Enrolling Children In Health Coverage:

It Can Start With School Lunch

Report on a National Survey of State Child Nutrition Directors and Local Activities in Selected School Districts

Prepared for

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About *Covering Kids*

Covering Kids in a national health access initiative for low-income, uninsured children. The program was made possible by a $47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid and other coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. Covering Kids receives direction and technical support from the Southern Institute on Children and Families, located in Columbia, South Carolina.

About the Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities, located in Washington, D.C., is a nonprofit, tax-exempt organization that studies government spending and the programs and public policy issues that have an impact on low and moderate-income Americans. The Center works extensively on federal and state health policies, and provides technical assistance to state policymakers and policy organizations on these issues and on the design of child health insurance applications, enrollment procedures and outreach activities. The Center is supported by foundations, individual contributors and publication sales.

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Enrolling Children in Health Coverage: It Can Start With School Lunch

Report on National Survey of State Child Nutrition Directors and on Local Activities in Selected School Districts

Executive Summary

Each day, nearly 15.4 million children in low-income families receive a free or reduced-price lunch provided through the National School Lunch Program. It is well-accepted that good nutrition influences a child's proper growth and good health, as well as his or her ability to achieve in school. To ensure that children receive the benefits the school lunch provides, it is standard practice for schools to distribute school lunch applications to families prior to the start of the school year and to encourage them to apply.

Having health coverage also can significantly influence a child's health status and school performance. Studies have shown that uninsured children are less likely to receive preventive and primary care and are more likely to miss valuable school time. Yet an estimated 10.6 million children in the United States are uninsured. Of these uninsured children, 7.1 million are in low-income families likely to be eligible for a children's health coverage program in their state. Making sure children have health insurance has become an important national priority — and getting them enrolled can start with the School Lunch Program.

Since the income eligibility guidelines for obtaining free or reduced-price school meals through the School Lunch Program are similar to or more restrictive than the income-eligibility guidelines for children's health coverage programs in most states, a child who is eligible for school lunch benefits is likely to be eligible for health coverage through the state's Medicaid or State Children's Health Insurance Program (SCHIP) program. Thus, the School Lunch Program can be an effective vehicle for identifying children eligible for health coverage programs and reducing the number of uninsured children.

The U.S. Department of Agriculture (USDA) allows schools to share information from a child's school lunch application with Medicaid or SCHIP agencies to facilitate a child's enrollment in health coverage but only with the parent's consent. To assist with health insurance outreach for children, the USDA developed and distributed several prototype forms that can be used to obtain parental consent to disclose children's free and reduced-price meal eligibility information for the purpose of identifying and enrolling children in Medicaid and SCHIP. The prototypes are available either as a check-box on a multi-use school lunch application or as a separate waiver form that can be attached to the application.

Enactment of the Agricultural Risk Protection Act of 2000 made it easier to disclose information from the school lunch application. The legislation included an amendment to the National School Lunch Act giving states and school food authorities the option to disclose children's free and

reduced-price meal eligibility data to Medicaid and SCHIP agencies without first obtaining parental consent. To protect confidentiality, school food authorities are required to inform families that the information will be shared and give them the opportunity to decline to have their child's information disclosed.

The Survey

This report describes how state child nutrition agencies and local school districts responded to the call to explore the School Lunch Program as an avenue for effective outreach. It also examines the extent to which the USDA multi-use school lunch application and waiver forms were used during the 1999-2000 school year.

With funding from The Robert Wood Johnson Foundation (RWJ) *Covering Kids* initiative, the Center on Budget and Policy Priorities conducted a national survey of state child nutrition directors. Surveys were returned by child nutrition directors in all 50 states and the District of Columbia. In addition to the survey findings, this report describes activities in nine states that are being conducted to help connect children to health coverage through targeted information-sharing and enrollment initiatives.

Findings

- Most state child nutrition agencies issued either the USDA prototype multi-use school lunch application or waiver form to local school districts to use in the 1999-2000 school year.

    - Almost two-thirds of the states (32 states and the District of Columbia) issued the USDA multi-use school lunch application or waiver form in the 1999-2000 school year.

    - Eighteen (18) states did not use the USDA multi-use school lunch application or waiver form in the 1999-2000 school year.

- Most of the states that did not use the multi-use school lunch application or waiver form employed other methods for informing families about the availability of free and low-cost children's health coverage, including enclosing flyers or other promotional materials with school lunch applications.

- More than half the states (17) that issued the USDA multi-use applications or waiver forms included a cover letter encouraging school districts to use these materials or provided instructions on how to use them, or both.

- Strategies for sorting out school lunch applications or waivers on which families had checked the consent box appear to vary from state to state, and school district to school district. Many state child nutrition directors did not know how the checked boxes were being sorted.

- Many state child nutrition directors were not familiar with the methods being used to transfer information from the school lunch application to the Medicaid or SCHIP agency.

  Many state child nutrition directors were not familiar with the strategies state or local Medicaid and/or SCHIP agencies use for responding to families that requested help obtaining children's health coverage.

- The effectiveness of the multi-use school lunch application and waiver received mixed reviews from state child nutrition directors. Some found them to be very successful while others did not.

- From the perspective of state child nutrition directors who responded to the survey, the key ingredients for successful implementation of the multi-use school lunch application or waiver appear to include a strong partnership among relevant state agencies and the availability of Medicaid or SCHIP staff to help implement transfer and follow-up procedures.

- The greatest obstacles to successful implementation of the multi-use school lunch application or waiver appear to include inadequate availability of school staff to implement procedures and a lack of clear procedures for handling the multi-use application or waiver forms. The cost of implementing the multi-use school lunch application or waiver was not mentioned by survey respondents as a significant concern.

Initiatives in nine states profiled in this report (California, Massachusetts, Colorado, New Jersey, Ohio, Oklahoma, New Mexico, Washington and Florida) have experienced success in connecting children with health coverage programs. Their methods include:

- engaging volunteers and privately supported staff to help families complete applications;
- linking families with state-contracted outreach workers who provide application assistance;
- enrolling children directly in Medicaid by making presumptive eligibility determinations; and
- assigning county eligibility workers to schools to enroll children in the appropriate health coverage program.

Lessons Learned

Broad-scale dissemination of the multi-use school lunch application by state child nutrition agencies took place during the 1999-2000 school year. Most often, the implementation of these materials and follow-up outreach and enrollment activities were left to the discretion of local school districts. Taken together, the experiences at both the state and local levels provide helpful lessons for making efforts to link children to health coverage through the School Lunch Program more effective.

- There is a need for more leadership and closer collaboration among child nutrition and children's health insurance agencies at the state and local levels.

- Efforts to foster collaboration should be respectful of the strong commitment state child nutrition directors and local school lunch managers hold for maintaining the effectiveness of the School Lunch Program. Numerous survey respondents expressed concern that a growing number of other benefit programs are asking for school lunch data for their own purposes and stressed the need to guard against making the school lunch application more complicated and to protect staff from becoming overburdened with duties not directly related to the operation of the School Lunch Program.

- Greater emphasis should be placed on the value of having written agreements between child nutrition and children's health coverage programs. Agreements between appropriate agencies should be in place regardless of the process used for disclosing information from the school lunch application. Methods for transferring and using information from the school lunch application to facilitate children's enrollment in health coverage programs should be clearly described.

- Technical challenges related to sharing information from school lunch applications with Medicaid and SCHIP (including waiver language, methods for matching records and strategies for electronic information transfers) should be reviewed and stumbling blocks removed.

- While using the school lunch application to identify children who are likely to qualify for health coverage is a first critical step, greater emphasis should be placed on aggressively facilitating enrollment of those children in health coverage programs.

The path to health coverage for children clearly can start with the School Lunch Program, but it doesn't end there. Efforts to streamline the school lunch data transfer process, combined with continued efforts to simplify Medicaid and SCHIP enrollment procedures, are key to advancing systems for reducing the number of uninsured children.

I. Introduction

In schools across this nation, each day nearly 27 million children sit down to a nutritious meal served under the auspices of the National School Lunch Program. Some 15.4 million of these meals are served free or at a reduced price to children in low-income families.[1] It is well-accepted that good nutrition influences a child's proper growth and good health, as well as his or her ability to achieve in school. To ensure that children receive the benefits the school lunch provides, it is standard practice for schools to distribute school lunch applications to families prior to the start of the school year, and to encourage them to apply.

Having health coverage also can significantly influence a child's health status and school performance. Uninsured children do not get the care they need for common childhood illnesses like recurrent ear infections and asthma.[2] They are significantly less likely to get preventive and primary care than children with insurance.[3] In addition, a recent University of Texas study found that having health insurance was associated with fewer school loss days or restricted activities days for children.[4] Yet, 10.6 million children in the U.S. are uninsured; Of these uninsured children,7.1 million are in low-income families likely to be eligible for a children's health coverage program in their state.[5] Making sure children have health insurance has become an important national priority — and getting them enrolled can start with the School Lunch Program.

According to an Urban Institute analysis, 3.9 million low-income, uninsured children are members of families in which one or more children participate in the School Lunch Program. This group comprises 60 percent of all low-income, uninsured children.[6] Since the income-eligibility guidelines for the School Lunch Program are similar to the income-eligibility guidelines for Medicaid or the State Children's Health Insurance Program (SCHIP) in most states, the School Lunch Program can be an effective vehicle for identifying children eligible for health coverage programs and reducing the number of uninsured children.

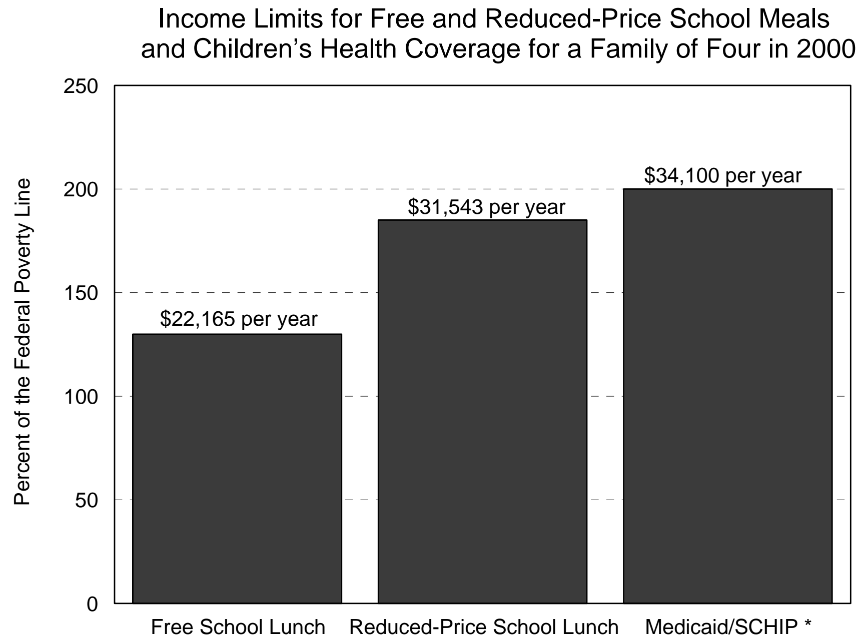
The School Lunch Application as a Child Health Insurance Outreach Tool

When families complete the school lunch application they provide family income and other information needed to determine eligibility for the School Lunch Program. Much of this same information can be helpful in determining eligibility for Medicaid or SCHIP. The ease with which information can be transferred from the School Lunch Program to the child health insurance agency influences the application's usefulness as an outreach and enrollment tool. The U.S. Department of Agriculture (USDA), the federal agency that administers child nutrition programs, issued a memorandum on December 7, 1998 that provided guidance to state child nutrition agencies on disclosing information from the School Lunch Program to Medicaid and SCHIP agencies for the purpose of facilitating a child's enrollment in health coverage.[7] (On July 25, 2000, USDA issued proposed regulations that incorporates the earlier guidance.) According to the December 7 memo, USDA policy held that information from a child's school lunch application could be shared with Medicaid and SCHIP to facilitate a child's enrollment in health coverage, but only with the parent's consent.

School Lunch Eligibility Can Flag Eligibility for Children's Health Coverage

Since the income-eligibility guidelines for obtaining free or reduced-price school meals through the School Lunch Program are similar or more restrictive than the income-eligibility guidelines for children's health coverage programs in most states, a child who is eligible for school lunch benefits is likely to be eligible for health coverage through the state's Medicaid or SCHIP program.

Specifically, children in families with income at or below 130 percent of the federal poverty line are eligible for free school meals; children in families with income between 131 percent of the federal poverty line and 185 percent of the federal poverty line are eligible for school meals at a reduced price. In 37 states and the District of Columbia, children in families with income up to 200 percent of the federal poverty line, or higher, are eligible for free or low-cost health coverage. (See Table 1 for the Medicaid and SCHIP income-eligibility guidelines for the 50 states and the District of Columbia.) The graph below shows that a child eligible for free or reduced-price school meals also is likely to have income below the limit for qualifying for health coverage.



* In 37 states and DC income limits are 200 percent of the federalpoverty line or higher.

While there are some differences in the way the two programs count income and determine family size, eligibility for free or reduced-price school meals generally can flag income-eligibility for children's health coverage in most states. To determine eligibility for children's health coverage, additional information not found on the school lunch application will be needed. Such information may include the child's Social Security number, citizenship status, health insurance status, and a few other items.

To assist with health insurance outreach for children, USDA developed and distributed to state child nutrition agencies several prototype forms that can be used to obtain parental consent to disclose children's free and reduced-price meal eligibility information for the purpose of identifying and enrolling children in Medicaid and SCHIP. The prototypes are available either as a check-box on a multi-use school lunch application or as a separate waiver form that can be attached to the school lunch application. Two versions of the consent language also are available. One version gives permission for the family's name and address to be shared; the other version gives permission for all information from the application to be shared. (See Appendix A for samples of the two disclosure statements; one waiver and one multi-use application is included.) Use of any of the prototypes is entirely optional for states. USDA encourages states to use the multi-use application or waiver form, but does not require them to do so.

To allow sharing of information to take place more easily, President Clinton signed into law on June 20, 2000, the Agricultural Risk Protection Act of 2000. This legislation includes an amendment to the National School Lunch Act that provides an alternative to the disclosure procedure. Effective October 2000, school food authorities (generally, school districts or schools) are permitted to disclose children's free and reduced-price meal eligibility data to Medicaid and SCHIP agencies without first obtaining consent from the parent. To protect confidentiality, school food authorities are required to inform families that the information will be shared, and to give them the opportunity to decline to have their child's information disclosed. The school lunch application information can be disclosed only to a person directly connected with the administration of Medicaid or SCHIP for the purpose of facilitating the enrollment of the child in the appropriate health coverage program.

This new procedure also is optional for states and school food authorities. Under the new law, any state or local school food authority that wishes to pursue this new option is required to have a written agreement with the state or local child health insurance agencies to assure that shared information actually facilitates enrollment.[8] (This assurance does not exist under the previous disclosure policy.) USDA has issued a prototype disclosure statement that states implementing the new option can use. (See Appendix B.)

Exploring Use of the School Lunch Program to Link Children with Health Coverage

In the fall of 1999, national attention on conducting health insurance outreach through schools intensified. Strategies involving the School Lunch Program were identified as potentially the most fruitful. This report describes how state child nutrition agencies and local school districts responded to the call to explore the School Lunch Program as an avenue for effective outreach.

Specifically, this report examines the extent to which the USDA multi-use school lunch application and waiver forms were used during the 1999/2000 school year. With funding from The Robert Wood Johnson Foundation (RWJ), the Center on Budget and Policy Priorities conducted a national survey of state child nutrition directors for the RWJ *Covering Kids* initiative. The survey asked child nutrition directors to report on whether they issued the prototype multi-use application or waiver to local school districts. If so, they also were asked to describe efforts to promote the use of the multi-use application or waiver and to share their

impressions of the success or lack of success of these materials. In addition to the survey findings, the report describes activities in nine states and school districts that are being conducted to help ensure that the disclosure of information from the school lunch application results in enrollment in children's health coverage programs. Lessons learned from these efforts are discussed.

II. Survey on the Use of the School Lunch Application to Identify and Enroll Children in Medicaid and SCHIP

A national survey of state child nutrition directors was conducted to examine the extent to which states promoted the use of the School Lunch Program as a vehicle for identifying children eligible for free or low-cost health coverage programs and helping to get them enrolled. The survey focused on states' use of the multi-use school lunch application and waiver forms issued by USDA, the federal agency that administers the School Lunch Program.

These materials enable families applying for school meal benefits to give permission for the School Lunch Program to share information from their application with the agencies that administer the child health coverage programs, Medicaid and SCHIP, for the purpose of facilitating enrollment in those programs. The wording of the application or waiver form allows the family to consent either to having its name and address shared, or to having all of the information from the application shared. When names and addresses are shared, families can be provided further child health insurance program information and an application, and also can be offered assistance in completing the application. If, in addition to name and address, other data from the school lunch application is shared, it is possible to use that information to begin the eligibility determination process for Medicaid and SCHIP. USDA encourages states to use the multi-purpose application and waiver forms, but it does not require them to do so. Similarly, states may issue several versions of the school lunch application to local school food authorities (generally, school districts or schools), but the local entities have the discretion to determine which one is distributed to families.

The survey was mailed to the child nutrition director in each state and the District of Columbia, and also was sent to them via e-mail by the chair of the State Child Nutrition Directors section of the American School Food Service Association. Recipients were given the option to respond by mail, e-mail or fax. Follow-up phone calls were made to encourage them to complete the survey. To better understand a state's approach to promoting the multi-use application, respondents also were asked to submit any cover letters, instructions or training materials that had been sent to school food service or other school staff from state officials. The survey focused on use of the multi-purpose school lunch application and waiver forms during the 1999-2000 school year; although some recent changes in practice that took place in the 2000-2001 school year also are discussed. Ultimately, surveys were returned by child nutrition directors in all 50 states and the District of Columbia.

Survey Findings

Use of the Multi-Use School Lunch Application

Most state child nutrition agencies issued either the USDA prototype multi-use school lunch application or waiver form (or a slightly modified version) to local school districts to use in the 1999-2000 school year. (State responses are presented in Table 2.)

- **Almost two-thirds of the states (32 states and the District of Columbia) issued the USDA multi-use school lunch application or waiver form in the 1999-2000 school year. Of the states that issued the multi-use application or waiver form:**

  — Eighteen (18) states and the District of Columbia used a check-box worded to allow all information from the school lunch application to be shared with the Medicaid/SCHIP agency;

  — thirteen (13) states used a check-box worded to allow only the name and address to be shared with the Medicaid/SCHIP agency; and

  — two (2) states did not indicate which version of the check-box was used.

  (At least 4 additional states began using or piloting the multi-use application or waiver form in the 2000-2001 school year. Two states discontinued use of the multi-use application or waiver form in the 2000-2001 school year, at least temporarily.)

- **Eighteen (18) states did not use the USDA multi-use school lunch application or waiver form in the 1999-2000 school year:**

  — Six (6) of these states reported that they had already printed and/or mailed school lunch applications to families before they became aware of the option to use the multi-use application or waiver form, or reported they wanted to wait to learn from the experience of other states before issuing the application.

- **Reasons for not issuing the multi-use school lunch application or waiver form included:**

  — concerns that processing the application would produce extra work for school staff;

  — concerns related to confidentiality and other legal issues; and

— concerns that differences in the eligibility rules for the school lunch and child health coverage programs would make coordination of the programs difficult or confusing.

One state child nutrition director explained, " Food service directors and local education agencies as a group did not want to take on additional work and responsibility for obtaining, sorting and distributing this data for other programs. The complicated issues relating to confidentiality are a definite deterrent along with no funding source to pay for staff to manage the job. To take on this role with no money for staff to do the work would detract from the School Lunch Program."

Another wrote, "Although I support this program (children's health coverage) and its purpose, the federal bureaucrats need to understand that unfunded mandates[*] add to state agency and local school district burdens. Time and resources are being taken away from core programs, like the National School Lunch Program."

On the other hand, a third state child nutrition director wrote, "We'll work with any district that wants to distribute a waiver."

- **Most of the states that did not use the multi-use school lunch application or waiver form employed other methods for informing families about the availability of free and low-cost children's health coverage. Such strategies included:**

— enclosing child health coverage informational flyers, brochures or other promotional materials with school lunch applications;

— attaching a Request for Information (RFI) form to the school lunch application, so that families can provide their name and address to the child health agency separately, precluding the need to waive confidentiality to allow this information to be transferred from the school lunch application. RFIs may be mailed by families directly to the Medicaid and/or SCHIP agency or to the school, which forwards them to the Medicaid and/or SCHIP agency;

— sending families information about the availability of children's health insurance and how to apply at the time the School Lunch Program notifies them that their child qualifies for school meal benefits. This method also precludes the

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[*] Note: Using the multi-use school lunch application or waiver form actually is optional, not mandated.

need to share information from the school lunch application and at the same time targets outreach efforts to families with children most likely to qualify for health coverage; or

— sending families information about the availability of children's health insurance coverage and how to apply when the school sends notification of "direct certification". Direct certification is a process by which free school lunch eligibility is determined based on information obtained from the appropriate agency documenting that the child receives assistance from TANF, food stamps, or the Food Distribution Program on Indian Reservations (FDPIR). Families whose children are directly certified do not need to complete a school lunch application.

Communication from State Agencies to Local School Lunch Programs

More than half the states (17) that issued the USDA multi-use applications or waiver forms included a cover letter encouraging school districts to use these materials and provided instructions on how to use them, or both. The content of cover letters and the source of the letters varied from state to state:

- Several states sent special letters, sometimes signed by the Governor or Commissioner of Education, encouraging use of the multi-use school lunch application; others included information on children's health coverage and the new check-box on the school lunch application as part of a general letter to school food service staff that discussed many issues related to the application.

- Letters usually described the check-box language and reminded school food service staff that families do not have to complete this section to be eligible for free and reduced-price school meals.

- Several letters specified the information from the school lunch application that could be shared and recommended that school districts enter into a Memorandum of Understanding with the Medicaid and/or SCHIP agencies to ensure the shared information would be used only for stated purposes and would not be disclosed to any other agency.

- A few letters gave concrete instructions for the transfer of school lunch information to the Medicaid and/or SCHIP agencies.

- A few letters included information about state child health coverage initiatives, such as:

  — new child health coverage policy developments;

— outreach ideas for schools; and

— opportunities for schools to benefit from enrolling eligible children in child health coverage programs, either by obtaining Medicaid reimbursements or by qualifying for an application assistance fee.

One respondent reported, "Child Nutrition Programs in our state have received the full support of our State Superintendent of Public Instruction to proceed with outreach efforts. We've joined forces with [the state's SCHIP program] to further outreach efforts in the 2000-2001 school year. This state had a plan from the top on how waiver forms would be transferred."

Technical and Administrative Issues

The survey findings indicated that usually there is not a mechanism for the state to track which prototypes are being used and by which school districts. Nor are the states tracking how information from school lunch applications is being transferred or what type of response families are receiving after they give permission for information to be shared. Unless there is a state-level plan describing such procedures, it is more fruitful to learn about these aspects of the process by examining activities being conducted at the local level. Several examples of such activities are presented in the next section of this report.

Strategies for sorting out school lunch applications or waivers on which families had checked the box appear to vary from state to state, and school district to school district. Many state child nutrition directors did not know how the checked boxes were being sorted. Of the 27 responses received:

- Twelve (12) states reported that check-boxes were sorted manually;
- four (4) states reported that school lunch application data is entered into a computer database that can generate a list of families that checked the box; and
- eleven (11) states did not know how the application was being handled.

One local school food service manager expressed a commonly held view — that computerizing the school lunch application is key to facilitating linkages with other programs. She said, " We've been computerized since 1986. If the school district is computerized it shouldn't be difficult to share information."

Many state child nutrition directors were not familiar with the methods for transferring information from the school lunch application to the Medicaid or SCHIP agency. Of the 28 states that responded to this question:

- Fifteen (15) states indicated that information from the school lunch application or waiver form was mailed from the school or school district to the state or local Medicaid or SCHIP agency. (In a few cases the applications also were personally retrieved by Medicaid or SCHIP staff.); and

- thirteen (13) states reported that they did not know how information from the school lunch application or waiver form gets from the school lunch program to the Medicaid/CHIP agency.

One state child nutrition director expressed this frustration: " There was no clear information about what would be done about the applications, who would do it or who would coordinate."

In another state, the wording on the application indicated that by checking the box families would be giving permission for the local Department of Health to call the school district to verify that the child was receiving school lunch. (The Department of Health in that state is neither the Medicaid nor the SCHIP agency.) This suggested to the district food service manager that she would be receiving calls from the Department of Health about the school lunch eligibility status of individual children who had applied for children's health coverage. In an interview some ten months after the school lunch applications had been disseminated to families, she indicated that many checked boxes had been returned to her and asked, "Can you help me figure out what to do? I'm still waiting for someone to call."

The cost of implementing the multi-use school lunch application or waiver did not appear to be a significant concern. Of the 26 states that responded:

- Ten (10) states reported that no extra costs were incurred;

- thirteen (13) states reported that school districts incurred minimal costs such as expenses for printing or additional postage, but these costs were absorbed by the School Lunch Program;

- three (3) states reported that the child health insurance agency (Medicaid or SCHIP) absorbed any costs associated with implementing the multi-use school lunch application; and

- at least two (2) states reported that costs were shared among several entities, such as the School Lunch Program, the school district and the child health insurance agency.

Many state child nutrition directors were not familiar with the strategies state or local Medicaid and/or SCHIP agencies use for responding to families that requested help obtaining children's health coverage. Of the 29 states that responded to this question:

- Seven (7) states reported that families are mailed promotional information about the child health coverage program and they may also receive an application;

- four (4) states reported that families are contacted by a state outreach worker;

- four (4) states reported that families are contacted by community-based organizations; and

- fourteen (14) states reported they did not know how state or local Medicaid or SCHIP agencies were responding to families.

One state child nutrition director commented on the importance of having a working partnership with the child health insurance agency. He said: "The CHIP program made themselves available to train our local child nutrition directors and staff. They've come to our summer workshop and they've made themselves available in the schools."

Perceptions of the Effectiveness of the Multi-Use School Lunch Application and Waiver

The effectiveness of the multi-use school lunch application and waiver received mixed reviews from state child nutrition directors. Of the 26 states that responded:

- Seven (7) states reported their efforts to be "successful" or "highly successful";

- seven (7) states reported their efforts to be "unsuccessful" or "highly unsuccessful";

- three (3) states reported that some of the school districts in their states were successful, but others were unsuccessful; and

- nine (9) states reported they did not know whether their efforts had been successful or unsuccessful.

From the perspective of state child nutrition directors who responded to the survey, the key ingredients for successful implementation of the multi-use school lunch application or waiver appear to include:

- a strong partnership among relevant state agencies; and

- having Medicaid and/or SCHIP staff available to help implement transfer and follow-up procedures.

The greatest obstacles to successful implementation of the multi-use school lunch application or waiver appear to include:

- school staff are not available to implement procedures, and

- a lack of clear procedures to handle the multi-use application or waiver forms.

The survey responses did not reflect a significant problem with covering the cost of sharing information from school lunch applications with Medicaid and SCHIP. However, in telephone interviews state child nutrition directors expressed a much greater concern about a lack of resources to cover activities not directly related to the administration of the School Lunch Program. They also expressed the concern that efforts to use school lunch eligibility information to establish eligibility for other programs could ultimately result in a more complicated school lunch application.

III. Making the School Lunch Connection Work

School lunch applications are completed by families and processed at the school or school district, where an eligibility determination is made. To understand how to connect this process to the application and eligibility determination process for children's health coverage programs, it makes sense to look at strategies currently being used in local school districts.

The experiences of nine school districts that are implementing an array of ideas are presented in this section. All of the districts profiled use the school lunch application as a tool for identifying children likely to be eligible for Medicaid or SCHIP. After this first crucial step is accomplished, each of the school districts proceeds using a different method to facilitate the child's enrollment in Medicaid or SCHIP. The methods include: engaging volunteers and privately-supported staff to help families complete applications; linking families with state-contracted outreach workers who provide application assistance; enrolling children directly in Medicaid by making a presumptive eligibility determination; and assigning county eligibility workers to schools to enroll children in the appropriate health coverage program. Finally, a few school districts are beginning to experiment with ideas for meshing the school lunch and child health applications, so that information from the school lunch application can be used to start the process of determining eligibility for children's health coverage.

The initiatives described here all have several elements in common that have made them promising strategies to explore. These attributes include:

- partnership among school officials, state and local child health insurance agency officials and program administrators and consumer or community groups;

- cooperation from School Lunch Program staff, enabling information from the school lunch application to be shared;

- a plan in place and staff whose job is to follow up; and

- resources to support the initiative, such as Medicaid or SCHIP administrative funds, private funds or in-kind resources.

These characteristics were mentioned by those interviewed as integral to advancing the goals of their outreach and enrollment activities. The box accompanying each profile summarizes these key elements for the strategy described in the profile.

California

In California, the School Lunch Program application is the vehicle to which a separate Request for Information (RFI) form is attached. But, whether the RFI jump-starts the enrollment process depends on whether financial and staff support are available in school districts interested in helping families obtain health coverage for their children. The RFI strategy, developed as a collaborative effort among Consumers Union, California Department of Health Services, the Managed Risk Medical Insurance Board (MRMIB), DHS' School Health Connections office and the California Department of Education, enables families to indicate they are interested in learning about health coverage for their children through Medi-Cal and Healthy Families (the state's Medicaid and separate SCHIP programs), and receiving an application.[**]

> **Elements of a Promising School Lunch Strategy**
>
> ***West Contra Costa Unified School District***
>
> ✓ **Use of School Lunch Application:** Request for Information (RFI) form attached
> ✓ **Partnership:** state child nutrition agency, school district, county health agency, community organizations, consumer group
> ✓ **Role of School Lunch Staff:** manually detach RFI, share with Certified Application Assistors (CAAs)
> ✓ **Follow-up:** Parents hired as CAAs; volunteers, student peer educators also involved; Medi-Cal eligibility worker assigned to district
> ✓ **Funding:** application assistance fees; county grant of Medicaid administrative funds

The RFI has proven to be useful for getting information to families about the state's child health coverage programs. The West Contra Costa Unified School District (WCCUSD) is one district that pushed the RFI strategy to the limit — resulting in health insurance enrollment for hundreds of students. Working together with an organization called Communities in Schools, a plan for contacting families and providing application assistance was put in place in the 1999-2000 school year. Funding for the project came from $37,000 in grants from the Contra Costa County Department of Health Services. The source of the money is the state's share of the federal "$500 million fund" — enhanced Medicaid administrative matching funds allotted under the 1996 welfare law to ensure that families do not lose health coverage as a result of changes in the welfare system.[9]

[**] A notice that is separate from the school lunch application itself was necessary in California, since state law pertaining to the confidentiality of student information prevented sharing information from the school lunch application directly with the child health agencies, despite the USDA guidance allowing families to consent to disclosure of school lunch information.

By November 1999, approximately 3,000 RFIs were received by the school district from more than 2,000 families. Additional RFIs continued to stream in throughout the school year. High school peer educators hired by the district helped motivate older students to return the forms. The RFIs were detached from the school lunch applications, either by school cafeteria staff or district food service staff. At that point the intensive follow-up work began.

WCCUSD recruited 30 parents and volunteers to be trained by the county as Certified Application Assistors (CAAs). Six of the parents were hired by the school district on a part-time basis to conduct outreach and provide application assistance. Making the parents school employees helped to avert any problems related to confidentiality. The parents were based at three Healthy Start schools, since those schools were likely to have a large number of eligible children and because the Healthy Start program emphasizes parent involvement. Each of the parent CAAs were asked to identify two to four additional parents to become involved in the enrollment effort. These parents were paid a stipend for their participation. "Parents were recruited to become CAAs when they were enrolling their own children," according to Robert Ayasse, the district's former Healthy Start Coordinator. Being tapped to provide this service "empowered parents and also gave our project credibility among Spanish-speaking families," he explained. "One of our Spanish-speaking parent CAAs made follow-up calls to families that had originally declined help with enrollment. There was a strong, positive response to her offer to help."

The CAAs contacted 80 percent of the families who submitted RFIs, resulting in 700 families enrolling their children in Medi-Cal, Healthy Families, or California Kids, a health coverage program operated by a private, nonprofit organization. California provides a $50 application assistance fee for each approved application to organizations that employ CAAs. This funding source has helped to sustain the WCCUSD effort. However, in the 2000-2001 school year, a county eligibility worker has been assigned to the district. Applications for children who appear to be eligible for Medi-Cal are sent directly to the worker for processing and do not have to be sent to the state Healthy Families office to be screened for Medi-Cal eligibility and then forwarded to a county Medi-Cal office. Having the eligibility worker on site provides a more direct route to enrolling children in Medi-Cal. The school district recognized the advantage and decided it was worth forgoing the application assistance fee for children approved for Medi-Cal. The fee still can be claimed for children whose applications are sent to Healthy Families and are approved.

As CAAs contacted families, they found that many children already were insured through either public or private programs. Other families had moved and CAAs were unable to contact them. Only a handful of families with uninsured children — fewer than a dozen — were found to not meet the eligibility guidelines for any of the available programs.

California continued to use the RFI form in the 2000/2001 school year. By December of the 2000/2001 school year, about one million RFIs had been requested from the state by school districts, schools and other entities, and 44,500 had been returned to the state by families seeking applications for child health coverage. (In some communities, the school or school district responds to the RFI directly, so the actual number of returned RFIs is even higher.) The School

Lunch Program currently is the number one source of requests for Healthy Families/Medi-Cal applications. Transforming requests for assistance into increased enrollment in children's health insurance programs depends on systematic follow-up activities like the WCCUSD initiative.

Massachusetts

> **Elements of a Promising School Lunch Strategy**
>
> ***Everett and Lawrence, Massachusetts***
>
> ✓ **Use of School Lunch Application:** check-box on multi-use application
> ✓ **Partnership:** state and local health agencies, state child nutrition agency, local school districts, hospitals, consumer and community groups
> ✓ **Role of School Lunch Staff:** sort applications manually or by computer, depending on districts capability
> ✓ **Follow-up:** volunteer phone bank to "triage" requests for help, trained community outreach workers or school nurses to help with applications
> ✓ **Funding:** in-kind support; state mini-grants (mix of state and federal funds)

"At the start of this project, one of the biggest concerns we had was the level of participation that we could expect from the schools, given the realities of limited staffing and resources," said Elizabeth Cote, an AmeriCorps Fellow working with the Boston-based consumer group, Health Care for All. Apparently, there was little need to worry. The project — a collaboration among the state Division of Medical Assistance, the Department of Education and the *Covering Kids* project at Health Care for All — piloted the use of the school lunch application as a tool for facilitating enrollment in health coverage programs in 11 Massachusetts school districts. It generated tremendous enthusiasm from school food service staff and school nurses, and resulted in a flood of requests for help from families. Each of the pilot school districts incorporated a check-box on its school lunch application so that families could indicate their interest in health coverage for their children. How the checked boxes were handled varied depending on the school district.

In the city of Everett, school employees donated their time to sort the school lunch applications, identifying more than 900 families that requested help with coverage for their children. The Joint Commission on Children's Health Care in Everett, one of the state's outreach project grantees, then mounted a community-wide volunteer effort to respond to these families. A phone bank, comprised of school nurses, guidance counselors, and nurses from the Board of Public Health and Whidden Hospital, operated for three evening sessions to attempt to contact every family that had expressed interest. Space and phone equipment were donated by Everett City Hall and Hallmark Hospital.

The phone bank volunteers operated as a "triage team". They discovered that about half the families who had asked for help had actually checked the box without having read or understood the purpose of it. Of the remaining families, 362 who were reached had health-related questions. Some already had insurance and many needed advice on how to gain access to specific health services. If the family wanted help obtaining coverage, the volunteers asked some basic questions to assess whether the children might qualify for Medicaid or SCHIP-funded coverage

through MassHealth, or for Massachusetts' state-funded program, the Children's Medical Security Plan. They also assessed whether families needed the services of an interpreter or other special help. Finally, the volunteers secured permission from families to have a community outreach worker contact them to provide assistance applying. The Joint Committee followed up by coordinating the efforts of outreach workers who are guiding families through the application and enrollment process.

In the city of Lawrence, the entire process took place "in-house". There, the school lunch eligibility system is computerized. Programmers added a field to incorporate information indicating whether the check-box had been marked. No hand-sorting was involved; rather, food service staff generated lists of families that requested help with health coverage, as well as a mailing label for each of those families. School nurses sent health coverage applications to the 3,600 families who responded and offered their assistance in completing the forms.

Colorado

The Colorado School Medicaid Consortium — a group of more than 100 school districts across the state — was organized to develop and implement systems for obtaining reimbursement for Medicaid-billable services. As the program was getting off the ground, Connie Garcia, Medicaid Director for the Denver Public Schools and the Consortium, was surprised at what the district was finding. "Once we identified the Medicaid-eligible kids," she said, "we realized how many of our kids were *not* insured. Everything pointed to the need for outreach."

Elements of a Promising School Lunch Strategy

Denver, Colorado

✓ **Use of School Lunch Application:** aggregate school lunch eligibility data targets "high need" schools, and check-box on multi-use application
✓ **Partnership:** state child nutrition agency, state CHIP contractor, Colorado School Medicaid Consortium, Denver Health and Hospitals Authority, school district
✓ **Role of School Lunch Staff:** provide school-level eligibility data, manually transfer applications to outreach workers
✓ **Follow-up:** outreach workers arrange appointments with Enrollment Specialists at or near schools
✓ **Funding:** private foundation grant

Together, the Colorado School Medicaid Consortium, Colorado *Covering Kids* and Child Health Advocates, the organization that contracts with the State of Colorado to determine eligibility for the Child Health Plan Plus (the state's SCHIP Program) worked to devise a plan. Fueling the effort, was a grant from the Rose Community Foundation, secured by Child Health Advocates. A portion of this grant was passed on to the Consortium, which coordinates the outreach and enrollment effort and convenes monthly meetings.

The School Lunch Program is the focal point for two strategies that target outreach and enrollment efforts to students most likely to qualify for health coverage. One strategy compares school-level data indicating the percentage of children eligible for school lunch with school-level

data indicating the percentage of children known to be enrolled Medicaid. So, for example, outreach efforts can be targeted to all students in "high need" schools, defined as schools with a high percentage of children eligible for school lunch, but a low percentage of children enrolled in Medicaid.

The other strategy uses the school lunch application, which includes a check-box for families to indicate their interest in obtaining health coverage for their children. Applications that have checked boxes are forwarded to the school district's team of bilingual outreach workers, who have been hired using a portion of the Rose Community Foundation grant. Outreach workers employed by the school are often able to solve problems and contend with the logistical challenges of a large, urban school district more easily than an outside group trying to work in the schools. For example, if a child's family has moved to another neighborhood since filing the school lunch application, the school-based outreach worker can still locate the family and set up a convenient appointment at the enrollment site in the new school.

In the Denver Public Schools, once interested families and high-need schools are identified, a variety of intensive follow-up efforts ensue. Enrollment Specialists from Denver Health and Hospitals Authority (DHHA) — which administers 12 school-based health centers and sponsors the *Covering Kids* Denver pilot — has set up enrollment sites in schools, libraries and community centers. Outreach workers use the school lunch lists to call families and set up appointments to visit an enrollment site operating in their neighborhood. There, the Enrollment Specialists assist families in completing the joint Medicaid/Child Health Plan Plus application. They then screen the application to assess whether the child is likely to be eligible for Medicaid, and if so, they forward the application to the local Department of Social Services, where a final Medicaid eligibility determination can be made. If the child does not appear to qualify for Medicaid, the Enrollment Specialist is authorized to make an eligibility determination for Child Health Plan Plus. One DHHA site is an official Satellite Eligibility Determination Site, co-located with Medicaid. According to Covering Kids pilot coordinator, Patty Alvarez, "We share the computer system at this site, which makes enrolling the child in the correct program a smoother process."

"We are so fortunate to have the school lunch data to steer us to families," says Alvarez. "Before this, we felt like telemarketers, just making cold calls to families." According to Connie Garcia, cooperation from the school food service staff and aggressive staff development are at the core of making this system work. Before the project began, food service staff were trained on how to handle the family contact information from the school lunch application. All school principals received a memo explaining the project and how to alert families to the opportunity to enroll their children in health coverage at school and how to refer families to outreach workers. Sample newsletter articles and report card inserts were also provided. Child Health Advocates provided training for the outreach workers and other staff. Staff from the participating school districts attend monthly meetings organized by the Colorado School Medicaid Consortium. At this time they share techniques they have used successfully, such as telephone scripts for outreach

workers, ideas for setting up a database to track families contacted by the project and effective follow-up strategies.

Connie Garcia reflects on how this project has changed the school district. "Initially, we were uncomfortable asking families if they were on Medicaid, " she said. "But our outreach efforts helped us look at the bigger picture and take on a bigger commitment. It has become common practice in our district to ask families whether they have health coverage for their children. Now, our psychologists, OT/PT, speech and language specialists, school nurses, and social workers, who never had time to help families with the technicalities of filling out an application, have a place they can refer families for help. They feel so relieved."

New Jersey

When it came to engaging the School Lunch Program to connect families with health coverage for children, NJ KidCare (now called NJ FamilyCare) made the first move. NJ KidCare officials initiated discussions with School Lunch Program staff at the New Jersey Department of Agriculture in January 1999. Together they decided to add a check-box to the school lunch application — translated into both Spanish and French Creole — that would allow families to give permission for information from their child's school lunch application to be shared with NJ KidCare. NJ KidCare had to move quickly to design the check-box language so that new forms could be ready by the spring, when many school districts begin to distribute school lunch applications for the following school year. A letter from the Commissioner of Education was sent to superintendents and principals asking them to attach a NJ KidCare fact sheet to the new applications so that families would have information about the opportunity to obtain health coverage for their children. A special telephone message system was put in place so principals could call with questions about NJ KidCare.

Elements of a Promising School Lunch Strategy

New Jersey

✓ **Use of School Lunch Application:** check-box on multi-use application
✓ **Partnership:** state SCHIP program, state child nutrition agency, state education agency, school districts, community groups, local health departments, other local groups, Scholastic, Inc.
✓ **Role of School Lunch Staff:** initially transferred applications to SCHIP agency; later applications maintained at school for follow-up
✓ **Follow-up:** state-supported outreach teams and community-based partnership, grantees assist families with applications; school-based FamilyCare liaison in some schools
✓ **Funding:** application assistance fees; in-kind incentives

Principals were asked to forward to the NJ KidCare office copies of school lunch applications on which the consent box had been checked. NJ KidCare offered to dispatch outreach workers from the state's outreach teams to help schools separate out applications and make copies of the applications so that NJ KidCare could follow up. Once applications were received, NJ KidCare

staff entered names and addresses in a data system and generated lists of interested families by zip code. These lists were distributed among NJ KidCare outreach teams and partnership grantees, who contacted them to offer help in applying for health coverage. The NJ KidCare partnership grantees are community-based organizations, federally qualified health centers, local health departments and others — including some schools — which, as a result of legislation passed by the state legislature in July 1999, have contracts with NJ KidCare to provide families application assistance. Grantees are trained by NJ KidCare staff and can receive $25 for every approved NJ KidCare application. This made a significant difference in NJ KidCare's ability to follow up with families seeking health coverage through the school lunch application process.

As of November 2000, some 4,370 NJ KidCare applications were sent to families, of which 2,021, or 46 percent, were completed and returned. About 24 percent of those applications were approved, resulting in 1,047 new children enrolled in the program.
A new development shows promise of pumping even more energy into New Jersey's school-based outreach efforts. As part of a new relationship with Scholastic Inc., schools will be offered further incentive to follow up with families they identify as eligible for coverage. (Now, with the implementation of NJ FamilyCare, parents may be eligible for coverage as well.) The school lunch application is one important tool they will be using. According to the arrangement with Scholastic, the first 1,200 schools to appoint a NJ FamilyCare liaison, will receive a $150 Scholastic gift certificate. Assigning a school-based point person will make it more likely that a checked box on a school lunch application leads to a completed NJ FamilyCare application — and ultimately a newly-insured child.

Ohio

Phones are ringing all over Cincinnati. In the fall of 2000 an initiative spearheaded by Hamilton County Department of Human Services, Automated Health Systems (the county's CHIP[***]outreach contractor) and the Children's Defense Fund's Cincinnati office (a *Covering Kids* pilot site) was launched. Contact information for 2,500 children whose families applied for free and reduced-price school meals was transferred to Automated Health Systems. That's when the calling began.

Elements of a Promising School Lunch Strategy

Hamilton County, Ohio

✓ **Use of School Lunch Application:** check-box on multi-use application; RFI form in some districts
✓ **Partnership:** county Department of Human Services, county outreach contractor, local school districts, child advocacy group
✓ **Role of School Lunch Staff:** manually or electronically transfer contact information to outreach contractor
✓ **Follow-up:** phone center helps families apply by phone, community-based outreach grantees help families with applications, ability to track applications
✓ **Funding:** application assistance fees, Medicaid administrative funds, private foundation grant

[***] In Hamilton County the SCHIP-funded Medicaid expansion program is known as CHIP.

Cincinnati Public Schools included a check-box on its school lunch application that families could use to indicate they were interested in obtaining health coverage for their children. The school district routinely enters school lunch application data into its computer system, and this year an additional field was added to capture information from the check-box. An electronic file was generated and transferred to Automated Health Systems, where it was merged into the contractor's database. The list was sorted into shorter lists according to school and handed over to school-based "in-reach" teams of parent involvement coordinators. They let families know they could get personalized help with a child health coverage application at school or could call the CHIP Helpline, Automated Health Systems' phone center.

Through the CHIP Helpline — which is available to families from 8 a.m. to 8 p.m. weekdays, and 9 a.m. to 1 p.m. on Saturdays — families can apply for coverage over the telephone. When a family calls, CHIP Helpline staff explain the program and talk the caller through the application, filling it out as they go. (Soon the system will be fully automated so staff will be able to enter the data in the computer and print out a completed application.) That same day, the family is sent the application with instructions to sign it, attach income verification and mail, in a postage-paid envelope, to the county Department of Human Services. And, the process doesn't stop there.

As part of its contract with the county, Automated Health Systems can track applications through the county computer system. So, 15 days after the application has gone from the phone center to the family, staff checks to see whether the county has received the family's application. If not, the phones start ringing again, as staff follow up to see whether families need any additional help and to encourage them to submit their forms to the county office. After an application has been received by the county, staff at Automated Health Systems can check on the disposition of the application to let the family know whether any further information is needed. This tracking capability also is used to provide feedback to the 140 community-based "in-reach" locations — schools, hospitals, churches and others — that are assisting families with applications. Automated Health Systems can tell each of these organizations, which receive an incentive payment of $10 for every child that gets enrolled, how well they are doing in terms of approved applications.

Each month the community "in-reach" sites generate about 300 applications, and the CHIP Helpline generates twice that number. The personal contact with someone who can help with an application clearly makes a difference, with the phone center providing an extra measure of convenience for families.

Although Cincinnati Public Schools was the only Hamilton County school district to electronically transfer information from the school lunch application to Automated Health Systems, eight other school districts participated in the initiative. Rather than placing the check-box on the application, these districts used a separate Request for Information form provided by the state and manually sorted out those on which parents had checked the consent box. (A close

look at the form before it went out to families saved the day in some districts. Apparently, the standard wording of the form did not include a place for families to put their phone number, and a last-minute change was needed. Without phone numbers, the phone center would not have had the ability to reach out to families most effectively.) About 800 forms found their way to Automated Health Systems and in December 2000, more were coming in.

According to Charles Woode, Health Services Director for Hamilton County, "There's a long way from disseminating information to generating a signed and dated application. You need a coordinated effort — from the top down and from the bottom up. You need a vehicle in place at the local, grass roots level to follow-up with families." That's happening in Cincinnati — and that's why the phones are ringing.

Oklahoma

Elements of a Promising School Lunch Strategy

Norman, Oklahoma

✓ **Use of School Lunch Application:** check-box on multi-use application
✓ **Partnership:** state education agency, state child nutrition agency, county Department of Human Services, school district
✓ **Role of School Lunch Staff:** manually transfer student contact information to county Department of Human Services
✓ **Follow-up:** families receive flyer with phone number to get help; trained volunteer assists with application or eligibility worker determines eligibility

"Working with the School Lunch Program has really been a plus for us," says Ms. Susan Wiest, a SoonerCare eligibility worker in Norman, Oklahoma. "In the beginning, the larger school districts were not open to us, but the school lunch letter really opened the doors," she explains, referring to a letter from Sandy Garrett, State Superintendent of Public Instruction. The letter advised local superintendents about the new school lunch application containing the check-box for families to indicate their interest in obtaining health coverage for their children. It explained the importance of the new application and instructed school officials to send the names of students for whom confidentiality has been waived, to their county Department of Human Services offices. Also included was a SoonerCare poster, advertising the program.

Now Wiest was ready to swing into action. She is one of 47 county eligibility workers who have been out in their communities — rather than behind their desks in the eligibility office — bringing families into the SoonerCare program. Support for this outreach initiative has come from Oklahoma's share of the federal "$500 million fund"— enhanced Medicaid administrative funds allocated to each state to ensure that families do not lose Medicaid coverage as a result of changes in the welfare system.[10] According to Wiest, this initiative "put the 'social' back in social work."

After Wiest made the first contact with the Norman schools and got them on board, the next task was to train 30 volunteers chosen by principals 21 schools to assist families in completing the

SoonerCare application. When families came to school at registration time and needed help with school lunch forms, they were also able to get help signing up for health coverage. Family members that filled out the school lunch application on their own could check the box on the application to allow their name and contact information to be shared with SoonerCare. In return they received a flyer and a number to call to get direct help from Wiest or one of the volunteers.

What are the advantages of having an eligibility worker in the schools? As an eligibility worker, Wiest not only can help complete an application, she can process the application, as well. "When I interview someone, I am able to give them a pretty good idea if they are eligible. Families come away with more confidence in the SoonerCare program," she explains. "They know they will get heath insurance in a matter of weeks, rather than months." Ms. Wiest says she can turn around an application in two to three weeks, depending on how much time she is out of the office. "I do them during 'down time'," she says. With Wiest's packed itinerary, that means the 'down time' between visiting prenatal clinics, health departments, parent nights and helping to staff a booth at the state fair.

New Mexico

> **Elements of a Promising School Lunch Strategy**
>
> ***Albuquerque, New Mexico***
>
> ✓ **Use of School Lunch Application:** check-box on multi-use application
> ✓ **Partnership:** state Medicaid agency, state child nutrition agency, school district
> ✓ **Role of School Lunch Staff:** cafeteria managers copy forms and pass on to Medicaid outreach team
> ✓ **Follow-up:** school nurses, trained clerks contact families and presumptively enroll eligible children in Medicaid; provide follow-up to ensure continued enrollment
> ✓ **Funding:** Medicaid administrative funds

When school started in Albuquerque in mid-August, school nurse Deanna Stevenson and her Medicaid outreach team were ready to roll. They already had a good deal of experience under their belts, having operated last year as one of New Mexico's Presumptive Eligibility/Medicaid On Site Application Assistance (PE/MOSSA) sites. Deanna and the three clerks who work with her are certified by the state Department of Human Services to assist families in completing Medicaid applications, and they are authorized to make presumptive eligibility determinations to directly enroll children.

Their "search-and-enroll" strategy starts with the district's School Lunch Program applications, which contain a check-box for families to give permission to share information from the application for the purpose of obtaining health coverage for their children. Deanna has worked with the district's school lunch director and the cafeteria managers to create a system that makes sense for them. Some of the logistics have been refined after trial and error. For example, at first the cafeteria managers were responsible for culling the applications with checked boxes, but this proved to be a heavy time commitment and not efficient. So now the cafeteria managers copy the forms and pass them on to the Medicaid outreach team. They sort, extract contact names and phone numbers, and then shred the forms, so there will not be any question of confidential

information ending up in the wrong hands. They know this is a fruitful list, since the income-eligibility guidelines for New Mexico's child health coverage program is 235 percent of the federal poverty line, significantly higher than the income limit — 185 percent of the federal poverty line — for the School Lunch Program.

Once the contact list of interested families is generated, the team makes calls to set up appointments and let them know what kind of documents to bring with them. Then the team fans out among the district's 116 schools to meet with families that need health coverage for their children. It's no surprise that mileage costs are high — the team is constantly on the move.

The New Mexico Medicaid application is relatively short and easy to fill out, but the service provided by the Medicaid outreach team has extremely important advantages for families. First, in New Mexico, a contact with a PE/MOSAA provider satisfies the face-to-face interview requirement that still exists for applicants. So, families are able to meet with Deanna or a member of her team instead of having to visit an Income Support Division (ISD) office. Second, the team has been trained to answer any questions that may arise. They know what documents need to be gathered and they know the official terminology and protocol — so they can serve as a family's trusted guide all the way through the process.

Finally, team members can conduct a presumptive eligibility determination, conferring immediate enrollment so that a child in need of medical attention can get it without having to wait for the application to be processed by the Medicaid office. Of course, families must still bring in any outstanding information and documents needed to complete the process, but they can take care of this after being relieved of any concern that their child may miss out on needed health care in the meantime. The Medicaid outreach team is key to assisting with the follow-up work that closes this critical loop in the process.

The team's record of success shows that a well-designed process and a dedicated staff can make presumptive eligibility work. In August and September of 2000, Albuquerque Public Schools determined 386 children to be presumptively eligible for health coverage. Of these, 371 were enrolled and only 15 were denied. That's a 96 percent acceptance rate! And the numbers are growing. In the 2000/2001 school year, a total of 809 children had been enrolled by December, and the team's interaction with families will not stop there. The state of New Mexico now allows the PE/MOSAA providers to assist with the renewal process. So, the team will not only be helping children get enrolled, they will be helping them retain their coverage after the 12-month continuous eligibility period is up.

In addition to assuring that students have health coverage and, as a result, the chance to receive the health care they need, the Medicaid outreach work is helping the schools cover the cost of Medicaid services delivered at school. "One question we asked, was whether the outreach program was helping us to increase our Medicaid billing," explains Fran Smith, Medicaid Specialist for the Albuquerque Public Schools, "And the answer is yes." The Medicaid outreach team started to track the number of children they signed up who were in special education

classes, receiving services that are billed to Medicaid. So far they have documented that 10 percent of the children enrolled since September 2000 can be added to the number of children receiving school-based services eligible for Medicaid billing. The work of the team is included for administrative reimbursement.

Washington State

Since 1998, a coalition of child health advocates and public agencies — including the Children's Alliance, the Washington Health Foundation (Washington State's Covering Kids grantee), the Medical Assistance Administration and the Office of the Superintendent of Public Instruction — have been grappling with the technicalities of using the School Lunch Program application as the first stepping stone to a Medicaid eligibility determination. The work has been fraught with challenges, but the coalition has been persistent about continually refining its approach to make it work more smoothly. In more than 200 school districts, families have an opportunity to request information on Medicaid when they complete the School Lunch Program application. Many of the districts follow up with families directly or enlist community outreach workers, funded by the Medicaid Client Outreach Project, to help families enroll. (The Medicaid Client Outreach Project is supported with funds from the federal "$500 million fund" — enhanced Medicaid administrative matching funds, allocated to each state under the 1996 welfare law to ensure that families do not lose Medicaid as a result of changes in the welfare system.[11]

Elements of a Promising School Lunch Strategy

Washington State

✓ **Use of School Lunch Application:** check-box on multi-use application; in pilot districts application is self-duplicating
✓ **Partnership:** state Medicaid agency, state child nutrition agency, child advocacy group, Washington Health Foundation
✓ **Role of School Lunch Staff:** provide contact information to school-based or community outreach workers; in pilots, transfer copy of school lunch application to state Medicaid agency
✓ **Follow-up:** state-funded community-based outreach workers or school staff assist families with application in pilots, families receive short application supplement and follow-up call from outreach worker if needed

In addition to these efforts, in 14 pilot school districts, with 44,813 students eligible for free or reduced-price school meals, a more ambitious strategy is being piloted. In the pilot districts, the school lunch application is printed on a non-carbon reproducing (NCR) form. The application contains a check-box that parents check and sign to consent to having the data from the application shared with the state Medicaid agency. Families return applications to their child's school, where those with checked boxes are separated out. Copies of applications on which the box has been checked are forwarded to the state Medicaid agency.

The first challenge is to conduct a data match with existing Medicaid enrollment files to cull out applications for children already enrolled in Medicaid. This has proved difficult since the school lunch application does not contain the child's Social Security number, which usually serves as the case identifier. However, birth dates also can be used to identify case files and some schools

have provided them to smooth the matching process. The second challenge is that the matching process currently needs to be done manually. Once the matching is complete, families of children not already on Medicaid receive a second form that solicits the information that is not found on the school lunch application, but is needed for a Medicaid determination. The form contains a friendly message to families:

> "Thank you for letting your children's school share your free and reduced-price application with us. We're glad you are interested in getting health coverage for your child. We've reviewed the application and it looks like your children can get health care without cost to you. We just need to ask you a few more questions to be sure."

The supplementary form contains questions to clarify household relationships and requests Social Security numbers and information about the immigration status of non-citizens, deductible expenses, and current health insurance status. The coalition has been working on ideas to make the form and process even simpler.

Results for school year 1999-2000 suggested that further efforts are needed to more effectively link the school lunch application and the Medicaid enrollment process. For example, 72 percent of families that checked the box on the school lunch application already had children on Medicaid, or the name had been inappropriately forwarded by the school district (for example, the box had been checked, but had not been signed.) In the 2000-2001 school year a new version of the check-box, worded to alert families *not to check the box* if they already have Medicaid for their children, was used to reduce the work involved with the data match and to better target outreach efforts. In addition, the first year of the pilot a large percentage of families never returned the supplemental application. In the 2000-2001 school year, families that do not return the form will receive a follow-up call from one of the state's Medicaid Client Outreach Project grantees, or a school district Medicaid contact, encouraging them to do so and offering assistance if they need it.

Despite the problems encountered in trying to mesh two systems, over 50 percent of families that completed the process were able to obtain health coverage for their children. The parties involved in the Washington State project are continuing to work on perfecting the procedures so that eligible children will have a smooth path to coverage through the School Lunch Program. The state received a grant in September 2000 from the federal Health Care Financing Administration to help advance this work. The state is planning to implement the new provision of the National School Lunch Act that allows information from the school lunch application to be forwarded to Medicaid, unless the family indicates that it does not want information to be shared.

Florida

This example provides a lesson from efforts to connect children to health coverage through the subsidized child care system. The work group that created this process has now moved on to tackle the School Lunch Program connection.

In a pilot project being launched by the Lawton and Rhea Chiles Center in Tallahassee, child care resource and referral agencies (CCRRs) in Florida will make applying for subsidized child care and children's health coverage a two-for-one activity. In Florida, children who qualify for subsidized child care are likely also to qualify for free or low-cost health coverage under Medicaid or one of the state's SCHIP-funded health coverage programs. Chiles center staff brought together a work group that included the Florida Department of Children and Families and the Florida Healthy Kids Corporation, the agencies that administer the health coverage programs, to come up with a strategy to enable families to apply for both benefits at once.

The computer software used by the CCRRs to determine subsidized child care eligibility is the starting point. The child care application is actually completed during an interview at which time the CCRR staff person enters the family's information directly into the computer. When eligibility experts deconstructed both applications, it appeared that only eight points of information — mainly "yes or no" questions — needed to complete the health coverage eligibility determination were missing from the child care application. The intake software has now been reprogrammed to ask whether families are interested in health coverage for their children; if so, the additional questions pop up on the screen for the family to answer. Finally, the computer prints the information supplied by the family on a standard Florida KidCare application. Since families are not required to provide verification of the information on the KidCare application (that is, they do not have to attach pay stubs or other documents). The family simply signs the form and mails it to the KidCare office in a stamped, pre-addressed envelope. As the pilot project progresses, a tracking system is being developed to enable the CCRR staff to follow up on the disposition of the KidCare applications.

IV. Lessons Learned from the Survey of State Child Nutrition Directors and Local School Districts

Broad scale dissemination of the multi-use school lunch application by state child nutrition agencies took place during the 1999-2000 school year. Most often, the implementation of these materials and follow-up outreach and enrollment activities were left to the discretion of local school districts. Taken together, the experiences at both the state and local levels provide helpful lessons for making efforts to link children to health coverage through the School Lunch Program more effective.

There is a need for more leadership and closer collaboration among child nutrition and children's health insurance agencies at the state and local levels. A wave of federal activity in October 1999 — including an Executive Memorandum issued by President Clinton and a joint letter from the Secretaries of Health and Human Services and Education — promoted the use of school-based strategies to enroll eligible children in health coverage programs.[12] The spotlight on the role of the School Lunch Program intensified, and USDA encouraged state child nutrition agencies to implement the multi-use school lunch application and waiver forms.

As the survey shows, most states responded by issuing these materials to local school lunch programs. However, the survey also shows that many states apparently did not have the

necessary relationships in place with state and local Medicaid and SCHIP agencies to get the most out of this children's health insurance outreach and enrollment opportunity. For example, many states apparently had not worked out procedures for how the multi-use application would be handled by local school lunch programs and did not issue instructions to local school lunch programs. Many state child nutrition directors indicated they did not know how local school districts were transferring information from the school lunch application to the children's health insurance agency, nor did they know what kind of follow-up families could expect after they consented to have the school lunch information shared. In addition, some local school lunch officials who were interviewed expressed confusion and frustration over not knowing how to proceed with the multi-use applications.

Planning among relevant agencies and organizations is essential. The circumstances described above call out for forging a closer partnership among state and local child nutrition and children's health insurance agencies. As the administrators of the children's health coverage programs, Medicaid and SCHIP officials have the chance to fill an unfortunate void that could be resulting in many missed opportunities to enroll eligible children. They are in an excellent position to take the lead on convening interested parties — including state child nutrition officials, other education agency officials, local children's health coverage program administrators, local school officials, community outreach groups and others — to devise feasible strategies for handling information from school lunch applications and providing necessary follow-up assistance to families. A range of suggested strategies could be promoted, since different approaches may be best-suited to different communities, depending on the size of the school district, the level of computerization, the existence of local outreach projects or other factors. Where eligibility for children's health coverage is determined locally, strong working relationships between school districts, school lunch managers and county child health insurance eligibility agencies could greatly enhance the effectiveness of efforts to link children with health coverage through the School Lunch Program.

Appropriate resources should be dedicated to implementing an effective system for sharing school lunch information with Medicaid and SCHIP and helping to enroll eligible children in health coverage. It should be noted that USDA guidance to state child nutrition directors reminds them that the costs associated with "disclos[ing] information, such as for labor and supplies, cannot be charged to the school food service account ... however, incidental costs to the school food service are acceptable, such as the cost of including a state-developed health insurance flyer in a mailing to parents of school lunch materials."[13] Since the activities stemming from implementation of the multi-use application are related to the administration of the child health coverage programs — specifically, identifying potential beneficiaries, informing them about the programs, and helping them apply— state Medicaid and SCHIP agencies can help by providing financial support in the form of administrative matching funds or grants, as a number of states have done.

Efforts to foster collaboration should be respectful of the strong commitment state child nutrition directors and local school lunch managers hold for the School Lunch Program. School Lunch Program administrators are intent on ensuring that the School Lunch Program

remains an effective program that families trust. Numerous survey respondents expressed concern that a growing number of other benefit programs are asking for school lunch data for their own purposes. They stressed that school lunch officials need to guard against making the school lunch application more complicated and to protect staff from becoming overburdened with duties not directly related to the operation of the School Lunch Program. From the school district perspective, school lunch eligibility often is a major factor driving state and local education funding formulas. Efforts that might make families less inclined to fill out a school lunch application could not only deprive children of nutrition benefits, but could jeopardize core funding.

Fostering a closer link between school lunch and children's health coverage programs benefits children and the schools. Several approaches can be taken to address the concerns raised above. First, the interrelated advantages of sustaining good nutrition and good health for children should be emphasized. In addition, child health insurance outreach activities should be promoted not only as a benefit for children, but as a benefit for schools. Enrolling children in health coverage assures more consistent attendance, which in turn influences a school district's receipt of education funding. Also, it is advantageous for schools that are Medicaid providers to enroll all eligible children in the program to be able to claim reimbursement for Medicaid services delivered to those children.

Create easy systems for linking the two programs and provide training for staff who will implement new procedures. Although they expressed some misgivings, state child nutrition directors and local school officials acknowledged the broader needs of children and their willingness to help address those needs. To balance legitimate concerns and the goals for assuring both good nutrition and good health for students, information for families related to waiving their confidentiality and allowing information from the school lunch application to be shared with child health insurance programs should be clear, simple and non-threatening. In addition, methods used by school lunch staff to transfer information from the School Lunch Program to the child health insurance agency should be as easy as possible. Training for all school staff — and children's health insurance program staff — involved in the outreach initiative is key. School staff should have easy access to additional information they may need about the children's health coverage programs. It should be recognized that proper follow-up with families to help them enroll in health coverage programs is labor-intensive and requires specific training. Responsibilities for these tasks should fall to school staff designated to help families obtain health coverage, staff of outreach partner organizations (supported by appropriate sources of funding) or eligibility workers located in the schools.

Greater emphasis should be placed on the value of having written agreements between child nutrition and children's health coverage programs. Methods for transferring and using information from the school lunch application to facilitate children's enrollment in health coverage programs should be clearly described. USDA recommends, but does not require, such agreements when school food authorities use the check-box enabling families to consent to having information from the child's school lunch application shared. However, under

the new law that allows disclosure without first obtaining the family's consent, a written agreement is required.

Agreements between appropriate agencies should be in place regardless of the process used for disclosing information from the school lunch application. Experience suggests that inter-agency agreements that specify the details for transferring information and using it to facilitate enrollment of eligible children in health coverage programs should be in place, regardless of which disclosure method is used. Formulating a written agreement makes it more likely that some degree of planning and collaboration will take place to design a process for transferring information and using it to enroll children in health coverage. Having a written plan mitigates the possibility that families might not receive any follow-up contact after having consented to allow information from the school lunch application to be shared with Medicaid or SCHIP, which undoubtedly occurred during the 1999-2000 school year. Family members may mistakenly assume that by checking the box on the school lunch application, they have applied for children's health coverage or, if they do not receive a response they may infer their child is not eligible. As a result, families with eligible children could end up forgoing other opportunities to apply for coverage. Ultimately, a process that is not responsive to families could cause them to lose confidence in the school.

The USDA prototype interagency agreement can be used as starting point, but should be augmented to specify how school lunch information will be used to facilitate child health coverage enrollment. USDA issued a Prototype Disclosure of Free and Reduced-Price Information Agreement that can be used as a starting point for state and local child nutrition agencies and state and local child health insurance agencies. (See Appendix C.) This prototype allows the relevant parties to specify that information will be disclosed under the circumstances set forth in the National School Lunch Act; that information will be disclosed only to persons directly connected with the administration of the program for which families have consented to have information disclosed (e.g. Medicaid and SCHIP); and that the information will be protected from unauthorized uses and disclosures.

The prototype provides a place to describe the procedures for transferring meal eligibility information from the school food authority to the children's health coverage program. However, there is no place to describe how the information will be used by the receiving agency to facilitate enrollment in the health coverage program. Such procedures are the crux of efforts to use the School Lunch Program to link children with health coverage, and they should be specified in any agreement.[14]

Technical challenges related to sharing information from school lunch applications with Medicaid and SCHIP should be reviewed and stumbling blocks removed. For example:

The waiver language should be reviewed to be certain families understand what is being offered and when it is appropriate to check the box. A number of states have found that a large proportion of children whose families check the box on the multi-use school lunch application, indicating they are interested in children's health coverage, already are enrolled. These cases

must be sorted out so that outreach efforts can be concentrated on children who are not already covered. (Washington State is experimenting with revised language.) In addition, the school lunch application, waiver form or accompanying materials should alert families to the type of follow-up they should expect, and should provide a number to call for more information.

Streamlined methods are needed for matching school lunch records with existing Medicaid or SCHIP records to facilitate targeting outreach and enrollment activities. The child's name is usually not sufficient to conduct a match, since more than one child can have the same name, or names can be misspelled. Generally, a child's Social Security number is used to locate an existing Medicaid record. However, children's Social Security numbers are not included on school lunch applications, and the reluctance to add this item is understandable given concerns about keeping the school lunch application as non-intrusive as possible. Other possible "identifiers" should be explored, such as including the child's birth date on the school lunch application. Having a reliable "identifier" will be even more important in states that implement the new disclosure option, under which school lunch information can be shared unless the family specifically requests that it not be disclosed. In states and school districts choosing this new option, a larger number of names are likely to be shared and the ability to efficiently cull out names of children already enrolled in health coverage will substantially reduce the labor involved in follow-up.

More efficient techniques for electronically transferring information from the school lunch application to the child health agency should be developed and promoted. Currently, school districts with a computerized school lunch eligibility process are able to add a field to the computer program to capture whether or not the check-box has been marked. A list of all families that checked the box can be generated and delivered to the child health insurance agency. Some projects are beginning to experiment with methods for automatically transferring information solicited for one application (school lunch or subsidized child care, for example) to the children's health insurance application, precluding the need to request that families provide the same information multiple times and fill out multiple forms.

While using the school lunch application to identify children who are likely to qualify for health coverage is a first critical step, greater emphasis should be placed on aggressively facilitating enrollment of those children in health coverage programs.

Absent federal legislation that would make children automatically eligible for Medicaid or SCHIP if they qualify for free or reduced-price school meals, more attention should be focused on ways to use the school lunch application as a starting point for a children's health coverage eligibility determination.[15] Such efforts may entail piloting slight modifications in the school lunch application; creating very simple supplemental forms to obtain information that is not available from the school lunch application, but is needed to determine eligibility for health coverage; and devising protocols for searching existing state databases to obtain such information.

Continue efforts to persuade state Medicaid and SCHIP agencies to simplify their application and enrollment procedures. Doing so will make it easier to link the school lunch and children's health coverage application processes. The School Lunch Program does not require families to provide information about their assets, nor does it require them to provide verification of their income or other information when they apply (although some families may be asked to provide documentation later on). Asset tests or burdensome verification requirements in a state's Medicaid or SCHIP program add to the follow-up needed to complete the eligibility process for child health coverage. In these cases, it would be more difficult to create a simple form or process to supplement the school lunch application. States have the option to disregard assets in determining eligibility for Medicaid and SCHIP, and they may allow self-declaration of most information on the application, including income. (Only verification of the immigration status of a non-citizen child is required.) As of July 2000, 42 states (including the District of Columbia) had eliminated the asset test for children in Medicaid and SCHIP and 10 states allowed self-declaration of income and other information.[16]

Encourage state children's health insurance agencies to adopt presumptive eligibility procedures. The Balanced Budget Act of 1997 created a Medicaid presumptive eligibility option for children. Presumptive eligibility allows children whose family income appears to be below the state's Medicaid income limit to be enrolled temporarily in Medicaid, giving families time to complete the formal application process. In the meantime, children can receive prompt attention for their health care needs and providers can be paid for Medicaid services delivered. States also can implement presumptive eligibility procedures in their SCHIP programs. Schools that are Medicaid providers are among the "qualified entities" that can be authorized to make presumptive eligibility determinations if their states adopt the option. (Other qualified entities include physicians, health clinics and hospitals that receive Medicaid payments, as well as Head Start programs, WIC agencies and agencies eligibility for subsidized child care.) In December 2000, President Clinton signed the Consolidated Appropriations Act of 2001 (P.L. 106-554) to extend this authority to all schools, as well as a host of other entities. As of July 2000, eight states had adopted the Medicaid presumptive eligibility option for children.[17]

V. Conclusion

In the 1999-2000 school year, school-based initiatives to enroll uninsured children in health coverage programs broke new ground. Throughout the nation, efforts were made to use the School Lunch Program as a vehicle for informing families about health coverage for their children and enrolling those who were eligible. With some 3.9 million uninsured children participating, the School Lunch Program offers tremendous potential for such outreach and enrollment activities.

The experience of the 1999-2000 school year suggests that closer collaboration among state child nutrition agencies, state and local Medicaid and SCHIP programs, local school lunch programs, school officials, community-based outreach programs and other interested parties would make

outreach and enrollment efforts more effective. Further work also is needed to resolve the technical challenges involved in sharing data from the school lunch application and using it to begin the eligibility determination process for children's health coverage. Such efforts hold special promise, since they could lead to a more automatic connection between the programs.

The passage of the Agricultural Risk Protection Act of 2000, which amends the School Lunch Program to facilitate the disclosure of information from the school lunch application to Medicaid and SCHIP offers new opportunities. Several states already have expressed their interest or intent to implement this new option. The path to health coverage for children clearly can start with the School Lunch Program, but it doesn't end there. Efforts to streamline the school lunch data transfer process, combined with continued efforts to simplify Medicaid and SCHIP enrollment procedures, are key to advancing systems for reducing the number of uninsured children.

Notes

1. U.S. Department of Agriculture, *National Level Annual Summary Table, National School Lunch Participation and Meals Served,* November 2000, www.fns.usda.gov/cnd/.

2. U.S. General Accounting Office, *Health Insurance: Coverage leads to Increased Health Care Access for Children*, Washington, DC: Government Printing Office, November 1997.

3. A. Monheit and P. Cunningham, "Children Without Health Insurance," *The Future of Children 2*, 1992.

4. Having either Medicaid or private insurance was associated with fewer school-loss days or restricted-activity days, even after controlling for factors such as income, parental education, and location. Kristine Lykens and Paul Jargowsky, *Medicaid Matters: Children's Health and the Medicaid Eligibility Expansions, 1986-1991*, *Working Paper 00-01*, University of Texas at Dallas, February 2000.

5. Matthew Broaddus and Leighton Ku*, Nearly 95 Percent of Low-Income Uninsured Children Now are Eligible for Medicaid or SCHIP*, Center on Budget and Policy Priorities, December 2000.

6. Genevieve M. Kenney, Jennifer M. Haley, and Frank Ullman, *Most Uninsured Children Are in Families Served by Government Programs*, The Urban Institute, December 1999.

7. Stanley C. Garnett, Director of USDA Child Nutrition Division, *Limited Disclosure of Children's Free and Reduced Price Meal or Free Milk Eligibility Information Memo to State Agencies of Child Nutrition Programs*, Washington D.C., December 7, 1998.

8. Agricultural Risk Protection Act of 2000, enacted June 20, 2000. (Public Law 106-224)

9. For more information on the federal $500 million fund, see Donna Cohen Ross and Jocelyn Guyer, *Congress Lifts the Sunset on the "$500 Million Fund" Extends Opportunities for States to Ensure Parents and Children Do Not Lose Coverage*, Center on Budget and Policy Priorities, December 1999.

10. See Note 9.

11. See Note 9.

12. The October 18, 1999 letter issued by Secretaries Riley and Shalala can be found at www.hcfa.gov/ch101899.htm.

13. The policy memorandum issued by Stanley Garnett at the U.S. Department of Agriculture can be found at www.fns.usda.gov/cnd/SCHIP/SCHIP_Medicaid.policy.htm.

14. Agricultural Risk Protection Act of 2000, enacted June 20, 2000. (Public Law 106-224)

15. For more information on the notion of automatic (or adjunctive) eligibility, see Donna Cohen Ross, *Fostering A Close Connection: Report to Covering Kids on Options for Conducting Child Health Insurance Outreach and Enrollment Through the National School Lunch Program*, Center on Budget and Policy Priorities/Covering Kids, January 2000 and *Putting Express Lane Eligibility Into Practice*, The Children's Partnership/The Kaiser Commission on Medicaid and the Uninsured, November 2000.

16. Donna Cohen Ross and Laura Cox, *Making it Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures*, Center on Budget and Policy Priorities/The Kaiser Commission on Medicaid and the Uninsured, October 2000.

As of July 2000, the following states still had asset tests for determining eligibility for Medicaid for children: Arkansas, Colorado, Idaho, Montana, Nevada, North Dakota, Oregon (also counts assets for SCHIP), Texas and Utah. As of July 2000, the following states allowed self-declaration of income for children's Medicaid and separate SCHIP programs: Arkansas, Florida, Georgia, Idaho, Kentucky, Maryland, Michigan, Oklahoma, Vermont and Washington.

17. See Note 16.

As of July 2000, the following states had adopted the presumptive eligibility option in their children's Medicaid programs: Connecticut, Florida, Massachusetts (option also available in SCHIP), Nebraska, New Hampshire, New Jersey (option also available in SCHIP), New Mexico, and New York (option also available in SCHIP).

Tables and Appendices

State Income Eligibility Guidelines for Children's Medicaid and Separate Child Health Insurance Programs

(Percent of Federal Poverty Line)

STATE	Medicaid Infants (0-1)[1]	Medicaid Children (1-5)[1]	Medicaid Children (6-16)[2]	Medicaid Children (17-19)[2/7]	Separate State Program[3]
Alabama	133	133	100	100	200
Alaska	200	200	200	200	
Arizona	140	133	100	50	200
Arkansas[5/6]	200	200	200	200	
California	200	133	100	100	250
Colorado[6]	133	133	100	43	185
Connecticut	185	185	185	185	300
Delaware	185	133	100	100	200
D.C.	200	200	200	200	200
Florida[8]	200	133	100	100	200
Georgia	185	133	100	100	235
Hawaii	200	200	200	200	
Idaho	150	150	150	150	
Illinois[10]	200	133	133	133	185
Indiana	150	150	150	150	200
Iowa	200	133	133	133	200
Kansas	150	133	100	100	200
Kentucky	185	150	150	150	200
Louisiana	200	200	200	200	
Maine	200	150	150	150	200
Maryland	200	200	200	200	
Massachusetts[4/9]	200	150	150	150	200 (400+)
Michigan	185	150	150	150	200
Minnesota[5]	280	275	275	275	
Mississippi	185	133	100	100	200
Missouri[5]	300	300	300	300	
Montana[6]	133	133	100	71	150
Nebraska	185	185	185	185	
Nevada[6]	133	133	100	78	200
New Hampshire	300	185	185	185	300
New Jersey	185	133	133	133	350
New Mexico	235	235	235	235	
New York	185	133	100	100	250
North Carolina	185	133	100	100	200
North Dakota[6]	133	133	100	100	140
Ohio	200	200	200	200	
Oklahoma	185	185	185	185	
Oregon[6]	133	133	100	100	170
Pennsylvania[4]	185	133	100	71	200 (235)
Rhode Island[5]	250	250	250	250	
South Carolina	185	150	150	150	
South Dakota	200	200	200	200	
Tennessee[4/5]	N/A	N/A	N/A	N/A	
Texas[6]	185	133	100	100	200
Utah[6]	133	133	100	100	200
Vermont[5]	300	300	300	300	
Virginia	133	133	100	100	185
Washington	200	200	200	200	250
West Virginia	150	150	100	100	200
Wisconsin[5]	185	185	185	185	
Wyoming	133	133	100	67	133

1. To be eligible in the infant category, a child is under age 1 and has not yet reached his or her first birthday. To be eligible in the 1-5 category, the child is age 1 or older, but has not yet reached his or her sixth birthday. Minnesota covers children under age 2 in the infant category.

2. As required by federal law, states provide Medicaid to children age six or older who were born after September 30 1983 and who have family incomes below 100 percent of the poverty line. By October 1, 2002 all poor children under age 19 will be covered. If the state covers children in this age group who have family incomes higher than 100 percent of the poverty line, or the state covers children born before September 30, 1983, thereby accelerating the phase-in period, it is noted in this column. States that have taken such steps have done so either through Medicaid waivers or the 1902(r)(2) provision of the Social Security Act.

3. The states listed use federal child health block grant (CHIP) funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children.

4. MA and PA provide state-financed coverage to children with incomes above CHIP levels. Eligibility is shown in parenthesis. Eligibility under the TN waiver is based on the child's lack of insurance; there is no upper income limit.

5. The Medicaid programs in AR, MN, MO, RI, TN, VT and WI may impose some cost-sharing — premiums and/or co-payments for some children pursuant to federal waivers. Children covered under AR's Medicaid expansion receive a reduced benefits package.

6. The states noted count assets in addition to income in determining Medicaid eligibility for children under Medicaid poverty level guidelines; Utah counts assets for children age 6 and older. Arkansas counts assets only for children who qualify under pre-expansion guidelines. Oregon counts assets in addition to income in determining eligibility fo Medicaid and its separate child health insurance programs.

7. To be eligible in this category, a child is born before September 30, 1983 and has not yet reached his or her 19th birthday. States are required to provide Medicaid coverage to these children if their families would have qualified for AFDC under rules in effect in their state in July 1996. These standards typically require families to meet three income tests. First, they must have net income below the state's "standard of need," a measure of the amount of income determined by the state to be essential for a minimum standard of living. Second, they must have net income below the state's "payment standard," the maximum amount of assistance the state would grant a family with no income. In most states, the payment standard falls below the need standard. Finally, the family must pass a gross income test which requires that gross income (net of up to $50 in child support payments, EITC payments, and optional exclusions of a dependent child's income) fall below 185 percent of the state's standard of need.

8. Florida operates two CHIP-funded separate programs. Healthy Kids is available in most counties and covers children age 5 through 19, as well as younger siblings of enrolled children in some areas. Medi-Kids covers children age 0 through 4 and is available statewide.

9. Children between ages 1 and 19 in families with income between 150 and 200 percent of the federal poverty line will receive either slightly reduced MassHealth benefits or assistance paying premiums for employer-based plans.

10. Illinois covers infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. Illinois covers other infants in families with income at or below 133 percent of the federal poverty line.

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TABLE 2

States' Use of Multi-Use School Lunch Application or Waiver in the 1999-2000 School Year[1]

State	Used Multi-use application or waiver[1]	Application	Waiver	Permission to Share Information[2]	Permission to Share Name & Address
Alabama[3]	X	X			X
Alaska					
Arizona					
Arkansas	X		X		X
California					
Connecticut	X		X	X	
Colorado	X	X			X
Delaware	X		X	X	
DC	X	X		X	
Florida	X	X		X	
Georgia	X	X			X
Hawaii	using in 2000/2001				
Idaho					
Illinois	X	X		X	
Indiana	X	X		X	
Iowa	X		X		X
Kansas	X	X		X	
Kentucky	X	not reported	not reported	**not reported**	not reported
Louisiana					
Maine	using in 2000/2001				
Maryland					
Massachusetts	**piloting in 2000/2001**				
Michigan	X	X			X
Minnesota					
Mississippi	X	X		X	
Missouri	using in 2000/2001				
Montana					
Nebraska					
Nevada					

New Hampshire					
New Jersey	X	X		X	
New Mexico	X	X		X	
New York	X		X	X	
North Carolina	X		X		X
North Dakota					
Ohio	X	X			X
Oklahoma	X	X		X	
Oregon	X	X		X	
Pennsylvania	X	X		X	
Rhode Island	X	X		X	
South Carolina[3]	X	X			X
South Dakota					
Tennessee	X	X			X
Texas	X	X		X	
Utah	X		X		X
Vermont					
Virginia	X	**not reported**	not reported	not reported	**not reported**
Washington	X	X		**used in pilot districts**	X
West Virginia	X	X			X
Wisconsin[4]	X		X	X	
Wyoming	X	X		X	
U.S. Totals	**33**	**23**	**8**	**18**	**13**

1. States with no entry in this column may be using other methods to reach families applying for or participating in the School Lunch Program. For example, California uses a Request for Information form so that families can provide their name and address to the child health agency separately.

2. In some states the forms indicate that all family information may be shared with the Medicaid/ SCHIP agency, but the school food service directors report that currently only the name and address are shared.

3. Alabama and South Carolina discontinued use of the multi-use application or waiver, at least temporarily. State officials in Alabama report that linkages between the School Lunch Program and children's health insurance programs are being made at the local level. South Carolina

4. In Wisconsin, at least one school district, Milwaukee Public Schools, is using the multi-use application.

Appendix A

WAIVER OF MEAL BENEFIT FORM INFORMATION

Dear Parent/Guardian:

There is now affordable health insurance for children. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children. **It is important to understand that you are not required to release this information. Its release is strictly voluntary.**

Health Insurance _____ Yes. I want health insurance for my child. Program officials may give information from my Meal Benefit Form to Medicaid or officials of the State health insurance program for children. Medicaid and State health insurance program officials may use the information to help determine whether my child is eligible for benefits under Medicaid or the State health insurance program. Medicaid or State health insurance program officials may contact me for more information.

I understand that you will be releasing information from the Meal Benefit Form for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child.

Signature of parent/guardian____

Printed name of parent/guardian:____

Address:____

____

____

Waiver Of Meal Benefit Form Information
School Programs & SFSP - Spring 1999
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Prototype application

http://www.fns.usda.gov/fns/menu/what'snew/chip/frpapp.pdf

APPENDIX B

Prototype Parent/Guardian Notification for Medicaid/SCHIP

Dear Parent/Guardian

Children with health insurance are more likely to get preventive health care and care when they are sick. This results in fewer absences from school because of illness and children coming to school ready to learn. If your children do not have health insurance, you will be interested to know that many families getting free and reduced price school meals can also get free or low-cost health insurance for their children. However, many families do not know about the health insurance programs available to them.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and the State children's health insurance program. Medicaid and the State children's health insurance program can only use the information to identify children who may be eligible for free or low-cost health insurance and to enroll them in either Medicaid or the State children's health insurance program. They are not allowed to use the information from your free and reduced price school meal application for any other purpose. Medicaid officials or officials with the State children's health insurance program may contact you to get more information.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the State children's health insurance program. It will not affect your children's eligibility for free and reduced price meals. If you do **not** want your information shared with Medicaid or the State children's health insurance program, you must let us know. You may complete the form below and send it back to your children's school by (insert date)__________________ if you do not want your children's free and reduced price meal eligibility information shared with Medicaid or the State children's health insurance program. If you want further information, you may call (name of a school contact person)____at (phone)________________.

? I **do not** want school officials to share information from my free and reduced price school meal application with Medicaid or the State children's health insurance program.

Child's Name ____School____________________
Child's Name ____School____________________
Child's Name ____School____________________

Signature of
Parent/Guardian ____Date____________

Printed name _ ____
Address ____
____

APPENDIX C

Prototype Disclosure of Free and Reduced Price Information Agreement

http://www.fns.usda.gov/cnd/SCHIP/SCHIPdefault.htm

APPENDIX D

USDA Food and Nutrition Service, Child Nutrition Programs: CHIP-Medicaid Policy Memorandum, July 6, 2000 (includes questions and answers on disclosure of free and reduced-price eligibility information for Medicaid/SCHIP)

http://www.fns.usda.gov/cnd/SCHIP/SCHIP_Medicaid.policy.htm