

*Inova Health System*

*Community Affairs Division*

# Partnership for Healthier Kids

Jill Christiansen  
Program Manager

Inova Partnership for Healthier Kids



*"Keeping kids healthy and ready to learn."*

# Inova Health System

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The mission of Inova Health System is to **improve the health** of the diverse community it serves through excellence in patient care, education and research.

- Not-for-profit and community-based
- Integrated health care delivery system
- Governed by a voluntary board of community members



# Partnership for Healthier Kids

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**A nationally and locally recognized school-based model for conducting outreach and enrollment assistance to connect uninsured children to health care services:**

- **Access to Care program** connecting uninsured children to a comprehensive source of health care services such as Medicaid, SCHIP or a local safety net provider
  - Since inception PHK has connected over 38,500 children to medical care

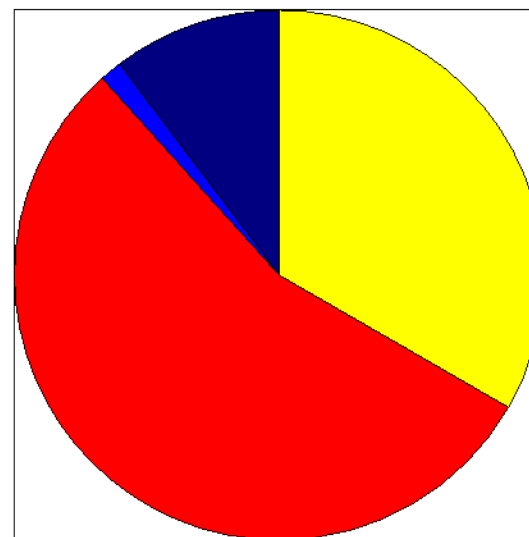
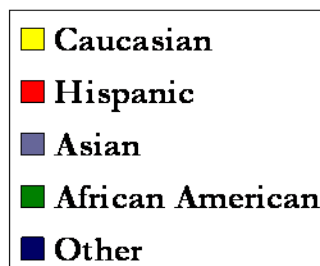
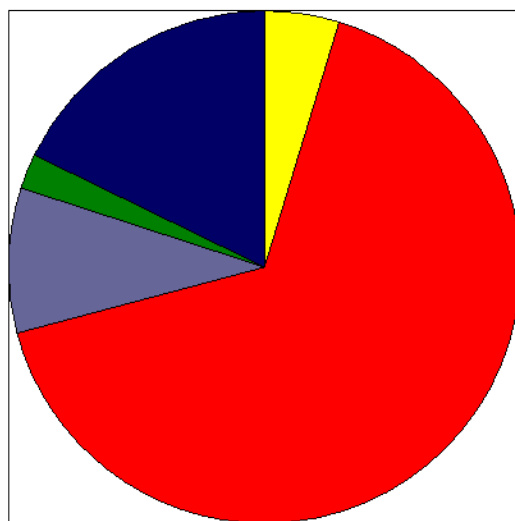


# Our Community

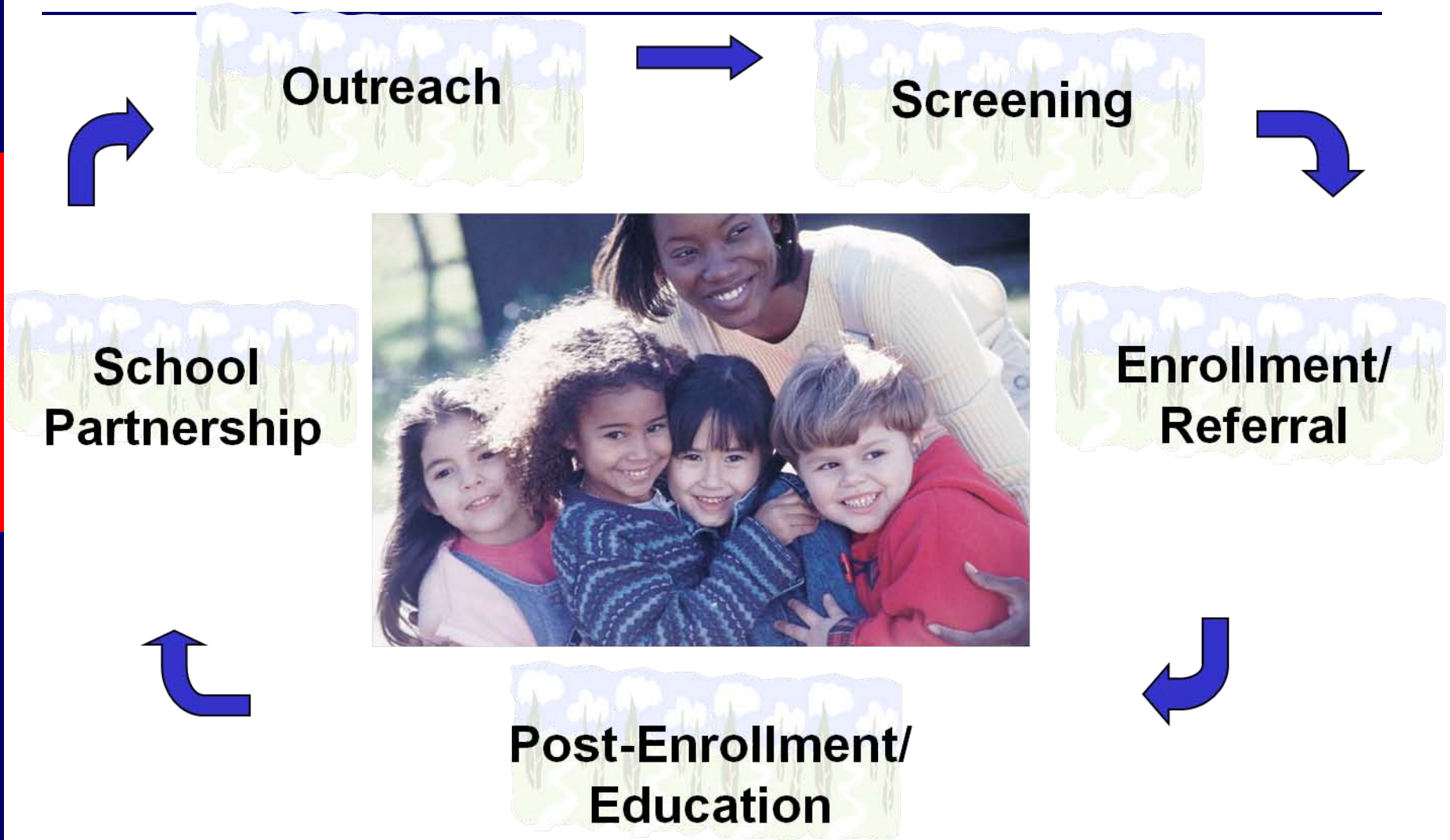
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- PHK serves 4 large, very diverse counties in Northern Virginia just outside of Washington, DC

PHK Clients 2009



# Outreach Model



# ACPS MOU

o MOU assures that each school in ACPS will partner with PHK to conduct outreach to identify uninsured students

**Memorandum of Understanding**  
Alexandria City Public Schools and Inova Health System

2007-2008 School Year Partnership Agreement  
Partnership for Healthier Kids  
Access to Care Program

Inova Health System Partnership for Healthier Kids (PHK) and Alexandria City Public Schools have agreed to initiate a partnership for the purposes of implementing the Access to Care program in all Alexandria City Public Schools. The purpose of the program is to identify children and their siblings without a source of primary medical care and/or health insurance and to connect them to an existing public/private source of health care services for the uninsured.

**Partnership for Healthier Kids will provide oversight for program implementation by completing the following:**

1. Work with the school's designated outreach coordinator to develop a school-specific outreach plan to reach families with uninsured children.
2. Provide the school with program materials, promotional materials, and staff training.
3. Provide staff representation to participate in school/community activities, meetings, and events as mutually determined appropriate.
4. Provide application assistance to all families responding to outreach.
5. Provide follow-up to the families to facilitate enrollment in available programs.
6. Provide on-going follow-up to ensure families understand how to appropriately utilize and retain services.
7. Communicate any program changes with school principal and conform to all applicable FCPS policies.
8. Provide quarterly status report regarding student referrals.


**Alexandria City Public Schools will work with PHK to coordinate outreach to connect uninsured children to health care resources by completing the following:**

1. The School Nurse Coordinator to oversee outreach strategies and maintain communication with PHK.
2. Meet with PHK staff as appropriate and provide school staff with information regarding PHK (Schools may request PHK's participation in a school staff meeting, PHK will accommodate as schedule permits).
3. Encourage families that are being assisted by PHK to respond to PHK's request for supporting verifications needed to complete enrollment process for FAMIS Plus, FAMIS, and safety net providers.
4. Agrees to immediately inform the PHK director of any issues or concerns related to PHK.

Partnership for Healthier Kids will conduct periodic reviews and evaluate the program to determine the goals and direction of the program for the following school year. This agreement can be modified or terminated at the discretion of either party.

Accepted and mutually agreed upon:

9/17/07  
Date

  
Anne Rieger, Senior Director  
Safety Net

  
Rebecca Perry, Superintendent  
Alexandria City Public Schools

# Outreach Methods

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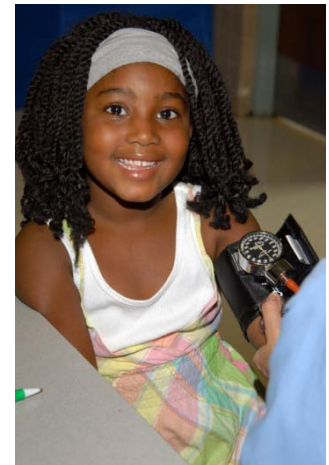
- Free School Physical Events
- Free or Reduced Lunch Mailing
- Emergency Contact Review
- General Outreach



# Free School Physical Event

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- Collaborate with school system, health departments and local faith communities to provide free school-entry physicals and immunizations to children entering school for the first time
  - PHK pre-registers families and screens children for Medicaid and SCHIP
  - PHK is on-site to provide application and enrollment assistance





# Free/Reduced Lunch Mailing

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- o Sent to families in Free/Reduced Lunch confirmation mailing (English & Spanish)



**DOES YOUR CHILD HAVE HEALTH INSURANCE?**



**Inova's Partnership for Healthier Kids can help you apply for health insurance programs for your children,**

**Call us at: 703.321.1990**



***Healthy Kids Make Great Students!***

# Emergency Contact Review

## ALEXANDRIA CITY PUBLIC SCHOOLS

### EMERGENCY CARE INFORMATION

SCHOOL YEAR \_\_\_\_\_

In case of emergency, the school staff will call 911. Every attempt will be made to contact a parent/guardian or one of the designated emergency contacts.

Student resides with: father—mother—both—guardian (circle one)

Teacher: \_\_\_\_\_

Student name (last) _____	(first) _____	male/female _____
Date of Birth _____	School _____	Grade _____ Native language _____
Mother's name _____	address _____	
Home phone _____	work phone _____	cell phone _____
Father's name _____	address _____	
Home phone _____	work phone _____	cell phone _____
Guardian's name(s) _____	address _____	
Home phone _____	work phone _____	cell phone _____

This student has health insurance  YES  NO Name of health insurance company: \_\_\_\_\_  
 Name of Primary Health Care Provider \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate persons who may make emergency decisions and/or pick up your child from school:**

Name _____	phone numbers _____
Name _____	phone numbers _____

If there are no medical and/or health conditions that affect your child's school day, please sign and return this form to the school.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

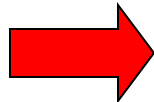
If there are medical and/or health conditions that affect your child's school day, please complete the following information:

Allergies (food) \_\_\_\_\_ (medications) \_\_\_\_\_ (bugs/insects) \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_  
 Has Epi-Pen \_\_\_\_\_ Other allergy/medications (please list) \_\_\_\_\_  
 \_\_\_\_\_ Asthma \_\_\_\_\_ Albuterol inhaler \_\_\_\_\_ Blood disorder \_\_\_\_\_  
 \_\_\_\_\_ Cancer: type \_\_\_\_\_ Physical disability \_\_\_\_\_  
 \_\_\_\_\_ Diabetes: \_\_\_\_\_ insulin injections \_\_\_\_\_ insulin pump \_\_\_\_\_ Seizures (medicines) \_\_\_\_\_  
 \_\_\_\_\_ Hearing problems \_\_\_\_\_ hearing aids \_\_\_\_\_ Vision problems: \_\_\_\_\_ glasses \_\_\_\_\_ contacts \_\_\_\_\_  
 \_\_\_\_\_ Heart problems \_\_\_\_\_ Other health concerns: \_\_\_\_\_

How often does your child see a doctor for any of these conditions? \_\_\_\_\_  
 Are there any **medications needed during the school day?** \_\_\_\_\_ If yes, then please obtain the Medication Authorization forms from the school nurse. All students needing medication at school will need completed Medication Authorization forms on file in the school nurses' office.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- o School staff screen all Emergency Contact Forms for health insurance information



- o Families who indicate that they do not have insurance is mailed information about PHK

# Outreach Letter

- Utilizing school letterhead and official envelop helps families to build trust in PHK
- Letter states that health insurance information was not provided
- Letter is translated into 8 languages
- Any letter that is returned with health insurance information is sent back to school to be filed

Learning to Live • Loving to Learn



DIVISION OF STUDENT SERVICES

703-824-6650

2000 N. Beauregard Street  
Alexandria, Virginia 22311

Telephone: (703) 824-6600  
Facsimile: (703) 824-6699  
TDD: (703) 824-6666  
www.acps.k12.va.us

Superintendent of Schools  
Rebecca L. Perry

School Board

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Members  
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Kenneth L. Foran  
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Melissa W. Luby  
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Mark O. Wilkoff  
Charles H. Wilson

Dear Parent:

It has been brought to my attention that medical care information was not reported on your child's Emergency Care Information Form.

If you **do** have medical care for your child, please fill in the information requested below and return this letter to the school office. This will allow us to complete your child's Emergency Care Information Form:

Name of child \_\_\_\_\_

Name of medical care provider \_\_\_\_\_

Telephone number of provider \_\_\_\_\_

Name of health insurance company or health care program \_\_\_\_\_

If you **do not** have a medical care provider and/or health insurance coverage, a community outreach program, *Partnership for Healthier Kids*, can offer assistance. Several free or very low cost medical care programs for children are available.

**If you want to talk with a representative from *Partnership for Healthier Kids* please sign and return the attached consent form.** Telephone or personal interviews will be scheduled for parents who want more information and/or who want to apply for one of these programs.

Feel free to contact your school nurse if you have any questions.

Sincerely,



Robin Wallin RN/MSN  
Nurse Coordinator

# PHK Consent Form

- Authorizes PHK to contact family to assess eligibility
- Allows PHK to provide status updates to school
- Allows PHK to share eligibility information with local safety net providers to facilitate enrollment

## Partnership for Healthier Kids

8003 Forbes Place • Springfield, VA 22151  
 Telephone: 703-321-1990 • Fax: 703-321-1999

### Request for Information

Please Check:

- My child(ren) has health insurance and/or a health care provider.  
Please provide the name(s) \_\_\_\_\_
- My child(ren) needs a doctor and/or insurance.
- Please contact me so that I can find out about free to very low cost medical programs for my child(ren).  
A representative may call me to schedule an interview by telephone, or in person. I understand the information shared in this interview will be confidential.

### Release of Information/Parental Authorization

I give permission for the following information to be exchanged with representatives of the agencies listed.

- My name and telephone number so I may be contacted by Partnership for Healthier Kids about free, or very low cost medical care for my child(ren).
- If I apply for a medical provider program, the following agencies may exchange information about the status of my child's application when necessary to complete the enrollment process.

This consent is valid for 12 months.

- Partnership for Healthier Kids, Inova Health System
- Community Access Program
- Fairfax County Public Schools
- Department of Family Services
- Northern Virginia Family Service
- Department of Medical Assistance Services
- Community Health Care Network
- National Foundation for Vietnamese-American Voters (NFVAV)
- Inova Pediatric Center
- Medical Care for Children Partnership

Name of Child	Date of Birth	Name of School

Name of parent/guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

### Do not complete this section. For official use only.

Form completed by \_\_\_\_\_ School \_\_\_\_\_ Phone # \_\_\_\_\_

Date Completed \_\_\_\_\_ Received by PHK \_\_\_\_\_

# General Outreach

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- Flyers sent home in back packs of students
- Flyers made available in school clinic and main office
- Attend school health fairs
- Present at school staff meetings such as, school nurse, social workers, registrars and counselors

# Application & Enrollment Assistance

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- Assist family with completing application and collecting required verifications
- Advocate on behalf of the family with the appropriate eligibility determining agency
- Once enrolled, answer questions regarding access and utilization
- Provide follow-up to schools
- Provide follow-up to assist with renewal



# Contact Information

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703-698-2571

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Visit us on the web:

[www.inova.org/phk](http://www.inova.org/phk)

