

**ALABAMA TITLE XXI PROGRAM  
FACT SHEET**

<b>Name of Plan:</b>	<b>All Kids</b>
<b>Date Plan Submitted:</b>	November 3, 1997
<b>Date Plan Approved:</b>	January 30, 1998
<b>Date Plan Effective:</b>	February 1, 1998
<b>Date Amendment #1 Submitted:</b>	May 21, 1998
<b>Date Amendment #1 Approved:</b>	August 18, 1998
<b>Date Amendment #1 Effective:</b>	October 1, 1998
<b>Date Amendment #2 Submitted:</b>	July 1, 1999
<b>Date Amendment #2 Approved:</b>	September 28, 1999
<b>Date Amendment #2 Effective:</b>	October 1, 1999
<b>Date Amendment #3 Submitted:</b>	September 27, 2001
<b>Date Amendment #3 Approved:</b>	December 21, 2001
<b>Date Amendment #3 Effective:</b>	June 1, 2001
<b>Date Amendment #4 Submitted:</b>	December 18, 2002
<b>Date Amendment #4 Approved:</b>	March 3, 2003
<b>Date Amendment #5 Submitted:</b>	October 30, 2003
<b>Date Amendment #5 Approved:</b>	January 16, 2004
<b>Date Amendment #5 Effective:</b>	May 2002; October 1, 2003

### **Background**

- Implementation of Phase I of Alabama's SCHIP plan began on February 1, 1998, with a Medicaid expansion of coverage for targeted low-income children under age 19, whose family income is below 100 percent of the Federal Poverty Level (FPL). This component of the SCHIP program was phased out at the end of fiscal year 2002.

### **Amendments**

- Alabama's first amendment was submitted on May 21, 1998. This amendment created a separate child health program known as Phase II, All Kids, for children under age 19 in families with incomes up to 200 percent of the FPL, and who are not eligible for Medicaid.
- Alabama's second amendment was submitted on July 1, 1999. This amendment created Phase III of Alabama's SCHIP program, known as All Kids Plus. All Kids Plus amended

Alabama's separate child health program and provides an enhanced health benefits coverage package for children with special health care needs/conditions who are enrolled in All Kids. It was projected that 9 percent of the children enrolled in All Kids also would receive at least one service under All Kids Plus.

- Alabama's third amendment was submitted on September 27, 2001. This amendment allows self-declaration of age on the SCHIP application, incorporates some of the Medicaid income disregards, and makes cost sharing premium amounts equal between those who choose to pay in one lump sum and those who choose to pay in monthly installments.
- Alabama's fourth amendment was submitted December 18, 2002. This amendment updates and amends the SCHIP State plan to indicate the State's compliance with the final SCHIP regulation.
- Alabama's fifth amendment was submitted October 30, 2003. This amendment institutes a waiting list, increases annual premiums from \$50 to \$100 per child for families with income above 150 percent of the FPL, imposes new annual premiums of \$50 per child for families with income from 100 through 150 percent of the FPL, imposes copayments on nonpreventive services for enrollees with family income below 150 percent of the FPL, and raises copayments for enrollees with family income above 150 percent of the FPL. In addition, the amendment enhances certain services in the benefit plan, including an increase in covered days for inpatient substance abuse facilities, and updates source of State funds to indicate that the State is receiving an approvable grant from the Robert Wood Johnson Foundation.

### **Children Covered Under Program**

- The State reported that 78,554 children were ever enrolled in SCHIP in Federal fiscal year 2003.

### **Administration**

- The Alabama Department of Public Health (ADPH) administers All Kids and All Kids Plus.

### **Health Care Delivery System**

- Services are provided through self-insured plans that are reimbursed on a fee-for-service basis. Currently, the only ALL Kids vendor for the above services is Blue Cross Blue Shield of Alabama, which provides services statewide.
- ALL Kids Plus services are authorized through the Alabama Department of Mental Health and Mental Retardation, the Alabama Department of Rehabilitation Services, and the University of Alabama at Birmingham Sparks Center. Services may be provided

through public, private, non-profit, individuals and organizations that have contracts with one of the authorizing agencies.

### Benefit Package

- Initially, the State used the benefit package of the HMO with the State’s largest non-Medicaid enrollment as the benchmark for ALL Kids, but the State has made several benefit additions and enhancements to the package. Children enrolled in ALL Kids Plus receive additional services that are developmentally or physically necessary.

### Cost Sharing

- There are no cost-sharing requirements for American Indians/Alaska Natives.
- Families with income at or below 150 percent of the FPL are required to pay an annual \$50 premium per child, with a \$150 maximum per family. Families with income above 150 percent of the FPL must pay an annual premium of \$100 per child, with a \$300 maximum per family.
- ALL Kids enrollees are required to pay copayments for nonpreventive services. Copayment amounts depend on family income.

Service	Family Income < or = 150% of FPL	Family Income > 150% of FPL
Dental	\$3 per visit	\$5 per visit
Doctor office	\$3 per visit	\$5 per visit
ER services	\$5 facility charge	\$15 facility charge
Inpatient services	\$5 per confinement	\$10 per confinement
Non-emergency ER	\$10 per visit	\$20 per visit
Allergy testing	\$5 per lab visit	\$10 per lab visit
Allergy treatment	\$3 per visit	\$5 per visit
Ambulance	\$5 per occurrence	\$10 per occurrence
Mental and nervous inpatient	\$5 per confinement	\$10 per confinement
Outpatient surgical facility	\$5 per visit	\$10 per visit
Substance abuse inpatient	\$5 per confinement	\$10 per confinement
X-ray	\$3 per visit	\$5 per visit
Generic prescriptions	\$1	\$2
Preferred prescriptions	\$3	\$5
Non-preferred prescriptions	\$5	\$10

### State Action to Avoid Crowd-Out

- Alabama has a 3-month waiting period for enrollment in All Kids for families that currently have, or have voluntarily dropped, health insurance coverage. The application includes a question asking if the child currently is insured or if insurance coverage has been terminated in the last 3 months.

- In addition to self-declaration of insurance status, all enrollments are matched against the BCBS system to determine if the child is currently insured or if coverage has been dropped within the last three months.

### **Coordination Between SCHIP and Medicaid**

- A common application form is used for both title XXI and title XIX eligibility. When an All Kids outreach worker identifies a child potentially eligible for Medicaid, the completed application will be sent to Medicaid. Medicaid will process the application and contact the family for any additional verification or documentation.

### **Outreach Activities**

- Outreach is conducted through statewide efforts and local partnerships. These efforts consist of a statewide media campaign, outreach conducted by trained workers, and outreach conducted through existing programs and agencies. In April 2001, SCHIP Regional Directors and Coordinators were placed throughout the State to serve as local SCHIP representatives. Their duties include conducting regional outreach activities.

### **Financial Information**

Total FFY '04 SCHIP Allotment -- \$54,679,333  
FFY '04 Enhanced Federal Matching Rate -- 79.53%

State Share: \$20,003,322  
Federal Share: \$77,194,549  
Total: \$97,197,871

*Date last updated: January 16, 2004*