

## **Migrant Health Frequently Asked Questions:**

### **May state educational agencies (SEAs) and local operating agencies (LEAs) use Migrant Education Program (MEP) funds to address the health needs of migratory children?**

Yes. MEP funds may be used, consistent with the MEP statute, to

- (1) Design programs to help migratory children overcome health-related problems that inhibit their ability to succeed in school or in other educational programs, and
- (2) Address specific health needs that affect a child's ability to participate effectively in those learning activities.

The MEP statute authorizes the provision of educational services, including supportive services, that promote the educational success of migrant children, and requires SEAs to the extent feasible to help migrant children gain access to health services offered by others. Therefore, the Office of Migrant Education (OME) believes that MEP funds should generally only be used to provide preventive services, or to provide treatment on an emergency or one-time basis. Given the level of costs sometimes associated with health services, the limited availability of MEP funds, and the requirement in the statute that MEP funds only be used to meet the needs that are not addressed by other Federal and non-Federal programs, SEAs and LOAs should explore all other sources of funding and make every effort to work with health service providers such as migrant health clinics, migrant health voucher programs, and community health centers to defray service costs before using MEP funds.

As is the case with all uses of MEP funds, SEAs and LEAs must ensure, among other things, that

- (1) any health service provided with MEP funds is consistent with the SEA's comprehensive needs assessment and service delivery plan,
- (2) the service supplements, and never supplants, services available from other non-Federal sources, and
- (3) the costs of the service are reasonable, necessary, and allocable to the MEP relative to the benefits received.

## **What are examples of health services SEAs and LEAs might provide to eligible migratory children with MEP funds?**

Examples of preventive health services that the MEP might provide to eligible migratory children where other sources of health services are unavailable include, but are not limited to: medical and dental screenings, immunizations, and health education. Examples of medical conditions that require emergency or one-time treatment include, but are not limited to: infections, fractures, open wounds, tooth extractions/repairs, eye glasses, and behavioral intervention needs (e.g., threats of abuse, neglect, suicide, etc.).

## **Why is health a focus of Washington's MEP Program?**

Migrant children and their families remain as one of the most underserved and one of the poorest groups in the United States\*. The migrant child's living environment often exposes them to pesticides, dangerous equipment, and other potentially serious health hazards. A migrant family's mobile lifestyle may not include the traditional protection of insurance or agency benefits that are typically established during a stable living condition. Accident and illness frequently compound the mobility factor and adversely affect the migrant child's education. It is, therefore, imperative to offer the children of these families at least minimum protection by providing them not only a physical and dental examination but also supplemental supports that may alleviate the financial burdens as a result of healthcare services. The health of migrant children reflects the nature of a mobile, rural lifestyle where most medical problems are related to deficiencies in diet, dental hygiene, and personal hygiene.

\* [http://www.ncfh.org/uploads/3/8/6/8/38685499/maternal\\_and\\_child\\_health\\_2017.pdf](http://www.ncfh.org/uploads/3/8/6/8/38685499/maternal_and_child_health_2017.pdf)

## **Does MEP provide additional funding to meet the health needs of migrant youth beyond the final district allocation?**

Yes, additional funding is allocated to meet the health needs of migrant youth on a case-by-case basis, assuming services are reasonable and allowable. To learn more about accessing additional supports, please contact the Migrant Education Health Program Supervisor.

## **What is a “service”?**

Services are a subset of all allowable activities that the MEP can provide through its local programs and projects- always tied to helping the child meet his or her learning need which:

1. Directly benefit a migrant child;
2. Address a need of a migrant child consistent with the SEA’s comprehensive needs assessment and service delivery plan;
3. Are grounded in scientifically based research or, in the case of support services, are a generally accepted practice; and
4. Are designed to enable the program to meet its measurable outcomes and contribute to the achievement of the State’s performance targets/annual measurable objectives.

## **What kind of services does MEP not cover?**

The Migrant Education Health Program does not cover or provide ongoing or long-term health services, unlike a conventional ongoing health care plan. The program is designed to provide preventive services given the limitation of the Migrant Education Program funding and allowable services. Some of these services include, but not limited to:

- Emergency services, such as those that require immediate attention;
- Non-emergency surgeries;
- Treatment of chronic illness or diseases;
- Orthodontia (e.g. Braces);
- Other long-term health services regardless of whether these services are also preventive.

OME does not believe that SEAs and LEAs should use MEP funds to provide ongoing or long-term health services (e.g., non-emergency surgeries, treatment of chronic illness or diseases, orthodontia), regardless of whether these services are also preventive. Instead, those operating State or local MEP projects should provide advocacy, health education and outreach activities to inform families of, or help families gain access to, services that address chronic health problems. In

these situations, we encourage MEP staff to work closely with community health centers and treatment facilities to locate appropriate services for the family. Moreover, even if an SEA or LEA intends to provide a preventive or emergency health service, the agency must ensure that the service is tied to helping the child meet his or her learning need and that funds are included in their budgets as a result of the State's CNA and SDP.

For more information about the use of MEP funds, please see the Non-Regulatory Guidance, Chapter X: Fiscal Requirements, Questions F1-F3.

### **How can I access services?**

If you are a parent or educator, please speak with your local school district's Migrant Education Program or contact a regional OSY/Health Coordinator to determine a student's eligibility and availability of services. Once eligibility is determined, a certificate of eligibility is granted to begin receiving services. To find your school district's Migrant Education Program or local OSY/Health Coordinator.

### **What are the provision of service under COVID-19?**

Per the Office of Migrant Education, local educational agencies may support eligible migratory children with access to other health and social "necessities" when there is a delay or lack of availability from other sources. Other necessities may also include, but are not limited to:

- Cleaning supplies for disinfection/sanitation purposes;
- First aid supplies;
- Nutrition;
- Personal hygiene supplies;
- Hearing aids and batteries,
- And loaned equipment to access online learning.

The provision of essential health and social services must be consistent with the guidance of the Washington State Department of Health Guidance and local school district policies when having face-to-face interactions with the public under these extraordinary circumstances.

## **My district does not have a Migrant Education Program who should I contact?**

Not every school district is eligible or accepts Title I, Part C Migrant Education funding. However, please do not hesitate to contact your regional OSY/Health Coordinator for technical support.

## **Does MEP participate in the Healthy Youth Survey?**

Healthy body and mind is a requisite to academic success. In an effort to best monitor trends in the health of migrant student statewide, MEP supports The Healthy Youth Survey (HSY) goal to gather relevant student health data. As new trends begin to emerge in the migrant student population, it is essential to understand what efforts must be made to curb unhealthy behaviors and sustain academic achievement. Through this collaboration MEP, will have access to a comprehensive data set which will be unique to migrant students. This data's use will be intended for the develop a comprehensive needs assessment and state delivery plan to meet the specific health needs of migrant students.

For more information, please refer visit the [Healthy Youth Survey](#)

## **Are districts required to provide routine tuberculosis testing, also known as TSTs, as a part of the migrant physical exam?**

No, this practice is not a state recommendation and poses questions regarding unnecessary testing and bias. In addition, this practice also poses logistical concerns that can be problematic for both parents and providers. Although it may be the case that tuberculosis testing may be required in specific situations, schools, specifically their designated licensed health care providers, should consult with their local health jurisdictions should they feel a risk is present.

## **Who are Priority for Service (PFS) migrant students?**

PFS migratory children are defined as youth who have:

- Made a qualifying move within the previous 1-year period;
- And are failing, or most at risk of failing, to meet State academic standards;  
or
- Have dropped out of school.

## **have a student in need of eyeglasses, what can I do?**

The purchase of eyeglasses is an allowable MEP expense when there is a delay or lack of availability from other federal, state, or other local program resources. Districts can utilize their regular MEP grant allocation to make the necessary purchase. Eyeglasses can be purchased anywhere, but because MEP funds is limited, it is advised to seek eyewear that is reasonable to comfort with federal funding guidance. Please be advised that some vendors can charge for both a doctor visit and hardware. Please contact your regional OSY/Health Coordinator or the MEHP Program Supervisor for further technical assistance.

## **Can MEHP cover the costs of transportation for health services?**

Yes, transportation is an MEP allowable expense when there is a delay or lack of availability from other federal, state, or other local program resources. Districts transporting migrant students should follow their district's transportation procedures as it relates to transporting students.

## **What type of health care coverage is available for migrant children?**

Washington provides several health coverage options to accommodate differing age, income, and/or citizenship status. The MEHP worked with the Health Care Authority to develop a list of regional contacts to provide technical assistance and guidance to individuals assisting families seeking health coverage for their children.

- ***Apple Health for Kids - No cost***
  - Children under the age of 19 and at/or below 200% of the federal poverty level (FPL).
  - Remain eligible for 12 months regardless of change of income.

- **Apple Health for Kids - Low cost**
  - Children under the age of 19 and at/or below 300% of the federal poverty level (FPL).
  - Remain eligible for 12 months regardless of change of income.

**Non-citizen children receive the same level of coverage using state only funding.**

**Important:** Child's immigration status is not a consideration for any health care coverage program. It is critical that parents apply for services when they are income-eligible. Program enrollment is available through community and migrant health clinics or at a [Department of Social and Health Services, Community Service Offices \(CSO\)](#). If you are having trouble enrolling or gathering the appropriate information please contact your school district's Migrant Education Program or contact a regional Migrant OSY/Health Coordinator.

### **What is the law around accessing language services in a clinical setting?**

Per [Title VI of the Civil Rights Acts of 1964](#) and the [American with Disabilities Act \(ADA\)](#) providers are required to ensure access to a spoken language. Providers are required to provide interpretive services to any client that:

- Experiences trouble speaking or understanding English.
- Is deaf, deaf-blind, or hard of hearing.
- Has a ProviderOne services card.

This may include in-person interpreting, telephonic and video remote interpreter, family member appointment depending on the complexity and appropriateness of the situation.

In order for the Health Care Authority to pay for interpreter services, the following criteria must be met:

- The client is an eligible Washington Apple Health (Medicaid) client.
- Services are an eligible Washington Apple Health (Medicaid) medical benefit.
- The health care provider must be an HCA enrolled provider.

- Services are authorized and provided under the HCA contract with CTS Language Link.

The Health Care Authority will NOT pay for interpreter services when:

- The interpreter is a member of the family.
- Inpatient hospital services.
- Nursing facility services.
- Administrative services such as answering or responding to general phone inquiries, scheduling appointments, making reminder calls, filing, copying, cleaning, miscellaneous tasks.

Interpreters provided through HCA's contractor are required to provide services within the scope of practice as defined by the Interpreter [Code of Ethics](#).

Providers may not ask them to perform non-language related tasks.

For more information, please refer to [The Washington State Health Care Authority](#)

## **What other forms of health care coverage exist for migratory children and their families?**

### **Alien Emergency Medical (AEM)**

- People who do not meet the citizenship requirements of other DSHS medical programs and are experiencing an emergent medical need.
- Must be a non-citizen that meets Medicaid eligibility requirements (a child, parenting a child, blind, aged, or disabled) except for citizenship.
- And not eligible for any other medical assistance program.

### **Washington Health Program**

- Managed by the Health Care Authority for children under age 19 who are not eligible for no-cost/low-cost Apple Health for kids.
- Families pay the full premium.

### **Charity Care**

- Available through local hospitals at no charge or at a reduced charge to those who meet financial need requirements.



- It is generally available for persons considered “indigent”; if their family income is at or below 200% of the federal poverty level;
- Do not have other financial resources available such as insurance, government programs, or regular income.
- Individuals need to contact their local hospital for further information.

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**Why should children be immunized?**

**To Protect Others in Your Family and Community**

One of the best ways to protect your children is to make sure they have **all** of their vaccinations.

- **Immunizations can save your child’s life.** Because of advances in medical science, your child can be protected against more diseases than ever before.
- **Vaccination is very safe and effective.** Vaccines are only given to children after a long and careful review by scientists, doctors, and healthcare professionals.
- **Immunization protects others you care about.** This not only protects your family, but also helps prevent the spread of these diseases to your friends and loved ones.
- **Immunizations can save your family time and money.** The Vaccines for Children program is a federally funded program that provides vaccines at no cost to children from low-income families. To find out more about the VFC program, visit

<http://www.cdc.gov/vaccines/programs/vfc/> or ask your child's health care professional.

- **Immunization protects future generations.** Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few generations ago. If we continue vaccinating now, and vaccinating completely, parents in the future may be able to trust that some diseases of today will no longer be around to harm their children in the future.

For more information, please refer to [Washington Child Profile](#) & <http://www.cdc.gov/vaccines/programs/vfc/>

## To enroll in a school in the United States

Per Revised Code of Washington (RCW),

Immunization program—Attendance of child conditioned upon presentation of alternative proofs—Information regarding meningococcal disease—  
Information regarding human papillomavirus disease.

- (1) The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school or center, of proof of either (a) full immunization, (b) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (c) a certificate of exemption as provided for in RCW 28A.210.090.

For more information, please refer to [Immunization Regulations](#) & [RCW 28A.210.080](#)

## **I have a student that will be moving to another district. How can I provide proof of immunization records?**

MEP collaborates with the Washington Department of Health in an effort to support statewide immunization efforts via Washington State Immunization Information System (WAIIS). WAIIS is a lifetime registry that keeps track of immunization records for people of all ages. New and returning migrant students

may not always have their immunization records on hand, and as such, immediate enrollment in school will often require a plan of action to provide proof of immunization or waiver. With WAIS school nurses and migrant staff will have access to the most current and up to date immunization records in real time as WAIS is a statewide system that partners with health care providers to input data-streamlining data accuracy, eliminating duplicate immunizations, schedule forecast, and simplifying tracking under a unified system. With the availability to print the most current Certificate of Immunization (CIS), migrant staff can provide migrant students and their family proof of immunizations valid in other states as required by federal regulation.

For more information, please refer to [Washington State Department of Health](#)

### **I have a student that has lost or broken their eyeglasses. Can the state cover a replacement?**

Apple Health (Medicaid) covers up to two replacement frames or four replacement lenses in a calendar year without prior authorization for eligible clients when the frames or lenses are lost or broken. If additional frames or lenses are necessary, provider must document the reason for replacement in the client file.

In the event that your health care plan does not cover replacement glasses MEP funds may be used to support the eligible student needs as permitted under regulatory guidance.

### **What is Washington’s law, guidance, and regulation on sexual health for students?**

#### **Guidance for sexual health information and disease prevention:**

Washington law on sexual health education states that “the decision as to whether or not a program about sexual health education is to be introduced into the common schools is a matter for determination at the district level by the local school board.” Any district that chooses to provide sexual health education must follow the requirements outlined in the Healthy Youth Act. Additional information for schools is included in the related WAC 392-410-140.

Washington State's HIV/AIDS education ([RCW 28A.230.070](#)) and Bully and Harassment Policy ([WAC 392-190-056](#)) requirements are supported by the objectives of sex education. The goal of sex education is safe and healthy people. These are individuals who:

- Express love and intimacy in appropriate ways.
- Avoid exploitative or manipulative relationships.
- Recognize their own values and show respect for people with different values.
- Take responsibility for and understand the consequences of their own behavior.
- Communicate effectively with family, friends and partners.
- Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner's), contraceptive and condom use, and meaning in the relationship.
- Plan effectively for reproductive health and disease prevention regardless of gender.
- Seek more information about their health as needed.

For more information [OSPI's HIV and Sexual Health Education](#) & [Guidelines for Sexual Health Information and Disease Prevention](#)

## OSY

### Who are out-of-school youth (OSY)?

Out of School Youth, also known as OSY, refers to migrant eligible youth, between the age of 16-21, who are not currently enrolled in a K-12 education, have not yet graduated from high school, or have not received a high school equivalency diploma. This may include:

- Students who have dropped out of school and have not received a GED.
- An individual who has never enrolled in a K-12 educational system.
- Youth who are working on a GED outside of a K-12 school.

This population includes immigrant students who fit the profile of "Here-to-Work," meaning they have no intention to enroll in the U.S. educational system.

However, it is important to recognize that many individuals in this population are underage and are entitled to a free public education (through grade 12) under

State law, or the at a grade level at which the educational agency provides a free public education.

### **Why is MEP focusing on OSY?**

It is estimated that approximately 16.8% of migrant students in Washington drop out of school every year compared to 11.8% of all students in the state. Migrant student dropouts are the fastest growing population within the Migrant Education Program. These students are on a path towards becoming adults- with or without an education- and may not yet possess the fundamental skillset necessary to integrate into higher education or the workforce. As an educational agency, it is our duty to ensure that out of school youth have adequate access to a quality education and successful transition to adulthood.

### **What are some barriers OSY face?**

Out of school youth face many barriers that impede their academic success such as: access to adequate housing, food, security, transportation, language, culture, geographic isolation, and health care. In addition, they face the obligations of financial support, which include providing basic needs for themselves and/or their family members.

### **Are H2A contracted workers eligible for MEP services?**

Yes. The only criteria for being considered a migratory child, migratory agricultural worker, or migratory fisher are those established in sections 1115(c) and 1309 of the ESEA, and in applicable regulations in 34 C.F.R. §§ 200.81, 200.89(c), and 200.103.