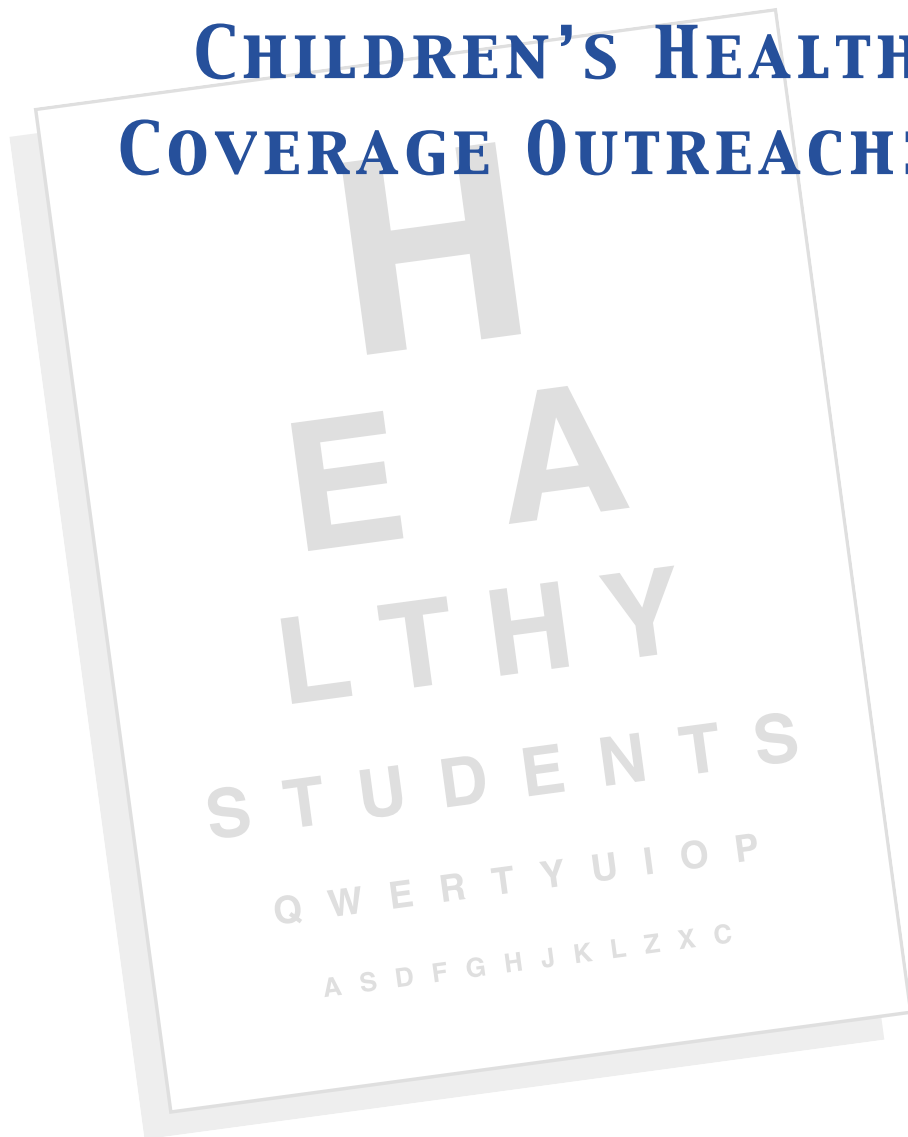




# CHILDREN'S HEALTH COVERAGE OUTREACH:



## A SPECIAL ROLE FOR SCHOOL NURSES

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Prepared for *Covering Kids* by

Donna Cohen Ross and Meg Booth  
Center on Budget and Policy Priorities  
820 First Street NE, Suite 510  
Washington, DC 20002  
voice 202-408-1080  
fax 202-408-1056  
[www.cbpp.org](http://www.cbpp.org)

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CENTER ON BUDGET  
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# CHILDREN'S HEALTH COVERAGE OUTREACH: A SPECIAL ROLE FOR SCHOOL NURSES

Health coverage is now available to nearly all of the nation's six million low-income, uninsured children through Medicaid or a State Children's Health Insurance Program (SCHIP). The majority of these children — more than four million — are between the ages of six and 18 and are likely to be in school.<sup>1</sup> As trusted community institutions, schools have become a focal point for children's health insurance outreach and enrollment activities throughout the country. Dedicated school staff, working in partnership with community-based organizations and state and local children's health insurance agencies, are helping children get enrolled. Any event or activity that brings school staff in direct contact with families can be viewed as an opportunity to provide information about the availability of children's health coverage and to offer application assistance. While there is a role for everyone in the school community, school nurses can make a special contribution.

A school nurse may be the first and only consistent source of health services for millions of uninsured school-aged children. In the United States, more than 47,000 nurses work in 86,000 public schools and have regular and continuous contact with students and families.<sup>2</sup> School nurses see children when they are in need of medical attention, an optimal time to identify children without health coverage and help their families obtain benefits. Now that health coverage is available to more children through Medicaid and SCHIP, school nurses are becoming a driving force in outreach and enrollment activities.

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## About School Nursing

Access to a school nurse varies among school districts. Many school nurses cover more than one building, and in rural areas they may cover schools that are significant distances apart. The recommended nurse-to-student ratio is 1:750, yet in 1994 (the last year data were available), only 28 percent of the nation's schools met this objective.<sup>3</sup>

School nurses provide health education to students, staff and parents; conduct health screenings (e.g., vision and hearing), health assessments and referrals; administer medication and monitor chronic conditions. More than 90 percent of school nurses care for students with severe or chronic conditions, such as diabetes, seizures and asthma.<sup>4</sup>

Clearly, school nurses have very demanding jobs and often are spread very thin. Yet, they have been able to contribute significantly to efforts aimed at enrolling eligible children in Medicaid and SCHIP.

### School nurses have found these tactics to be particularly worthwhile:

**Send home information about health coverage with sick children.** While flyers and packets sent home with children often are inadvertently lost somewhere between school and home, school nurses have found it useful to provide sick children with information about health coverage when they are sent home from school. Providing health coverage information when a child needs to use health services may motivate a parent to sign up.

- In Louisiana, all 50 school nurses in the Orleans Parish attended a *Covering Kids* presentation on how school nurses could get involved in enrolling children in LaCHIP, the state's Medicaid expansion program. They were given children's health insurance materials for elementary school children sent home from school due to illness. The packets included information on how to apply for and retain coverage in LaCHIP, a LaCHIP application, LaCHIP magnets with contact information, and a coloring book for children to use while they waited to be picked up. More than 1,200 packets were distributed. Special education teachers, physical therapists, and psychologists also distributed packets, because health coverage is especially important for children with special health care needs. *Contact: Nancy Gathright, Louisiana Office of Public Health, LA Covering Kids, (504) 568-5073.*

**Add health insurance questions to mandatory health forms.** When a question requesting information about a child's health insurance status is added to a form parents are required to complete, that form becomes a good tool for outreach and referral. Many schools have revised emergency contact cards, medical release forms or sports physical forms so they can be used for this purpose. If the family indicates that the child is uninsured or has no regular health care provider, a school nurse or outreach worker can follow up with information about applying for health coverage.

- Families in the Pawtucket, Rhode Island, school district receive a Parent Handbook at the beginning of every school year. The handbook includes important school information including forms parents are required to sign before their child can attend school, including a consent form giving permission for the school nurse to provide needed over-the-counter medications to students. Two questions were added to this form to find out whether the child has health coverage and whether the family is interested in receiving information about available programs. Out of 3,000 forms returned by parents, nearly one-third indicated the child was uninsured. A list of interested parents was compiled and forwarded to the local *Covering Kids* outreach worker for follow-up and enrollment assistance. *Contact: Dorothy Stamper, RI Kids Count, RI Covering Kids, (401)351-9400.*

Coordinate special health coverage “sign-up” events. School events such as health fairs, registration, sporting events and parent-teacher conferences are ideal places to inform parents about health coverage programs. Sometimes it also is possible to help families complete applications in these settings. Outreach staff from community organizations or eligibility workers from the state or local children’s health insurance agency can be recruited to provide application and enrollment assistance at such events.

- A free immunization clinic for students entering the seventh grade who had not had their mandatory second measles immunization was held in York County, Pennsylvania. Community health workers from York Health System, a non-profit organization, provided on-site education and application assistance for families interested in applying for Medicaid or SCHIP. The school found parents had a strong interest in talking with the community health workers about health coverage for their children, and many scheduled appointments to meet with an outreach worker at a later time. The immunization clinic gave 107 free immunizations and also helped enroll 44 children in Medicaid or SCHIP. *Contact: Carol Register, Wellspan Health System, PA Covering Kids, (717) 851-2005.*

Directly enroll children in children’s health coverage programs using the presumptive eligibility option.<sup>5</sup> Under the federal presumptive eligibility option, certain “qualified entities” can enroll children who appear to be eligible in Medicaid or SCHIP for a temporary period until a final eligibility determination is made. Schools are one of a host of qualified entities (see Note 5) that can be authorized by the state to make such determinations, allowing school nurses or other school personnel to play a direct role in linking children to health coverage. Presumptive eligibility enables children to receive needed care immediately, without having to wait for the application to be fully processed by the children’s health insurance agency, and health care providers receive payment for care they deliver during this period, regardless of the final eligibility determination. In states that allow presumptive eligibility but may not yet include schools as “qualified entities,” school nurses can create partnerships with agencies or organizations authorized to presumptively enroll children and arrange for them to assist students’ families.

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- A cadre of school nurses and clerks in the Albuquerque Public Schools has been certified by the New Mexico Department of Human Services to make presumptive eligibility determinations to directly enroll children in Medicaid. The school nurse

receives a list of families interested in obtaining health coverage for their children, which is generated from a check-off box on the School Lunch Program application. The families are contacted to make appointments and to advise them about the documentation they will need to complete the final application process. The team has an excellent record for making presumptive eligibility work. In August and September of 2000, Albuquerque Public Schools determined 386 children to be presumptively eligible for Medicaid. Of these, 371 ultimately were enrolled, and only 15 were denied. That's a 96 percent acceptance rate! A total of 1,913 children were enrolled in Medicaid during the 2000-2001 school year, and the numbers continue to grow. During August and September 2001, 508 children already had signed up for coverage. The team now also helps families with the renewal process, helping children retain health coverage after the 12-month continuous eligibility period is up. *Contact: Deanna Stevenson, Albuquerque Public Schools, stevenson\_d@aps.edu.*

## Helping School Nurses Get Involved in Outreach Activities

In school districts where school nurses have not yet become involved in children's health coverage outreach activities, community groups and state and local children's health insurance agencies can initiate and nurture such activities. If a school nurse's outreach and enrollment efforts are successful, school districts may be willing to sustain and augment such projects.

### Organizations and government agencies engaged in outreach can:

Provide financial support to enable school nurses to devote time to outreach and enrollment activities. Medicaid and SCHIP administrative funds have been used to pay application assistance fees or to award modest outreach grants to schools. Schools that

are Medicaid providers can claim reimbursement for health services provided to children enrolled in Medicaid, as well as for administrative services, such as

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outreach. Other government and private grants also have been used to hire school nurses to conduct outreach and enrollment activities. Hiring staff, rather than engaging volunteers, may help avert any problems with confidentiality.<sup>6</sup>

**Provide training and technical support.** Training should cover the program basics, but it also should reassure school nurses that they do not have to become experts in the details of the state's children's health coverage programs. Providing a contact number nurses can use to consult with experts who can answer technical questions will help build confidence among outreach organizations, school nurses and families.

- Philadelphia Citizens for Children and Youth (PCCY), a regional child advocacy agency, works with school nurses throughout the large and diverse southeastern region of Pennsylvania, but particularly in Philadelphia. There are over 200 school nurses in this city, serving a largely low-income group of students. PCCY conducts training sessions and staffs a hotline to assist nurses (and others) working with parents to obtain health coverage and care. PCCY and a committee of school nurses developed and distributed "Getting Health Care for Children and Teens," a manual on accessing and using health coverage. As interest in working with school nurses has grown, PCCY has become a source of best practices and technical assistance. *Contact: Bárbara Torregrossa, PCCY, (215) 563-5848.*

**Outreach partner organizations can ensure that school nurses get the public recognition they deserve for helping children obtain health coverage.**

**Promote the work of school nurses.** The dedicated work of school nurses often goes unnoticed. Outreach partner organizations can ensure that school nurses get the public recognition they deserve for helping children obtain health coverage.

- Wyoming *Covering Kids* honored all school nurses during School Nurses Week for their exceptional efforts to help children sign up for Wyoming Kid Care. During the special week, every school nurse was sent a WY Kid Care coffee mug, T-shirt and other items with a note proclaiming "Happy School Nurses Day." Additionally, an advertisement ran in every newspaper in the state reminding everyone to "Thank your school nurse during School Nurses Week and be sure to ask her about Wyoming Kid Care." *Contact: Kristina Musante, Wyoming Department of Health, WY Covering Kids, (307) 777-7574.*

## Endnotes

1. Center on Budget and Policy Priorities analysis of March 2001 Current Population Survey, U.S. Bureau of the Census.
2. National Association of School Nurses, Frequently Asked Questions, <http://www.nasn.org/faq.htm>.
3. U.S. Department of Health and Human Services, Healthy People 2010, Objective 7-4, <http://www.health.gov/healthypeople/document/html/objective/07-04.htm>.
4. Federation of Nurses and Health Professionals, School Nurses, <http://www.aft.org/fnhp/schoolnurses/index.html>.
5. The Balanced Budget Act of 1997, the legislation that created the State Children's Health Insurance Program (SCHIP), also created a Medicaid option enabling states to authorize certain "qualified entities" to conduct presumptive eligibility determinations for children. More recent legislation, passed in December 2000, expanded the list of "qualified entities" so that states can authorize the following entities to make presumptive eligibility determinations: Medicaid providers (e.g. physicians, hospitals, health clinics); WIC agencies; Head Start programs; agencies that determine eligibility for subsidized child care; schools; agencies and entities that determine eligibility for Medicaid, SCHIP and TANF (cash assistance); child support enforcement agencies; agencies that administer federally assisted housing programs; certain homeless shelters and emergency food programs; and any other entity a state deems suitable, with approval from the U.S. Secretary of Health and Human Services. The new law also clarified that states can adopt presumptive eligibility procedures in their separate SCHIP programs. As of September 2001, nine states — CT, FL, MA, MS, NE, NH, NJ, NM and NY — have adopted the option in their children's Medicaid programs or both children's Medicaid and SCHIP, although they may not yet be implementing presumptive eligibility procedures. (MI has presumptive eligibility in its separate SCHIP program only.)
6. Donna Cohen Ross, *Sources of Federal Funding for Children's Health Insurance Outreach*, Center on Budget and Policy Priorities, February 2000; Matthew Broaddus, Jocelyn Guyer and Donna Cohen Ross, *Selected States Have a New Opportunity to Use More of Their SCHIP Funds for Outreach*, Center on Budget and Policy Priorities, April 2001.

This brief is one in a series of papers devoted to conducting children's health coverage outreach in schools. Other briefs in this series include:

***Enrolling Children in Health Coverage Programs:  
Schools Are Part of the Equation***

***Involving the School Community in Children's Health  
Coverage Outreach***

***Conducting Children's Health Coverage Outreach in  
Non-Traditional Educational Settings***

***Enrolling Children in Health Coverage Before They Start  
School: Activities for Early Childhood Programs***

A resource page, which lists organizations that can provide more information, is attached. The full series can be found at <http://www.coveringkids.org> or at <http://www.cbpp.org/shsh>.

***About Covering Kids***

*Covering Kids* is 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, SCHIP and other health coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction 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, DC, is a non-profit, 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.

***The views expressed in this paper are those of the authors, and  
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*Covering Kids* National Program Office  
500 Taylor Street, Suite 202  
Columbia, SC 29201

Voice 803-779-2607  
Fax 803-254-6301