

**WASHINGTON TITLE XXI STATE PROGRAM
FACT SHEET**

Name of Plan:	Washington CHIP
Date Plan Submitted:	June 30, 1999
Date Plan Approved:	September 8, 1999
Effective Date:	January 1, 2000
Date Amendment #1 Submitted:	February 8, 2001
Date Amendment #1 Approved:	May 7, 2001
Date Amendment #1 Effective:	January 1, 2001
Date Amendment #2 Submitted:	April 3, 2002
Date Amendment #2 Approved:	July 1, 2002
Date Amendment #2 Effective:	January 1, 2002
Date Amendment #3 Submitted:	October 3, 2002
Date Amendment #3 Approved:	December 19, 2002
Date Amendment #3 Effective:	July 1, 2002
Date Amendment #4 Submitted:	June 25, 2003
Date Amendment #4 Approved:	September 22, 2003
Date Amendment #4 Effective:	November 12, 2002
Date Amendment #5 Submitted:	January 22, 2004
Date Amendment #5 Approved:	June 16, 2004
Date Amendment #5 Effective:	December 31, 2003
Date Amendment #6 Submitted:	August 16, 2004
Date Amendment #6 Approved:	November 5, 2004
Date Amendment #6 Effective:	July 1, 2004
Date Amendment #7 Submitted:	May 2, 2006
Date Amendment #7 Approved:	August 1, 2006
Date Amendment #7 Effective:	July 1, 2006
Date Amendment #8 Submitted:	November 27, 2006
Date Amendment #8 Withdrawn:	December 27, 2006
Date Amendment #9 Submitted:	January 25, 2007
Date Amendment #9 Withdrawn:	February 5, 2008
Date Amendment #10 Submitted:	April 3, 2008
Date Amendment #10 Approved:	December 17, 2008
Date Amendment #10 Effective:	July 1, 2007

Date Amendment #11 Submitted:	April 21, 2008
Date Amendment #11 Approved:	April 3, 2009
Date Amendment #11 Effective:	January 1, 2009
Date Amendment #12 Submitted:	May 22, 2008
Date Amendment #12 Approved:	January 16, 2009
Date Amendment #12 Effective:	July 1, 2008
Date Amendment #13 Submitted:	June 28, 2010
Date Amendment #13 Approved:	December 06, 2010
Date Amendment #13 Effective:	July 1, 2009, for the HSI October 1, 2009, for Dental Coverage and the Application of Medicaid FQHC/RHC Payment Requirements to CHIP January 1, 2010, for the Social Security data match April 1, 2010, for the elimination of the 3- month sanction

- On September 8, 1999, Washington submitted a Title XXI State Plan to implement a new State Children’s Health Insurance Program (CHIP). The program provided comprehensive health care coverage to uninsured children under age 19 with family incomes above 200 percent up to and including 250 percent of the Federal poverty level (FPL).

Amendments

- The State submitted its first State Plan Amendment on May 7, 2001, which modified the assignment process and eliminated the requirement for families to select a plan as part of the application process. The amendment also eliminated the requirement for families to sign a written agreement to pay premiums as a condition of eligibility.
- A second amendment was submitted by the State on April 3, 2002. This amendment eliminated co-payment charges for children enrolled in CHIP.
- Washington submitted its third amendment on October 3, 2002, to update its State Plan to indicate compliance with the final CHIP regulations.
- Washington submitted its fourth amendment to its Title XXI State Plan to add coverage for unborn children with family incomes up to and including 185 percent of the FPL and not eligible for Medicaid. Coverage will include prenatal care and associated health services for children from conception through birth.
- On January 22, 2004, Washington submitted its fifth amendment to its Title XXI State Plan to change the duration of eligibility from 12 months to 6 months. This change will affect CHIP clients enrolled on and after July 2003, with a 6-month review date on and after December 31, 2003.
- On August 16, 2004, Washington submitted its sixth amendment to its Title XXI State plan to increase monthly premiums from \$10 to \$15 per child per month for families with

income above 200 through 250 percent of the Federal poverty level (FPL) and to raise the family maximum for premiums from \$30 to \$45 per month. This amendment also reduces the number of consecutive months a client can be in arrears on paying premiums from 4 months to 3 months and reduces the waiting period for reinstating benefits after termination from 4 months to 3 months.

- On May 2, 2006, Washington submitted its seventh amendment to its Title XXI State Plan to extend the State Children's Health Insurance Program (CHIP) continuous eligibility period from 6 months to 12 months, and to update the State plan to reflect the name change and organizational changes that occurred within the agency that administers CHIP.
- On November 27, 2006, Washington submitted its eighth amendment to its Title XXI State Plan. This amendment was withdrawn by the State on December 27, 2006.
- On January 25, 2007, Washington submitted its ninth amendment to its Title XXI State plan. This amendment was withdrawn by the State on February 5, 2008.
- On April 3, 2008, Washington submitted its tenth amendment to its Title XXI State plan. This SPA permits Washington to institute a pilot Application Agent program to assist families applying for CHIP and other child health programs in the state. Application Agents will receive a \$75 fee for each application that results in new coverage. Washington is also seeking funding to finance a media campaign for its Apple Health for Kids program.
- On April 21, 2008, Washington submitted its eleventh amendment to its Title XXI State plan. This amendment seeks to increase the financial eligibility standard for its separate CHIP from the current family net income eligibility level at or below 250 percent of the FPL to family net income at or below 300 percent of the FPL. The SPA also proposes a two-child maximum premium limit. Cost sharing for children above 200 percent of the FPL up to and including 250 percent of the FPL will decrease in total from \$15 per child per month, with a maximum of \$45 per family to \$20 per child per month, with a maximum of \$40 per family. And cost sharing for children from 251 percent of the FPL up to and including 300 percent of the FPL is proposed to be \$30 per month per child; up to a family maximum of \$60 per month.
- On May 22, 2008, Washington submitted its twelfth amendment to its Title XXI State plan. This SPA permits Washington to increase children's mental health outpatient services from up to 12 hours per calendar year to up to 20 hours per calendar year for those children receiving mental health benefits through managed care or the fee-for-service (FFS) system.
- On June 28, 2010, Washington submitted its thirteenth amendment to its Title XXI State plan. This SPA permits Washington to obtain Federal matching funds to implement a new health service initiative (HIS) to fund the Washington Poison Control System and to expand eligibility to uninsured non-citizen optional targeted low-income children, who have gross family incomes up to and including 300 percent of the Federal poverty level, and who are lawfully residing in the United States, as permitted by section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). This amendment also eliminates the 3 month sanction for families that have not paid their premium and acknowledges existing practices in Washington's title XXI State Plan that are in compliance with CHIPRA sections 211 (Citizenship Documentation Requirement), 501 (Dental

Coverage), and 503 (Prospective Payments for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).

Children Covered Under Program

- The state reported that 35,894 children were ever enrolled in the program as of September 30, 2010

Health Care Delivery System

- The Department's Medicaid Purchasing Administration (MPA) in coordination with the Department of Social and Health Services and other state agencies, including the Department of Health, the Governor's Office, and the Health Care Authority, administers Washington CHIP.
- The program utilizes the State's Medicaid managed care delivery system and employs the Medicaid income eligibility criteria. The managed care system consists of contracts with health carriers for medical care coverage, contracts with Regional Support Networks (RSN) for mental health care, and fee for service (FFS) for primary care case management (PCCM) clinics.
- Families are not required to select a managed care plan for their child at the time of application. An automatic assignment will be made when a family does not make a selection at the time of application and there are two or more plans in that community.

Benefit Package

- Washington provides the same coverage to CHIP children that are provided to enrollees covered under the Medicaid State Plan.

Cost Sharing

- Washington charges a premium of \$20 per month per child enrolled in CHIP with a family maximum of \$40 per month for children above 200 percent of the FPL up to and including 250 percent of the FPL. For children from 251 percent of the FPL up to and including 300 percent of the FPL, premiums are \$30 per month per child with a family maximum of \$60 per month.

Crowd-Out Strategy

- In order to avoid crowd out, eligible children must be uninsured for 4 months prior to application in cases where the applicant had employer-sponsored dependent coverage. The State allows for certain exceptions to the 4-month waiting period.
- The CHIP application requests information regarding other insurance coverage for each

child.

Outreach Activities

- In combination with the media campaign, Washington is creating a pilot Application Agent program to assist families applying for CHIP and other child health programs in the state. Application Agents will receive a \$75 fee for each application that results in a new child being enrolled.
- In July 2007, Washington's legislature appropriated state funds to cover all children in Washington with health insurance by 2010. The legislation combined three existing children's health programs (Medicaid, CHIP, and Children's Health Program (state funded)) into a new consolidated program, referred to as Apple Health for Kids. As part of this initiative, Washington is also conducting a media campaign, which began on July 1, 2007.

Coordination Between CHIP and Medicaid

- Washington uses two standardized application forms to make eligibility determinations. One form is used for clients applying for the Medicaid Children's Medical Program (a one-page form). The other form is used for clients applying for cash benefits, food stamps, medical coverage and other benefits. Potential CHIP eligibles can apply for medical coverage by using either form. Information from the application is entered into the State's Automated Client Eligibility System (ACES), which automatically generates CHIP eligibility notices and yearly reviews.

Financial Information

Total FFY '11 CHIP Allotment -- \$79,883,308
FFY '11 Enhanced Federal Matching Rate – 66.06%

Date Last Updated: CMCS, CAHPG, DCHIP, 05/05/11