

Getting Eligible Children Enrolled in Medicaid and CHIP:
School-Based Outreach Strategies that Make the Grade
July 29, 2010

Donna Cohen Ross, CMS: Hello everyone and welcome to today's webinar, "Getting Eligible Children Enrolled in Medicaid and CHIP: School-Based Outreach Strategies that Make the Grade." I'm Donna Cohen Ross. I'm senior advisor in the Office of External Affairs at CMS and I'll be your moderator today. Today's program is part of a two-part series on school-based outreach. We're really pleased to be partnering with the Covering Kids and Family Network that started this ball rolling a couple of weeks ago with a webinar that you can find online and I believe the link to it is on your screen in the chat box.

Speaking of ball games, I'm pleased to announce that our coach's campaign, *Get Covered. Get in the Game.* is being launched in seven pilot states this month. Colorado, Florida, Maryland, New York, Ohio, Oregon and Wisconsin, I think that's seven and if you're not in one of those states you can still benefit. The materials that we created for general use around the country have been posted to the InsureKidsNow.gov website and I'd like to just take a moment, a shout out to the Hawkeye Program in Iowa, for distributing the link to these materials to all their outreach coordinators in the state yesterday. So thank you Iowa.

I'll be getting back with you in just a minute to tell you a little bit more about our program today but I'm going to turn it over to Beth Gordon who's going to give you some of the logistics for this call.

Beth Gordon, Ketchum: Good afternoon, everyone. My name is Beth Gordon from Ketchum Public Relations. I'd also like to welcome you to today's session. Today's presentation is being recorded and will be posted on InsureKidsNow.gov as soon as possible. Before we introduce our first presenters we wanted to familiarize everyone with some of the tools of the interactive Adobe Connect site. Please note all of our participants are currently muted, so we can avoid background noise during the presentation. At the bottom right hand of the screen you will see a chat feature. We invite you to use that chat to interact with us and other participants throughout the session. You can also use this feature to ask questions.

Please type your question in the small text box provided. We will be taking a few questions following each presentation and you will have an additional opportunity to ask questions at the end. When we are ready to take questions I will come back on the line and explain how to enter the queue. When it is your turn to ask a question your line will be un-muted and one final note, please do not put us on hold, at any point during the call, as all of our participants will be able to hear the background hold music. I'd like to turn it back over to Donna Cohen Ross who will introduce our first speaker.

Donna Cohen Ross, CMS: Thanks, Beth. We have a full program today, so I do want to get started and I'm going to introduce our three speakers all up front and then we'll hear from them one at a time. Each of them takes a different approach to school-based outreach. They look at this from a different perspective. We'll hear from a representative of a large health system working with school districts, non-profit organizations, also, engaging school districts in outreach and then we'll hear from someone from a school district itself that conducts outreach.

They are just brimming with great ideas and insights for all of you and I want to introduce them to you now before we hear their presentations. The first speaker that you'll hear from is Jill Christiansen. Jill is the program manager for Inova's Partnership for Healthier Kids, right here in northern Virginia. Jill has been with PHK for five years. She has a background in early childhood

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development and family studies. Jill is sensitive to the risks that uninsured children face and is very passionate about getting all children health care coverage and I can attest to that as having talked with Jill and worked with her over the course of several years.

Next we're going to hear from Michael Jacob, he's served as the project coordinator for Covering Kids and Families in Wisconsin since its inception in March of 2003. He provides leadership and program design, oversight and implementation, along with overseeing the day-to-day operation of this statewide coalition. Prior to joining CKF Wisconsin Mike led the media and public outreach efforts of a research center at the University of Wisconsin and also served as press secretary to U.S. Senator Russ Feingold.

And, finally, from the school district perspective we are going to hear from Lynne Larsen-Miller. Lynne is the Assistant Director of Special Education for the Granite School District which is in the Salt Lake Area. In, in this capacity Lynn serves -- supervises medical staff, overseas traumatic brain injury and assistive technology team. She also oversees Medicaid billing and Medicaid administrative claiming and outreach programs. Lynne has been instrumental in developing outreach programs in school districts throughout Utah.

So I want to welcome all of our speakers today and jump right in and ask Jill to get us started.

Jill Christiansen, Partnership for Healthier Kids: Great, thanks Donna. It's a pleasure to be part of this call. As Donna said, I'm Jill Christiansen from Inova's Partnership for Healthier Kids. We are a school-based outreach and enrollment assisted program here in northern Virginia. Inova is a not-for-profit health system with five hospitals including a children's hospital and our program really speaks at the heart of Inova's mission which is to improve the health of the diverse communities we serve.

So Partnership for Healthier Kids is a school-based outreach program like I said and is designed to connect uninsured children to a comprehensive health care services such as Medicaid which in Virginia we call FAMIS Plus, CHIP which we call FAMIS and local safety net providers. We're funded mostly by Inova and we have grants through the Virginia Health Care Foundation as well as the Virginia Department of Medical Assisted Services. We first piloted our program in 1998 so we've been around for a while and we've assisted over 38,000 children in the past 12 years. So like our mission says we are a diverse community, so I've put a little snapshot of what our client population looked like in 2009. It's this -- these little pie graphs show that 95 percent of children we assisted were from minority families with the majority of our families being of Hispanic origin. We had 67 percent of our families speaking a language other than English. So as you can imagine this presents a unique sense of -- I wouldn't say barrier but it's a process that we had to go through to make sure that we were appropriately serving all of the families in our area.

All of our materials are translated into English and Spanish and our consent form and our outreach letters, the first things that families see are translated in eight different languages. All of our staff we have 12 staff on -- working on this project and they all speak Spanish as well as we have an interpretation service via the phone that we can use to assist families with other language needs. All of our staff go through cultural competence training. It's really important for us to create a welcoming and comfortable environment so that they feel they can trust us to assist them with the enrollment into a health insurance program.

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This is just a depiction of our outreach model and I'm going to go through the different steps of our outreach model, starting with school partnerships. This is such an important piece of what we do because we're an outside entity coming into the schools it's important that we create that foundation, that relationship with the schools, this partnership agreement I understand is very tiny so I apologize that you can't really read it. But it kind of -- we worked with school administration to get this partnership agreement done and it took, I will tell you, years to get an actual formal partnership agreement. So it's not something you know that's done in a day, that's for sure, but it really builds the foundation and allows the individual schools to build that trust with you and kind of shows the support of school administration to work with you.

It also clearly defines the roles and responsibilities between the two partnering agencies and allows individual schools not to get too worked up over the idea that it's going to be so much work. We all know that school staff is -- are completely overwhelmed with all of the demands that are placed on them. So it's our goal to make this as easy as possible and I think that this memorandum of understanding kind of helps define that for them and makes them more comfortable with the process. These are just a couple of our outreach methods and we're going to -- I'm going to go through individually each one to kind of share a little bit about our lessons learned on them and some highlights.

So our first school physical events we do these over the summer and they're a great way to target families who are in need of health insurance. We work with schools systems, health departments and local faith communities to provide uninsured kids with free school entry physicals. They're provided with the exam, the immunizations, and they also get school supplies to start the school year off healthy and ready to learn. We partner with the school registrars so we get our referrals from the school registrars when they come across a child who is uninsured and is entering school for the first time. They refer those children to Partnership for Healthier Kids and we're the ones who make the appointment for the free school physicals. So at the time they call to make the appointment we screen them for the FAMIS programs and we work with the families throughout the process to kind of get them enrolled and I'll talk a little bit more about how we do that later but it's really important to get them -- for us to be the front door for this event because we can start to screen the children right on site.

We're also onsite of the event to follow up with the families. If they haven't finished the process of the application over the phone we will do it there onsite at the event. We co-host four of these events every summer and we assist about 500 children. We provide them with free -- the free physical and also application and enrollment assistance into a health insurance program. Another outreach method we do is the free and reduced lunch mailing and this is a fantastic way of reaching families who are potentially eligible. Free and reduced lunch is 185, the income guidelines for this program is 185 percent of the federal poverty level. So we know that income wise for our programs which go up to 200 percent that their income wise they're qualified. It's just a matter of whether or not they meet all the other guidelines but it's a great place to start.

We include this third sheet flyer, I've copied and pasted it into the presentation, into our -- into all the confirmation packets of the free and -- those kids that receive free and reduced lunch. This is a great way to -- what we do is basically we have them printed. They're in Spanish on one side, English on the other and we drop them off at the food and nutrition services office. We have great relationships -- those are -- that's a great contact for people to make is that the Director of Food and Nutrition Services at their local school system. We provide them the flyers and then they stuff the

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flyers into the confirmation packets. So there's no transfer of student information between our program and the schools which makes this a really easy sell with the schools and a great outreach method. One lesson we learned by doing this is making it that third sheet sized. The schools gave us the feedback that that was much easier for them to stuff in the envelopes. So the idea is to make it as easy as possible on the schools to do this because we realize that it's in addition to their normal workload.

Another great way of identifying and outreaching to the kids that need insurance is the emergency contact form review and this is a process that we've been doing since 1998 and it's a great way to target those families. When kids go to school for the first time, at the beginning of the school year their parents fill out this emergency contact information form and on this form it asks the question about health insurance and I realize you can probably barely see it but where that arrow is, is where the question is. And it just asks does this child have health insurance, yes or no, based on that information we can target those kids who don't have health insurance. So a school staff person is the one who usually screens the form, usually the school nurse because all these forms go to the school nurse at the beginning of the year so that they can screen all the kids for any health concerns that they should be aware of. So at that time when they're screening these forms they can flag those that don't have health insurance.

So then all of the families, who say no, that they don't have health insurance, can receive some information about our programs. So this is kind of an example of one of the letters that these families receive. So once we know that this is a family who doesn't have health insurance they'll get mailed this letter and it's on, as you can see, school letterhead and it comes in a school envelope. It's really key to have it come from the school. The school is a very trusting environment. Also, families are much more likely to open something from the school than they are from an outside entity that they're not familiar with. The letter basically just states that you know we've noticed that you don't have health insurance listed. There's a free program that's here to help you. If you're interested fill out the attached consent form and turn it in.

And this is our consent form and this basically gives us the authorization to contact the families. Once they, they provide this back we provide them, the families in the packet, with a business reply envelope, so that they don't have to pay for postage and once they mail this back then it authorizes us to contact them. It also allows us to follow up with the school to get them information about the status of the application and to let them know once kids that were previously uninsured have insurance. It also allows us to share information with our local safety net providers in the event that a child doesn't qualify for the FAMIS programs.

And then our general outreach which is -- I mean -- because really it can include anything some of our, some of our key tactics are flyers that are sent home in the back packs of students at the beginning of the school year and we prioritize what schools we want to select using our free and reduced lunch statistics. It's a great way, a very general way, a very benign way of outreaching to all students in a school.

We also provide flyers to all the school clinics in our area and our -- and the main offices. We attend tons of school health fairs to increase awareness and understanding of what our services are. And then we present at a lot of school staff meetings, school nurses, social workers, registrars and counselors, as those are the most people that refer to us often and it's important for them to know that we exist and that we're here as a resource for them. So all this outreach generates our referrals

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and what Partnership for Healthier Kids does is our staff here at the office assists the family with completing the application. We really hold their hand throughout the entire process. We help them fill out the application. We help them get their documentation together. We find that a lot of the families that come to us have tried to apply on their own but just because of you know maybe a language barrier or maybe that they don't get paid by conventional means so when they got the form that said they needed a paystub they didn't know what to do because they don't have pay stubs.

So we find that a lot of our families have tried to do it on their own but come to us for further assistance. So we can work with their employers to make sure we can get income verifications and gather all their documents. Once we have a completed application we send it to the local determining agency, usually our department of social services and once there we kind of advocate on that families behalf calling the local department of social service to make sure that they got the application, is there any other documents that they need, is there anything else we can do to make this a successful enrollment. Once the family is enrolled we assist the family with understanding how to access and utilize the services they've now gained. We work with the local MCO's in our area to make sure the -- that families are getting linked up with Primary Care Providers in understanding how to utilize their benefits.

We also follow up every year for renewal to make sure that our families retain the coverage that they have and then following up with the schools which is a really important piece we've found in making our program sustainable. Schools want to know that the effort that they're putting forth is, is working. So we circled back with them to make sure that they understand that you know families are getting enrolled and that they have the most up to date information on the families that they've referred to us and that's all I've got. Thanks.

Donna Cohen Ross, CMS: Jill, thank you so much for that really excellent presentation and I'm so glad that you particularly mentioned that not only do you work on enrollment from the front end but that you also pay some attention to renewals because we know that's really important part of the process. We want to keep eligible children enrolled for as long as they qualify. Jill one question for you that I have is actually a process question. I know that people will be very eager to see life-size copies of the various forms that you had in your slides and I'm wondering if you can send us those to us, email those to us, so we could get them around to everybody who participated in today's call?

Jill Christiansen, Partnership for Healthier Kids: Absolutely, I apologize that there was really small text.

Donna Cohen Ross, CMS: Well, we'll make sure that that happens. In...

Jill Christiansen, Partnership for Healthier Kids: No problem.

Donna Cohen Ross, CMS: ...in -- for now though I'm just wondering if we have any questions waiting?

Beth Gordon, Ketchum: So we're going to change our format now for a minute. We're going to turn on floor mode which will allow folks to ask questions. If you have a question please press * pound and you will be placed in the queue, when it's your turn to ask the question you will hear an alert that you've been taken off of mute. Before you ask your question we ask that you state your

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name, the state where you're calling from and the affiliation. [Brief silence]. So we ask that now if you have a question you press * pound.

[Brief Silence]

Carla Brown, YWCA of Lubbock: My name is Carla Brown, I'm calling from Lubbock, Texas. I -- we received a grant and we're affiliated with the YWCA of Lubbock. Jill my question is how many people do you have working on this with you?

Jill Christiansen, Partnership for Healthier Kids: Hello, we have seven fulltime, what we call careling specialists which are basically eligibility workers and then there's myself and we have two program coordinators. So our staff is available to assist families, our seven careling specialists are available to assist families. They're all bilingual and they're located in offices throughout the community. So families can come in person to meet with them or we can do pretty much everything over the phone via fax and through the mail. The two coordinators and myself are the ones responsible for going out to the schools and actually doing the outreach. Health fairs are staffed of course by everyone.

Carla Brown, YWCA of Lubbock: All righty and are these people all over the state or just in like you said they go -- they travel around or do they have offices in different locations or all in one location?

Jill Christiansen, Partnership for Healthier Kids: We have offices in two locations. We serve four jurisdictions in northern Virginia. So we're not statewide but we have over a million people in the area that we serve. We serve over 350 schools. So a pretty wide area but we have you know two offices kind of strategically placed and then we're -- we can go out to the schools and meet families at the schools. We don't do home visits but we'll meet families you know at the schools, at the local McDonald's at the Starbucks, wherever it's convenient for them in order to get their application completed.

Carla Brown, YWCA of Lubbock: Okay and you said that as far as the school might...

Donna Cohen Ross, CMS: Carla? Hello?

Carla Brown, YWCA of Lubbock:...yes?

Donna Cohen Ross, CMS: Carla, I -- I don't mean to interrupt you but we have a lot of people in the queue.

Carla Brown, YWCA of Lubbock: Okay.

Donna Cohen Ross, CMS: And we have two more speakers so I'm wondering if you could...

Carla Brown, YWCA of Lubbock: Okay.

Donna Cohen Ross, CMS: ...hold your additional questions until later. We'll have a general...

Carla Brown, YWCA of Lubbock: Certainly.

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Donna Cohen Ross, CMS: ...um...

Carla Brown, YWCA of Lubbock: Certainly.

Donna Cohen Ross, CMS: ...question and answer session later.

Carla Brown, YWCA of Lubbock: Okay, no problem, thank you.

Jill Christiansen, Partnership for Healthier Kids: Thank you so much.

Carla Brown, YWCA of Lubbock: Thank you.

Donna Cohen Ross, CMS: Thanks, Jill, we're going to take one more question before we move onto Michael.

Jill Christiansen, Partnership for Healthier Kids: Okay.

Donna Cohen Ross, CMS: If you're there you can go ahead and ask your question.

Nikki Bagby, AmeriChoice: Hello?

Jill Christiansen, Partnership for Healthier Kids: Yes?

Nikki Bagby, AmeriChoice: Hi, this is Nikki Bagby I'm calling from AmeriChoice. I'm in southeast Pennsylvania which is one of the Medicare -- the insurance companies. We service CHIP and Medicaid. When you -- we're from Philadelphia, we're a big city; I think it's an excellent idea to place in -- a flyer with their free lunch program. I think that's awesome but the issue we have here is it's just not us servicing the school district. We service 250 schools and they're over 260,000 children in this school district, in the public schools alone. When you have other providers or other folks who are partnering with you with the CHIP program, it would be a little difficult for us to have a flyer of that nature inside of the children's free lunch program unless it's the CHIP program itself, PDI, which is the Pennsylvania Insurance Department, how would you go about that?

Jill Christiansen, Partnership for Healthier Kids: Well, I can tell you that we, we do a lot of flyers. Like I just put in an order for 40,000. We have 40,000 enrolled in one county, 10,000 in another so we use a huge chunk of our budget on printing these flyers. I'm not really familiar with your area but you know I don't -- a lot of families go in person to apply for free and reduce lunches so maybe just flyering the local center where they apply could be a good, low-cost quick option for you. Making families who come in person to apply aware of the program.

Donna Cohen Ross, CMS: Thanks for that question and Jill thanks for your answers. For those of you who have -- still have questions for Jill, hang on to them, we're going to open up for a broader discussion later and any questions we don't get to if you email them we'll answer the questions and get those questions and answers out to everyone. So thanks everyone. I'd like to turn now to Michael [brief silence] okay. I'd like to turn now to Michael Jacob and hear a slightly different perspective on how a non-profit organization engages schools in outreach. Mike?

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Michael Jacob, Covering Kids and Families, Wisconsin: Greetings everyone, thanks for having me on and yeah, a little bit differently from how Jill's group operates. We serve as a statewide coalition of organizations that works within schools to develop school staff capacity so they can do a lot of the things that, that Jill was talking about her organization doing and or other community based organizations that can do that work. We ourselves don't do a lot of the enrollment assistance or actual delivery of flyers that sort of thing. Instead we try to build local capacity and internal capacity to do that and its two sides of the same coin. There's some slightly different tactics and slightly different challenges but it's another way you can go about it depending on which part of the spectrum you're sitting in.

So we've been working for -- oops, I hit my button instead of the arrow. One second. There we go. So we've been working for three years on a school-based pilot project working in 16 diverse school districts throughout the state. Really trying to learn exactly what kind of processes we had to navigate and what kinds of things schools needed and what kind of things they had already. All with a design of having strategies that were going to be sustainable. Things that would linger beyond our organizations direct involvement and really be sort of systemic change within the school both to help them broaden their and deepen their own work that was already going on with public health insurance promotion. Developing, in some cases, enhancing local partnerships and in some cases getting schools some -- involved directly themselves when it comes to enrollment assistance.

We found fortunately that we started from a great place. Schools get it, they understand the connection between good health and access to good health through health insurance to their kids becoming healthy learners and so they get that connection. They also get the importance of the relationship that they have with the families in their communities that it's better for a family to be able to come down to school rather than head downtown to some office.

So that was a very good positive place to start from. We also found that four out of five districts had school staff already doing something to promote SChip in their school district, in this case it's Badger Care Plus in Wisconsin; again four out of five school districts are already doing work. It was more prevalent among the larger districts so we focused in a little bit more on the smaller more rural districts in Wisconsin which tended to be doing some help already at a slightly lower percent. We also found that, that whether they were doing something or not already the overwhelming majority of school staff wanted to learn more, to be better positioned, to help out the families that they came in contact with and finally, we found that school -- parents of children in school districts believed, three out of four believed, that schools are indeed an appropriate place for this kind of conversation. This kind of assistance to occur.

So across the board we found that this was something that people were very likely to embrace and even if they were unsure about it in the first place, once they got a taste of it, they, they found out that this is something that was certainly appropriate and useful and helpful. So in the course of the three years that we worked with school districts we found they were looking for things from local partners and a statewide organization like ours and there's a list here and some of the highlights are being to help them like Jill does, staff school events, like parent night and enrollment events or parent-teacher conferences. They look to us for materials as, as Jill said they, they eat up a huge portion of their budget to print materials. Sometimes even a couple of hundred bucks or even a couple dozen bucks can be the difference between whether a school can do something or not. So being able to provide materials or at least templates was, was a big deal for school districts.

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Certainly helping out with enrollment assistance for parents, providing technical assistance, so if a school district was helping a parent enroll or helping somebody get to their next step, having a phone number and a live body on the other end that could provide technical assistance when the case spreads beyond their knowledge that we'd help them develop. That was very useful for them. They also looked to us to keep current on changes with our SChip program and especially now with health care reform working its way into the states.

They don't want to sift through all that information. They're looking to us or a community organization to tell them what the latest is and to promote the program more generally beyond the school grounds was an important thing that they looked for from local partners. From us they looked for a lot of the same, but also as an organization that would help develop or enhance the partnerships that had been started already. They certainly look to us for materials and most importantly training, so that they can get the Badger Care Plus 101 down pat so they could help what we call reactive capacity. When a child gets hurt or an emergency arises somebody presents themselves as needing help, they're in a better position to give good answers with better confidence and more accuracy and maybe not get them all the way through the enrollment process but certainly get them much further down the road than they might have before if we engage them in the project. And more generally just providing in some cases inspiration and in some cases sort of a nudge to keep working on the project and to make it a priority and to celebrate the successes they had to overcome the challenges that they might continue to experience.

A little more specifically we learned some fairly obvious things. But important things about what schools need. They want outreach materials that can be localized to their school district or their county, certainly to their populations, certainly to the language needs in their community. They wanted a set of strategies that were tailored specific to the capacity that they had. They definitely saw this not as a one size fits all which is important. They wanted to increase the capacity within their school staff to do both the reactive help and also to take proactive steps and they largely wanted that through training tools that we could provide. They wanted our help with community partnerships as I mentioned and to the extent we could, to help them develop or refine systems to collect and share health insurance status information to make all this work even more efficient and effective as they got into some more hands-on strategies.

And so what we did here at Covering Kids and Families is we put together an online toolbox that is full of information and resources; most of which are put up in a word document so they can be edited by school staff to be localized to their community so they can promote Badger Care Plus to their folks when they want, how they want, and also to get information and training for their staff when they want, how they want, they can do it online. They can also get a hold of use to do a more personalized training and then of course an offer to back up the materials that are online with a live body, with a phone number, so that when they run into bumps or questions or concerns, they can get some additional help besides just trying to navigate their way through the toolbox.

This is what the toolbox looks like online. You can see it at CKFWI.org. We've organized it into drawers not so much with what kind of tools are in it but what kind of jobs they might want to do with tools and I'll get into that in, in a couple of slides here. But we really wanted to make this easy to navigate, and again, starting with what you want to do rather than what kind of tools you need, because often you don't know what kind of tools you need until you actually get into it. As we look at the tools in the toolbox they're all free of course. They're all downloadable. Most of them are set up so they can be customized to a local community or to a local district. There's a lot of basics on

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who's eligible, what kind of services are covered, how families can apply so we get that sort of Badger Care Plus 101 capacity building going on in the school districts for the school nurse, school social worker, the food service person, the superintendent, whoever is going to be in contact with families and then if they want to work their way through their doors than can actually get into proactive strategies for identifying and reaching out in advance of an emergency or a crisis to help out the uninsured children in their school district.

So like I said we have organized our toolbox in ways you can use it. We hear from most school districts that the two things they want to do more than anything else are, A, be better prepared to help kids and families with questions, so we give them the ability to learn the basics of Badger Care and, B, they want to take some steps to promote Badger Care Plus. Just spread the wealth, share the word, that this program is available, it's high quality and it's not too hard to apply and so we've organized drawers for learning the basics and promoting Badger Care Plus more generally through bookmarks and newsletter articles, little blurbs that they can insert into the extra days of the month on the school lunch calendars, that sort of thing. All of which can be edited to be particularized to a school district. And then we get into the sort of deeper end of the pool is one analogy we use, we encourage them to dip their toes in and find out something that they can do and they can do it with some success and then maybe they want to get into more proactive means of actually identifying the kids who are in -- uninsured in district -- in the district and reaching out to them and ideally providing enrollment assistance right there in the school or in partnership with a local organization.

I'll talk a little bit more about those two things here. Now what Jill was talking about was stuff largely happening in the schools and through the schools and through contact from -- initially from the schools and then referrals to their organization. In some cases schools will not be in a position to do follow up themselves that are going to lift a hand off a list to an organization in their community or a state wide organization and that's when data sharing agreements and data sharing rules come into play. And it can do that on two fronts. One is with the free and reduce price lunch population or the FRPL population and there is explicit authorization to share that information with an organization but there are rules that are enforced and applied and enabled that before you can do that parents have to have been given the option to opt out of that system and you need to have an agreement like the one Jill showed with a school district in order to provide that follow up and you have to be certified as central to the administration of Medicaid as an agency to provide that. So those are things that are important to recognize but it's a good population to target. There are a higher percentage of uninsured kids in the school lunch program. It's a way to narrow the focus from the entire population down into a group that's more likely to be uninsured and in most states the income requirements are identical for school lunch and for the SChip program and so you automatically overcome one barrier in terms of eligibility.

What we have found though that might be even more useful is directly asking the question, cutting right to the chase, asking whether a child is covered by health coverage or not and ideally what kind of coverage. There are certainly some parents out there who considered themselves uninsured even though they're covered by the CHIP program. So asking about what type of program as opposed to does the child have health insurance or not is an important way to go if at all possible. The trick here for getting the ability to do follow up as an organization outside the school is getting active consent or an opt-in and that was that sort of referral and consent process that Jill alluded to. In order for you as an outside organization to do the follow up with that family in a lot of cases, in a lot of cases the school district itself won't be able to do that so they need somebody like you to do it.

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You need the, the FERPA law, federally, requires that an opt-in be in place and that a parent give consent to be followed up with. Once that's achieved it's a, it's a very good likelihood you'll be able to reach that family and help them through the process so it's a good way to go. And cuts through the chase of focusing in on the school lunch population where a lot of kids will already be signed up for the SChip program or have private coverage.

There are some key questions to ask of yourselves and the school districts of which you hope to work as they relate to data sharing. I'm not going to go through those now we can come back to that if folks would like to and you can certainly download this after the webinar but there are important things to consider as you go into it both on the legal front and the capacity front and those are important things to consider even as you develop an idea to approach a school. And like I said there's some challenges to expect but there's also some tools to use to help overcome those challenges; things that will help you keep it legal; to overcome privacy concerns among parents, school districts, the state, your organization perhaps, how to navigate the school processes that are going to be going into and how to properly assess capacity within yourself and within the school district and figure out what's going to be the best effort to, to get out to those people who are uninsured and to get them the help that they need.

We've got a bunch of tools in our toolbox that are downloadable and you can feel free to adapt to your state. There's opt out samples. There's data sharing agreement prototypes. We've got a form here that has a question that's like the one that Jill pointed out on their emergency card. It's a way to ask a question about health insurance data and to get consent to follow up with families who say they don't have coverage and of course none of this targeting really matters unless there's a lot of additional outreach going on around it so be sure to go through the other drawers in the toolbox to look for ways to generally promote Badger Care Plus or the SChip program in your state.

I'm just going to wrap up by saying there's not a lot of districts, at least, in Wisconsin that already collect health insurance status even through the emergency card, state wide four out of five don't even ask the question about coverage but once we got into school districts and started working with them and talked them through the process, we are able to get 12 of our 16 school districts to start asking information and to start following up with it. So you start from sort of a bad place in this instance, you got to get the school districts to that point where they would ask a question but we have found with the development of relationships and trust and being sensitive to the concerns that are there you can get them to the point of asking about health insurance and that will help you target your efforts greatly.

And then finally it's hard to see on this slide but what we've found is different parents tune into different things and so again doing outreach on a number of fronts through the newsletter, through the web, direct contact, at enrollment events, posters on site, those are all important things to, to consider as a robust outreach strategy and then finally, one of those things that school districts staff found most effective as I mentioned earlier is distributing those promotional materials and being well informed. If you can help school districts do those two things, A, they'll be very receptive to it and, B, you'll come a long way toward helping the families who are most in need. And then finally as I said a lot of school districts are doing stuff already, one of our pilot districts said that before they were involved in the project they were very fragmented about their -- how they were helping the uninsured families in their district. Now thanks to us working with them they've put that all together into a package that feels much more strategic and much more effective and that can be the

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most important thing that you can provide as an outside organization is that guidance to help tie it all together and be more effective.

Donna Cohen Ross, CMS: Thanks so much, Mike. I think this was a great way of showing how to mesh both the activities to raise awareness and keep people informed as well as link people to application assistance because we all know that's where the rubber meets the road getting kids enrolled in coverage. So we thank you for that presentation. Before I take questions from Mike, I just, I just want to respond, some of you who are watching the chat box are seeing all kinds of great questions and great ideas flashing up on your screen as well as folks trying to help others which I think is really great and that's what it's -- what it's all about -- our good friend Ann Bacharach in Philadelphia is offering to get in touch with Nikki Babsby, I think you had asked a second question, Ann is a real expert in outreach in the Philadelphia area and can help explain some of the nuances of the school lunch program in Philadelphia and how, how you might get involved with work already going on there. So I just wanted to be sure that Ann you could -- we could see your question and wanted to respond to that and thank you for reaching out to another participant on the call. So do we have anyone with questions for Michael right now?

Beth Gordon, Ketchum: So once again we're going to open it up for questions. We ask that you press * pound to put yourself in queue and again please tell us your name, the state where you're calling from, and your affiliation before you ask your question. So again that's * pound.

[Brief silence]

Donna Cohen Ross, CMS: Mike, I'm going to take the opportunity to ask you a question. We, we hear so much about concerns about privacy and I know that's why we have the FERPA law which you alluded to but I'm just wondering in your experience do you find that, that families are willing to do that opt-in and say yes, please share my information or do you find that privacy concerns actually do create a barrier to what you're trying to do and if so how do you overcome that?

Michael Jacob, Covering Kids and Families, Wisconsin: Well, I think a lot of people, parents, school districts, administrators, certainly some folks within our organization, there's, there's a nervousness about privacy and a lot of people we find are largely unsure how far to take it and so what we try to do is we try to really respect that and ease people into it, walk them through the concerns they've got, the protections we put in place to make sure privacy is respected and then as we actually start posing the question to parents and following up with them, everyone finds that yeah, this is going just fine. That there might be a parent or two who will be upset but easily 98 percent of the folks that we've reached out to have had no complaints at all and most of them have been thrilled to have the opportunity to be contacted. It's, it's gone you know the opposite of a privacy concern, a need has been identified, some action has been taken, I think the important thing is, is to keep it legal, keep it understood by everybody, respect their concerns and then work your way through them and as people get experience with it they find that it works out just fine. There are certainly a number of parents who don't opt-in either because they missed a form or because -- or they've missed -- the need to fill that in or they have concerns and so that's when targeting the school lunch population might be a good second approach to take because you can reach some families who maybe then offer up that initial consent. Maybe not because they didn't want to give it but because they just missed the chance to do so. So working on a number of fronts, I think is the most important thing and you'll find that parents aren't particularly concerned about their own privacy. They're glad to get the help.

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Donna Cohen Ross, CMS: Great, thanks Mike. I wonder if there are any other questions in the queue right now? If not I know that there have been a couple of other questions related to a topic that we're going to hear about from our next speaker. So I'm going to take the prerogative to just hold on to those questions until you hear Lynne but as I'm looking at the screen and seeing all of the chat, I'm seeing that there are some folks that have questions about Covering Kids and Families and the Covering Kids and Families Network. So what I'd like to do is suggest that we will send some information out to everyone on the call who is not part of the Covering Kids and Families Network to let you know what that's about and we'll follow up afterwards with some good information about the Covering Kids and Families Network and again just to say how pleased we are to be partnering with Covering Kids and Families in this -- we were thinking about it as a one, two punch. The, the webinar that -- that they hosted a couple of weeks ago and this second one today. So I'm glad that folks are interested. What I'm going to do now is ask Lynne -- Lynne Larsen-Miller from the Granite School District in Utah, to talk a little bit about how a school district itself gets involved in outreach and what it means for them to be conducting these kinds of activities and welcome Lynne. This is your time. [Brief silence] Lynne? If you, if you've muted yourself...

Lynne Larsen-Miller, Granite School District, Utah: Okay. Are we good now?

Donna Cohen Ross, CMS: Yes, we are, thanks Lynn.

Lynne Larsen-Miller, Granite School District, Utah: Okay, thank you so much. This first thing I'd like to do is tell you a little bit about Granite School District so that you have a kind of idea of what we really are here and what we do. The first thing is, if you took our school district, we are 311 square miles and we go from the Wasatch Mountains on the east to the Ochre Mountains on the west and we take a big swath right out of the middle of the Salt Lake Valley.

We are a large urban school district with 70,000 children and I think we're really unique because we are the largest school district in Utah. We have over 8,000 special education children alone. We have more students who live in poverty than in any place in Utah and we have more things like mobility so you know if you look at our district you'll see what you would see in other large urban school districts and that will help you to understand a little bit about what we face here.

I think one other thing I have to say before we go on to the slide I've just prepped is that we have more children in Utah per capita than almost anywhere and we have lower per pupil funding in our state than anywhere in the entire country. So when you talk about setting up an outreach program in Utah with no funding, that's a really interesting perspective and that's why we're going to talk about special ed and what we've done next.

We got the authority in special education to get our related services covered. Those are health services that special education students receive so that they can access their regular and special education. And we got that ability to do that from the Medicare Catastrophic Coverage Act of 1988 and because that went into affect, it changed the world a little bit for us. It meant that for the very first time, our school district would be reimbursed for health-related services provided to special education students.

Many places in the country have actually -- school districts have actually gone in the hole significantly from having to give these health-related services for a child. One of the things I do is

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run a nursing agency in my spare time and I know that some children to sit in school require a one-on-one nurse every hour they're in school curb-to-curb. That can cost up to and over a \$100,000 per child. We have in our district probably going on 30 of those children that cost that much money. Plus, the other 1,000 who receive and need occupational therapy, physical therapy, speech therapy, equipment, just to be able to access their education.

As you look at that, you have an idea of why it was so important for schools to receive reimbursement from Medicaid. So, we were able to do that and in 1993 in Granite school district we were able to do that. That just became one piece of our puzzle and I, I think in Granite school district there's a real difference because from the beginning we looked at outreach.

From the beginning, as poor as we were, we looked around and said how can we play out of the box, what do we have that can make a difference to our kids? And the things that we were able to do is -- are the three that are listed on the slide. The first one is that we institutionalize outreach throughout our organization. So it's just not one office in our district doing outreach, it's every school in our district and we'll talk about that in a minute.

We also partnered with state agencies and that has become a wonderful thing. We pay half of, of the funding for an out-stationed eligibility person from -- it was Department of Health and that person does nothing but help us with eligibility, and so that person is in our main office and that has been an excellent use of our funding.

And the last thing we did is really work to simplify the application process and we created a reproducible model and that model has been actually reproduced in many other districts in the state of Utah where they also have outreach workers and now they also receive more funding for their special ed services because of outreach and because of the things that we taught them to do. So that has been exciting.

There are three major programs that we do in our district that are funded; all of these are funded programs. The first one, our Medicaid service program. That is direct service from our medical providers that are given to students and to have to think, just as their hospital providers, just as their doctors office providers, probably the smallest, smallest group of providers in that whole triangle that would be schools but the health-related service providers give Medicaid eligible as well as not Medicaid eligible special education students all kinds of health related services.

We also do Medicaid Administrative Claiming that we call MAC and that really takes care of case management and outreach so we get reimbursement for outreach activities in our school district. And the last piece is that we have a program, an outreach program that has been very, very successful in allowing us to help our entire school district to have children enrolled. So those are basically the programs that we have been able to develop.

What did we learn? The thing that we learned is the greatest teach is success, that any school district can use is outreach to increase Medicaid funding. Now, that's an interesting idea to a lot of you but it would go something like this. We have a whole population of special education students who services can be paid if they are eligible. The more that we do to promote outreach, especially beginning with that group, but lastly to every student in our school district increase the number of services that we could give these children and we have done a -- I think, a pretty remarkable job in the years that we've done outreach.

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And I, I loved what Jill said. She talked about all the kind of activities that we do in our district. I think the best thing is to be in the hotdog line. In, in a school event if, if you just set your table up in the hotdog line and, and do CHIP, there's nothing better. But we do tons and tons of outreach activities. We do back-to-school mailers, we do events of every kind, one of the best things we've done are tear-off pads where we'll have our information and we'll take them to the public libraries throughout our school district, we'll take them to doctors offices.

So we've done a lot of outreach with every kind of entity possible to try to get our kids eligible and what we're looking for is, we're looking for better test scores, we're looking for an improved attendance and we know that with greater eligibility that will be the things that we get, so we're really excited about always doing outreach.

Okay, I think when I talk to you about institutionalizing our system I think that was one of the greatest things that we did and I think it was really thinking out of the box. We have asked ourselves what do we have? We have secretaries, we have janitors, we have psychologists, social workers, principals, we have a lot of teachers. We have school nurses, we have our medical staff on our preschool staff and so what we did in Granite is we setup a model with a -- and a referral system where went our week after week training all these staff members to do outreach in all of our school groups so I spoke to the social workers and the psychologists. We spoke to the speech pathologists. We talked to the OT's and we presented in the, in the yearly secretaries meetings. We spoke to the principals, all of those groups we taught to do -- be able to teach parents and to make referrals into our, our main office. Our main Medicaid office in the district and what that has been able to do with that is those then referrals come in to our office and we have been running forever with three or four staff members. We have two that are bilingual but it's so easy because we have so many other staff members out in our schools who are bilingual. So the referrals come in. They're assigned to a staff member. The staff members get the application and documentation completely finished. We hand it off to our eligibility worker in the next desk. This is the greatest thing, over the time that we've done this in the last ten years, we have such great feelings from the community that now you know we still get tons of referrals but at the same time we have walk-in clients day -- everyday, all day long, coming into our office and we have our staff members being able to sit with those people and just do applications. So now outreach has been so internalized that we don't have to do events. What is just more effective is for all the staff to come to us and all of the referrals that we get to come to us. One of the very best things we do is we always work on retention and so that staff member who is assigned a case will also -- if that, if that case is becoming -- if it's going off the books we'll try three times to contact that person and makes sure we try to, to find out did they move somewhere in our district. It's really easy, we can go on our district search engines and we can look for if they changed mobility from one school to another. We can find their address, we keep them retained in our, in our programs and that's been a very successful thing for us.

Okay, next, I want to share the results and I think this data is probably about three years old. But basically we have about -- we've got from our staff members 1100 referrals last school year and when we're talking about school year we're talking about nine month period. At least nine people per day, I mean five people per day, come into our office. Other than that we have, I think, great statistics. In the state average on the applications that go into the system, 47 percent are eligible and our average is 77 percent eligibility. We also are able to get families on in half the time and that's because we have an out stationed eligibility worker and because we're -- we've been special ed driver. We also do Medicaid and CHIP but we do Social Security, Disability and we've had great

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success there too. So it's a one stop shopping kind of situation. The thing that I really love is how the Medicaid funding supports our services. First of all, we are able to increase eligibility at the bottom of the slide through our outreach efforts and as we have increased fund -- eligibility for special education students we have increased funding. And since all the funding that we get from, from Medicaid goes directly to health related services, we're better able to sustain our special education and actually our 504 students in our system and that's just one of the basic, I think, benefits. I don't even know how we could ever really count how many kids have become eligible because of our program. Or what that's meant to their family, I know that I've heard stories but I think it's just their anecdotal and I -- at some time I'd really like to know. But I can document that the consequences of Medicaid funding have been right there so that our district in this poor, poor state always will have a Medicaid outreach office and as we looked at one time we did Covering Kids and Families and I look at that coalition and how after the funding went away what happened to so many of those operations. Ours is still here. It's still strong and I think that was because we set it up with special education funding.

Thank you.

Donna Cohen Ross, CMS: Lynn, thank you for that really, very, very helpful and insightful presentation. You said so many things which I want to pick up on before we close but I'm wondering if anyone has any questions specifically that they'd like to ask Lynne?

Beth Gordon, Ketchum: So once again we're going to open up the floor mode. If you have a question * pound and again please let us know your name, the state where you're calling from and your association when the floor is yours. Again, that's * pound.

Donna Cohen Ross, CMS: I think somebody's there, not yet. Okay, then I'm going to -- Lynn, I'm going to ask you a question, I actually have a couple of them but I'm just -- I know everybody is very anxious about how outreach efforts are going to be working in an economy that's very stressed whether or not there'll be interests and the kind of eagerness that you show to do outreach. Is there anything that you can share with our participants about just what to think about with respect to how eager school districts will be to do outreach like you've described in the economy that we're in now. I think the, the irony here is that of course in this economy we have many more children who are eligible but we also may experience constraints on funding. What, what do you think about that, Lynne?

Lynne Larsen-Miller, Granite School District, Utah: As you look out across the country you see school districts cutting, slashing funding, you see the health related services also being slashed at the same time they're cutting the rest of their funding. I think the thing that has worked with our schools is and our Medicaid program is that we have been able every year to increase the number of eligible student and what we've been able to do is when we came we had just kind of a, a really battered kind of beginning and so we've been able to raise funding 400 percent in our district. Well if you can do that, what you can do is put the health related service providers on the related service funding and you can take teachers off that funding and so you can put teachers on other kinds of state funding and so everybody wins. You just are able to sustain the program because Medicaid really will pay for those services for eligible students.

Donna Cohen Ross, CMS: Great, thank you, Lynne. I want to take an opportunity to bring both Michael and Jill back into the conversation I guess, starting with Jill she's probably been waiting the

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longest, most patiently. Jill, just before we close can you give some of your thoughts about what people should be thinking about if they're just starting out and they want to partner with local schools? What are one or two key elements that you think they need to think about as they get the ball rolling?

Jill Christiansen, Partnership for Healthier Kids: Great, the couple of things that I would say to focus on you know they always say Rome wasn't built in a day and there's no way that you can come out as an unknown entity and expect a floodgate. You know this is a lot about trust, building trust in families, building trust in the schools, and awareness. So I would say focus on an awareness campaign, get into all the health fairs you can, get yourself out in the community as much as possible because word of mouth is invaluable at building your referral bank. So I would say you know awareness and then building that relationship really taking the time to build the relationship with the schools. It takes a lot of persistence to let them understand that you are a trustworthy source and you're there to help the families. They're very overwhelmed; a lot of different organizations and different causes want access to the schools. So you really have to set yourself apart and prove to them that you're, you're sustainable. That you're, you're -- you know long-standing and that you're there to improve the health of the students so that they can better perform in the schools. So I would say awareness, definitely, building trust in the community and finding you know having a great experience with your first 30 families because they'll tell everyone.

Donna Cohen Ross, CMS: Thanks so much, Jill. Mike do you have one or two take aways?

Michael Jacob, Covering Kids and Families, Wisconsin: Yeah, I would echo a lot of what, what Jill just said there. You know there are moments where you will have big events and great big successes with a lot of people but a lot of the rest of the time is counting the successes in ones and twos and you know in the end that's testament to how far we've come. That we've been to get as many people covered as, as we have. It's now down to some of the harder cases and those folks who are eligible and yet for whatever reason aren't signed up and you know those cases take some work and getting to those folks in the best spot with the best people that comes out of the relationships and those do take some time to build but because the schools are so perfect for doing this kind of work, because they've got those relationships and if you invest the time up front to build those you'll find that in the back end the things you develop will be much more sustainable on their own than they might have appeared at the front end. I noticed somebody had asked earlier about how many staff this requires. We were very staff intensive on the front end of our project to figure out how to do this best. Working about one FTE per five or six school districts, now as we move to replicated it to, to expand it, we're looking at 10 or 15 school districts per FTE, can be managed, so it really does get easier as it goes, so long as you make a good investment up front.

Donna Cohen Ross, CMS: Thanks Mike. I think as we go forward I think Beth wanted to remind folks how to, how to ask a question.

Beth Gordon, Ketchum: We've had a couple of folks raise their hands. So just as a reminder if you do have a question press * pound.

Donna Cohen Ross, CMS: Okay, well I think this has been a really rich and very wide-ranging conversation. We've heard about strategies for partnering with the entire school community, focusing attention on families with very special needs, like language concerns. We've heard about school lunch connections to identify eligible children, Outstation eligibility workers in the schools,

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what it means for the school to be a Medicaid provider and be able to conduct outreach programs with funding from the Medicaid program, and I think most important and we've all I think alluded to it, or spoke very directly to it at the very end, that institutionalizing enrollment and renewal services in the schools is the way to make this part of what happens, what happens everyday. I want to thank all of our speakers, Jill Christiansen from Virginia, Michael Jacob from Wisconsin, Lynne Larsen-Miller from Utah, for again their very rich and very informative presentations and mostly thanks to all of you for your great questions and your participation. I know some of you may still have questions that you did not get a chance to answer. Don't worry, email those questions to us and we will get the answers out to everyone and be able to help you with, with all of the needs that you have as you go forward with school-based outreach. We're really pleased with today's turnout. I'm hearing that we've had over a 150 people on today's call, which is really a testament to the enthusiasm and concern that we all have about enrolling every eligible child in health coverage so that we can reduce the number of uninsured children. Again, we want to, we want to encourage you to request the resources that you need and ask for help and we'll try to hook you up with the best people to fill you in. I, I think on the screen there's the web address or the email address where you can send your questions. We will be letting you know when the recording is available for this webinar and also, we've reminded you about the recording for the webinar that took place a couple of weeks ago. We'll, we'll have that reminder for you again. We'd like to also ask you to keep an eye on your email. We'll let you know when the next webinar will be and we're interested in what topics you think are most important and most pressing for you. With that I think we've come to the end of our time, thanks again for your participation and again good luck to all of you as you go forward in preparing and executing your school-based outreach activities this year.