

MINNESOTA'S TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Minnesota's Children's Health Insurance Plan
Date of Plan Submission:	April 29, 1998
Date Plan Approved:	June 17, 1998
Effective Date for Plan:	September 30, 1998
Date Amendment #1 Submitted:	June 24, 2002
Date Amendment #1 Approved:	October 11, 2002
Date Amendment #1 Effective:	July 1, 2001
Date Amendment #2 Submitted:	May 15, 2002
Date Amendment #2 Approved:	August 6, 2003
Date Amendment #2 Effective:	November 1, 2002
Date Amendment #3 Submitted:	April 26, 2004
Date Amendment #3 Approved:	Withdrawn June 18, 2004
Date Amendment #3 Effective:	July 1, 2004
<i>Date Amendment #4 Submitted:</i>	<i>September 16, 2009</i>
<i>Date Amendment #4 Approved:</i>	
<i>Date Amendment #4 Effective:</i>	<i>July 1, 2009</i>
<i>Date Amendment #5 Submitted:</i>	<i>May 25, 2010</i>
<i>Date Amendment #5 Approved:</i>	
<i>Date Amendment #5 Effective:</i>	<i>July 1, 2010</i>

Background

Minnesota's Title XXI plan expands Medicaid coverage to children under age 2 in families with incomes above 275 percent of the Federal poverty level (FPL) and at or below 280 percent of the FPL.

Amendments

- On June 24, 2002, Minnesota submitted a State plan amendment to indicate the State's compliance with the final SCHIP regulations and to update program descriptions and to implement a health services initiative under the State's 10-percent administrative cap. The health services initiative includes:
 - Mental health screenings of children in the court system -- The State will provide grants to local agencies to offer screenings for children who are in the juvenile court system.
 - Outreach and mental health screenings for homeless children -- The State will provide grants to local agencies to provide outreach and mental health screenings to homeless children.

- Comprehensive services for children with special health care needs -- The State will offer comprehensive services to children without health insurance coverage and supplemental services to children with inadequate health insurance.
- Family planning services -- The State will provide grants to provide outreach, education and family planning services for uninsured teens.

None of these programs will be used to provide services for children enrolled in Medicaid.

- On May 14, 2003, Minnesota submitted a second amendment to its title XXI State Plan to add coverage for unborn children with family incomes at or below 275 percent of the FPL and not eligible for Medicaid. Coverage is under a separate child health program and will include prenatal care and associated health services for children from conception through birth. Upon birth, the child will be screened for Medicaid and SCHIP and enrolled in the appropriate program.
- On April 26, 2004 Minnesota submitted a third amendment to request a reduction in the income level of the unborn group from 275 to 200 percent of the FPL. This amendment was withdrawn on June 18, 2004.
- On September 16, 2009 Minnesota submitted a fourth amendment to its title XXI State plan to add coverage of postpartum services under the unborn option.
- On May 25, 2010 Minnesota submitted a fifth amendment to expand coverage to non-citizen children under section 214 of CHIPRA.

Children Covered Under Program

5,470 children were ever enrolled in FY 2009.

Administration

The Minnesota Department of Human Services administers the program.

Health Care Delivery System

Care is provided through the current Medicaid managed care delivery system.

Benefit Package

The current Medicaid benefit package is provided.

Cost Sharing

There is no cost sharing.

Crowd-Out Strategy

Crowd-out of private insurance is monitored at the point of application. The State does not believe that the possibility of crowd-out is reduced as the separate program covers the unborn population only.

Outreach Activities

Because this expansion builds off of the current Medicaid program, Minnesota utilizes many of the already existing resources to inform and enroll potential eligibles. These outreach efforts include:

- A toll-free number for program inquiries and eligibility questions.
- Application forms available at various community sites such as provider offices, school districts, public and private elementary schools, community health offices, WIC program sites and local human service agencies.
- Targeted outreach efforts including media campaigns, partnerships between community hospitals and schools to identify uninsured children, and discussions with employers not offering health care coverage.

Financial Information

Total FFY 2010 SCHIP Allotment -- \$87,896,693
FFY 2010 Enhanced Federal Matching Rate – 65.00%

Date Last Updated: August 16, 2010