

**FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- C Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- C Provide *consistency* across States in the structure, content, and format of the report, **AND**
- C Build on data *already collected* by HCFA quarterly enrollment and expenditure reports, **AND**
- C Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: ARKANSAS
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Ray Hanley, Director, Division of Medical Services (Signature of Agency Head)

SCHIP Program Name (s) N/A

SCHIP Program Type Medicaid SCHIP Expansion Only
 Separate SCHIP Program Only
 Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program's changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility NC

2. Enrollment process

Effective 8-4-2000, applicants may enroll by mail. Prior to 8-4-2000, a face to face interview was required.

3. Presumptive eligibility NC

4. Continuous eligibility NC

5. Outreach/marketing campaigns NC

6. Eligibility determination process

Effective 8-4-2000, only age and alien status, for non-citizens, require verification. Self-declaration is accepted for remaining eligibility factors.

7. Eligibility redetermination process

Effective 8-4-2000, only age and alien status, for non-citizens, require verification. Self-declaration is accepted for remaining eligibility factors.

8. Benefit structure NC

9. Cost-sharing policies NC

10. Crowd-out policies NC

11. Delivery system NC

12. Coordination with other programs (especially private insurance and Medicaid)

A combined application was developed and issued 8-4-2000. The Medicaid expansion, certain basic children's Medicaid categories and Arkansas' 1115 demonstration, use the combined application form. A combined recertification form was also developed and issued effective 8-4-2000.

13. Screen and enroll process

Effective 8-4-2000 a name change and a new screening and enrolling process were implemented. Certain children's categories, including the CHIP Medicaid expansion, were renamed ARKids A. Arkansas' 1115 demonstration, formerly named ARKids First, was renamed ARKids B. The following describes the screening and enrolling process, which was implemented 8-4-2000.

Screening and Enrolling Process – Applicants

The combined application form (ARKids A and B) lets applicants choose the program for which they are applying. Regardless of the applicant's choice, ARKids First applications will be screened for ARKids A (Medicaid) eligibility first.

A. If ARKids A eligible, and:

The applicant chose "ARKids A only" (Medicaid), "either", or didn't make a choice on the application, or subsequently agrees to accept ARKids A (Medicaid) during follow-up by the caseworker, the children will be enrolled in ARKids A (Medicaid).

The applicant chose "ARKids B only" on the application, and refused ARKids A (Medicaid) during follow-up with the caseworker, the children will be enrolled in the 1115 demonstration, ARKids B.

B. If not ARKids A (Medicaid) eligible, but ARKids B eligible, the children will be enrolled in ARKids B.

C. If the applicant refuses to declare any information necessary to complete the eligibility determination for ARKids A (e.g., assets, child care expenses, etc.), but eligibility is determined for ARKids B, the children will be enrolled in the 1115 demonstration, ARKids B.

Screening and Enrolling Process – Current Recipients

The screening and enrolling process, described above for applicants, is already in place for current recipients as they come due for re-enrollment. ARKids B recipients will remain in the 1115 waiver until the screening process can be completed at their annual re-enrollment.

14. Application

A new application form was developed and issued 8-4-2000. See item 12 above.

15. Other NC

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

The number of children* covered by the Medicaid program increased by 7.4%, while the number of ARKids B (Title XIX 1115 demonstration) increased by 30%. This information is from the "Monthly Statistical Report on Number of Cases Eligible for Medicaid."

	Medicaid Children*	ARKids B Children
September 1999	129,930	45,965
September 2000	139,528	59,612

* The children in the CHIP Medicaid expansion are included in the Medicaid children count.

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

For the period October 1999 through September 2000, there were 1930 children ever-enrolled in the CHIP Medicaid expansion. See Attachment A. The unduplicated count of eligibles for each quarter is as follows:

Quarter	Number of Eligibles*
Oct 99 – Dec 99	1021
Jan 00 – Mar 00	1100
April 00 – June 00	1123
July 00 – Sept 00	1363

* *This information is from a Decision Support System report produced by the State's fiscal agent.*

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

Attachment B is a newspaper article, which appeared in the Arkansas Democrat-Gazette on September 29, 2000. The article states that "Arkansas saw the number of uninsured people drop by 4.9 percent in 1999, the largest improvement in the nation, according to a new Census Bureau report." The article linked the decline in the number of uninsured to Arkansas' unemployment rate in 1999 of 4.5%, the lowest rate in more than 20 years and the ARKids First program.

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

X No, skip to 1.3

_____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter NC (for no change) in column 3.*

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
<p>Previously uninsured children who may be potentially eligible for Arkansas' Title XXI Program will be identified through ongoing outreach activities.</p>	<p>By July 1, 1998*, mechanisms to conduct ongoing outreach will have been developed and implemented.</p> <p><i>*CHIP was implemented 10-1-98 rather than the proposed 7-1-98.</i></p>	<p>Data Sources: The Arkansas Department of Health (ADH), and Arkansas Advocates for Children and Families</p> <p>Methodology: Personal observation and, verbal and written reports</p> <p>Progress Summary: The Arkansas Department of Human Services (DHS) has a contract with the ADH to develop and air television ads to promote the Medicaid program, EPSDT, and the PCCM waiver. ADH also operates a Medicaid (ConnectCare) Help Line; the Help Line number appears in the TV ads. The ads invite individuals to contact the Help Line for additional information. The Help Line provides basic eligibility information and advises callers to contact the DHS County Office to make application. Television ads air during the day and prime time. DHS receives a weekly report on the number of hotline calls. ADH also publishes a "ConnectCare News" newsletter. See Attachment C.</p> <p>Arkansas Advocates for Children and Families has contracted with DHS to participate in a direct outreach campaign for Medicaid and ARKids First (ARKids B). The outreach effort for these programs has naturally reached the population that is served through the State's S-CHIP program. The outreach initiatives used in FFY 2000 have included, Training Packets, Band-aid holders, community event planning, a Public Service Announcement regarding the Coaches Campaign with the Razorback football coach and players, a Theatre Slide promotion in Northeast Arkansas, as well as work with food banks and food pantries.</p>

OBJECTIVES RELATED TO SCHIP ENROLLMENT

Low-income children who were previously without health insurance coverage will have health insurance coverage through Arkansas' Title XXI Program.

Within 60 days of implementing the CHIP Medicaid expansion, DHS will notify the families of ARKids B* children, who are potentially eligible for CHIP Medicaid, of the Medicaid expansion and their potential eligibility. A Medicaid application form will be included with the notice. Through this effort and other outreach efforts, the State expects to enroll approximately 3800 children by the end of the first year of the CHIP Medicaid expansion.

** The ARKids First 1115 demonstration has been renamed and is now called ARKids B.*

Data Sources:

Methodology:

Progress Summary:

NC

OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT

The infrastructure of the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS)) and Division of County Operations, will be able to accommodate all critical facets of Phase I of Arkansas' Title XXI Program. In Phase I, we will adopt the Medicaid expansion option by offering Medicaid to children born after 9-30-82 and prior to 10-1-83, who have incomes equal to or less than 100% of the federal poverty level. A resource test (e.g. \$3200 for a family of 4) must also be met.

By July 1, 1998*, DHS will have the following in place: (1) data systems modification with regard to eligibility determination, enrollment, participant information, health service utilization, billing, provider information, etc; (2) personnel to implement the expansion (i.e. eligibility workers, administrative staff, and support staff); and (3) publications such as eligibility and provider manual issuances to implement the expansion.

**CHIP was implemented 10-1-98 rather than the proposed 7-1-98.*

Data Sources

Methodology:

Progress Summary:

NC

OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)

Children enrolled in Arkansas' Title XXI Program will have access to health care.

As children are enrolled in the CHIP Medicaid expansion, their parents will be asked to select a primary care physician (PCP) of their choice. The DMS Primary Care Case Management Program, ConnectCare, offers 1800* physicians statewide, who have a caseload availability of approximately 1,000,000 patients. Access availability is five to one. For those children whose parents do not immediately select a PCP, the system will require such selection at the first attempt to access medical care at a doctor's office or emergency room.

** Effective 12-1-00, this increased to 1896 ConnectCare physicians.*

Data Sources:

Methodology:

Progress Summary:

88.8% of Medicaid recipients, who are required to have a PCP, have a PCP on file. See Attachment D.

OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
<p>Arkansas' Title XXI Program will improve the health status of children enrolled in the program as well as improve the overall health care system accessed through the program.</p>	<p>Beginning July 1, 1998*, the following health status and health care system measures for the Arkansas Medicaid expansion will show acceptable incremental improvements for at least the following data elements: immunization status, adolescent well visits, and satisfaction with care.</p> <p><i>* The CHIP Medicaid expansion was implemented 10-1-98 rather than the proposed date of July 1, 1998.</i></p>	<p>Data Sources:</p> <p>Audit report</p> <p>Methodology:</p> <p>Progress Summary:</p> <p>In July 2000, the State completed a sample audit of immunization records, which established that 65% of Medicaid children, including the CHIP Medicaid expansion children, have had age appropriate immunizations. The State is still collecting data on adolescent well visits. Attached is a Medicaid recipient satisfaction survey (the CHIP Medicaid expansion is not broken out). See Attachment E.</p>
OTHER OBJECTIVES		
<p>N/A</p>		<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary:</p>

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

N/A

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

The same performance measurement activities that are in place for Title XIX are in place for the CHIP, Title XXI, Medicaid expansion.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

OUTREACH

Attachment C – ConnectCare News

ENROLLMENT

Attachment A – Unduplicated Number of CHIP Eligibles Ever Enrolled from 10/01/99 – 9/30/00

ACCESS

Attachment D – Managed Care – Primary Care Physicians Listing, County Code Report – Provider Name Order

QUALITY AND SATISFACTION

Attachment E – Arkansas Medicaid ConnectCare Recipient Survey

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: N/A

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

Number of adults _____

Number of children _____

3. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: N/A

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults _____

Number of children _____

2.3 Crowd-out: N/A

1. How do you define crowd-out in your SCHIP program?

2. How do you monitor and measure whether crowd-out is occurring?

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

DHS has contracts with the Arkansas Department of Health (ADH) and Arkansas Advocates for Children and Families (AACF). Information pertaining to each is addressed below for each question.

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

ADH: Television and radio advertising targeted toward increasing utilization of preventive health services among Medicaid and Title XXI recipients also reaches uninsured households. When incentives are offered (e.g., a free Wendy's Kid's Meal upon completion of an EPSDT screen), interest among non-covered families increases.

Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of caller.

AACF: For AACF, the most effective activity has been partnering with the schools during enrollment and registration. Least effective are activities conducted in conjunction with County Fairs and other entertainment events.

Effectiveness: Monitored through color-coded applications, though this does not appear to be a reliable measure of the impact of AACF on enrollment. AACF also uses feedback from partnering organizations to help gauge effectiveness.

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

ADH: There are regional differences in numbers of calls, which appear to result from reach and frequency of advertising purchased. (Reach is the number of different people who are exposed to the ad. Frequency is the number of different people who are exposed to the ad.)

Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of caller.

AACF: Area efforts included the Theatre Slide promotion in Northeast Arkansas and Health Insurance Identification Form in Pulaski County. The Coaches Campaign, which capitalizes on the popularity of the Razorback football program, featured the head coach and players in a PSA. Special brochures were developed to be sent home with any student signed up for school activities – most coaches committed to following up with students they knew were uninsured. Most of this effort was targeted to children age 13 and above.

Effectiveness is tracked through color-coded applications.

3. Which methods best reached which populations? How have you measured effectiveness?

ADH: Two methods seem to work best; keying the media approach to the specific population, e.g., ethnic and racial minority populations, women, teens, etc., and targeting preferences expressed by focus group participants. ADH specifically targets ads to African-Americans through purchasing time on Urban-Contemporary and BET and MTV on cable. They have also done some limited Public Service Announcements on Hispanic radio in the two counties with large Hispanic populations.

Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of caller.

AACF: Special focus was made on the Hispanic population. The best connections and outreach efforts with this specific group was made through the local Hispanic churches. Effectiveness is very difficult to ascertain, though applications are color coded and tracked.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

Annual reevaluation, simplified reenrollment form, mail-in (no face-to-face interview), only ask for relevant changes at reevaluation, no verification is required.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

Follow-up by caseworkers/outreach workers

Renewal reminder notices to all families

Targeted mailing to selected populations, specify population _____

Information campaigns

Simplification of re-enrollment process, please describe See # 1 above

Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe _____

Other, please explain _____

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.

The same measures are being used for children in SOBRA Medicaid, S-CHIP and the ARKids B 1115 demonstration.

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

Don't know

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

We use common application and redetermination procedures.

2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

If the child is no longer eligible for the current Medicaid category, the caseworker determines if the child would be eligible in another category. If eligible in another category, the child is automatically approved in the new category with no further action required.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes

2.7 Cost Sharing: N/A

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?
2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

The CHIP Medicaid expansion is not addressed separately but is included in the [Arkansas Recipient Satisfaction Survey Results 1999](#), Attachment E, which shows the following:

- ◆ Ninety one percent of respondents rated the quality of care favorably (a score of 6 or higher)
- ◆ Eighty five percent of respondents said it was not a problem to obtain the care their child needed.
- ◆ Most respondents said they always or usually:
 - received the help or advice they needed when they called their doctor's office during regular office hours,
 - received immediate care for an illness or injury as soon as they wanted and
 - waited less than 15 minutes past their appointment time to see the person they wanted to see.

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

DMS monitors the EPSDT screening rates through systems generated reports. That information is transmitted to the child's Primary Care Physician (PCP) through the PCP's monthly reports, which list the children who are due an EPSDT screen and/or immunization in the coming month. This procedure is followed for Medicaid children including the CHIP Medicaid expansion.

In July 2000, the State completed a sample audit of immunization records, which showed that we are at a 65% overall immunization rate.

In March 2000, the State implemented a mental health carve-out managed care waiver for children under 21. This waiver provided the full range of mental health services including substance abuse counseling and treatment. The waiver was terminated at the end of June 2000 and the State returned to a fee-for-service system for mental health services for children. We do not currently provide substance abuse counseling and treatment as stand alone services.

The State is surveying dentists to identify barriers to their participation in the Arkansas Medicaid Program. Apparently the problem is not in the Medicaid fee schedule. Missed appointments are an issue that has been identified; we think this issue can be addressed with case management services.

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

The State assesses quality of care annually for Medicaid, which includes the CHIP Medicaid expansion. Reference item 1, above.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter “N/A” for not applicable.

1. Eligibility N/A

2. Outreach N/A

3. Enrollment

Development of the common application for Medicaid (ARKids A) and ARKids B, removing the requirement for the face-to-face interview and the acceptance of self-declaration have all been successful in improving access and thus enrollment for children.

4. Retention/disenrollment N/A

5. Benefit structure N/A

6. Cost-sharing N/A

7. Delivery systems N/A

8. Coordination with other programs N/A

9. Crowd-out N/A

10. Other N/A

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments	N/A	N/A	N/A
Managed care	N/A	N/A	N/A
per member/per month rate X # of eligibles			
Fee for Service	\$1,691,843	\$2,000,000	\$2,300,000
Total Benefit Costs	\$1,691,843	\$2,000,000	\$2,300,000
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$1,691,843	\$2,000,000	\$2,300,000
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	\$152,266	\$200,000	\$230,000
10% Administrative Cost Ceiling	\$152,266	\$200,000	\$230,000
Federal Share (multiplied by enhanced FMAP rate)	\$1,493,728	\$1,784,420	\$2,045,505
State Share	\$350,381	\$415,580	\$484,495
TOTAL PROGRAM COSTS	\$1,844,109	\$2,200,000	\$2,530,000

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

\$ 0 (for parents)

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)
- Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	The Medicaid expansion is unnamed.	N/A
Provides presumptive eligibility for children	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? <i>Eligible children may receive up to 3 months of retroactive eligibility.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify) _____
Average length of stay on program	Specify months <u>10 months</u> (<i>This is calculated based on children who are currently in open status. The highest period was 1320 days and the lowest was 8 days. The Number of children in the universe was 1237.</i>) _____	Specify months _____
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No (<i>but can print the application from the web page</i>) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____
Imposes copayments or coinsurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher

133% of FPL for children under age 6
100% of FPL for children aged 6 and up, who are born after 9-30-83.
 % of FPL for children aged

Medicaid SCHIP Expansion

100% of FPL for children ~~aged~~ born after 9-30-82 and prior to 10-1-83.
 % of FPL for children aged
 % of FPL for children aged

State-Designed SCHIP Program N/A

 % of FPL for children aged
 % of FPL for children aged
 % of FPL for children aged

6.2 As of September 30, 2000, what types and amounts of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA."

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) Yes No
 If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	\$90.00	\$90.00	N/A
Self-employment expenses	\$ *	\$ *	N/A
Alimony payments Received	\$0	0	N/A
Paid	\$0	0	N/A
Child support payments Received	\$50.00	\$50.00	N/A
Paid	\$0	\$0	N/A
Child care expenses	\$200.00 under 2 \$175.00 age 2 +	\$	N/A
Medical care expenses	\$0	\$0	N/A
Gifts	\$30.00/ quarter	\$30.00/ quarter	N/A
Other types of disregards/deductions (specify)	\$	\$	N/A

* Costs directly related to producing the income are deducted

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups No Yes, specify countable or allowable level of asset test MNRL*
 Medicaid SCHIP Expansion program No Yes, specify countable or allowable level of asset test MNRL*
 State-Designed SCHIP program No Yes, specify countable or allowable level of asset test _____
 Other SCHIP program _____ No Yes, specify countable or allowable level of asset test _____

* Medically Needy Resource Limit: Unit size 1= \$2000, 2= \$3000, 3=\$3100; plus \$100 for each additional member

6.4 Have any of the eligibility rules changed since September 30, 2000? Yes No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage
2. Employer sponsored insurance buy-in
3. 1115 waiver
4. Eligibility including presumptive and continuous eligibility
5. Outreach
6. Enrollment/redetermination process
7. Contracting
8. Other

We have submitted a state plan for a separate state program and plan to implement it shortly after approval. The separate state program will convert approximately 20% of the State's Title XIX 1115 demonstration, ARKids First B, to Title XXI.