

VERMONT TITLE XXI PROGRAM & TITLE XXI AMENDMENT FACT SHEET

Name of Plan:	Dr. Dynasaur
Date Plan Submitted:	November 6, 1998
Date Plan Approved:	December 15, 1998
Date Plan Effective:	October 1, 1998
Date Amendment #1 Submitted:	June 9, 1999
Date Amendment #1 Approved:	August 11, 1999
Date Amendment #1 Effective:	October 1, 1999
Date Amendment #2 Submitted:	December 1, 1999
Date Amendment #2 Approved:	February 28, 2000
Date Amendment #2 Effective:	December 1, 1999
Date Amendment #3 Submitted:	June 20, 2000
Date Amendment #3 Approved:	January 19, 2001
Date Amendment #3 Effective:	February 1, 2001
Date Amendment #4 Submitted:	June 28, 2002
Date Amendment #4 Approved:	September 19, 2002
<i>Date Amendment #5 Submitted:</i>	<i>August 15, 2003</i>
<i>Date Amendment #5 Approved:</i>	<i>November 10, 2003</i>
<i>Date Amendment #5 Effective:</i>	<i>July 1, 2003</i>

Background

- Vermont's Title XXI plan created a separate child health program to cover children up to or through age 18 in families with incomes between 225 and 300 percent of the Federal poverty level (FPL). Vermont's Medicaid Program covers uninsured children up to 225 percent of the FPL, and underinsured children up to 300 percent of the FPL. (The State's section 1115 demonstration, the Vermont Health Access Plan, was amended on November 6, 1998, to expand coverage to underinsured children up to 300 percent of the FPL.) This program is funded under Medicaid at the regular Federal Medical Assistance Percentage (FMAP).

Amendments

- Vermont submitted its first amendment on June 9, 1999. This amendment increased monthly premiums in both the Section 1115 demonstration and title XXI programs.

- Vermont submitted its second amendment on December 1, 1999. This amendment implemented a primary care case management (PCCM) delivery system. The PCCM delivery system is the same as that used under the State's approved section 1115 demonstration.
- Vermont submitted its third amendment on June 20, 2000. This amendment further increased premiums in the program. This amendment also exempts American Indian/Alaskan Native (AI/AN) children from cost sharing.
- Vermont submitted its fourth amendment on June 28, 2002. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations.
- *Vermont submitted its fifth amendment on August 15, 2003. This amendment increases the monthly premium per household. The premium will increase for children family incomes from 225 through 300 percent FPL from \$50 to \$70 per family per month.*

Children Covered Under Program

- Vermont reported 3,885 children ever enrolled under SCHIP during the second quarter of FY 2003.

Administration

- The Title XXI Program is administered by the Office of Vermont Health Access, which also administers Vermont's Medicaid program.

Health Care Delivery System

- Health services to children under Vermont's Title XXI plan were originally provided by the two MCOs providing services under the State's approved comprehensive Medicaid health care reform demonstration, the Vermont Health Access Plan (VHAP). With the withdrawal of one of the two MCOs and the anticipated exit of the other, the State converted to a PCCM model with fee-for-service reimbursement through demonstration amendments approved by HCFA on September 29, 1999, and October 28, 1999. The amendment to the Title XXI plan submitted on December 1, 1999, implemented the PCCM model for targeted low-income children under SCHIP.

Benefit Package

- The package of services for the Title XXI program is the same benefit package currently provided through Vermont's Medicaid program.

Cost Sharing

- A monthly premium of **\$70** per household. Since premiums cannot exceed **\$840** per household per annum, it is ensured that no household in the Title XXI program will have cost-sharing contributions that exceed the statutorily mandated 5 percent maximum. (**For FFY 2003**, cost sharing would have to exceed approximately **\$1,364** per annum for a household of two at 225 percent of the FPL to exceed the 5 percent maximum.)

Coordination Between Separate Child Health Program and Medicaid

- Vermont determines eligibility for the SCHIP program using the same system it uses for the Medicaid program; eligibility determination for SCHIP and Medicaid are fully integrated. Those children who meet eligibility requirements and who have family income between 225 and 300 percent of the FPL and are uninsured are assigned an eligibility code for the SCHIP program; those children who meet eligibility requirements and who have family income up to 225 percent of the FPL are assigned an eligibility code for the Medicaid program.

Crowd-Out Strategy

- Applicants who had health insurance coverage within 1 month of the date of eligibility determination for the SCHIP program will not be eligible unless the insurance is lost during this period because of loss of employment, death or divorce, or loss of eligibility for coverage as a dependent under a policy held by a parent.

Outreach Activities

- Outreach for the SCHIP program is integrated with existing outreach activities for the Medicaid program. Such activities include: a multi-media campaign, including print, brochures, and flyers; outreach through community groups and; educational sessions in community locations, and a toll-free telephone line which individuals can call to learn about the program.

Financial Information

Total FFY '04 SCHIP Allotment -- \$3,813,156
FFY '04 Enhanced Federal Matching Rate -- 72.94%

Date Last Updated: *November 12, 2003*