MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT STATE CHILDREN'S HEALTH INSURANCE PROGRAM

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR Part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available; we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

Effective Date		Approval Date
October 1, 2011	Dental Benefit Cap Elimination	September 10, 2012
January 1, 2012	County Children's Health Initiative Program (C-CHIP)	September 10, 2012
October 1, 2009	Prospective Payment System for FQHC's and RHC's	September 10, 2012
January 1, 2010	Citizenship Verification Requirement	September 10, 2012

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(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

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

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, **(42 CFR, 457.40(b))**

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight **(42 CFR 457.40(c))**:

Name:	Mari Cantwell	Name:	
Position/Title:	Medicaid Director	Position/Title:	
Department:	Department of Health Care Services		Department

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There are 21 innovative projects that selected health and dental plans will implement to provide one or more of the following services.

- Case Management/Individual Oral Health Education Services – Oral health professionals will provide one-one-one oral health education to parents of young children and will follow-up with families to ensure that parents keep their children's dental appointments, and/or schedule needed follow-up care after receiving their preventive dental visit. Follow-up services will also serve to reinforce the health education patients receive during their dental visit. Health education and follow-up services will be designed to meet the cultural and linguistic needs of the families served. Some follow-up and health education services will be provided in the home.
- Innovative Preventive Services – Primary care providers will form special partnerships with dental providers to ensure that young children are receiving appropriate dental screenings and referrals for treatment. Some projects will use innovative preventive techniques, such as fluoride varnishes, to facilitate the prevention of early childhood tooth decay.
- Mobile Dental Vans – these will circulate among pre-schools to provide dental screenings, parent/child education, and ensure that children screened are linked with a "dental" home.

The health and dental plans selected for this project will coordinate their projects with school readiness sites in California. These sites are areas that are served by schools with the lowest academic performance index. It is estimated that over 800 children are estimated to reside in the areas, with 85 percent of these children living in low income households. Thus, these projects will serve predominately low-income children.

The Oral Health Project ended in December 2006.

Poison Treatment Advice And Prevention. California will use CHIP funds, within the 10 percent federal administrative expenditures cap allowed for states, to support the California Poison Control System (CPCS). CPCS provides daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances. The CPCS answers poisoning emergency calls from the general public 24 hours a day, 365 days each year at no charge. At all times, a Specialist in Poison Information (SPI) is available to manage cases and Certified Specialists in Poison Information (CSPI) manage cases and direct Poison Information Providers. The service is provided to all communities, including underserved and

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indigent populations, in over 150 languages and via telecommunications devices for the deaf and hearing impaired (TDD)**.**

The call center receives approximately 220,000 calls per year involving someone ingesting poison and other hazardous substances. Nearly 40% of all calls relate to children age 0-18 with annual household incomes of $55,000 or less (250% FPL for a family of 4). Another 10% of calls are for children 0-18 with incomes up to $65,000 (250% FPL for a family of 5). Children under the age of 5 account for the majority of poison exposures. In addition to calls regarding exposure, another 90,000 calls are for information and are considered preventive. Of these calls, 64% are for children age 0-18 in families with incomes at $55,000 or less, and another 12% for families with incomes up to $65,000.

Poison center public education programs direct attention and resources to "identified at-risk populations". In California, the targeted at-risk populations are Latinos, African Americans, and children born to low income parents. Of California's 2.5 million children under the age of 5 (2002 U.S. Census), approximately 750,000 live in poverty. African-Americans and Latinos are California's largest at-risk groups.

A line of consumer-based educational materials has been developed in Spanish using research findings with target audiences. Materials are culturally relevant, take into consideration health literacy levels and clearly illustrate and describe poison center services. Chinese, Korean, Vietnamese, Tagalog, Hmong, Russian and Armenian brochures have also been developed. Materials are customized and culturally relevant to each group.

A Community Health Worker Initiative directs efforts to the "hardest to reach" and "at highest risk" populations. Community health workers deliver the CPCS message through group education sessions, community health fairs, and local events, as well as informally, though one-on-one outreach in their neighborhoods, churches, and community gatherings

CPCS advertises the national public toll free number and its own TTY toll free number in both the white pages and the "customer guide" (usually appearing on page 2) of all California telephone directories. Listings placed with the major local phone companies (SBC, Verizon) are applied to each directory they publish in California. CPCS also places these listings in the smaller rural phone company, as well as independent community directories.

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Mobile Vision Initiative: Effective July 1, 2017, California will use CHIP funds, within the 10 percent federal administrative expenditures cap allowed for states, to support a five-year, school-based Mobile Vision Initiative, as described herein.

Access to vision exams and glasses is critical for students' educational achievements and health outcomes, as 80% of all learning during a child's first 12 years is visual. Students with vision problems tend to have lower academic performance, as measured by test scores and grades, and students' performance in school impacts future employment earnings, health behaviors, and life expectancy. As such, the Mobile Vision Initiative seeks to improve the health of low-income children by increasing their access to needed vision services and glasses.

Under this initiative, California will contract with one or more non-profit organizations to offer on-site vision screenings and glasses to students attending qualifying California schools. The initiative will target Title I qualifying schools which at least 65% of the student body received free or reduced price meals.

Contractors will receive a quarterly payment from the Department of Health Care Services (DHCS) based on the number of children (aged 18 years or younger) the contractor reports to DHCS as having served in an applicable quarter. Subject to an annual expenditure limit of $10,000,000, contractors receive a flat payment of $80 per reported child confirmed to have received a vision exam, plus an additional $20 per reported child confirmed to have been provided glasses by the contractor.

Upon parental consent, qualifying schools will provide DHCS contractors with a list of children who have failed the school-supplied vision screening. Contractors will conduct outreach to the parents or guardians of identified children to obtain consent for receiving initiative services. Upon consent, contractor will provide one vision exam and, to the extent appropriate, corrective lenses and frames (including replacements as needed) on-site of the school within a mobile eye clinic. Through screening, if the child is found to need or suspected to need additional vision diagnostics or services, the Contractor shall communicate such information to the child's parent or guardian.

Contractors shall submit information regarding children served under the initiative to DHCS on a monthly basis, in a form and manner as required by DHCS. In addition, contractors are required to maintain records of all services provided under this initiative.

By July 1, 2020, DHCS shall develop an evaluation of the initiative, including measurable objectives, to determine the impact on the children served under the initiative.