

**Federal Fiscal Year 2001
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 plan in each fiscal year, and report to the Secretary on the results of the assessment. In addition, this section of the Act 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, is working with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**

- " Provide *consistency* across States in the structure, content, and format of the report, **AND**
- " Build on data *already collected* by CMS quarterly enrollment and expenditure by CMS quarterly enrollment and expenditure
- " Enhance *accessibility* of information to stakeholders on the content of information to stakeholders on the content

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

(Signature of Agency Head)

State/Territory: Ohio

SCHIP Program Name: Healthy Start

SCHIP Program Type: Medicaid SCHIP Expansion

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: December 14, 2001

Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002.
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section has been designed to allow you to report on your SCHIP program progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.11 Please explain changes your State has made in your SCHIP program in 2000 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, 2000, please enter NC for no change. If you explored the possibility of changing a different policy or procedure but did not, please explain the reason(s) for that decision as well.

- A. Program eligibility: NC
- B. Enrollment process: NC
- C. Presumptive eligibility: NC
- D. Continuous eligibility: NC
- E. Outreach/marketing campaigns: The state continues to do outreach, and parent schools has been especially successful. In FFY 2000, more schools has been especially successful. In FFY 2001, information as a result of two major school information as a result of two major school distribution of 2.1 million brochures to each Ohio school distribution of 2.1 million brochures to each school inclusion of language on the School Meals Application (at the school s discretion).

This year (FFY 2001), since Ohio has reached more than 85% of the potentially eligible population, a more targeted approach to school outreach included mandatory inclusion of Healthy Start and Healthy Families 2002 School Meals Application. Inclusion of this language allowed families to request information about the programs by completion of the School Meals Application.

In addition, a Resource Guide for Ohio Education Ohio school principal and various community health agencies offers general information about the Health enables school and community health staff to serve as resources for families in accessing health care coverage <http://www.state.oh.us/odjfs/ohp/bcps/hshf/resourceguide.pdf>

- F. Eligibility determination process: NC
- G. Eligibility redetermination process: NC
- H. Benefit structure: NC

- I. Cost-sharing policies: NC
- J. Crowd-out policies: NC
- K. Delivery system: NC
- L. Coordination with other programs (especially private insurance and Medicaid): NC
- M. Screen and enroll process: NC
- N. Application: NC
- O. Other: NC

1.2 Please report how much progress has been made during FFY 2001 for uncovered, low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured children in your State during FFY 2001. Describe the data source and method used to derive the data. There was an increase, overall, in the percent of the population below the Federal Poverty Level that was uninsured in calendar year 2000. In 1997, children below 200% of FPL represented 16.1%, while in 2000 they represented 18.3% of the population. This included an increase in the percent uninsured below 150% of FPL. This latter group is the population targeted by an SCHIP expansion which began in July 2000. The table indicates that there has been a decrease in the percentage of uninsured, Medicaid, and private health care coverage from 1997 to 2000 (38.8%), at the same time as there was an increase for Medicaid/SCHIP from 1997 (35.9%) to 2000 (41.5%)¹.

Table 1. Percent of Low Income Children by Insurance Coverage Status, Ohio, 1997-2000.

Insurance Coverage Status	Poverty Level Group	Calendar Year			
		1997	1998	1999	2000
Medicaid/SCHIP	0 to 150%	53.1	60.6	49.8	49.4
	151 to 200%	5.9	11.0	15.0	18.7
	0 to 200%	35.9	45.6	39.9	41.5
Private Insurance	0 to 150%	25.2	34.1	31.4	26.7
	151 to 200%	81.8	78.7	73.0	73.9
	0 to 200%	45.8	38.3	43.2	38.8
Uninsured	0 to 150%	19.4	17.8	18.0	23.2
	151 to 200%	12.3	10.2	11.3	4.2
	0 to 200%	16.8	15.6	16.1	18.3

Source: U.S. Current Population Survey, March Supplement, 1998-2001. In November 2001 the Census Bureau announced that there were weighting errors in the March 2001 Supplement, and issued a new version of the file on December 10, 2001. This report does not reflect the revised 2001 data.

¹Note that Medicaid SCHIP market penetration is higher than these figures would suggest, as in the CPS data there are children with Medicaid whose family income during the entire year is greater than 200% of FPL. Medicaid eligibility is conferred on a monthly basis, and takes into account some income disregards.

For this report, the United States Current Population Survey- March of data. While the estimates from the CPS at a state level can have the source of data that we expected to use for this report, the source of data that we expected to use for this report delayed by a year.

B. How many children have been enrolled in Medicaid as a result of Medicaid enrollment simplification? Describe the data source and enrollment simplification information.

In SFY 1997, there were 786,328 unduplicated eligible children in Medicaid is used as the base index year. There are three key Medicaid/SCHIP eligibility expansion/outreach strategy Medicaid/SCHIP eligibility expansion/outreach these are outlined below.

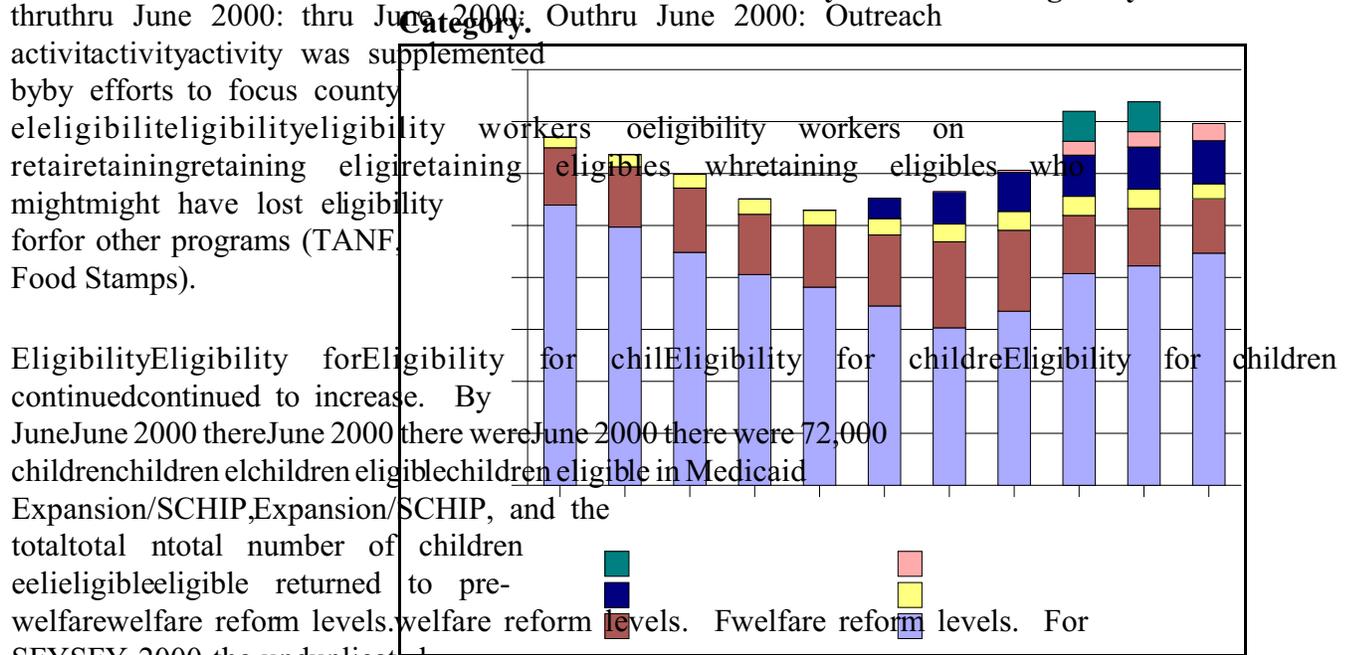
Table 2. Medicaid/SCHIP Eligible Children, Ohio, SFY 1997 thru 2001					
	State Fiscal Year				
	1997	1998	1999	2000	2001
Unduplicated Eligibles	786,328	753,914	759,866	774,765	900,613
% change in eligibles from previous year		-4.1%	0.70%	2.0%	16.20%
Average number of Months of Eligibility	9.23	9.02	9.15	9.22	9.18
Total months of Eligibility	7,259,170	6,800,855	6,955,109	7,148,491	8,271,563
Source: ODJFS, Bureau of Health Plan Policy Database, Statistics File, SFY 1997-2000; Recipient Master File, 2001.					

Period 1. From January 1998 thru June 1999: Medicaid. From January 1998 thru June 1999: Medicaid 150% of FPL beginning in January 1998 (funded 150% of FPL beginning in January 1998 (funded part coverage) and began outreach at a statewide level and by individual county family services.

The expansion was successful, as there were approximately 753,914 unduplicated eligibles represented a 4.1% decline from the previous year (Table 2). By December 1997, the number of children on Medicaid reached 759,866, only a 0.7% increase over 1998.

Figure 1. Children in Covered Families and Children.

Period 2. From July 1999 thru June 2000: Outreach activity was supplemented by efforts to focus county eligibility workers on retaining eligibles who might have lost eligibility for other programs (TANF, Food Stamps).

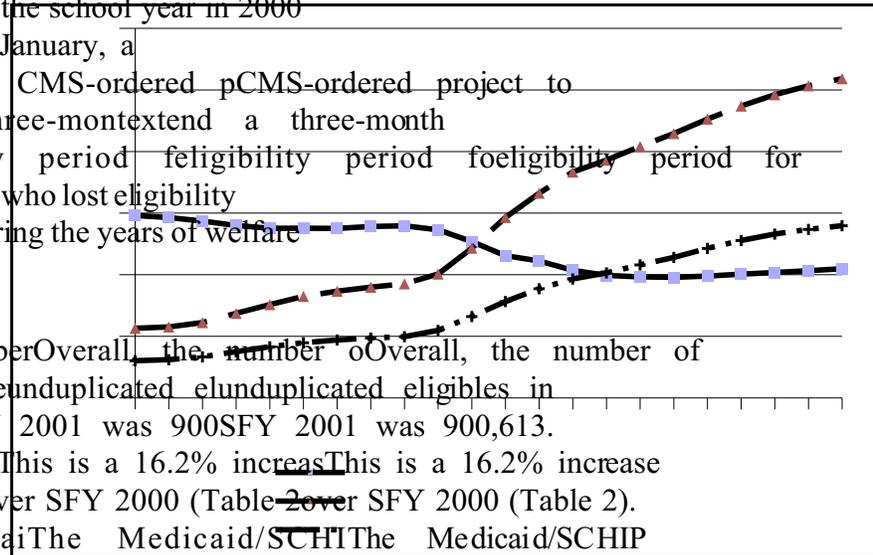


Eligibility for children eligible in Medicaid continued to increase. By June 2000 there were 72,000 children eligible in Medicaid Expansion/SCHIP, and the total number of children eligible returned to pre-welfare reform levels. For SFY 2000 the unduplicated eligibles increased to 774,765, a 2% increase over SFY 1999 (Table 2).

Period 3. From July 2000 to the present: Eligibility is expanded for parents up to 100% of FPL, and the application procedures for parents and children are simplified. Eligibility for children is changed from a process that occurs every six months to every 12 months for children is expanded to uninsured children between 150% and 200% of FPL.

outreach efforts are launched for the beginning of the school year in 2000 and 2001. In January, a CMS-ordered project to extend a three-month eligibility period for persons who lost eligibility during the years of welfare reform was initiated.

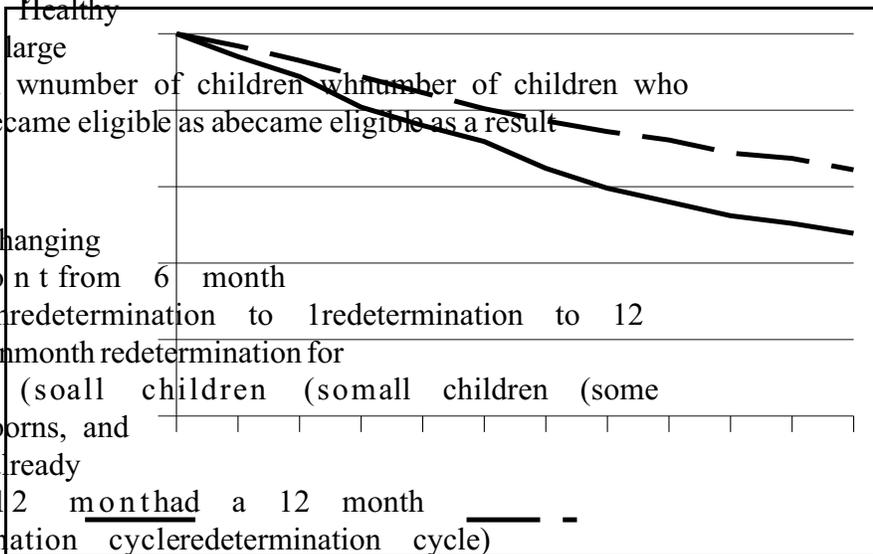
Figure 2. Impact of Eligibility Simplification and Parent Expansion on Children in Covered Families and Children.



Overall, the number of unduplicated eligibles in SFY 2001 was 900,613. This is a 16.2% increase over SFY 2000 (Table 2). The Medicaid/SCHIP program reached a single month all-time high of 738,000 children in March 2001 (Figure 1).

The combined effect of expanding application procedures is profound. Families using a simplified application process, many children who were previously eligible with their parents into the Healthy Families Category. The number of children on Healthy Start declined from 148,000 to 105,000, while the number of children on Healthy Families increased from 57,000 to 259,000. This included most of the children that were lost from Healthy Start, but also a large number of children who became eligible as a result of the Parent Expansion.

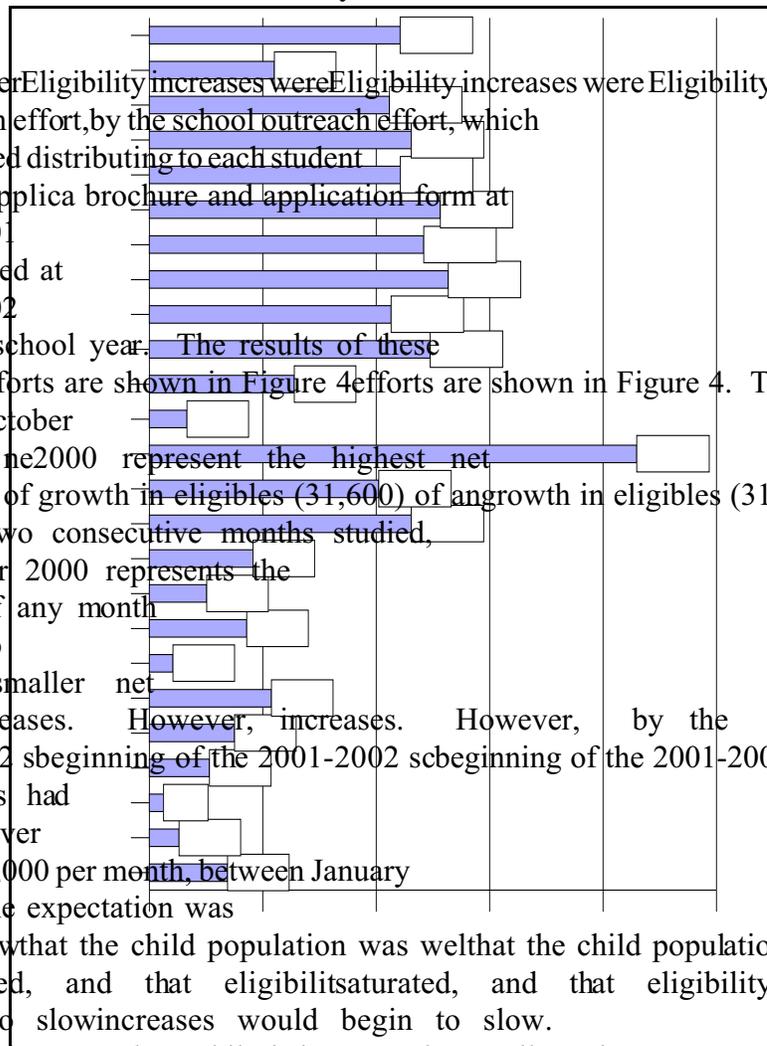
Figure 3. Comparison of 12 month and 6 month Redetermination on Retention of Children, Percent Still Eligible by Month since redetermination month.



The impact of changing from 6 month redetermination to 12 month redetermination for all children (so including newborns, and children on ABD already had a 12 month redetermination cycle)

was to increase the retention of children on the program. This did not increase the number of children eligible in the year, but increased the number of months that individual children would be eligible. Figure 3 shows the impact of the change in the redetermination cycle. The benchmark shows that approximately 73.9% of the cohort was still eligible in the 11th month following their redetermination month. The 12-month July 2000 cohort, the first monthly cohort to be effected by the change. For the July 2000 cohort 82.2% retained eligibility in the 11th month following their redetermination, an increase of 11.2%

Figure 4. Net Growth in Eligible Children in Covered Families and Children by Month.



Eligibility increases were by the school outreach effort, which included distributing to each student a brochure and application form at the beginning of the 2000-2001 school year. This was repeated at the beginning of the 2001-2002 school year. The results of these efforts are shown in Figure 4. The months of September and October 2000 represent the highest net growth in eligibles (31,600) of any two consecutive months studied, and October 2000 represents the highest net growth of any month studied². . . This was followed by two months of much smaller net increases. However, by the beginning of the 2001-2002 school year, the monthly increases had been so strong, averaging well over 11,000 per month, between August and August. The expectation was that the child population was well saturated, and that eligibility increases would begin to slow. While it is too early to tell, at the date of this report the net increases

²This excludes January to March 2001, which were the months of the Family Medical Project. Children added in these months are not included in Figure 4.

fell significantly in September, but were followed with a strong October increase, fell significantly in September, second year of school outreach.

The Ohio Family Medical Project also had an impact on the growth of Medicaid benefits in the period between 1997 and 2000. In January 2001, a three-month eligibility span was conferred upon Medicaid beneficiaries in the period between 1997 and 2000, adding approximately 133,000 eligibles to the Medicaid program, including over 50,000 children. At the end of the 3-month period, approximately 17,000 of these children became eligible under standard application procedures.

Finally, the implementation of the expansion of SCHIP to the population of children between 150% and 200% of FPL also had a substantial impact on increases in the numbers of children covered. SCHIP expansion began in July 2000, and SCHIP expansion began in July 2000.

C. Please present any other evidence of progress in increasing the number of low-income children in your State.

Not Applicable.

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

No.

1.3 Complete Table 1.3 to show 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 and progress toward meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary to complete as follows:

- Column 1: List your State's strategic objective in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how progress toward meeting the goal. Specify data sources, methodology, progress toward specific measurement approaches, and attach a narrative if necessary.

Note: If no new data are available or no new studies have been conducted in the March 2000 Evaluation, please complete columns 1 and 2 in the March 2000 Evaluation, please complete column 3.

Table 1.10 Strategic Objectives and Performance Goals				
(1) <i>Strategic Objectives</i>	(2) <i>Performance Goals for each Strategic Objective</i>	(3) <i>Performance Measures and Progress</i>		
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN				
Objective 1: Increase the percent of children with creditable coverage below 150% of the FPL	The percent of children with creditable coverage for the entire year whose family income for the entire year is below 150% of the FPL will be increased from 80.6% in CY 1997 to 87% in CY 2000	<u>Data Sources:</u> U.S. Current Population Survey, March Supplement (1998-2001) <u>Methodology:</u> Inclusion Criteria: Children ages 0 thru 18, Ohio Residence, Family income less than or equal to 150% of FPL <u>Weighting Criteria:</u> March Supplement Weight <u>Numerator:</u> Children who had one or more sources of health care coverage at any time during the year. <u>Denominator:</u> Total Children	Progress Summary	
			<i>Calendar Year</i>	<i>% with Creditable Coverage</i>
			1997	80.6
			1998	82.2
			1999	82.0
		2000	76.8	

Objective 2: Increase the percent of children with creditable coverage between 150% and 200% of the FPL	The percent of children with creditable coverage for the entire year whose family income for the entire year is between 150% and 200% of the FPL will be increased from 89.7% in CY 1998 to 95% in CY 2003	<u>Data Sources:</u> U.S. Current Population Survey, March Supplement (1999-2004) <u>Methodology:</u> Inclusion Criteria: Children ages 0 thru 18, Ohio Residence, Family income less than or equal to 200% of FPL and greater than 150% of FPL <u>Weighting Criteria:</u> March Supplement Weight <u>Numerator:</u> Children who had one or more sources of health care coverage at any time during the year. <u>Denominator:</u> Total Children	Progress Summary	
			<i>Calendar Year</i>	<i>% with Creditable Coverage</i>
			1998	89.7
			1999	88.7
			2000	95.8

OBJECTIVES RELATED TO INCREASING ACCESS TO CARE

Objective 3: Increase access to health care to children below 200% of FPL.	Goal A: Decrease the percent of children who have no usual source of care or use the emergency room from 9.4% in 1998 to 8.7% in 2001 and 8.0% in 2004	<u>Data Sources:</u> Ohio Family Health Survey, 1998. Ohio Family Health Survey, 2002 (planned). <u>Methodology:</u> Inclusion Criteria: Children age 0-18, Family income less than or equal to 200% of FPL, Ohio residence. <u>Numerator:</u> Children who have either no usual source of care or use emergency room for usual source. <u>Denominator:</u> Total Children <u>Progress Summary:</u> 1998 Baseline: 9.4% 2001 SCHIP Annual Report: Update not yet available.
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	Goal B: Increase the percent of children on Medicaid and CHIP who reported having a personal doctor or nurse from 90% in 1999 to 95% in 2004	<u>Data Sources:</u> Medicaid Consumer Satisfaction Survey. Managed Care, 1999 and 2001. <u>Methodology:</u> Stratified random sample of Medicaid managed care plans, telephone survey, estimated 3900 respondents. <u>Inclusion criteria:</u> Children who were enrolled in an MCP for six months or more. <u>Numerator:</u> Number of children who reported having a personal doctor or nurse. <u>Denominator:</u> Number of children	Progress Summary			
			<i>Year</i>	<i>Medic aid</i>	<i>SCHIP</i>	<i>Total</i>
			1999	90.6%	87.2	90.5%
			2001	88.5%	89.5%	88.6%
			2002			
			2003			
		2004				
	Goal C: Decrease the percent of children that report any unmet health care needs from 10.9% in 1998 to 10.4% in 2001 and 9.9% in 2004.	<u>Data Sources and Methodology:</u> See Goal A. <u>Numerator:</u> Children who reported an unmet health care need, including dental care, prescription drug, medical exams, tests, procedures, or physician visits. <u>Denominator:</u> Total Children <u>Progress Summary:</u> 1998 Baseline: 10.9% 2001 SCHIP Annual Report: Update not yet available.				

Table 1.10 Strategic Objectives and Performance Goals (continued)

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OBJECTIVES RELATED TO ACCESS TO PREVENTIVE CARE																																														
Objective 4: Increase access to preventive health care services for children below 200% of FPL.	Goal A: Increase the percent of children who had at least one well child/well baby visit from 76.8% in 1998 to 78.4% in 2001 and 80% in 2004	<p><u>Data Sources:</u> Ohio Family Health Survey, 1998. Ohio Family Health Survey, 2001 (planned). <u>Methodology:</u> Inclusion Criteria: Children age 0-18, Family income less than or equal to 200% of FPL, Ohio residence. <u>Numerator:</u> Children who reported received at least one well child/well baby visit. <u>Denominator:</u> Total Children <u>Progress Summary:</u> 1998 Baseline: 76.8% 2001 SCHIP Annual Report: Update not yet available.</p>																																												
	Goal B: Increase the percent of children enrolled in Medicaid/SCHIP who had the number of comprehensive exams recommended by the American Academy of Pediatrics: under 15 months - from 22.7% in 1998 to 30% in 2004. Age 3-21 from 22.7% in 1998 to 30% in 2004	<p><u>Data Sources:</u> Medicaid claims and encounter data. <u>Numerator:</u> - Number of children under 15 months who had at least 6 comprehensive exams. - Number of children ages 3 thru 21 that had at least 1 comprehensive exam. <u>Denominator:</u> Total number of children at indicated age with 12 months of continuous eligibility with a break of no more than 1 month.</p>	<table border="1"> <thead> <tr> <th colspan="4" data-bbox="1013 743 1472 793">Progress Summary</th> </tr> <tr> <th data-bbox="1013 793 1182 844"><i>Age Group/ Year</i></th> <th data-bbox="1182 793 1289 844"><i>Medicaid</i></th> <th data-bbox="1289 793 1386 844"><i>SCHIP</i></th> <th data-bbox="1386 793 1472 844"><i>Total</i></th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="1013 844 1472 894">0 thru 15 months</td> </tr> <tr> <td data-bbox="1013 894 1182 945">1998</td> <td data-bbox="1182 894 1289 945">22.5%</td> <td data-bbox="1289 894 1386 945">40.9%</td> <td data-bbox="1386 894 1472 945">22.7%</td> </tr> <tr> <td data-bbox="1013 945 1182 995">1999</td> <td data-bbox="1182 945 1289 995">24.5%</td> <td data-bbox="1289 945 1386 995">32.6%</td> <td data-bbox="1386 945 1472 995">24.6%</td> </tr> <tr> <td data-bbox="1013 995 1182 1045">2000</td> <td data-bbox="1182 995 1289 1045">24.2%</td> <td data-bbox="1289 995 1386 1045">30.9%</td> <td data-bbox="1386 995 1472 1045">24.4%</td> </tr> <tr> <td colspan="4" data-bbox="1013 1045 1472 1096">Age 3 to 21</td> </tr> <tr> <td data-bbox="1013 1096 1182 1146">1998</td> <td data-bbox="1182 1096 1289 1146">22.7%</td> <td data-bbox="1289 1096 1386 1146">24.6%</td> <td data-bbox="1386 1096 1472 1146">22.7%</td> </tr> <tr> <td data-bbox="1013 1146 1182 1197">1999</td> <td data-bbox="1182 1146 1289 1197">23.5%</td> <td data-bbox="1289 1146 1386 1197">24.9%</td> <td data-bbox="1386 1146 1472 1197">23.7%</td> </tr> <tr> <td data-bbox="1013 1197 1182 1247">2000</td> <td data-bbox="1182 1197 1289 1247">24.1%</td> <td data-bbox="1289 1197 1386 1247">26.0%</td> <td data-bbox="1386 1197 1472 1247">24.4%</td> </tr> </tbody> </table>				Progress Summary				<i>Age Group/ Year</i>	<i>Medicaid</i>	<i>SCHIP</i>	<i>Total</i>	0 thru 15 months				1998	22.5%	40.9%	22.7%	1999	24.5%	32.6%	24.6%	2000	24.2%	30.9%	24.4%	Age 3 to 21				1998	22.7%	24.6%	22.7%	1999	23.5%	24.9%	23.7%	2000	24.1%	26.0%	24.4%
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Goal C: Increase the percent of children who had at least one dental visit from 61.1% in 1998 to 62% in 2001 and 63% in 2004.	<p><u>Data Sources and Methodology:</u> See Goal A. <u>Numerator:</u> Children who reported at least one dental visit <u>Denominator:</u> Total Children <u>Progress Summary:</u> 1998 Baseline: 61.1% 2001 SCHIP Annual Report: Update not yet available.</p>																																													

Table 1.10 Strategic Objectives and Performance Goals (continued)

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OBJECTIVES RELATED TO INCREASING ACCESS TO PREVENTIVE HEALTH CARE																	
<p>Objective 4: Increase access to preventive health care services for children below 200% of FPL (continued).</p>	<p>Goal D: Increase the percent of children age 3-18 enrolled in Medicaid and CHIP who had at least one dental visit from 33% in 1998 to 45% in 2004.</p>	<p><u>Data Sources:</u> Medicaid claims and encounter data. <u>Methodology:</u> See Appendix C. <u>Inclusion Criteria:</u> Children ages 3-18, enrollment for 12 months continuous with a break no longer than one month. <u>Numerator:</u> Number of children that had at least 1 Dental visit. <u>Denominator:</u> Total number of children.</p> <table border="1" data-bbox="1097 422 1471 888"> <thead> <tr> <th colspan="3" style="text-align: center;"><i>Progress Summary</i></th> </tr> <tr> <th style="text-align: center;"><i>State Fiscal Year</i></th> <th style="text-align: center;"><i>SCHIP</i></th> <th style="text-align: center;"><i>Medicaid</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>1998</i></td> <td style="text-align: center;"><i>39.5</i></td> <td style="text-align: center;"><i>32.8</i></td> </tr> <tr> <td style="text-align: center;"><i>1999</i></td> <td style="text-align: center;"><i>40.1</i></td> <td style="text-align: center;"><i>35.1</i></td> </tr> <tr> <td style="text-align: center;"><i>2000</i></td> <td style="text-align: center;"><i>42.1</i></td> <td style="text-align: center;"><i>37.7</i></td> </tr> </tbody> </table>	<i>Progress Summary</i>			<i>State Fiscal Year</i>	<i>SCHIP</i>	<i>Medicaid</i>	<i>1998</i>	<i>39.5</i>	<i>32.8</i>	<i>1999</i>	<i>40.1</i>	<i>35.1</i>	<i>2000</i>	<i>42.1</i>	<i>37.7</i>
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<p>Goal E: Increase the percent of two year old children on Medicaid and CHIP who had all of their recommended immunizations by age two from 48% to 65%.</p>	<p><u>Data Sources:</u> Medical records extraction. <u>Methodology:</u> Inclusion Criteria: Children age two on Medicaid or CHIP. At least 6 months of continuous eligibility. <u>Numerator:</u> Children who received all of their immunizations by the age of two. <u>Denominator:</u> Total children age two with at least 6 months of continuous eligibility.</p> <table border="1" data-bbox="1097 888 1471 1299"> <thead> <tr> <th colspan="2" style="text-align: center;"><i>Progress Summary</i></th> </tr> <tr> <th style="text-align: center;">State Fiscal Year</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1996</td> <td style="text-align: center;">48%</td> </tr> <tr> <td style="text-align: center;">2000</td> <td style="text-align: center;">59.8%</td> </tr> </tbody> </table>	<i>Progress Summary</i>		State Fiscal Year	Total	1996	48%	2000	59.8%								
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1996	48%																
2000	59.8%																
<p>Goal F: Increase the percent of children on Medicaid and CHIP age 1 and 2 who had a lead lab test from 26% for 1 year olds and 23% for two year olds in 1998 to 60% in 2003</p>	<p><u>Data Sources:</u> Medicaid claims, encounter data, lead registry. <u>Numerator:</u> Number of children ages 1 and 2 that had a claim or encounter for a lead lab test. <u>Denominator:</u> Total number of eligibility years at age 1 and 2.</p> <table border="1" data-bbox="1097 1299 1471 1667"> <thead> <tr> <th colspan="3" style="text-align: center;"><i>Progress Summary</i></th> </tr> <tr> <th style="text-align: center;">State Fiscal Year</th> <th style="text-align: center;">Medicaid</th> <th style="text-align: center;">SCHIP</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1998</td> <td style="text-align: center;">23.2%</td> <td style="text-align: center;">21.3%</td> </tr> <tr> <td style="text-align: center;">1999</td> <td style="text-align: center;">27.3%</td> <td style="text-align: center;">20.2%</td> </tr> <tr> <td style="text-align: center;">2000</td> <td style="text-align: center;">31.8%</td> <td style="text-align: center;">27.4%</td> </tr> </tbody> </table>	<i>Progress Summary</i>			State Fiscal Year	Medicaid	SCHIP	1998	23.2%	21.3%	1999	27.3%	20.2%	2000	31.8%	27.4%	
<i>Progress Summary</i>																	
State Fiscal Year	Medicaid	SCHIP															
1998	23.2%	21.3%															
1999	27.3%	20.2%															
2000	31.8%	27.4%															

Table 1.10 Strategic Objectives and Performance Goals (continued)

(1) Strategic Objectives	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress																											
OBJECTIVES RELATED TO CARE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS																													
Objective 5: Increase access and coordination of services to children with special health care needs which prevent health care needs from moving into an acute episode.	Goal A: Increase the percent of children with persistent asthma that use appropriate medications age 5 to 17.	<p>Progress Summary</p> <table border="1" data-bbox="1024 457 1474 737"> <thead> <tr> <th>Year</th> <th>Medicaid</th> <th>SCHIP</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1998</td> <td>32.5%</td> <td>38.9%</td> <td>32.6%</td> </tr> <tr> <td>1999</td> <td>32.0%</td> <td>35.0%</td> <td>32.2%</td> </tr> <tr> <td>2000</td> <td>34.4%</td> <td>42.5%</td> <td>35.5%</td> </tr> </tbody> </table> <p><i>Data Sources:</i> Medicaid claims and encounter data. <i>Methodology:</i> <u>Numerator:</u> Number of asthmatic children age 5-17 with persistent asthma who used appropriate medications. <u>Denominator:</u> Total number of children with persistent asthma.</p>	Year	Medicaid	SCHIP	Total	1998	32.5%	38.9%	32.6%	1999	32.0%	35.0%	32.2%	2000	34.4%	42.5%	35.5%											
	Year	Medicaid	SCHIP	Total																									
	1998	32.5%	38.9%	32.6%																									
	1999	32.0%	35.0%	32.2%																									
2000	34.4%	42.5%	35.5%																										
Goal B: Increase the percent of children ages 11 to 18 enrolled in Medicaid and CHIP who were hospitalized for treatment of specific mental health and chemical dependency disorders who were seen on an ambulatory basis within 30 days of hospital discharge.	<p>Progress Summary</p> <table border="1" data-bbox="1024 804 1474 1203"> <thead> <tr> <th>Year</th> <th>Medicaid</th> <th>SCHIP</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Mental Health</td> </tr> <tr> <td>1999</td> <td>29%</td> <td>33%</td> <td>29.3%</td> </tr> <tr> <td>2000</td> <td>35.5%</td> <td>36%</td> <td>35.6%</td> </tr> <tr> <td colspan="4" style="text-align: center;">Chemical Dependency</td> </tr> <tr> <td>1999</td> <td>20%</td> <td>10%</td> <td>16.6%</td> </tr> <tr> <td>2000</td> <td>4.5%</td> <td>15%</td> <td>7.5%</td> </tr> </tbody> </table> <p><i>Data Sources:</i> Medicaid claims and encounter data. <i>Methodology:</i> <u>Numerator:</u> Children ages 11 to 18 who had inpatient discharge and had a specific mental health or substance abuse CPT code within 30 days of discharge. <u>Denominator:</u> Children ages 11 to 18 who had at least one inpatient admission.</p>	Year	Medicaid	SCHIP	Total	Mental Health				1999	29%	33%	29.3%	2000	35.5%	36%	35.6%	Chemical Dependency				1999	20%	10%	16.6%	2000	4.5%	15%	7.5%
Year	Medicaid	SCHIP	Total																										
Mental Health																													
1999	29%	33%	29.3%																										
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Chemical Dependency																													
1999	20%	10%	16.6%																										
2000	4.5%	15%	7.5%																										
Goal C: Increase the percent of children with special health care needs that were satisfied with the quality of care provided by medical specialists from 59.6% in 2000 to 75% in 2004	<p>Progress Summary</p> <table border="1" data-bbox="1024 1335 1474 1713"> <thead> <tr> <th>Year</th> <th>Medicaid</th> <th>SCHIP</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>61.8%</td> <td>38.6%</td> <td>59.6%</td> </tr> <tr> <td>2001</td> <td>56.5%</td> <td>66.7%</td> <td>58.3%</td> </tr> </tbody> </table> <p><i>Data Sources:</i> Medicaid Consumer Satisfaction Survey. Managed Care (2000-2001). FFS planned in 2002. <i>Methodology:</i> Stratified random sample of Medicaid eligibles, telephone survey. <u>Inclusion criteria:</u> Children who were enrolled in a MCP for six months or more. Children who screened positive in the 5 item CAHPS CSHCN screener. <u>Numerator:</u> Number of CSHCNs who rated their specialists a 9 or higher on a scale of 0 to 10. <u>Denominator:</u> Number of children who reported that they had at least one visit to a specialist.</p>	Year	Medicaid	SCHIP	Total	2000	61.8%	38.6%	59.6%	2001	56.5%	66.7%	58.3%																
Year	Medicaid	SCHIP	Total																										
2000	61.8%	38.6%	59.6%																										
2001	56.5%	66.7%	58.3%																										

1.4 If any performance goal has not been met, indicate the barrier.

Objective 1 (see Table 1.1. Objective 1) is a goal to increase the percent of children with income below 150% of FPL from 80.6% in 1997 to 87% in 2000. Based on the U.S. Current Population Survey, March 2001 Supplement, the early increase to 82% in 1998 and 1999 was followed by a decrease to 76.8% in 2000. This occurred despite increases in the number of Medicaid enrollees in the time frame. In CY 2000 there was a net gain of over 74,000 children. In CY 2000 there was a net gain of over 74,000 children, although the reasons behind that private coverage for this population has decreased in 2000, although the reasons behind that private coverage

While this indicates that there may be some crowd-out occurring, the net decrease in Medicaid enrollees means that there is an increase in uninsured children. The efforts described in the July 2000 report may yield an increase of 130,000 children. While there may be some corresponding decreases in private coverage, it is expected that the coverage rate will increase significantly.

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

No issues in addition to the strategic objectives have been identified.

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

A new fee-for-service consumer satisfaction survey will be fielded in January 2002. A new fee-for-service consumer satisfaction survey will provide FFS equivalent data for many of the performance measures which now have only FFS data. The survey will include a sample of children with special health care needs.

1.7 Please attach any studies, Please attach any studies, Please attach any studies, Please attach any studies, quality, quality, utilization, quality, utilization, costs, satisfaction, quality, utilization, costs, satisfaction, or Please list attachments here.

The Resource Guide for Ohio Educators can be found at:

<http://www.state.oh.us/odjfs/ohp/bcps/hshf/resourceguide.pdf>

The evaluation results of the school outreach efforts can be found at:

<http://www.state.oh.us/ODJFS/OHP/bcps/SchoolBasedOutreach.pdf>

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics This section has been designed to allow you to address states, federal officials, and child advocates.

2.1 Family coverage:

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

Though not a XXI program, Ohio offers family coverage through its Healthy Families program. Families with incomes up to 100% of the Federal Poverty Level (FPL) are eligible and can apply using the same application used to apply for the Healthy Start program. Also, like Healthy Start, no face-to-face interview is required. Healthy Families is Ohio's 1931 coverage for families.

- B. How many children and adults were ever enrolled in your State from 10/1/00 - 9/30/01?

Not applicable.

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

Not applicable.

2.2 Employer-sponsored insurance buy-in:

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

Not applicable; Ohio does not have a buy-in program.

- B. How many children and adults were ever enrolled in your program?

Not applicable.

2.3 Crowd-out:

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

Ohio's SCHIP program is divided into two population segments: Ohio's SCHIP program is divided into two populations based on 1998 Medicaid eligibility standards and 150% of FPL without health insurance. The first group is children between 150% and 200% of FPL who needed to define crowd-out, as there was a Medicaid expansion at the same time as the expansion of FPL.

The second group is children between 150% and 200% of FPL. These children must not have any creditable private health insurance coverage at the time that they become eligible, and a premium contribution may be required in the future. Crowd-out is defined as the percent of children between 150% and 200% of FPL enrolled in SCHIP who lost or dropped private health insurance coverage when enrolling in SCHIP.

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

Two attempts have been made to fund crowd-out research for the SCHIP population through an RFP to academic health services researchers in Ohio. In both cases there was not a response to the RFP. We are now considering using contracting with a survey research firm to survey new eligible families to measure their prior insurance coverage.

C. What have been the results of your analyses? Please summarize and provide supporting documentation.

Not applicable, due to no response received to the RFP (see answer to above question).

D. Which anti-crowd-out policies have been most effective in discouraging private coverage for private coverage in your SCHIP program? Describe and provide supporting documentation to derive this information.

Not Applicable.

2.4 Outreach:

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

In addition to maintaining statewide partnerships and funding local outreach initiatives, there are two activities that Ohio has found to be the most effective in reaching low-income, uninsured children. They are the school-based outreach efforts and the implementation of the Ohio Family Medical Project. Both initiatives have contributed to the dramatic increase in caseload.

School Based Outreach: ODJFS has worked closely with Ohio schools to spread the word about Healthy Start & Healthy Families. The mass distribution of 2.1 million brochures and the inclusion of language on the School Meals Application generated over 30,000 requests, potentially representing 75,000 individuals. A statewide evaluation has found that over 43% of the families who submitted applications as a result of the two initiatives were approved for health care coverage. The evaluation component included a random review of 10% of requests for additional information to identify eligibility outcomes (e.g., submission of application, determination of eligibility).

Ohio Family Medical Project (OFMP): In response to the April 7, 2000 correspondence from CMS, Ohio conducted the OFMP to reconnect with individuals who were potentially terminated inappropriately from Medicaid between November 1997- April 2000. The Ohio Family Medical Project provided three months of Medicaid coverage to a defined population, during which time they were encouraged to apply for ongoing coverage.

OFMP identified over 160,000 individuals who were eligible for some form of coverage between November 1997 and April 2000. ODJFS sent direct notifications to these individuals offering reinstatement for 3 months and the opportunity to apply for ongoing coverage. The result was that 133,000 individuals were reinstated and over 9,000 applications were received for ongoing coverage, leading to 31,000 newly eligible individuals - approximately 50% of which were children.

- B. Have any of the outreach activities been effective in reaching immigrants, and children living in rural areas? How have you measured effectiveness?

Ohio continues to partner with the Commission on Minority Health to participate in annual Minority Health Month activities targeting minority populations across the state. No evaluation of these efforts has been conducted to date.

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

Not applicable.

2.5 Retention:

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

12 month redetermination periods for the Healthy Start program, and the use of a comprehensive ex-parte policy (Pre-Termination Review).

B. What special measures are being taken to reenroll children in SCHIP?

___ Follow-up by caseworkers/outreach workers

State Renewal reminder notices to all families

___ Targeted mailing to selected populations

___ Information campaigns

___ Simplification of re-enrollment process

___ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment

State Other: The Ohio Family Medical Project, in which consumers' medical coverage are reinstated.

In addition to these State activities, counties are doing this county to county, and are targeted to their specific populations and consumer needs.

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

The same measures are being used in Medicaid (Ohio's SCHIP is a Medicaid expansion).

D. Which measures have you found to be most effective at ensuring enrollment?

The implementation of 12 month redetermination periods and the implementation of the ex-parte policy.

E. What do you know about insurance coverage of children? How many obtain other public or private coverage, how many remain uninsured? Source and method used to derive this information.

This information is not tracked.

2.6 Coordination between SCHIP and Medicaid:

- A. Do you use common application and redetermination (including interview requirements) for Medicaid and SCHIP? Please explain.

The same application and redetermination procedures are used for Medicaid and SCHIP (as well as a Medicaid expansion).

- B. Explain how children are transferred between Medicaid and SCHIP when their status changes.

In Ohio, SCHIP was implemented as a Medicaid expansion. When a consumer transfers between Medicaid and SCHIP, it is seamless to the consumer. The consumer and SCHIP, it is seamless to the consumer and delivery system.

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

The same delivery systems, including provider networks, are used in Medicaid and SCHIP.

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees in SCHIP? If so, what have you found?

As of 9/30/01, no cost sharing provisions are in place. Ohio has submitted an 1115 waiver demonstrating requesting permission to collect a modest annual enrollment fee. There requesting permission to collect a modest annual with a family maximum of \$75 per year.

B. Has your State undertaken any assessment of the effects of service under SCHIP? If so, what have you found?

Not applicable.

2.8 Assessment and Monitoring of Quality of Care:

- A. What information is currently available on the quality of care? Summarize results.

Much of the data on access and quality of care for children in the Medicaid/SCHIP improvement in access to care for children in the Medicaid/SCHIP improvement in access to care for children includes increases in the percent of children receiving well child visits, and dental services. There are three contributing reasons for these increases.

1. Utilization of these services by the SCHIP population is disproportionately high for the SCHIP population. It is easy to speculate that this may be related to the differences in health behavior related to socioeconomic status. It is clear that inclusion of 200% of FPL has pulled up the HEDIS measures.
2. Approximately 35% of all children in Medicaid/SCHIP are enrolled in MCPs. Over the past three years utilization of these services has increased. Relationships between the State of Ohio and the MCPs for performance improvements.
3. There have been some efforts at both a community and state-wide level to improve access to care for these services. At a state-wide level this has included targeted marketing for improvements in practice patterns and accepting new patients. At a community level this has included specific outreach efforts by community groups to increase utilization of these services.

There is less clarity about whether clinical quality of care has increased for this population. Clinical studies for 1995, 1996, and 1997 of care processes to children for well-child care, dental care and appropriate antibiotic usage have shown that physicians delivering quality care. Repeat clinical studies of some of these issues are needed but no conclusions have yet been reached about clinical improvements.

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

Access and quality of care is monitored regularly through encounter/claims data, clinical studies, and consumer surveys.

HEDIS measures, based on claims and encounter data, are used to monitor birth weight, dental access, lead screening, appropriate medication usage, and continuity of mental health and substance abuse services. For these measures, rates are computed separately for the SCHIP population.

Section 3. Successes and Barriers

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

3.1 Please highlight successes and barriers you encountered and please report the approaches used to overcome barriers. Be as detailed as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter NA for not applicable.

A. **Eligibility:** Although the eligibility expansion occurred in FFY 2000, eligibility felt in FFY 2001. The expansion increased to 200% of the Federal Poverty Level (FPL). Only uninsured children

In FFY 2001, Ohio developed rules to eliminate any period of ineligibility due to recurring lump sum. This was especially important for those in the Children category, because, prior to the rule, a non-recurring income for future months eligibility.

B. **Outreach:** As mentioned in Sections 1.1 and 2.4, school-based outreach was successful. By educating school staff, administrators and families who were unaware that they qualified for coverage.

An evaluation of school-based outreach activities found that coverage through Healthy Start or Healthy Families submitted new names to confusion surrounding the program name. Used names other than Healthy Start and Healthy Families (e.g. CHIP, Health market the program, which caused confusion to families who market the program, which caused confusion to Start. To eliminate this barrier, counties were given a transition period of one year to modify marketing strategies to reflect the name Healthy Start and Healthy Families.

In addition to State outreach activities, outreach is given the opportunity to use enhanced federal funds for over seventy counties have been approved to execute plans that include various methods of informing communities about the expanded eligibility options available to receive health care at cost to them. The total amount allocated for SFY 2002 is \$6,096,944.00

C. **Enrollment:** Ohio's enrollment of children in the Coverage numbers in FFY01. SCHIP numbers were population increased steadily in FFY01. The SCHIP population in the 150% FPL and below 55,338 in September 2001 (as compared to 47,851 in September 2000). The SCHIP expansion population with incomes at 151-200% FPL numbered 25,8

SECTION 4: PROGRAM FINANCING

THIS SECTION HAS BEEN DESIGNED TO PROVIDE YOUR BUDGET FOR FFY 2001, YOUR FISCAL YEAR BUDGET, AND FFY 2002 PROJECTED BUDGET. PLEASE DESCRIBE ANY DETAILS OF YOUR PLANNED USE OF FUNDS.

PLEASE COMPLETE TABLE 4.1 TO PROVIDE YOUR BUDGET FOR FFY 2001, YOUR FISCAL YEAR BUDGET, AND FFY 2002 PROJECTED BUDGET. PLEASE DESCRIBE ANY DETAILS OF YOUR PLANNED USE OF FUNDS.

NOTE: FEDERAL FISCAL YEAR 2001 STARTS 10/1/00 AND ENDS 9/30/01.

	FEDERAL FISCAL YEAR 2001 COSTS	FEDERAL FISCAL YEAR 2002	FEDERAL FISCAL YEAR 2003
BENEFIT COSTS			
INSURANCE PAYMENTS	\$ 25,992,401	\$36,452,773	\$43,005,111
MANAGED CARE	\$ 25,992,401	\$36,452,773	\$43,005,111
PER MEMBER/PPER MOPER MONTH RATE X # o of ELIGIBLES	93.26	\$95.55	\$100.06
FEE FOR SERVICE	112,301,704	\$144,132,066	\$155,586,189
TOTAL BENEFIT COSTS	138,294,105	\$180,584,839	\$198,591,300
(OFFSETTING BENEFICIARY COST SHARING PAYMENTS)			
NET BENEFIT COSTS	138,294,105	\$144,132,066	\$155,586,189
ADMINISTRATION COSTS			
PERSONNEL			
GENERAL ADMINISTRATION	2,247,646	\$2,205,767	\$2,318,222
CONTRACTORS/BROKERS (E.G., CONTRACTORS)	ENROLLMENT	ENROLLMENT	
CLAIMS PROCESSING			
OUTREACH/MARKETING COSTS			
OTHER			
TOTAL ADMINISTRATION COSTS	2,247,646	\$2,205,767	\$2,318,222
10% ADMINISTRATIVE COST CEILING	15,359,623	\$20,064,982	\$22,065,700
FMAP RATE = .7132 FOR 01 & .7115 FOR 02			
FEDERAL FEDERAL SHARE (MULTIPLIED BY FMAP RATE)	644,625	\$1,668,411	\$1,650,110
STATE SHARE	644,625	\$636,364	\$668,112
	140,541,751	\$182,790,606	\$200,909,522

4.2 Please identify the total State expenditures for family coverage during 2001.

Not applicable. Ohio's family coverage is a Title XIX program.

4.3 What were the non-Federal sources of funds spent on your SCHIP program in 2001?

State Appropriations.

A. Do you anticipate any changes in the source of expenditures?

No.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some content about the 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 please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP programs
Program Name	Healthy Start
Provides presumptive eligibility for children	No
Provides retroactive eligibility	Yes, for all Medicaid categories for up to three months.
Makes eligibility determination	County Medicaid eligibility staff.
Average length of stay on program	Unavailable
Has joint application for Medicaid and SCHIP	Yes
Has a mail-in application	Yes
Can apply for program over phone	No. Can request application and get assistance filling it out over the telephone, but cannot apply over the telephone.
Can apply for program over Internet	No. Can download application from the Internet, but cannot apply over the Internet.
Requires face-to-face interview during initial application	No
Requires child to be uninsured for a minimum amount of time prior to enrollment	No
Provides period of continuous coverage <u>regardless of income changes</u>	Yes. 1) Newborns receive 12 months of coverage if mother was a Medicaid recipient at the time the baby was born. Coverage would be lost if the child moved out of state or died. 2) Ohio has submitted an 1115 waiver requesting 12 months continuous coverage for families with incomes in the 151-200% FPL range. Coverage would be lost if the child died, moved out of state, turned 19, or obtained creditable coverage. 3) Once determined eligible, pregnant women receive coverage until 60 days post partum.
Imposes premiums or enrollment fees	No. Ohio has submitted an 1115 waiver requesting permission to collect an annual enrollment fee.
Imposes copayments or coinsurance	No
Provides preprinted redetermination process	No

5.2 Please explain how the redetermination process differs from Please explain how the redetermination process differs from

The redetermination process begins with a contact from the county agency to the person who is the head of the case. The county agency sends a Combined application. The head of the case is required to complete a combined application, including re-verification of income, changed, including re-verification of income, changed, including re-verification of income, changed, including re-verification of income, would not end unless: the person/persons are found ineligible for proposed termination and hearing rights; they did not cooperate in redetermination (e.g., forms or other requested information), in which case the caseworker would propose termination prior to the proposal of termination.

SECTION 6: INCOME ELIGIBILITY

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

- 6.1** As of September 30, 2001, what was the income standard or threshold for each child's age (or date of birth), then report each threshold for each age group after application of income disregards.

Title XIX Child Poverty-Related Groups or Section 1931, whichever category is higher:

150% of FPL for children under age 19.

Medicaid SCHIP Expansion:

200% of FPL for children under age 19.

6.2.6.2 As of September 30, 2001, what program use to arrive at total countable income? Please indicate the amount used when determining eligibility

Table 6.2		
Title	Medicaid SCHIP Expansion	
Earliest Income (\$30 and one-third disregard given for one year to assistance groups who received TANF cash in at least one of the preceding four months).	Disregard given (\$30 and one-third disregard given for one year to assistance groups who received TANF cash in at least one of the preceding four months).	Disregard given for one year to assistance groups who received TANF cash in at least one of the preceding four months.
Open Self-Employment Expenses	Open Self-Employment Expenses (available only if the assistance group received TANF cash or Section 1931 coverage in at least one of the preceding four months)	(available only if the assistance group received TANF cash or Section 1931 coverage in at least one of the preceding four months)
NA Alimony Payments Received	NA	
NA Alimony Payments Paid	NA	
\$50 Child Support Payments Received	\$50	
Court-Ordered Child Support Paid	Court Ordered Amount	
\$175 Child Care Expenses (if the child is under age 7; \$200 if the child is under age 2)	\$175 if the child is under age 7; \$200 if the child is under age 2	
NA Medical Care Expenses	NA	
Depends on the amount	Depends on the amount	
NA Other Types of Disregards/Deductions	NA	

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)?

No.

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

Neither Neither Neither Ohio Neither Ohio s Title XIX Poverty-Related Groups or Medicaid SCHIP Expansion pro
test.

6.4 Have any of the eligibility rules changed since September 30, 2001?

In FFY 2001, Ohio developed rules to eliminate for all Medicaid categories any period of ineligibility due to the receipt of a non-recurring lump sum.

SECTION 7: FUTURE PROGRAM CHANGES

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

7.17.1 What changes have you made or are planning 2002(10/1/01 through 9/30/02)? Please comment on why the changes are planned.

AA.A. Family coverage: Ohio is reviewing options to refinance the July 2000 Healthy Families under SCHIP.

B. Employer-sponsored insurance buy-in: None.

C. 1115 waiver: Ohio submitted an 1115 waiver on 9/29/00 reC. 1115 waiver: Ohio submitted an 1115 months continuous coverage and a modest annual enrollment fee months continuous coverage and a moderate 200% FPL range.

D. Eligibility including presumptive and continuous eligibility: See 1115 waiver information.

E. Outreach: Now that Ohio has seen a dramatic increase in health care, there is a need to revisit health care, there is a need to revisit outreach service agencies and community health advocates service agencies and community health advocates to apply. Today's increased caseloads and penetrations rates may not apply. Today's increased caseloads and approaches. Instead, there is a need to focus on caseload demographics approaches. Instead, targeted education (e.g., outreach targeted education (e.g., outreach populations, etc.).

F. Enrollment/redetermination process: In October 2001,F. Enrollment/redetermination process: In October 2001, evaluating and developing modifications to rules, forms, and evaluating and developing modifications to all Medicaid categories. The goal of the group is to simplify the process and make it more strall Medicaid for both the county agencies and the consumer.

G. Contracting: None.

H. Other: None

6.26.2 As of September 30, 2001, what program use to arrive at total countable income? Please indicate the amount used when determining eligibility

Table 6.2		
	Title XIX Child Poverty-Related Groups	Medicaid SCHIP Expansion
Earnings	Earned Income (\$30 and one-third disregard given for one year to assistance groups who received TANF cash in at least one of the preceding four months).	Earned Income (\$30 and one-third disregard given for one year to assistance groups who received TANF cash in at least one of the preceding four months).
Self-Employment Expenses	Operating Expenses, Earned Income (available only if the assistance group received TANF cash or Section 1931 coverage in at least one of the preceding four months)	Operating Expenses, Earned Income (available only if the assistance group received TANF cash or Section 1931 coverage in at least one of the preceding four months)
Alimony Payments Received	NA	NA
Alimony Payments Paid	NA	NA
Child Support Payments Received	\$50	\$50
Child Support Paid	Court Ordered Amount	Court Ordered Amount
Child Care Expenses	\$175/child; \$200 if the child is under age 2	\$175/child; \$200 if the child is under age 2
Medical Care Expenses	NA	NA
Gifts	Depends on the amount	Depends on the amount
Other Types of Disregards/Deductions	NA	NA

DoDo rules differ for applicants and recipients (or between initial enrollment and redetermination)?

No.