family regarding the importance of health coverage and Medicaid and CHIP?
 - What message(s) are relayed to the family when targeted? Can these messages be reinforced by SBHC providers during appointments?
 - How is the family connected with appli-

cation/renewal assistance?

- How is the family tracked to ensure successful enrollment, including renewal information for future outreach?
- Adolescents can be messengers too. When direct contact with parents is not possible, communicate messages about the importance of health coverage for older students to relay to their parents.
- Teachable moments can extend beyond the SBHC doors. Identify opportunities to discuss health coverage in the course of other clinical services provided by the SBHC staff or school nurses in the schools, such as dental screenings, health education outreach programs, and school immunization letters.
- Encourage all school and SBHC staff to reinforce teachable moments by preparing appropriate staff (e.g., school nurses and health aides) with the same messages.

An uninsured child was identified as needing restorative dental care during a school-based dental screening. Quickly, the SBHC's on-site Medicaid/CHIP outreach staff worked with the family and enrolled the child into Medicaid. The child returned to the SBHC for the pre-operative physical before undergoing the restorative work, which required surgery in a hospital. During the visit, the SBHC provider heard a suspicious heart murmur. Immediately the physician consultant to the SBHC came to evaluate the child with the SBHC provider. After confirming the murmur, the physician referred the child to a pediatric cardiologist who found a heart defect that required surgery. Due to her recent Medicaid coverage, the child was able to see these additional specialists who determined the diagnosis. Without this coverage, the family would not have been able to afford the specialty care and surgery for an uninsured child.

Model 2: Referral to the SBHC for Application Assistance

Each SBHC has a network of partners and stakeholders in the community it serves that can serve as sources of referrals to the SBHC. Some of these partners are “internal” to the SBHC and school, such as school staff and SBHC providers, including the medical sponsor and behavioral health provider. School nurses and secretaries are two of the best referral sources for SBHC outreach efforts. Other partners are “external,” such as community-based organizations (CBOs) that serve the same population served by the SBHC, including after-school programs, child care programs, and local providers.

SBHCs can establish a system by which internal and external partners refer uninsured children to the SBHC for application assistance. Through these efforts, SBHCs become a known source for application assistance in the community.

Key Steps to Implementing Referrals to the SBHC for Application Assistance

- ☐ Establish a clear, detailed process (appointments, drop-in assistance, etc.).
- ☐ Develop marketing material/messages to inform partners, bi-lingual, if appropriate.
- ☐ Reach out to partners to build relationships and encourage referrals. *Tool 2: Legal Aid Society of Cincinnati Referral Form (page 27)*
- ☐ Maintain communication with partners to keep them aware of program and/or staffing changes, to provide new flyers, etc.

Even if external partners provide application assistance, the SBHC can reinforce the health coverage message by inviting those partners to link their outreach with referrals to accessible, child-centered care at the SBHC.

Box 3. Effective Messages to Reach Parents

- Enrolling in Medicaid or CHIP will give parents peace of mind.
- Through Medicaid and CHIP, children have a regular doctor, access to prescriptions, and dental and vision care.
- Medicaid and CHIP are affordable.ⁱⁱ

Model 3: Using Data to Target Outreach

A more selective approach to outreach allows SBHCs to find children who are likely eligible and target outreach and application assistance directly to these families. Using data that schools and/or SBHCs already collect, SBHCs can develop a list of children who may be eligible for coverage through Medicaid and CHIP. Two data sets help determine whether a child may meet certain eligibility criteria for the programs:

- Insurance status (uninsured, private insurance, Medicaid/CHIP)

Insurance status information provided by the parents/guardians at school registration is an indicator of whether a child is uninsured and potentially eligible for coverage through Medicaid and CHIP. Additionally, insurance status identifies children already on Medicaid and CHIP who may soon be due for renewal of coverage. Insurance status data can be obtained through school forms such as registration and health forms and can be collected by SBHCs during SBHC enrollment or patient visits.

- Free and reduced-price meal eligibility status

Free and reduced-price meal eligibility is an indicator of whether a child may be financially eligible for coverage through Medicaid or CHIP. The National School Lunch Program provides free or reduced-price meals to students with a family income at a prescribed percentage of the Federal Poverty Level (FPL). Students are eligible for free meals at or below 130 percent of the FPL and for reduced-price meals at between 130 and 185 percent of FPL.

Each of the above data sets, insurance status and free and reduced-price lunch status, can be used independently to create a list of students to target for outreach. Additionally, the two sets of data can be cross-referenced to create a more targeted list of students.

To most effectively use data for targeted outreach, numerous steps and processes must be completed. This model requires significant “up front” planning compared to other outreach models. Although the planning can be time-consuming, when all the steps are taken to ensure access to relevant, timely and accurate data, this outreach model can be effective at selectively reaching potentially eligible families. When steps are incomplete, this model can be time-consuming and less effective. Additionally, it is not appropriate in all circumstances and may not be beneficial in some school districts. Below is an explanation of various steps and considerations when implementing this model.

Key Considerations to Implementing Use of Data for Targeted Outreach

Determining Usefulness of Free and Reduced Price-Meal Data - To be a useful data source, the free and reduced-price meal eligibility list should produce a list of students to target outreach efforts towards that is *narrower* than the entire student body. If the percentage of students eligible for free and reduced-price meals is high enough that a list of eligible students will not narrow down your target list, this data set may not be a helpful resource. Additionally, discuss the free and reduced-price meal eligibility determination process with school nutrition services staff. Some Title I school districts/schools (schools with a high number of low-income students) choose not to require students to apply for the free and reduced price meal program each year due to the high rate of eligibil-

ity. In these cases, an eligibility list may not benefit targeted outreach efforts.

Data Collection - The usefulness of the school data is also dependent on an effective data collection process.

Modifying forms: School forms, such as health and registration forms and/or the free and reduced-price meal application, may need to be modified to capture helpful data and the appropriate parental consent. For example, the school health or registration form may be revised to add a question about students’ insurance status and parental consent to share student information. The free and reduced-price meal application may be revised to include information on those with whom information will be shared and an opportunity for parents to opt-out of information disclosure. SBHCs need to work with school district personnel to ensure state and federal privacy/disclosure laws and regulations are followed when sharing information from a student’s educational record, including school health and registration forms and free and reduced-price meal eligibility forms. (See information on Data Sharing Regulations below.) Consider the time it will take to modify forms. Many schools modify forms in the early spring prior to the school year in which the forms will be used.

The following Tools (located in the Tools Section) provide examples of how to include health insurance information on SBHC and/or school district forms.

Tool 3: Community Health Services, Inc. SBHC Enrollment Form (English/Spanish) – Health Insurance Information (pages 28-29)

Tool 4: Wisconsin Covering Kids and Families School District Student Health Insurance Form (English/Spanish) (pages 30-31)

Tool 5: Wisconsin Covering Kids and Families Health Insurance Status Examples - to add to existing school form (page 32)

Data Entry: Develop a system to ensure data is shared in a timely and streamlined manner. The school district's Student Information System (SIS) is a helpful tool in this process. Student information, such as insurance status and consent to contact, can be entered in the SIS to help create reports for targeted outreach. Without the use of the SIS to create a targeted list of students, SBHC outreach staff can use the paper forms to manually create targeted outreach lists. Using the paper forms for outreach can be very time consuming, depending on the number of forms and the matching process. In order for the school district to share any student information, including information from the SIS, appropriate steps must be taken to ensure all federal, state, and local privacy regulations are followed. (See section below on Data Sharing Regulations.)

Outreach Calls - Outreach to targeted families can be performed using the list(s) created by the above processes. Many sites first contact the family via telephone and introduce themselves as part of the child's school district. Discuss the appropriate language with your school district, for example, "I am calling on behalf of the XYZ school" or "I work for XYZ school." Offering the opportunity to apply at the SBHC or local school provides a more familiar and convenient environment for the family.

Application Appointments at Schools

One SBHC outreach site filters the uninsured student list by school. The SBHC outreach worker targets each school for a two-week period. With permission from the principal, the outreach worker is stationed at the targeted school for two weeks to offer on-site application assistance. Providing assistance at the child's school provides a comfortable and convenient location for families.

Data Sharing Regulations - Ensuring the confidentiality of student and patient information is always a top consideration when designing an outreach project. Disclosing student and/or patient information in order to obtain the above sets of data is allowed under certain circumstances, but it is essential that federal, state, and local regulations designed to protect educational, health, and school lunch information are followed. When developing policies, forms, or procedures for disclosure of students' health, educational, or school lunch information, consultation with legal counsel is recommended.

Three regulations impact data-sharing for Medicaid and CHIP outreach and enrollment purposes:

- The Family Educational Rights and Privacy Act (FERPA), enacted by Congress in 1974, is intended to protect the privacy of parents and students by controlling access to, and release of, information contained in students' "educational records." Educational records include student health records required for enrollment and registration. While there are multiple provisions in FERPA, the provisions regarding release of information relate to

data-sharing for Medicaid/CHIP outreach and enrollment purposes. Specifically, a student's educational record cannot be released to any party without a parent's, legal guardian's or eligible student's signed and dated written consent. The consent must 1) specify what record may be disclosed, 2) the purpose for the disclosure and 3) identify to whom the disclosure may be made.^{viii}

(See Tool 6: Sample Consent to Release Education Records, page 33.)

- The Health Insurance Portability and Accountability Act (HIPAA) is a multi-faceted policy enacted by Congress in 1996. It includes privacy regulations intended to ensure patient privacy when health information is exchanged. The HIPAA Privacy Rule protects all "individually identifiable health information," known as "personal health information or PHI," held or shared by a "covered entity" or its "business associate" via electronic, paper, or oral communication.

In most cases, the patient or the patient's personal representative (e.g., parent) must authorize for PHI to be disclosed to a third party. PHI can be disclosed without authorization for the purpose of treatment, payment, or health care operations, reports of injury or child abuse, and more. If the data is shared with a third party, a business agreement must be in place between the covered entity and the business associate to demonstrate how they will abide by HIPAA's Privacy Rule.

In order to use school or SBHC data to target outreach to specific families, the school and SBHC must assess who "owns" the records that contain the data being used. For

example, if the information from the school's health form is used to create a list of uninsured children, this information is part of the educational record and FERPA's disclosure rules apply.

For additional information on HIPAA, FERPA and the impact of these laws on SBHCs, please see CASBHC's brief entitled, "The Impact of Federal Privacy Laws on the School-Based Health Center."

Additional state laws and/or SBHC policies regarding confidentiality, including policies of the SBHC medical sponsor or host school district, may be in place and must be complied with.

- Free and Reduced-Price Meal Eligibility Disclosures - The Richard B. Russell National School Lunch Act established limits on the free and reduced-price meal eligibility information that can be disclosed. The statute states that eligibility information can be shared with a person directly connected with the state or local administration of Medicaid or CHIP to identify and enroll eligible children. In order to share free and reduced-price meal eligibility information for this purpose, the school district **must**:
 1. execute a written agreement with the organization being given the information. The agreement should state that the information will only be used to identify and enroll eligible children into Medicaid or CHIP. Additionally, the agreement should detail the procedures for data sharing and list persons who will have access to the information. Box 4. lists the required components of data-sharing/disclosure agree-

ment—Memorandum of Understanding;
and

2. notify the parent/guardian of the information that will be disclosed, and why, and provide an opportunity to elect not to have the information disclosed (opt-out). Box 5. lists the required components of the notification.

The following tools provide sample documents concerning data-sharing.

Tool 7: Prototype Disclosure of Free and Reduced Price Information Agreement (pages 34-37)

Tool 8: Sample Free and Reduced Price Meals: Information Sharing Wisconsin Covering Kids and Families (page 38)

Tool 9: USDA Memorandum Re: Disclosure Requirements for the Child Nutrition Programs (August 2010) (pages 39-44)

It is important to note that disclosure of free-and-reduced-price meal information is an option, not a requirement, for the school district.^{ix}

The United States Department of Agriculture (USDA) regulates the National School Lunch Program, including how student's eligibility data can be disclosed.

It is recommended that SBHCs work with the school district and additional resources, including state agencies and legal counsel, to ensure that all confidentiality laws are followed.

Box 4. Required Components of Data-Sharing/Disclosure Agreement–Memorandum of Understanding – Free and Reduced-Price Meal Program

The following excerpt from the USDA's Eligibility Manual for School Meals provides guidance on the required components of a data-sharing/disclosure agreement between the school district and certain third parties (e.g., SBHC).

NON-MEDICAID/SCHIP AGENCIES

The LEA [school district] should enter into a written agreement with other entities requesting the information prior to disclosing children's eligibility information. The agreement should:

- Be signed by both the LEA and receiving entity;
- Identify the entity receiving the information;
- Describe the information to be disclosed and how it will be used;
- Describe how the information will be protected from unauthorized use and disclosure; and
- Describe the penalties for unauthorized disclosure.

MEDICAID/SCHIP AGENCIES

For any disclosures to Medicaid or SCHIP, the LEA and receiving agency must have an agreement or Memorandum of Understanding which includes:

- Health insurance program or health agency receiving child's eligibility information;
- Information that will be disclosed, specifying that the information must only be used to seek to enroll children in State Medicaid or SCHIP;
- How the information will be used and how it will be protected from unauthorized uses and disclosures;
- Penalties for unauthorized disclosure; and
- Signature of the determining agency and the State Medicaid/SCHIP program or agency receiving the children's eligibility information.

In all cases, the receiving entity must be informed in writing that:

- Eligibility information may only be used for the purpose for which the disclosure was made;
- Further use or disclosure to other parties is prohibited; and
- A violation of this provision may result in a fine of not more than \$1000 or imprisonment of not more than 1 year, or both.

Box 5. Required Components of Parental Notice of Disclosure and Opt-Out Opportunity – Free and Reduced-Price Meals Program

The following excerpt from the USDA's Eligibility Manual for School Meals provides guidance on components of parental notice of disclosure and opt-out opportunity.ⁱ

The notice of potential disclosure or specific disclosure may be in the letter to households that accompanies the free and reduced price meal or free milk application, on the application, or, for children directly certified, in the document informing households of the participants' eligibility through direct certification. The notification should state that the children's names, eligibility status and other information provided on the application or obtained through direct certification may be disclosed to certain other Federal, State or local agencies as authorized by the NSLA. A list of the specific programs is not necessary. Parents/guardians must be notified of the potential disclosure or specific disclosure and given the opportunity to elect not to have their children's information disclosed. The notification of potential disclosure or specific disclosure must inform the parents/guardians:

- That they are not required to consent to the disclosure;
- That the information will be used to facilitate the enrollment of eligible children in a health insurance program or other programs; and
- That their decision will not affect their children's eligibility for free and reduced price meals or free milk.

The notice of either potential or specific disclosure must be given prior to disclosure, and parents/guardians given a reasonable time limit to respond. For children who are determined eligible through direct certification, the notice of potential or specific disclosure may be in the document informing parents/guardians of their children's eligibility for free meals through direct certification.

Key Steps to Implementing Targeted Outreach through Data

- ☐ Determine which data set(s) to collect (uninsured and/or free and reduced-price meals eligibility)
- ☐ Establish source to capture data (school health form, school registration form, SBHC enrollment form)
- ☐ Modify forms to obtain data and parental consent, in accordance with confidentiality policies (see additional information on disclosure rules for HIPAA, FERPA and National School Lunch)
- ☐ Determine data-sharing process
- ☐ Establish data-sharing agreement, if necessary
- ☐ Obtain list of students to target (uninsured and/or school lunch eligible), ensuring appropriate consent was obtained
- ☐ Contact targeted families about program and offer application assistance or renewal assistance

IV. Marketing SBHC Outreach and Enrollment

Marketing the SBHC as a source for Medicaid and CHIP application and enrollment assistance helps increase parent and community knowledge about this additional SBHC service. No matter which outreach strategy is utilized, marketing material supplements SBHC outreach. Marketing material can be focused solely on the SBHC services, including application assistance, or it can include additional information about Medicaid and CHIP, such as Medicaid and CHIP eligibility information and benefits. Outreach staff states that families have to hear about Medicaid and CHIP multiple times, especially if there is not a current health concern, before they decide to apply. Marketing material provides one more opportunity for parents to hear about the program and learn that the local SBHC provides assistance. Although marketing may not be the primary reason a family comes to the SBHC to apply, it provides supplemental information for parents and community partners.

Factors to consider when designing marketing material:

- What is the message?
- Who is the audience?
- What is the primary language(s)?
- How will the message be delivered?

Consider your audience when designing the message. Language and photos should be representative of the community you serve. Consider asking your SBHC advisory group or youth advisory group to help design and review any marketing material.

Spread the word--

- Student folders
- Back to School events
- Parent newsletters
- Banners
- Report card enclosure
- Student athlete physicals
- Immunization clinics

School District Communication Policies - School districts have policies in place for communicating with parents. Policies may define how information is approved for distribution and by which methods it can be shared. Before implementing a marketing plan, SBHCs should work with the appropriate school district personnel to ensure school communication policies are followed. Also, school principals and secretaries can be helpful in determining the best methods to communicate with parents at each school.

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) provides a wide array of marketing material to support outreach and enrollment efforts. The material is helpful in creating and customizing outreach material for specific outreach campaigns (e.g., student athletes via the “Get Covered. Get in the Game.” Campaign) and various outreach strategies (e.g., school-based outreach). Information can be found at <http://www.insurekidsnow.gov/professionals/outreach/index.html>.

Tool 10 contains these sample outreach and enrollment marketing materials (pages 44-52):

- *Oregon Healthy Kids/Oregon School-Based Health Care Network Newsletter Template*
- *Oregon Healthy Kids Student Athlete Flyer*

- *Oregon Healthy Kids Teen Flyer (English/Spanish)*
- *Durango SBHC Outreach Flyer*
- *Community Health Services, Inc. SBHC Outreach Flyer (English/Spanish)*
- *Community Health Services, Inc. SBHC Outreach Screening Tool (English/Spanish)*

V. Financially Supporting SBHC Outreach and Enrollment Efforts

Providing outreach and application and enrollment assistance at SBHCs requires resources, especially if the SBHC is staffing/contracting for on-site assistance. Finding financial support to sustain outreach and enrollment efforts can be challenging. Local, state, and federal grants can provide the resources necessary to implement a strong outreach initiative. Yet, grants may be a temporary source of funding. As SBHCs become more involved in Medicaid and CHIP outreach and enrollment, it is important to look at additional revenue sources to sustain these activities.

Change in payor mix –

Revenue from Medicaid and CHIP billing makes up a substantial portion of funding for SBHCs nationally. Effective enrollment and retention of SBHC patients into Medicaid and CHIP may increase revenue generated through billing due to the inevitable change in case mix of SBHC patients (i.e., an increase in the percentage of patients on Medicaid and CHIP and decrease in the percentage of uninsured children).

Each state's system for providing care to and billing for Medicaid and CHIP-covered services varies. State practices regarding managed care programs and provider assignment may inhibit SBHCs from billing for patients covered by Medicaid and CHIP.

Medicaid School Health Services Program–

SBHC outreach efforts can augment the revenue that school districts participating in the Medicaid School Health Services Program receive. Federal law allows schools to receive Medicaid payment for certain school health services. In 1988, the Medicaid statute was amended to allow payment

through the Medicaid School Health Services Program for medical services provided to children under the Individuals with Disabilities Act (IDEA) through the child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Certain services included in an IEP or IFSP may be covered by Medicaid if 1) the services are medically necessary and coverable under a Medicaid coverage category, 2) all other federal and state regulations are followed (provider qualifications, amount, duration and scope provisions, etc.), and 3) the services are included in the state's plan or available under Early, Periodic Screening, Diagnosis and Treatment (EPSDT).”^x

SBHC outreach and enrollment efforts can help ensure that eligible children are enrolled and remain enrolled in Medicaid. These efforts support school districts participating in the Medicaid School Health Services Program. Based on this partnership, SBHCs should discuss with the school the “reinvestment” of school Medicaid funds to support ongoing SBHC outreach and enrollment efforts.

Medicaid Administrative Claiming (MAC) –

SBHC outreach efforts can be reimbursed through the school district through Medicaid Administrative Claiming (MAC). Federal Medicaid law allows states to receive federal matching funds for administrative expenses needed to execute the state's Medicaid plan. Schools and school districts may carry out administrative activities that fall within this scope. In such cases, federal matching funds (at a 50 percent match rate) can be claimed by the state as MAC. Eligible activities may include Medicaid outreach, application, and enrollment assistance. MAC policies and procedures vary from state to state.

In states that participate in MAC, SBHCs may

have the opportunity to claim Medicaid outreach and enrollment activities through MAC via the school district. Whether the SBHC outreach staff are employees or contractors of the school district, MAC provides an opportunity for outreach and enrollment activities to be supported by federal Medicaid funds. SBHCs should discuss MAC with the state agency as well as school district personnel to determine whether MAC funds could support SBHC outreach efforts.

Helpful Resource: National Alliance on Medicaid in Education (NAME) is a non-profit membership organization comprised of those working on the administration of Medicaid claiming for school health services and those interested in Medicaid in education. It provides useful information at its website: <http://www.medicaidforeducation.org/>

VI. Conclusion

SBHCs offer a prime location for Medicaid and CHIP outreach and enrollment. Because SBHCs are located in communities with a recognized need and have established a level of trust concerning health care issues, SBHC outreach efforts can help overcome many known barriers to enrollment, including lack of knowledge about the program and inconvenient application processes. Additionally, SBHC outreach efforts help create a link between health coverage and care. When children seek care at the SBHC, health is on the family's mind. This is an opportune time to relay information about the importance of health coverage in accessing comprehensive health care services.

Outreach efforts should be designed to meet the needs of the community while accounting for the capacity of the SBHC. A successful outreach effort will consider community needs, such as access to existing outreach efforts, language, culture, and barriers to health care and coverage. Additionally, SBHCs should consider their capacity to incorporate and sustain ongoing outreach activities. Some SBHCs may be able to provide comprehensive, full-time, on-site outreach and enrollment assistance. Other SBHCs may consider 'outstationing' an outreach worker from another organization at their site on a limited basis. Regardless of the outreach strategy, the outreach plan should be scaled to match the capacity of the SBHC.

With the implementation of the Affordable Care Act (ACA), SBHCs must determine their role in the changing health care system, including Medicaid and CHIP outreach and enrollment. The ACA requires each state to establish a navigator program to help connect consumers to the various health coverage options; these programs may include Medicaid and CHIP enrollment assistance.

As states develop navigator programs, the role of SBHCs and schools in Medicaid and CHIP outreach must be reconsidered. SBHCs are a trusted source of quality, convenient health care for thousands of children across the United States. As thousands more children and families gain access to coverage through the ACA, SBHCs can play a pivotal role in connecting health coverage to health care.

Additional Resources - These resources may be helpful in implementing school-based outreach efforts.

- Insure Kids Now Website (US Department of Health and Human Services) - <http://insurekidsnow.gov/>
- Colorado Covering Kids and Families School Outreach Toolkit - available at <http://www.cchn.org/ckf/toolkit/index.php>
- Wisconsin Covering Kids and Families BadgerCare+ Toolkit - available at <http://www.ckfwi.org/toolbox.html>

VII. Tools to Support Outreach and Enrollment Efforts

Tool 1: Oregon Health Authority Teachers' Guide on Health Coverage

Courtesy of the Oregon Health Authority



Teachers' Guide Discussion Questions for a Quick Lesson Fall 2012

Objective: Through guided questions, students will learn the importance of having health coverage and how those that are uninsured can apply for Healthy Kids

- What is health insurance?
 - Health insurance helps you pay the bill when you go to the doctor, dentist, school based health center, or other medical provider.
- Why is health insurance important?
 - Having health insurance is important because health care can be very expensive – one trip to the emergency room when you're uninsured can cost thousands of dollars.
 - For students, not having health insurance may affect student test scores, school attendance, grades, and graduation rates because uninsured kids may not receive the health care they need when they need it.
- Do you have health insurance? Do you know the name of the company? [for juniors and seniors] Will you continue to have this coverage after high school?
 - If you don't know the answers to these questions, consider asking your parents and finding out more information.
- What are some of the reasons you may need to see a doctor or other medical provider?
 - Did you know if you got hurt on the playground or had a sports accident and got a mild concussion, you may need to see a doctor multiple times, need x-rays or other tests, and be prescribed medication?
 - If you have health insurance, all or part of these services may be paid for by your insurance company.
 - If you do not have health insurance, then you (or your parents) have to pay the entire cost. Obviously, this may be difficult for some families.
 - Do you think some people may not get medical care if they are uninsured because they can't afford it?
- Did you know that more than 50 million people in the U.S. are uninsured? Among children, those age 12-17 are the most likely to be uninsured. <http://www.census.gov/prod/2010pubs/p60-238.pdf>
- In Oregon, all uninsured kids and teens that are U.S. residents can apply for Healthy Kids.
 - Healthy Kids offers no-cost, low-cost and full-cost health coverage to all uninsured Oregon kids and teens up to 19 years of age.
 - No family makes too much money for Healthy Kids. Even middle-income families qualify; a family of four earning as much as \$69,383 annually may still qualify for the low-cost option.
 - Healthy Kids includes all the care kids need: regular check-ups, sports physicals, prescriptions, dental, vision, mental and behavioral health care and more.
 - If you are *not* living with your parents or guardian, you can apply for yourself and get coverage for the care you need.
 - You can apply online at www.OregonHealthyKids.gov or by calling 1-877-314-5678. On the website, you can also find a local community partner if you would like assistance with the application.

Guía para Maestros **Sus Estudiantes y Seguro Médico** **Otoño 2011**

Objetivo: Utilizando las siguientes preguntas, sus estudiantes aprenderán la importancia de contar con cobertura de salud y como aquellos que sin cobertura pueden inscribirse en Healthy Kids.

- ¿Qué es la cobertura de salud?
 - La cobertura de salud o seguro médico ayuda a cubrir el costo de visitas al médico, dentista, centros de salud escolares u otro proveedor de servicios médicos.
- ¿Porqué es importante la seguro médico?
 - Es importante tener cobertura de salud porque el estar sano puede ser algo bastante caro, una visita a urgencias puede costar miles de dólares, si no se cuenta con un seguro médico.
 - Para los estudiantes, el no tener seguro médico puede afectarles en su desempeño académico, asistencia a clases, calificaciones y la oportunidad de graduarse. Estudiantes sin seguro médico no siempre reciben los servicios de salud cuando los necesitan.
- ¿Tienes seguro médico? ¿Sabes el nombre la compañía? [para junior y senior] ¿Continuaras teniendo la misma cobertura de salud cuando salgas de la High School?
 - Si no sabes la respuesta a estas preguntas, seria importante que le preguntaras a tus padres esta información.
- ¿Cuáles son algunas de las razones que necesitarías ver a un doctor u otro proveedor de servicios médicos?
 - ¿Sabias que? Si te lastimas jugando en la escuela o si tienes un lesión jugando deportes para la escuela o si tienes una conmoción, necesitaras ir al doctor varias veces, necesitaras que te tomen radiografías y otros exámenes, además de las medicinas recetadas por el doctor.
 - Si tienes cobertura de salud, todos o algunos de estos servicios los cubriría tu seguro médico.
 - Si no tienes seguro médico, tu (o tus padres) tienen que pagar el costo de los servicios. Obviamente, esto podría ser difícil para algunas familias.
 - ¿Piensas que algunas personas no reciben el cuidado médico que ellos necesitan, ya que no pueden cubrir el costo?
- ¿Sabias que mas de 50 millones de personas en los Estados Unidos no tienen seguro médico? Desafortunadamente, un gran numero de adolescentes de 12-17 años de edad no tienen cobertura de salud. <http://www.census.gov/prod/2010pubs/p60-238.pdf>
- En Oregón, todos los niños y adolescentes que son residentes permanentes de los EE.UU. pueden inscribirse en Healthy Kids.
 - Healthy Kids ofrece opciones de cobertura sin costo, bajo costo y costo completo para todos los niños y adolescentes menores de 19 años de edad, sin cobertura médica en Oregón.
 - Para Healthy Kids no hay familia que gane demasiado. Incluso las familias de mediano ingreso pueden tener derecho a cobertura; una familia de cuatro miembros con un ingreso de hasta \$69,383 al año puede tener derecho a la opción de bajo costo.
 - Healthy Kids cubre todos los servicios que los niños y adolescentes necesitan : consultas al médico, exámenes físicos para deportes, recetas, atención dental, servicios de salud mental y mucho más.
 - Si no estas viviendo con tus padres o tutores, tu puedes solicitar por ti mismo y obtener la cobertura de salud que tu necesitas.
 - Puedes solicitar en línea visitando www.HijosSaludablesOregon.gov o llamando al 1-877-314-5678. En el sitio web, podrás encontrar organizaciones en tu comunidad que te pueden ayudar con la solicitud.

Tool 2: Legal Aid Society of Cincinnati Referral Form*

Courtesy of the Legal Aid Society of Southwest Ohio LLC

***This form requests information such as social security number and income source that may not be needed for SBHC outreach purposes.**



LEGAL AID SOCIETY REFERRAL FORM

For families with children and pregnant women applying for Medicaid

Fax to:

E-Mail to:

Attention: _____

Date of referral _____

Information about Referring Agency	
Agency Name:	
Contact Person:	
Phone:	E-Mail:

Information about Parent / Guardian	
Name:	Primary Language:
Address:	
Phone:	Alternate Phone:
E-Mail:	Social Security #
Income Source:	Monthly Income Amount:

Tool 3: Community Health Services, Inc., SBHC Enrollment Form (English) – Health Insurance Information

Courtesy of Community Health Services, Inc.

2012-2013 CHS School-Based Health Center Enrollment and Consent Form



CHS School-Based Health Center is a program of Community Health Services

Who can access the CHS School-Based Health Center services?

Services are available to currently enrolled students only.

What are the CHS School-Based Health Center services?

- **Medical Services may include:** physicals, immunizations, treatment of minor illness & injuries, prescriptions, basic laboratory services, pregnancy tests, sexually transmitted infection (STI) testing & treatment, family planning, and health education

- **Counseling Services:** for concerns such as depression, anxiety, stress management, family & relationship issues and referrals

What services are NOT available? hospitalization, stitches, ambulance transportation, surgery, x-rays & dental services

What are the CHS School-Based Health Clinic hours?

The CHS School-Based Health Clinic is generally open during school hours. Students are encouraged to contact their regular doctor/clinic when the CHS School-Based Health Clinic is closed and during school breaks.

Why would students use the CHS School-Based Health Center?

- **For convenience.** Students can receive medical services in school so parents don't have to take time off from work or find transportation. In addition, the students will miss less classroom instruction. Even if the student already has a health care provider, you may want to enroll just for the convenience of having them seen during school hours.
- **For quality and affordable healthcare.** The CHS School-Based Health Clinic medical staff specializes in caring for adolescents.
- **For practice.** Adolescents can practice managing their own health care, which will help them in the future.

What about sports physicals?

A sports physical is required every year for students participating in school sports. Sports physicals are provided during the school year at the CHS School-Based Health Center.

What does it cost?

There is an annual enrollment fee of \$10 to \$50 a year based on family size and income. The annual enrollment fee covers all individual appointments during the school year. The CHS School-Based Health Center bills Medicaid, CHP+/CO Access and private insurance companies when possible. If your child does not have health insurance, call CHS at 303.289.1086 for help in applying for Medicaid or CHP+. Getting your child insured will enable them to receive medical services at the CHS School-Based Health Center and to receive urgent and emergency care after hours at other health care facilities.

What do I need to do so my child can receive health care services at the CHS School-Based Health Center?

1. Complete the Enrollment/Consent Form on the bottom of this form and return it to the CHS School-Based Health Center.
2. Pay the annual enrollment fee.
3. Call CHS at 303.289.1086 for an appointment to apply for Medicaid or CHP+ if your child does not have health insurance.

2012-2013 Enrollment Form

-PLEASE PRINT-

The information you provide below will be kept confidential.

Your answers to these questions will help Community Health Services receive funding to continue providing health services in schools.

Student First & Last Name _____ Date of Birth _____ ☐ M ☐ F Grade _____ School: ☐ ACHS ☐ LAHS
Name of Parent/Legal Guardian _____ Phone: Home _____ Cell _____
Street Address _____ City _____ Zip _____
Your regular clinic or doctor name _____ Clinic/Doctor Phone _____

Please answer all of the following questions:

1. Does this student have any allergies to food or medications? ☐ Yes ☐ No If so, list them _____
2. Has this student had any surgeries or been hospitalized? ☐ Yes ☐ No If so, list them _____
3. Is this student currently taking any medications? ☐ Yes ☐ No If so, list them _____
4. Does this student have any medical conditions? ☐ Yes ☐ No If so, list them _____
5. Number of immediate family members in your household: _____ and estimated family gross income from previous month: (before taxes) \$ _____
6. Does this student have health insurance? ☐ Yes ☐ No (provide copy of insurance card)
☐ Medicaid # _____ ☐ CHP+ ID # _____ ☐ Sliding fee/discount, Clinic Name _____
☐ Private Insurance: Insurance Name _____ Insurance ID # _____ Insurance Phone _____

Students under age 18 must have a signed parent/guardian consent form on file to receive most CHS School-Based Health Clinic services. According to Colorado state laws, parental consent is not required for mental health counseling for youth 15 years and older and confidential services for youth of any age. Confidential services include pregnancy testing and counseling, contraceptive exams and prescriptions, sexually transmitted infection education, diagnosis and treatment. If you have questions regarding this consent form, please contact the CHS Executive Director at (303)853-3279.

CONSENT

(a signed consent form is required every school year)

- I have read and understand the services offered by the CHS School-Based Health Center and am requesting said services be provided to my student.
- I give permission to bill my health insurance carrier, Medicaid or CHP+ for services received. I agree to notify the CHS School-Based Health Center of changes in the insurance status of my child. I understand I may receive bills for co-pays /enrollment fee from CHS School-Based Health Center.
- I authorize the CHS School-Based Health Center to disclose all or any portion of my child's medical record to any entity pertinent to his/her health care, including but not limited to Community Reach Center (the mental health provider), the school administration, school health clerk, school nurse, Community Health Services staff & our regular clinic named above.
- I consent for the CHS School-Based Health Center staff to have access to my child's attendance, immunization and other school records that may assist the staff in helping my child.
- I have received the CHS Notice of Privacy Practices.

7. Answer "Yes" or "No" to the following:

I am enrolling this student in the school-based health center. ☐ Yes ☐ No

X _____
Parent/Legal Guardian Signature _____ Date _____

For CHS Clinic Use Only

Enrollment Code _____ fee \$ _____ Paid: ☐ Yes ☐ No < 200% of FPL: ☐ Yes ☐ No
Information in IC _____ Info in Centricity _____

Tool 3: Community Health Services, Inc. SBHC Enrollment Form (Spanish) – Health Insurance Information

Courtesy of Community Health Services, Inc.

2012-2013 Formulario de Inscripción y Consentimiento de la Clínica Escolar



La clínica escolar de la escuela es un programa de la clínica Community Health Services

¿Quién puede tener acceso a los servicios de la clínica escolar?

Los servicios son únicamente disponibles para los alumnos presentemente inscritos.

¿Cuáles son los servicios de la clínica escolar?

-Servicios Médicos: exámenes físicos, vacunas, tratamiento de enfermedad y lesiones menores, recetas médicas, servicios de laboratorio básicos, pruebas de embarazo, tratamiento y prueba de infecciones transmitidas sexualmente (STI), exámenes de la planificación familiar, y educación de salud

-Servicios de Asesoría: para asuntos tales como depresión, ansiedad, manejo de estrés, asuntos de relaciones de familia y personales y referencias

¿Qué servicios NO están disponibles? la hospitalización, puntadas, transporte de ambulancia, cirugía, radiografía y servicio dental

¿Qué es el horario de la clínica escolar? La clínica escolar generalmente está abierta durante horas de escuela. Se recomienda a los alumnos que llamen a su doctor familiar cuando la clínica escolar está cerrada y durante las vacaciones escolares.

¿Por qué usarían los alumnos la clínica escolar?

• **Por facilidad.** Los alumnos pueden recibir servicios médicos en la escuela así que los padres no tienen que perder tiempo de trabajar o encontrar transporte. Y adicionalmente los alumnos perderían menos horas de instrucción. Quizás quiera inscribir a su alumno solo por la comodidad de que le atiendan durante el horario escolar aunque tengan un médico o clínica familiar.

• Por la calidad y el cuidado médico a un costo razonable.

El personal médico de la clínica escolar se especializa en cuidado médico de adolescentes.

• **Por la práctica.** Los adolescentes pueden practicar el manejo de su propio cuidado médico, que les ayudará en el futuro.

¿Que hay de los exámenes físicos para el deporte? Un examen físico se requiere cada año para los alumnos que participan en deportes de la escuela. Los exámenes físicos del deporte se proporcionan durante el año escolar en la clínica escolar.

¿Qué es el costo? Hay un cobro anual de \$10 a \$50 por año basado en el ingreso y tamaño familiar. El cobro anual cubre todas las citas individuales por el año escolar. La clínica escolar manda cobrar a Medicaid, a CHP+ Colorado Access y a las compañías de seguros médicos cuando es posible. Si su niño no tiene seguro médico, llame a la clínica CHS al 303.289.1086 para que solicite el Medicaid o CHP+. Conseguir tener asegurado a su niño les permitirá recibir servicios médicos en la clínica escolar y para recibir cuidado médico urgente y de emergencia en otros centros médicos.

¿Qué es lo que yo necesito hacer para que mi niño pueda recibir servicios del cuidado médico en la clínica escolar?

1. Firme el formulario de Inscripción y Consentimiento que sigue en esta hoja y regrese a la clínica escolar.
2. Pague el cobro anual.
3. Llame a la clínica CHS al 303.289.1086 para hacer una cita para ayuda a que solicite el Medicaid o CHP+ si su niño no tiene seguro médico.

-FAVOR DE IMPRIMIR-

2012-2013 Formulario de Inscripción

La información que usted proporcione abajo será mantenida confidencial.

Sus respuestas a estas preguntas no afectan los servicios y ayudarán a la clínica CHS para que reciba fondos para continuar proporcionando estos servicios de la clínica escolar.

Nombre y Apellido del Alumno _____ Fecha de Nacimiento _____ ☐ M ☐ F Grado _____ Escuela: ☐ ACHS ☐ LAHS

Nombre del Padre o Tutor Legal _____ Número de Teléfono: Casa _____ Celular _____

Dirección _____ Ciudad _____ Código Postal _____

Nombre de su Doctor o Clínica regular _____ Número de Teléfono de su clínica o doctor _____

Favor de responder a todas las siguiente preguntas:

1. ¿Este estudiante tiene alergias al alimento o a medicamentos? ☐ Sí ☐ No Si es así anote las _____
2. ¿Este estudiante ha tenido cirugías u ha sido hospitalizado? ☐ Sí ☐ No Si es así anote las _____
3. ¿Este estudiante está tomando medicamentos actualmente? ☐ Sí ☐ No Si es así anote las _____
4. ¿Este estudiante tiene cualquier otra condición médica? ☐ Sí ☐ No Si es así anote las _____

5. Cantidad de miembros de su familia inmediata en su hogar: _____ y aproximadamente la cantidad total de ingresos mensuales familiares antes de impuestos \$ _____

6. ¿Este estudiante tiene seguro médico? ☐ Sí ☐ No (Proporcione copia de su tarjeta de seguro médico)

☐ Medicaid numero _____ ☐ CHP+ numero _____ ☐ Descuento, Nombre de la clínica _____

☐ Seguro Médico Privado: Nombre de Seguro Médico _____ Numero ID _____ Teléfono de Seguro Médico _____

Alumnos menores de 18 años de edad deben tener un formulario de consentimiento firmado por sus padres/tutor legal en archivo para recibir la mayoría de los servicios de la clínica escolar. Según las leyes estatales de Colorado, el consentimiento parental no se requiere para la salud mental que aconseja para los jóvenes mayores de 15 años y para los servicios confidenciales para los jóvenes de cualquier edad. Los servicios confidenciales incluyen la prueba del embarazo y asesoramiento, exámenes anticonceptivos y prescripciones, educación, diagnóstico, y tratamiento de infecciones transmitidas sexualmente. Si usted tiene preguntas con respecto a este formulario de consentimiento, favor de llamar a la directora ejecutiva de la clínica CHS al (303)853-3279.

Consentimiento

(se requiere un formulario de consentimiento firmado cada año escolar)

- Yo he leído y entiendo que son los servicios de la clínica escolar y pido que tal servicios sean proporcionados a mi alumno.
- Yo doy permiso para que manden cobrar al portador de mi seguro médico, Medicaid o CHP+ por servicios rendidos. Estoy de acuerdo de notificar a la clínica escolar de cambios en el estado del seguro médico de mi alumno. Entiendo que podría recibir un cobro de mis co-pagos o cobro anual por parte de la clínica escolar.
- Yo autorizo a la clínica escolar para divulgar todo o cualquier porción del expediente médico de mi niño(a) a cualquier entidad en relación con su cuidado médico, incluyendo pero no limitado a el personal de Community Reach Center (el proveedor de servicios de la salud mental), la administración de la escuela, la asistente médica de la escuela, la enfermera de la escuela, la clínica Community Health Services, y al doctor o la clínica antedicha.
- Yo doy mi consentimiento para que el personal de la clínica escolar tenga acceso al expediente de asistencia escolar y a otros expedientes de la escuela de mi niño(a) que puedan asistirles en la ayuda de mi niño(a).
- Yo he recibido el Aviso de la Práctica de Privacidad de la clínica CHS.

7. Responda "Sí" o "No" a lo siguiente:

Estoy inscribiendo a este estudiante en la clínica escolar. ☐ Sí ☐ No

X _____

Firma del Padre/Tutor Legal

Fecha

For CHS Clinic Use Only

Enrollment Code _____ fee \$ _____ Paid: ☐ Yes ☐ No < 200% of FPL: ☐ Yes ☐ No
Information in IC _____ Info in Centricity _____

Tool 4: Wisconsin Covering Kids and Families School District Student Health Insurance Form (English)

Courtesy of Covering Kids & Families-Wisconsin. www.ckfwi.org

Student Health Insurance Status Form

Name of School District

This form is good through *Month/Year*. If you would like to make changes, send the school a written note.

Student Name (please print)

Phone

Address

Date of Birth

Does your child have health insurance?

☐ Yes

☐ No

May the school share this form with *Name of Community Agency*?

☐ Yes

☐ No

Sharing this information helps the school connect families who may need affordable health insurance to resources that can help them.



Health insurance coverage is an important part of making sure kids do well in school. It can pay for vaccinations, prescription drugs, and regular check ups. These services add up to kids going to school healthier and ready to learn.

But not all kids have health insurance. Your child's school is working to make sure that more kids and their parents can get health insurance coverage.

Your signature shows that you agree to share information about your child's health insurance status. Your information will only be used for school-related purposes.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Forms should be returned to

Tool 4: Wisconsin Covering Kids and Families School District Student Health Insurance Form (Spanish)

Courtesy of Covering Kids & Families-Wisconsin. www.ckfwi.org

Formulario de seguro de salud estudiantil

(Name of School District)

Este formulario estará vigente durante el año escolar (month/year). Si desea hacer algún cambio debe notificarlo por escrito a su escuela.

Nombre del estudiante
(escriba con letra de imprenta)

Número de teléfono

Dirección

Fecha
de nacimiento

¿Tiene seguro de salud su hijo/a?

☐ Sí

☐ No

¿Puede el personal de la escuela compartir este formulario con (Name of Agency)? *El compartir esta información puede ayudar a la escuela a conectar a familias necesitadas de seguro de salud con recursos para ayudarles a conseguirlo.*

☐ Sí

☐ No



El seguro de salud es importante porque los niños necesitan estar sanos para poder tener éxito escolar. El seguro de salud puede pagar por visitas al doctor, vacunas, medicinas, cuidado de la visión y más. Estos servicios contribuyen a salud y el aprendizaje de su hijo(a).

Pero no todos los niños tienen seguro de salud. La escuela de su hijo(a) quiere que más niños y familias puedan obtener seguro de salud.

Su firma demuestra que usted consiente que la información del estado del seguro de su salud de su hijo(a) sea compartido. Su información se utilizará únicamente para asuntos relacionado con la escuela.

Nombre del padre
(escriba con letra de imprenta)

Firma del padre

Fecha

Tool 5: Wisconsin Covering Kids and Families Health Insurance Status - Examples to add to existing school form*

Courtesy of Covering Kids & Families-Wisconsin. www.ckfwi.org

*This form includes sample language to add a health insurance question and referral information to an existing form. The health insurance question could be expanded to ask about coverage through Medicaid and CHIP.

Health Insurance Status (HIS) Examples

Example 1—question added to existing form

Is this student covered by health insurance? Yes No

Insurance Name: _____

If someone in your family does not have health insurance, you may go to access.wi.gov or call [enter WI IM Consortia phone number*] to see if your family is eligible for BadgerCare+.

* The WI IM Consortia number for your county can be found on this map:
[www.http://www.dhs.wisconsin.gov/em/IMR/ConsortiaMap.pdf](http://www.dhs.wisconsin.gov/em/IMR/ConsortiaMap.pdf).

OR

Example 2—question added to existing form

Does your child currently have health insurance? Yes No If no, please answer the following question.

BadgerCare+ is the State of Wisconsin's health coverage program that provides high-quality health care coverage to many children and parents. Would you like information on BadgerCare+? Yes No

By answering yes, your name will be forwarded to [a school nurse or school social worker**].

** Fill in with whichever person in the district is best suited to provide families with BadgerCare+ information.

Tool 6: Sample Consent to Release Education Records

Provided by the Colorado Association for School-Based Health Care

CONSENT TO RELEASE OF EDUCATION RECORDS TO [INSERT NAME OF SCHOOL BASED HEALTH PROVIDER OR CLINIC]

[Insert name of school based health provider or clinic] at times may need information contained in your child's school record in order to better assess your child's health needs, coordinate your child's care, provide treatment or referral, assess eligibility for Medicaid or CHP+, or evaluate the services provided. For example, the clinic staff may need to access your child's class schedule in order to arrange appointments or your child's health insurance status in order to determine potential eligibility for public health coverage. In addition, school staff may want to share otherwise protected information with the clinic staff so that they can make a referral or participate on a multidisciplinary health team. The clinic staff needs your permission to get and receive this information.

Please check one of the following:

☐ **I GIVE [NAME OF SCHOOL] AND ITS STAFF PERMISSION** to share information from my child's education record, including contact information, attendance records, class schedule, transcript, discipline records, health and special education records, and testing results, with [insert name of school based provider or clinic] and its staff for the purposes described above.

☐ **I GIVE PERMISSION TO SHARE ALL INFORMATION** from my child's education record as described in the paragraph above, except the following:

If [insert name of school based provider or clinic] and its staff need the information I describe on this line, they must contact me for a separate consent.

THIS CONSENT IS VALID FOR ONE YEAR OR UNTIL the following:

(Specify expiration date or event)

Student Name: _____ Date of birth: _____ Grade: _____
Parent/Guardian Name: _____

SIGNATURE: _____ **DATE:** _____

(Parent must sign if student is under 18 years old. Student must sign if age 18 or older. The term "parent" is defined in federal law and school district policy.)

This form meets the requirements of 34 CFR § 99.30 of the Family Educational Rights and Privacy Act.

This document is for reference only. Consult legal counsel before using or adapting.

Tool 7: Prototype Disclosure of Free and Reduced-Price Information Agreement

From: USDA Child and Nutrition Programs Food and Nutrition Service, Eligibility Manual for School Meals, Determining and Verifying Eligibility, Appendix C, pages 83-87, August 2012.

PROTOTYPE DISCLOSURE OF FREE AND REDUCED PRICE INFORMATION AGREEMENT

I. PURPOSE AND SCOPE

(Insert name of determining agency) and (insert name of receiving agency) acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et. seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the (insert name of determining agency) to the (insert name of receiving agency) about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the (insert name of determining agency) and (insert name of receiving agency) recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the State Children's Health Insurance Program. Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The *requesting* agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated:

Check all that apply	Program	Information authorized
	<i>Medicaid</i> or the <i>State Children's Health Insurance Program (SCHIP)</i> , administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act. Specify Program:	All eligibility information, unless parents elect not to have information disclosed.
	<i>State health program</i> other than Medicaid/SCHIP, administered by a State agency or local education agency. Specify Program:	Eligibility status only; consent not required.
	<i>Federal health program</i> other than Medicaid/SCHIP Specify Program:	NO eligibility information, unless parental consent is obtained.
	<i>Local health program</i> Specify Program:	NO eligibility information, unless parental consent is obtained.
	<i>Child Nutrition Program</i> under the National School Lunch Act or Child Nutrition Act Specify Program:	All eligibility information; consent not required.
	<i>Federal/State or local means-tested nutrition program</i> with eligibility standards comparable to the National School Lunch Program Specify Program:	Eligibility status only; consent not required.
	<i>Federal education program</i> Specify Program:	Eligibility status only; consent not required.
	<i>State education program</i> administered by a State agency or local education agency Specify Program:	Eligibility status only; consent not required.
	<i>Local education program</i> Specify Program:	NO eligibility information, unless parental consent is obtained

Note: Section 9(b)(2)(C)(iv) specifies that certain programs may receive children's eligibility **status only** without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(2)(C)(iv) specifies that for State Medicaid or SCHIP, parents must be notified and given the opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

(Insert name of determining agency) will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the determining agency;

For State Medicaid and SCHIP, notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

(Insert name of receiving agency) will:

Ensure that only persons who are directly connected with the administration or enforcement of the (insert name of the program) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

(Specify by name(s) or title(s) _____

Use children's free and reduced price eligibility information for the following specific purpose(s):

(Describe) _____

Inform all persons who have access to children's free and reduced price meal eligibility information that the information is confidential, that children's eligibility information must only be used for the purposes specified above, and what the penalties for unauthorized disclosures are.

Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows:

(Specifically describe how the information will be protected from unauthorized uses and further disclosures.) _____

Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the determining agency or receiving agency)

Describe the procedures for transferring students' meal eligibility information from the determining agency to the requesting agency/program so as to limit the number of individuals who have access to the information.

(Describe) _____

IV. EFFECTIVE DATES

This agreement shall be effective from _____ to _____

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act, 42 USC 1758(b)(2)(C)), or a regulation, any information about a child's eligibility for free and reduced price meals or free milk shall be fined not more than \$1,000 or imprisoned not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced price meal and free milk eligibility information may be used only for the specific purposes stated above and that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law, which may result in civil and criminal penalties.

Requesting Agency/Program Administrator

Printed Name: _____

Title: _____ Phone: _____

Signature: _____

Date: _____

Determining Agency Administrator

Printed Name: _____

Title: _____ Phone: _____

Signature: _____

Date: _____

*Any attachments will become part of this agreement.

Tool 8: Sample Free and Reduced Price Meals: Information Sharing Agreement Wisconsin Covering Kids and Families

Courtesy of Covering Kids & Families-Wisconsin. www.ckfwi.org

Free and Reduced Price Meals: Information Sharing

By sharing information from your child's Free and Reduced Price Meals application, _____ School District can help you find out more about enrolling in BadgerCare+ for Children and Families.

BadgerCare+ is Wisconsin's public health insurance program. It provides affordable, high-quality health care coverage to all eligible children.

- If it is **OK to share** your child's meals information: do not fill out this form.
- If it is **NOT OK to share** your child's information: check the "No" box and fill out the form below. Return it to _____.

☐ **No, I do not** want school officials to share information from my child's free and reduced price school meal application with BadgerCare+. (This will not affect your child's eligibility for free and reduced price school meals.)

Child Name (1): _____ School: _____

Child Name (2): _____ School: _____

Child Name (3): _____ School: _____

Child Name (4): _____ School: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____

BADGERCARE+

For Children and Families

BadgerCare+ provides affordable, high-quality health insurance that can help your children be healthy and save you money because it may cover:

- | | |
|--|---|
| ✓ Doctor Visits | ✓ Prescription Drugs |
| ✓ Sports Physicals | ✓ Dental and vision services |
| ✓ Health Check and Check-ups | ✓ Mental Health Services |
| ✓ Hearing Services, incl. hearing aids | ✓ Medical Supplies and equipment |
| ✓ Emergency Room Care | ✓ Transportation to Care |
| ✓ Lab Tests and X-rays | ✓ Alcohol/Drug Addiction Care |
| ✓ Immunizations | ✓ Prenatal Care |
| ✓ Hospital Stays and Surgery | ✓ Speech, Physical & Occupational Therapy |

To learn more, go to www.badgercareplus.org or call [local contact].



*Opt Out Form
Updated: 03/2009*

Tool 9: USDA Memorandum Re: Disclosure Requirements for the Child Nutrition Programs (August 2010).

Available at:

http://www.fns.usda.gov/cnd/governance/Policy-Memos/2010/SP_31_CACFP_17_SFSP_15-2010_os.pdf



**United States
Department of
Agriculture**

Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

DATE: August 23, 2010

MEMO CODE: SP 31-2010; CACFP 17-2010; SFSP 15-2010

SUBJECT: Disclosure Requirements for the Child Nutrition Programs

TO: Regional Directors
Child Nutrition Programs
All Regions

State Directors
Child Nutrition Programs
All States

We have received a number of inquiries from local educational agencies (LEAs) about the suitability of releasing eligibility information. FNS strongly encourages States and LEAs to utilize data-sharing authorities appropriately to expand access to programs and services and support effective operation of educational programs. However, recent inquiries from program operators have indicated that they are being asked to share information that is not releasable and/or that eligibility information is being requested by or for persons who do not have a legitimate need for it.

This memorandum restates the statutory and regulatory requirements for disclosure of information concerning children who are eligible for free or reduced price meals in any of the Child Nutrition Programs. While the large majority of requests for eligibility information are related to the school meal programs, we are also including the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) to remind State agencies and local institutions that the disclosure requirements also apply to these programs.

Please keep in mind that:

- the statutory and regulatory requirements limit when information may be released without the written consent of the child's parent or guardian;
- the release of data by an LEA is always optional, not required;
- an agreement or memorandum of understanding (MOU) between State or local agencies may be required and, even if not required, is useful; and
- aggregate information will often meet the needs of the requestor and should be used whenever possible. However, LEAs, institutions, sponsors, etc. are cautioned about release of aggregate data when individual children's eligibility may be deduced. For example, individual identities of children in a specific classroom may be deduced since this is a very small subset in a school.

Statutory and Regulatory Requirements

Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) delineates the restrictions on the disclosure and use of information obtained from an application for free and reduced price meals, as well as the criminal penalties for improper release of information. Note that while the law discusses applications, the disclosure requirements also apply to information obtained through the direct certification process. A copy of this section of the law is attached for reference. We recommend that State agencies and LEAs and, as applicable, CACFP institutions, sponsoring organizations and family day care home providers and SFSP sponsoring organizations, cite the law when responding to requests for release of information.

The regulations implementing the law are as follows:

Program	Definition of Disclosure	Provisions on Privacy Act Notice and Disclosure to Other Programs
Special Milk Program for Children	7 CFR 215.2(i-1)	7 CFR 215.13a(f)-(l)
Summer Food Service Program	7 CFR 225.2	7 CFR 225.15(f)-(l)
Child and Adult Care Food Program	7 CFR 226.2	7 CFR 226.23(e) and (i)-(n)
National School Lunch and School Breakfast Programs	7 CFR 245.2	7 CFR 245.6(a) and (f)-(k)

Guidance

Part 7 of the Eligibility Manual for School Meals, January 2008 edition, provides specific guidance on applying the statutory and regulatory requirements. The manual may be found at: <http://www.fns.usda.gov/cnd/guidance/default.htm>. A convenient source of information is the manual's "Disclosure Chart" which briefly outlines various types of requestors and any restrictions on receipt of information. The chart is attached to this memorandum for your reference.

Examples of specific programs that are authorized, by law, to receive eligibility status of individual children are the No Child Left Behind Program and the National Assessment of Educational Progress (NAEP). The name and eligibility status only may be shared with these programs without prior notice and consent.

However, in recognition of the importance of health insurance for children, the law and regulations provide special procedures for sharing of eligibility information with Medicaid and the State Children's Health Insurance Program (SCHIP) in accordance with the required agreement. All eligibility information may be shared unless the child's parent or guardian elects not to share the information. To allow the parent/guardian to decline, the LEA must include a form that explains sharing with Medicaid/SCHIP; i.e., unless the parent/guardian signs and

submits the “opt out” form, eligibility information will be shared with Medicaid/SCHIP. A sample of an “opt out form” is included in our prototype application package which may be found at: <http://www.fns.usda.gov/cnd/frp/frp.process.htm>. The NSLA specifies the “opt out” procedure for Medicaid/SCHIP purposes; therefore, LEAs cannot use the same form used for prior consent to release eligibility information for other programs.

Our guidance emphasizes that, in addition to being authorized to receive information, there must be a “need to know.” For instance, while Federal education programs are authorized, not all persons administering an education program in the school district need to access information (e.g., teachers, principals or guidance counselors). State and local agencies must be assured that persons receiving a child’s free/reduced price eligibility information have a legitimate need to know.

Periodically, schools will be asked to release eligibility information to a non-custodial parent or to a parent who has split custody. For example, a father shares custody with the children’s mother but believes that the mother has misrepresented household circumstances and that the children should not be eligible for free or reduced price meals. These requests are not permitted under the statute or regulations without written permission from the person who signed the application. If there is any question about releasing this information for custody or divorce actions, local officials should contact the school district’s attorneys for assistance.

Inter-Agency Agreements

Our regulations and guidance address agreements between agencies in order to facilitate sharing information. For Medicaid/SCHIP, the State agency administering the Child Nutrition Programs and the State agency administering Medicaid and SCHIP or the LEA and the local Medicaid/SCHIP agency must enter into agreement. We recommend that an agreement or MOU be used to share information for other purposes such as other Federal or state education programs. The agreement should detail the procedures for data sharing, persons who will have access to the information and why they need the information, etc. Please refer to sections 245.6(j), 215.13a(k), 225.15(k) and 226.23(m) of the regulations and Part 7, Section I. of the eligibility manual for more information on agreements.

Parental Consent for Information Sharing

If a request for information is not authorized under the statute or when authorized release is limited to name and eligibility status, the release can always be made with informed consent by the parent or guardian. A common example of programs that would require written consent from a parent/guardian are local or state waivers of fees (for books, athletic activities, etc.) related to eligibility for free or reduced price school meals. Our prototype application package (<http://www.fns.usda.gov/cnd/frp/frp.process.htm>) includes a suggested form that may be sent by LEAs at the time of application or when services or programs become available. This form allows parents or guardians to authorize release. The parents/guardians must be told the purpose of the program or service and what information will be shared. Further, forms must be

completed annually as consent cannot be extended from one school year to the next. If a child is directly certified, LEAs must provide parents/guardians with this information and the consent form; for example, if the LEA sends written notices of direct certification eligibility, the information and consent form could be included. State and local agencies administering the CACFP and SFSP should modify the consent form to meet their needs.

Expectations

We understand that LEA staff and, more specifically, school-level food service personnel are frequently asked to provide free and reduced price eligibility information about individual children and may have concerns about releasing information. As noted above, while FNS does encourage and support appropriate sharing of information, each request must be carefully reviewed. In order to properly release eligibility information, an official must first determine if the request is from one of the programs or sources authorized under the statute. If so, the official must ensure that the person(s) who would receive and use the information have a legitimate need to carry out an authorized activity.

The State agency must ensure that all CACFP staff at the institution, sponsoring organization or family day care home provider level and appropriate LEA staff have a thorough understanding of the policies on release of children's eligibility information. We recommend that there be a primary contact at the LEA-level, such as the food service director, rather than staff at individual schools. This should allow for more consistent and appropriate application of the disclosure requirements. We strongly urge LEA officials and CACFP staff to contact the State agency office that administers the Child Nutrition Programs if they have any questions or concerns about release of information before they provide the information. In turn, State agencies should contact their regional office to discuss requests for information and any questionable practices. FNS wants to assist LEA and State agency officials in assuring that the disclosure requirements are correctly applied.

Original Signed

Cynthia Long
Director
Child Nutrition Division

Attachments

RICHARD B. RUSSELL NATIONAL SCHOOL LUNCH ACT

[As Amended Through P.L. 111–80, Effective October 21, 2009]

Section 9. NUTRITIONAL AND OTHER PROGRAM REQUIREMENTS (42 U.S.C. 1758)

(b) (6) USE OR DISCLOSURE OF INFORMATION.—

(A) **IN GENERAL.**—The use or disclosure of any information obtained from an application for free or reduced price meals, or from a State or local agency referred to in paragraph (3)(F), (4), or (5), shall be limited to—

(i) a person directly connected with the administration or enforcement of this Act or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) (including a regulation promulgated under either Act);

(ii) a person directly connected with the administration or enforcement of—

(I) a Federal education program;

(II) a State health or education program administered by the State or local educational agency (other than a program carried out under title XIX or XXI of the Social Security Act (42 U.S.C. 1396 et seq.; 42 U.S.C. 1397aa et seq.)); or

(III) a Federal, State, or local means-tested nutrition program with eligibility standards comparable to the school lunch program under this Act;

(iii)(I) the Comptroller General of the United States for audit and examination authorized by any other provision of law; and

(II) notwithstanding any other provision of law, a Federal, State, or local law enforcement official for the purpose of investigating an alleged violation of any program covered by this paragraph or paragraph (3)(F), (4), or (5);

(iv) a person directly connected with the administration of the State medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or the State children's health insurance program under title XXI of that Act (42 U.S.C. 1397aa et seq.) solely for the purposes of—

(I) identifying children eligible for benefits under, and enrolling children in, those programs, except that this subclause shall apply only to the extent that the State and the local educational agency or school food authority so elect; and

(II) verifying the eligibility of children for programs under this Act or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.); and

(v) a third party contractor described in paragraph (3)(G)(iv).

(B) **LIMITATION ON INFORMATION PROVIDED.**—Information provided under clause (ii) or (v) of subparagraph (A) shall be limited to the income eligibility status of the child for whom application for free or reduced price meal benefits is made or for whom eligibility information is provided under paragraph (3)(F), (4), or (5), unless the consent of the parent or guardian of the child for whom application for benefits was made is obtained.

(C) **CRIMINAL PENALTY.**—A person described in subparagraph (A) who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (including a regulation), any information obtained under this subsection shall be fined not more than \$1,000 or imprisoned not more than 1 year, or both.

(D) REQUIREMENTS FOR WAIVER OF CONFIDENTIALITY.—

A State that elects to exercise the option described in subparagraph (A)(iv)(I) shall ensure that any local educational agency or school food authority acting in accordance with that option—

(i) has a written agreement with 1 or more State or local agencies administering health programs for children under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq. and 1397aa et seq.) that requires the health agencies to use the information obtained under subparagraph (A) to seek to enroll children in those health programs; and

(ii)(I) notifies each household, the information of which shall be disclosed under subparagraph (A), that the information disclosed will be used only to enroll children in health programs referred to in subparagraph (A)(iv); and

(II) provides each parent or guardian of a child in the household with an opportunity to elect not to have the information disclosed.

(E) **USE OF DISCLOSED INFORMATION.**—A person to which information is disclosed under subparagraph (A)(iv)(I) shall use or disclose the information only as necessary for the purpose of enrolling children in health programs referred to in subparagraph (A)(iv).

Recipient of Information	Information that May be Disclosed	Required Notification and Consent
<i>Programs under the National School Lunch Act or Child Nutrition Act</i>	All eligibility information	Prior notice and consent not required
<i>Federal/State or local means tested nutrition programs with eligibility standards comparable to the NSLP</i>	Eligibility status only	Prior notice and consent not required
<i>Federal education programs</i>	Eligibility status only	Prior notice and consent not required
<i>State education programs administered by a State agency or local education agency</i>	Eligibility status only	Prior notice and consent not required
<i>Local education programs</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Medicaid or the State children's health insurance programs (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act to identify and enroll eligible children</i>	All eligibility information, unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information disclosed
<i>State health programs other than Medicaid/SCHIP, administered by a State agency or local education agency</i>	Eligibility status only	Prior consent not required
<i>Federal health programs other than Medicaid/SCHIP</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Local health program</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Comptroller General of the United States for purposes of audit and examination</i>	All eligibility information	Prior notice and consent not required
<i>Federal, State or local law enforcement officials investigating alleged violations of any of the programs under the NSLA and CNA or investigating violations of any of the programs that are authorized to have access to names and eligibility status</i>	All eligibility information	Prior notice and consent not required

Tool 10: Sample Outreach and Enrollment Marketing Material

- Oregon Healthy Kids/Oregon School-Based Health Care Network Newsletter Template
- Oregon Healthy Kids Student Athlete Flyer
- Oregon Healthy Kids Teen Flyer (English/Spanish)
- Durango SBHC Outreach Flyer
- Community Health Services, Inc. SBHC Outreach Flyer (English/Spanish)
- Community Health Services, Inc. SBHC Outreach Screening Tool (English/Spanish)

Tool 10: Sample Outreach and Enrollment Marketing Material

Oregon School-Based Health Care Network Newsletter Template

Courtesy of Oregon School-Based Health Care Network

School-Based Health Center Newsletter or Progress Report Template (2011)

We know an education is the best gift we can give our children. We also know that healthy kids learn better. Healthy kids start with health coverage their families can afford *and* access to health care regardless of their ability to pay. [Name of SHBC] provides physical [and emotional] health services and sports physicals to students X days a week from X a.m. to X p.m. We can also help students apply for Healthy Kids!

Healthy Kids is Oregon's newly expanded no-cost and low-cost health coverage program for uninsured kids and teens up to 19 years of age. Healthy Kids is comprehensive coverage offering medical, dental, vision, prescription, behavioral health coverage, and more.

No family makes too much money for Healthy Kids. Parents' income will determine whether a child is eligible for the no-cost or low-cost coverage option. For example, a family of four that earns as much as \$67,200 a year may qualify for low-cost coverage.

[Name of SHBC] school-based health center provides a safety net so that students can easily access services for all of their health care needs regardless of ability to pay. In fact, X% of our patients report having no insurance at their first visit. Nonetheless, families may need health coverage when the clinic is closed for summer and holidays, and Healthy Kids can help children to be insured by the time school is out.

If you want *your* child to be a Healthy Kid, please call the SBHC at (503) XXX-XXXX to make a clinical appointment, and [name, location, phone of local application assister] to apply for Healthy Kids (only if there is not an on-site application assister at the SBHC). To learn more, visit Healthy Kids at www.OregonHealthyKids.gov.

Tool 10: Sample Outreach and Enrollment Marketing Material

Oregon Healthy Kids Student Athlete Flyer

Courtesy of Oregon Health Authority

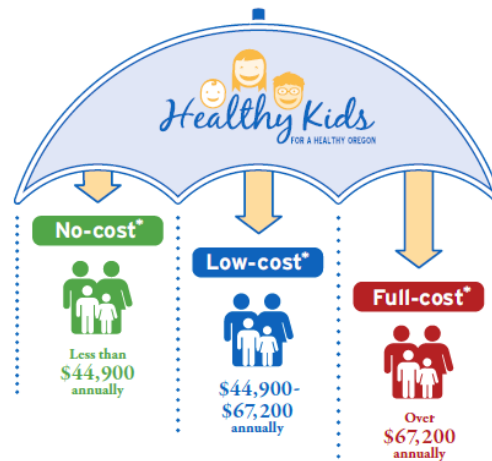


No-cost or low-cost health coverage

- Healthy Kids coverage includes all the care kids and teens need, including annual physicals, prescriptions, dental, vision, mental and behavioral health care and more.
- Youth up to age 19 qualify, and coverage lasts for one full year.

Even middle-income families qualify

- A family of four can make as much as \$67,200 a year and may qualify for the low-cost option.
- The average monthly premium is about \$60 a month for low-cost health coverage.



Visit our website or call today!

*Program eligibility is mostly based on monthly income and number of members in the family. Graphic shows examples for a family of four and annual income.



1-877-314-5678
www.OregonHealthyKids.gov



This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail hkp.orders@state.or.us, call 503-945-5741 (voice) or call 503-945-6214 (TTY) to arrange for the alternative format that will work best for you.

OHA 9378 V.4 (08/2011)

Tool 10: Sample Outreach and Enrollment Marketing Material

Oregon Healthy Kids Teen Flyer (English)

Courtesy of Oregon Health Authority

A colorful flyer for Oregon Healthy Kids. The top half features a green and yellow background with a large, stylized 'YOU!!' in white. A silhouette of a person jumping is on the left. Below the text, there are photos of four diverse teenagers. A circular inset on the left shows a doctor talking to a young boy. The bottom half has a blue background with a rainbow arc. It contains the text 'Health coverage that is all about you!' in purple, followed by a paragraph about the program's benefits. Below that is a call to action with arrows pointing to the phone number and website. The Oregon Health Authority logo and the Healthy Kids logo are at the bottom.

**Health coverage for
Oregon teens like
YOU!!**

Health coverage that is all about you!

Healthy Kids will pay or help pay for the bill when you go to the doctor, dentist, or school based health center. Healthy Kids provides no-cost or low-cost coverage for Oregon teens up to age 19 and covers the health care you need like medical, dental, vision, and mental health including chemical dependency and addiction.

It doesn't cost anything to apply so check out Healthy Kids today!

1-877-314-5678
www.OregonHealthyKids.gov

(OHA 09/11)

Oregon Health Authority

Healthy Kids
FOR A HEALTHY OREGON

Tool 10: Sample Outreach and Enrollment Marketing Material

Oregon Healthy Kids Teen Flyer (Spanish)

Courtesy of Oregon Health Authority



¡Cobertura de salud para los jóvenes de Oregon como

TÚ!!!

¡Cobertura de salud especialmente para ti!

Healthy Kids pagará o ayudará a pagar los gastos cuando vayas al médico, dentista o centro de salud en la escuela. Healthy Kids ofrece sin costo o a bajo costo cobertura para los jóvenes hasta los 19 años de edad de Oregon y cubre la atención médica que necesitas como cuidados médicos, dentales, de la vista y de salud mental, tal como la dependencia de sustancias químicas y de adicción.

La solicitud no cuesta nada,
¡así que averigua hoy mismo acerca de Healthy Kids!

➔ **1-877-314-5678** ➔



www.HijosSaludablesOregon.gov


 

(OHA SP. 10/11)

Tool 10: Sample Outreach and Enrollment Marketing Material

Durango SBHC Outreach Flyer





Durango School District 9-R

School-Based Health Centers


CHP+ and Medicaid Availability

Does your child need health insurance?

Medicaid and CHP+ are Colorado's no-cost and low-cost health coverage programs for uninsured kids and teens up to 19 years of age.

These programs offer comprehensive coverage of medical, dental, vision, behavioral healthcare and prescriptions.

Annual renewals for Medicaid / CHP+ processed here too!



Call today to see if your family qualifies!

Contact:

Angie Dinger
Medicaid & CHP+
Outreach Specialist
Durango 9-R Schools
(970) 259-1630 x 2031

Tool 10: Sample Outreach and Enrollment Marketing Material

Community Health Services, Inc. SBHC Outreach Flyer (English)



healthy kids learn better and
are more successful in school...

Child Health Plan Plus (CHP+) provides quality, affordable health and dental care coverage for uninsured children under age 19, whose families earn too much to qualify for Medicaid and can't afford private insurance.

CHP+ is free for some families. Other families will pay an annual enrollment fee of \$25 or \$75 for one child or \$35 or \$105 for two or more children.

Some families may have to make a small copayment at the time of service for health and dental care.

*(It is required that the children be U.S. Citizens or Permanent U.S. Residents who have had an Alien Registration Number for at least 5 years.)

*For CHP+ only the following expenses may be subtracted from your gross income. These include childcare, dependent elder care, child support, alimony, self-paid health insurance, and payments on current medical and dental bills.

To fill out an application or for help renewing your Medicaid or CHP+ please call

Community Health Services (CHS)
(pediatric & adolescent health clinic)

ChsKidsHealth.org

- CHS en Commerce City: (303)289-1086
4675 E. 69th Ave. 80022
- CHS en Baker in Westminster: (303)428-4384
3447 W. 64th Ave. 80221

Family Size	Medicaid		CHP+ Ages 0-18		
	Ages 6-18	Ages 0-5	\$0 Annual Enrollment Fee	\$25/\$35 Annual Enrollment Fee	\$75/\$105 Annual Enrollment Fee
1	931	1239	1397	1909	2328
2	1261	1677	1892	2585	3153
3	1591	2116	2387	3262	3978
4	1921	2555	2882	3938	4803
5	2251	2994	3377	4615	5628
6	2581	3433	3872	5291	6453
7	2911	3872	4367	5968	7278
8	3241	4311	4862	6644	8103
	100%	133%	150%	205%	250%
2012 Federal Poverty Levels					

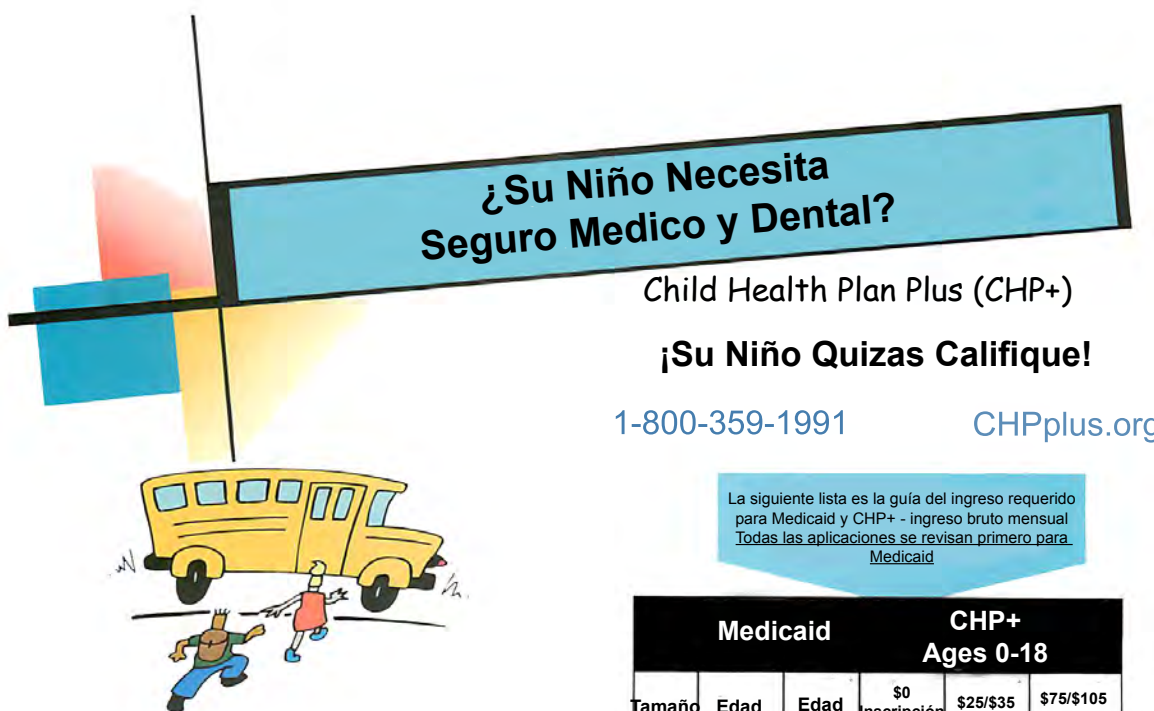
CHP+ Covers

- Doctor visits
- Shots
- Prescriptions
- Hospitalization
- Mental Health
- Eyeglasses
- Dental (\$600 per calendar year per child)
- Plus Much More!

CHS 2012

Tool 10: Sample Outreach and Enrollment Marketing Material

Community Health Services, Inc. SBHC Outreach Flyer (Spanish)



niños saludables aprenden más y
tienen más éxito en la escuela...

Child Health Plan *Plus* (CHP+) provee cobertura de cuidados de salud médico y dental de alta calidad y a bajo costo para niños menores de 19 años **sin seguro médico**, cuyas familias ganan mucho para calificar para Medicaid, y no ganan lo suficiente para comparar un seguro médico privado.

CHP+ es gratis para algunas familias. Otras familias pagarán una cuota anual de \$25 o \$75 por inscribir a un niño o de \$35 o \$105 por inscribir a dos o mas niños.

Unas familias pagaran un pequeño copago al tiempo de recibir los servicios de salud y dental.

*(Se requiere que los niños sean Ciudadanos o Residentes Permanentes de los Estados Unidos que tengan un Numero de Registro de Extranjería por minimo de 5 años.)

Para completar la aplicación o para renovar su
Medicaid o CHP+ por favor de llamar a

Community Health Services (CHS)
(*pediatric & adolescent health clinic*)

ChsKidsHealth.org

- CHS en Commerce City: (303)289-1086
4675 E. 69th Ave. 80022
- CHS en Baker in Westminster: (303)428-4384
3447 W. 64th Ave. 80221

La siguiente lista es la guía del ingreso requerido
para Medicaid y CHP+ - ingreso bruto mensual
Todas las aplicaciones se revisan primero para
Medicaid

Medicaid			CHP+ Ages 0-18		
Tamaño Familiar	Edad 6-18	Edad 0-5	\$0 Inscripción Anual	\$25/\$35 Inscripción Anual	\$75/\$105 Inscripción Anual
1	931	1239	1397	1909	2328
2	1261	1677	1892	2585	3153
3	1591	2116	2387	3262	3978
4	1921	2555	2882	3938	4803
5	2251	2994	3377	4615	5628
6	2581	3433	3872	5291	6453
7	2911	3872	4367	5968	7278
8	3241	4311	4862	6644	8103
	100%	133%	150%	205%	250%
2012 Nivel Federal de Pobreza					

*Algunos gastos podrían ser deducidos de sus ingreso total para CHP+. Estos incluyen el cuidado de niños menores, cuidado de dependientes ancianos, gastos de sostenimiento de niños o de divorcio, propio seguro médico, y pagos de cuentas médicas y dentales.

CHP+ Cubre

- Visitas al Médico
- Vacunas
- Medicinas Recetadas
- Hospitalización
- Salud Mental
- Anteojos
- Dental (\$600 por año calendario por niño)
- ¡Y Mucho Mas!

CHS 2012

Tool 10: Sample Outreach and Enrollment Marketing Material

Community Health Services, Inc. SBHC Outreach Screening Tool (English and Spanish)



Is your child currently without health insurance?

If yes, answer the questions below to see if your child may be eligible for CHP+ or Medicaid.

1. Is your child 0-18 years old? ☐ Yes ☐ No
2. Does your child have a social security number? ☐ Yes ☐ No
3. Family Size and Income
 - A. How many children do you have at home? _____
 - B. How many parents/grandparents live in your home? _____
 - C. Total of both A and B = Family size _____
 - D. Is your family's gross monthly income near the amount in the chart according to your family size? ☐ Yes ☐ No

2012 CHP+ and Medicaid monthly income guidelines			
Family Size	CHP+ Monthly Gross Income Children ages 0-18	Medicaid Monthly Gross Income Children ages 0-5	Medicaid Monthly Gross Income Children ages 6-18
1	\$2328	\$1239	\$931
2	\$3152	\$1677	\$1261
3	\$3978	\$2116	\$1591
4	\$4803	\$2555	\$1921
5	\$5628	\$2994	\$2251
6	\$6453	\$3433	\$2581
7	\$7278	\$3872	\$2911
8	\$8103	\$4311	\$3241

It is important to note that this is only a guideline and there is no guarantee of eligibility until an application is completed and processed by the county of state.

If you answered **YES** to **all** the questions above, your child **may** be eligible for CHP+ or Medicaid.
(All applicants are reviewed for **Medicaid first**.)

Call for an appointment to complete the application

Community Health Services (CHS)
Pediatric and Adolescent Health Clinic

☎ **303.289.1086** ☎ **303.428.4384**
CHS at commerce city CHS at westminster

For additional information call 1.800.359.1991
www.CHPplus.org

CHP+ offers these important health insurance benefits: Prescriptions, Doctor Visits, Immunizations, Hospitalization, Mental Health, Eye Glasses, Dental, plus much more.



¿Presentemente su niño no tiene seguro medico?

Si es así, respondo a las siguientes preguntas para ver si quizás su niño es elegible para el programa de CHP+ o Medicaid.

1. Tiene su niño 0-18 años de edad? ☐ Sí ☐ No
2. Tiene Numero de Seguro Social su niño? ☐ Sí ☐ No
3. Tamaño Familiar y Ingreso
 - A. Cuantos niños tiene en casa? _____
 - B. Cuantos padres o guardián viven en su casa? _____
 - C. Total de preguntas A y B = Tamaño Familiar _____
 - D. Es el ingreso bruto mensual de su familia cerca de la cantidad en la tabla a según el tamaño familiar? ☐ Sí ☐ No

La guía 2012 del ingreso mensual requerido por CHP+ y Medicaid			
Tamaño de su familia	CHP+ Ingreso Bruto Mensual Niños Edades 0-18 años	Medicaid Ingreso Bruto Mensual Niños Edades 0-5 años	Medicaid Ingreso Bruto Mensual Niños Edades 6-18 años
1	\$2328	\$1239	\$931
2	\$3152	\$1677	\$1261
3	\$3978	\$2116	\$1591
4	\$4803	\$2555	\$1921
5	\$5628	\$2994	\$2251
6	\$6453	\$3433	\$2581
7	\$7278	\$3872	\$2911
8	\$8103	\$4311	\$3241

Es muy importante tomar en cuenta que esto es solo una guía y no garantiza elegibilidad hasta que se complete una aplicación y tal aplicación sea procesada por el condado o estado.

Si usted respondió que **Sí** a **todas** las preguntas, es posible que su niño sea elegible para el programa de CHP+ o Medicaid.
(Todos los aplicaciones se revisan primero para Medicaid)

Llame hacer cita para competir la aplicación
a la clínica pediátrica y adolescente
Community Health Services (CHS) Pediatric and Adolescent Health Clinic

☎ **303.289.1086** ☎ **303.428.4384**
CHS en commerce city CHS en westminster

Para mas información llame al 1.800.359.1991
www.CHPplus.org

CHP+ ofrece estos importantes beneficios de seguro medico: Recetas Medicas, Consultas Medicas, Vacunas, Hospitalización, Salud Mental, Anteojos, Dental, y mucho mas.

VIII. Endnotes

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www.casbhc.org

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