

CALIFORNIA TITLE XXI STATE PROGRAM  
FACT SHEET

<b>Name of CHIP Program:</b>	<b>Healthy Families Program</b>
Date Plan Submitted:	November 19, 1997
Date Plan Approved:	March 24, 1998
Date Plan Effective:	July 1, 1998
Date Amendment #1 Submitted:	April 14, 1998
Date Amendment #1 Approved:	June 29, 1998
Date Amendment #1 Effective:	July 1, 1998
Date Amendment #2 Submitted:	January 8, 1999
Date Amendment #2 Approved:	December 21, 1999
Date Amendment #2 Effective:	October 1, 1998
Date Amendment #3 Submitted:	August 3, 1999
Date Amendment #3 Approved:	November 23, 1999
Date Amendment #3 Effective:	July 22, 1999
Date Amendment #4 Submitted:	December 9, 1999
Date Amendment #4 Approved:	March 6, 2000
Date Amendment #4 Effective:	March 1, 2000
Date Amendment #5 Submitted:	April 17, 2000
Date Amendment #5 Approved:	July 7, 2000
Date Amendment #6 Submitted:	July 2, 2002
Date Amendment #6 Approved:	September 19, 2002
Date Amendment #7 Submitted:	April 1, 2003
Date Amendment #7 Approved:	June 10, 2004
Date Amendment #7 Effective:	January 1, 2003 and July 1, 2004
Date Amendment #8 Submitted:	July 24, 2003
Date Amendment #8 Approved:	January 16, 2004
Date Amendment #8 Effective:	January 1, 2004
Date Amendment #9 Submitted:	September 9, 2003
Date Amendment #9 Approved:	December 8, 2003
Date Amendment #9 Effective:	July 1, 2003
Date Amendment #10 Submitted:	December 15, 2003
Date Amendment #10 Approved:	March 11, 2004

Date Amendment #10 Effective:	February 1, 2004
Date Amendment #11 Submitted:	March 23, 2005
Date Amendment #11 Approved:	March 15, 2007
Date Amendment #11 Effective:	March 22, 2005 (School-based Outreach) July 1, 2005 (Premium Increase)
Date Amendment #12 Submitted:	June 30, 2005
Date Amendment #12 Approved:	March 28, 2006
Date Amendment #12 Effective:	
Date Amendment #13 Submitted:	July 12, 2007
Date Amendment #13 Approved:	Withdrawn (November 6, 2008)
Date Amendment #14 Submitted:	April 2, 2009
Date Amendment #14 Approved:	January 14, 2010
Date Amendment #14 Effective:	January 31, 2009 Wait List /Disenrollment Infrastructure January 6, 2009 AIM 6-Month Residency Requirement Elimination February 1, 2009 HFP Family Contribution Increase, & Vision Benefit Modification July 1, 2009 Dental Benefit Cap
Date Amendment #15 Submitted:	June 30, 2009
Date Amendment #15 Approved:	December 29, 2009
Date Amendment #15 Effective:	April 1, 2009
Date Amendment #16 Submitted:	October 16, 2009
Date Amendment #16 Approved:	December 3, 2009
Date Amendment #16 Effective:	July 1, 2009
Date Amendment #17 Submitted:	December 24, 2009
Date Amendment #17 Approved:	July 29, 2010
Date Amendment #17 Effective:	November 1, 2009

## Background

- On November 19, 1997, California submitted a Title XXI State plan to expand insurance coverage to children within the State. The program was approved on March 24, 1998, and expanded coverage through three programs:
  1. Expanded the Title XIX program, Medi-Cal, by implementing a resource disregard and making children under age 19, who were born before September 30, 1983, eligible if they are at 100 percent or less of the Federal poverty level (FPL);

2. Expanded the state program, Access for Infants and Mothers (AIM), through a separate child health program, for infants up to age 1 from 200 to 250 percent of FPL; and
  3. A separate child health insurance program, Healthy Families, which provides coverage of children from ages 1 through 19 with family incomes from 100 to 200 percent of the FPL.
- The State implemented the Medicaid expansion CHIP program on March 1, 1998, and the separate child health CHIP program on July 1, 1998.

### Amendments

- The State submitted its first amendment on April 14, 1998, changing its income eligibility for the Healthy Families Program to be in compliance with the State enabling legislation. This amendment lowered income eligibility from 200 percent of the FPL net income to 200 percent of the FPL gross income. This amendment was initiated at the start of the program's implementation on July 1, 1998.
- A second amendment was submitted by the State on January 8, 1999. This amendment increases the enrollment broker fees from \$25 to \$50 per successful applicant.
- A third amendment was submitted by the State on August 3, 1999, and approved on November 23, 1999. The amendment expanded income eligibility for the Healthy Families Program by disregarding income between 200 to 250 percent of the FPL. Income eligibility for the Healthy Families Program is further expanded by applying Medi-Cal income deductions when determining eligibility for the Healthy Families Program. The Child Health and Disability Prevention (CHDP) provider-claiming period for services received prior to enrollment is also lengthened from 30 to 90 days.
- A fourth amendment was submitted by the State on December 9, 1999, and approved on March 6, 2000. This amendment allows a Family Contribution Sponsor to pay a specific child's Healthy Families Program (HFP) premiums for the first year of enrollment.
- A fifth amendment was submitted by the State on April 17, 2000. This amendment exempts cost sharing for American Indians (AI) and Alaskan Native (AN) children who meet the eligibility criteria for the Healthy Families Program (HFP) and provide acceptable documentation of their status as AI or AN children.
- A sixth amendment was submitted by the State on July 2, 2002. This amendment amends the SCHIP State plan to indicate the State's partial compliance with the final SCHIP regulations.
- A seventh amendment was submitted by the State on April 1, 2003. This amendment expands coverage levels to 300 percent of the FPL for children residing in selected counties (Alameda, San Francisco, San Mateo and Santa Clara) through the County Children's Health Insurance Program (C-CHIP). This amendment also expands coverage to children up to age 2 born to mothers enrolled in the AIM program with family incomes up to 300 percent of the FPL.

- An eighth amendment was submitted by the State on July 24, 2003, to implement a health services initiative, which includes:
  - Case management and oral health education for parents of young children: oral health professionals will provide one-on-one health education and will follow-up with families to ensure that parents keep their children’s dental appointments, and/or schedule needed follow-up care.
  - Innovative preventive services: primary care providers will form partnerships with dental providers to ensure that children are receiving appropriate dental screenings and referrals for treatment. Some projects will use innovative techniques, such as fluoride varnishes, to facilitate the prevention of early childhood tooth decay.
  - Mobile dental vans: dental vans will circulate among preschools in low-income areas to provide dental screenings, parent/child education and ensure that children screened are linked with a “dental home.”
  
- A ninth amendment was submitted by the State on September 9, 2003. This amendment allows the State to provide presumptive eligibility to children with family incomes from 100 to 200 percent of the FPL through the Child Health and Disability Prevention (CHDP) program.
  
- A tenth amendment was submitted by the State on December 15, 2003. This amendment allows the State to claim for the State’s rural health demonstration projects as a health services initiative under the SCHIP 10 percent administrative cap. The rural health demonstration projects, which were previously approved under the California SCHIP State plan, aim to improve access to health care services for low-income medically underserved and uninsured populations in rural areas and special populations who have rural occupations. By claiming for the rural health demonstrations under the 10 percent cap, the State has the flexibility to provide services for all low-income children, thereby benefiting all low-income children, not just SCHIP enrollees. The amendment also allows the State to use tobacco taxes as a new source of State funding.
  
- An eleventh amendment was received March 23, 2005, to increase premiums for children with family incomes from above 200 percent of the FPL up to and including 250 percent of the FPL. The amendment also provides for school-based outreach for the Healthy Families Program through a partnership between the State and the David and Lucile Packard Foundation.
  
- A twelfth amendment was submitted June 30, 2005, to extend health care coverage to unborn children with family income up to 300 percent of the Federal poverty level (FPL).
  
- A thirteenth amendment was received on July 12, 2007, to add a fifth county (Santa Cruz) to their County Program allowing children to be enrolled from 250 percent to 300 percent of the FPL. However, it was subsequently withdrawn by the State on 11/6/08.
  
- A fourteenth amendment was submitted by the State on April 2, 2009 in response to program changes enacted by the Legislature to increase premiums, place a cap on dental benefits, limit

certain vision benefits, apply a wait list, and remove the 6-month residency requirement for pregnant women in the Access for Infants and Mothers program.

- A sixteenth amendment was submitted by the State on October 16, 2009, to implement a health services initiative to support the California Poison Control System (CPSC).
- A seventeenth amendment was submitted by the State on December 24, 2009 to increase premiums and co-payments for children with a family income above 150 percent up to and including 250 percent of the FPL. The amendment also proposes to limit dental plan choices for new subscribers. These changes are based on changes in State law.

### Children Covered Under the Program

The State reported that a total number of 1.75 million children were ever enrolled in the program during Federal fiscal year 2009.

### Administration

- California uses the Managed Risk Medical Insurance Board (MRMIB) as the oversight agency for the Healthy Families Program. Administrative duties for this program are contracted through Maximus, a private vendor. The MRMIB also administers the AIM program.
- The Department of Health Services is responsible for outreach and health care services administered through the Medicaid delivery system.

### Health Care Delivery System

- Delivery of health services to Healthy Families members is through managed care organizations. Most of the participating plans are HMOs. The delivery system for the AIM program is virtually identical to that of Healthy Families, with nine health care service plans participating, providing statewide coverage.
- To assure that health care providers currently serving low-income families are given the opportunity to participate in the program, MRMIB encourages private managed care plans to subcontract with safety net providers by allowing the health plan (known as the Community Provider Plan) in each county that has the highest percentage of traditional and safety net providers in its provider network to charge a discounted premium; by allowing County Organized Health Systems and local initiatives to participate; and by giving priority in awarding contracts to plans with significant numbers of providers who serve uninsured children.

## Benefit Package

- Healthy Families, C-CHIP and AIM members receive similar benefits to those provided to California's State employees under the California Public Employees Retirement System (CalPERS). The State also provides enhanced services beyond the CalPERS package, including comprehensive dental and vision coverage and screening and initial treatment services through the Child Health and Disability Prevention (CHDP) program. In addition, Healthy Families and AIM children with complicated medical conditions will receive treatment of those conditions through the California Children's Services (CCS). Unborn children receive prenatal care and associated health care services.

## Cost Sharing

- Children up to 250% FPL or 300% FPL enrolled in both Healthy Families and C-CHIP pay premiums. Premium amounts depend on the health plan selected, the family's income level and the county of residence for C-CHIP enrollees. Families who prepay 3 months of premiums do not have to pay for the fourth month (except in the Alameda C-CHIP).
- Children enrolled in both Healthy Families and C-CHIP pay co-payments. Co-payments range from \$5 to \$15 for all services other than well-baby, well-child and other preventive services. There is an annual cap on co-payments for health services of \$250 per family.
- Children enrolled in the AIM program prior to July 1, 2004, pay premiums equal to 2 percent of the family's annual income. No co-payments are charged for AIM services. For children enrolled in AIM on or after July 1, 2004, premiums and co-payments are the same as for children in Healthy Families.
- Unborn children in families up to 200 percent of the FPL will not be charged cost sharing. Unborn children in families from 200 percent to 300 percent FPL enrolled in AIM will be charged 1.5 percent of family income.

## State Action to Avoid Crowd-out

Families are ineligible for Healthy Families or C-CHIP if they have been covered under employer-sponsored coverage within the 3 months prior to application, or if they are eligible for Medi-Cal or Medicare coverage. To participate in AIM, infants must not have employer-sponsored coverage or no-cost Medi-Cal at the time of application.

## Outreach Activities

California has taken a multifaceted approach to outreach that includes a media campaign, the use of community-based organizations, health brokers, and insurance agents to directly identify and assist potential enrollees in filling out the joint application form for the Medi-Cal and the Healthy Families programs. California is also conducting provider education and school-based outreach campaigns.

Financial Information

Total FFY '09 Allotment - \$1.5 billion

FFY '10 Enhanced Federal Matching Rate - 65%

Last Updated: August 11, 2010