



Health Insurance for Children: How Schools Can Help

A student's health strongly affects their school attendance and academic performance. Schools are often the first to identify students who may need additional help to perform at their full potential. This fact sheet provides schools with guidance on how to improve educational outcomes of students by connecting them to health insurance.

Millions of children and teens are not insured who could qualify for health insurance.¹ Research shows that students who had Children's Medicaid (CHIP) coverage were more likely to complete high school and graduate from college.² Schools can help boost attendance and academic performance with one action: help students and their families get health insurance.²

Schools can help students enroll in health insurance in three ways

STEP 1 *Identify students without insurance and those who may have a chronic health condition*

At the beginning of the school year or upon enrollment during the school year, identify whether a student has health insurance and if they have a chronic health condition. Update existing school health records or enrollment forms to note this information.

Updating records or forms may help schools increase enrollment of eligible students and family members in Medicaid, CHIP, private or other eligible insurance plans.³

- This can be as easy as adding questions about health insurance and chronic health conditions to the [Federal School Lunch](#) program [enrollment form](#).
- If a student does not have health insurance, request parental permission to talk with them about obtaining coverage and enrollment assistance, if appropriate.

Recording student health information is a recommended practice for school nurses and state law might require it.⁴



DID YOU KNOW

Chronic health conditions may include:

- asthma
- diabetes
- epilepsy or seizure disorder
- food allergies
- hypertension/high blood pressure
- poor oral health

STEP 2

Help students and families obtain coverage

Students may be eligible for Medicaid or CHIP enrollment for a short-term period until the state makes the final decision. This allows school nurses or other school personnel to play a direct role in linking children to health insurance. Many school events can be an opportunity to provide health insurance information and to help with enrollment.

Schools can:

- Consider collaborating with locally-trained experts, faith-based groups, and community organizations that provide health insurance enrollment assistance.
 - These trained individuals, or “Navigators,” provide unbiased information about health insurance, eligible health plans, and public programs including Medicaid and CHIP.
 - Public library staff have access to online trainings and resources on how to provide healthcare enrollment assistance to those who are eligible. To learn about “Health Happens in Libraries,” go to <http://www.webjunction.org/explore-topics/ehealth/more-info.html>.
- Trainings for staff should include guidance on insurance eligibility, how to enroll families in eligible plans, and up-to-date local, state, and federal resources.
- Encourage trained staff to help families apply for health insurance through the Marketplace. Families can enroll in health insurance during [open enrollment](#) or [special enrollment](#) periods; if these options are not available, they can enroll in Medicaid and/or CHIP programs year-round.
- Develop a process for keeping current local chronic disease management resources and vetted local organizations that provide insurance enrollment assistance to families to ensure accurate referrals.
 - Identify an individual or team to keep this list updated.
- Provide parents computer and internet access to enroll in eligible plans and connect with additional information such as Insurekidsnow.gov, when possible.

STEP 3

Refer Families to School-based or Community-Based Medical Care Providers and other Resources

Research shows that services provided by school health staff can significantly improve attendance and educational outcomes among students.⁵ If the school nurse or school-based provider delivers preventive services for a Medicaid or CHIP enrolled student, the school may be eligible for reimbursements (if there is an approved state Medicaid plan).

In addition, schools can:

- Advocate for school health services and community providers who accept Medicaid and offer other low-income assistance, such as providing care at reduced rates based on income level.
- Set up a process to refer students to other primary care providers if school health services are not available.
- Understand the referral protocols for students with chronic health conditions such as asthma, diabetes, epilepsy or seizure disorder, food allergies, poor oral health, or obesity.
- Share information about relevant chronic health conditions, and connect under-insured students to local resources.
- When possible, incorporate mental health, behavioral, and/or social services such as homelessness assistance as part of the referral process.
- Include community-based nutrition and physical activity providers as resources, if available (e.g., dietitians, sports or dance classes, and cooking classes).

! IMPORTANT REMINDER

By connecting students to health insurance and community resources, the parents, school staff, and community can work together to help meet the healthcare needs of students, especially those with chronic health conditions.

At-risk/vulnerable populations

Immigrant families

There may be multiple barriers for immigrant families in accessing health insurance including language barriers, fear of deportation if undocumented, or fear of jeopardizing their path to citizenship. Approach the topic of documentation status with sensitivity.

Documented. Some states will provide health insurance via Medicaid and/or CHIP depending on how long the family has been a resident.

Undocumented. Undocumented immigrant families are not eligible for health insurance via the Marketplace, Medicaid, or CHIP. In this case, refer families to Federally Qualified Health Centers (FQHC) and free or low-cost community services.

Foster children

If a student is a part of the state's foster care program, confirm the student's CHIP enrollment and medical home, if available.

Is there a school-based health center?

Yes. Schools can work with the student's foster home or family to serve as the child's medical home.

No. Schools can connect the student with a medical home within the community.

This resource can help in identifying health insurance for foster children: [Children in Foster Care Are Children with Special Health Care Needs](#).

Children experiencing homelessness

Homeless students often have a greater number of physical and mental health problems. These include lack of insurance, problems obtaining parental consent, difficulty navigating the health system, and possible fear of judgement from health staff.

Is there a school-based health center?

Yes. Schools can provide services as available.

No. Schools can serve as a liaison to community-based health care services, such as dental, mental health, or other social service program providers.

Want more information about at-risk/vulnerable student populations?

- Go to <https://www.insurekidsnow.gov/webinars-videos/webinars/20140522/index.html> to view a webinar on Enrolling Vulnerable Youth in Medicaid and CHIP.
- For additional guidance on supporting homeless students, please go to the U.S. Department of Education website at <http://www2.ed.gov/policy/elsec/leg/essa/index.html>



MEDICAL HOME DEFINITION

The National Center for Medical Home Implementation defines a medical home as an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families.

For more information, go to: <https://medicalhomeinfo.aap.org/Pages/default.aspx>

Resources

- Children's Health Insurance Program (CHIP) by state: <http://medicaid.gov/chip/downloads/chip-map.pdf>
- Center on Budget and Policy Priorities: <http://www.cbpp.org/research/coverage-of-parents-helps-children-too>
- Connecting Kids to Coverage National Campaign Resource Center: <https://www.insurekidsnow.gov/professionals/outreach/strategies/index.html>
- HOMEROOM, Official Blog of the U.S. Department of Education-Healthy Kids, Healthy Minds: <http://blog.ed.gov/2014/02/healthy-kids-healthy-minds/>
Letter to Superintendents: <http://www2.ed.gov/admins/lead/130909.html>
Healthy Engaged Youth (HEY!) Webinar: <http://sites.ed.gov/aapi/the-affordable-care-act/hey/>
- Catalyst Center (The Catalyst Center is a national center dedicated to improving health care coverage and financing for Children and Youth with Special Health Care Needs (CYSHCN)):
 - Family resources by state: <http://www.hdwg.org/catalyst/resources>
- California School-Based Health Alliance: <http://www.schoolhealthcenters.org/start-up-and-operations/outreach-and-enrollment/outreach-and-enrollment-resources/>
- *School Nurses: It's Not Just Bandages Anymore* This brief from Project HOPE discusses the role school nurses can play in addressing the health needs and supporting the education of students experiencing homelessness: <http://education.wm.edu/centers/hope/publications/infobriefs/documents/SchoolNurse2014.pdf>



¹ Centers for Medicaid and Medicare Services. <https://www.insurekidsnow.gov>. Accessed January 31, 2017

² Cohodes, S. et al (2015). The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions: http://scholar.harvard.edu/files/cohodes/files/medicaid_edu_june2015.pdf

³ Healthy Students, Promising Futures State and Local Action Steps and Practices to Improve School Based-Health- U.S. Department of Education and U.S. Department of Health and Human Services: http://www2.ed.gov/admins/lead/safety/healthy-students/toolkit_pg2.html

⁴ American Nurses Association & National Association of School Nurses [ANA & NASN] Position Statements Resolutions and Consensus Statements Joint Statements 2011: https://www.nasn.org/portals/0/binder_papers_reports.pdf

⁵ Walker, S.C. et al. (2010). The impact of school-based health center use on academic outcomes. *Journal of Adolescent Health*, 46(3), 251-257. DOI: <http://dx.doi.org/10.1016/j.jadohealth.2009.07.002>.