

# CHIP Health Services Initiatives: What They Are and How States Use Them

The State Children's Health Insurance Program (CHIP) allows states to use a limited amount of CHIP funding to implement health services initiatives (HSIs) focused on improving the health of eligible children (§ 2105(a)(1)(D)(ii) of the Social Security Act (the Act)). As of February 2019, 24 states had 71 HSIs approved in their CHIP state plans. States implementing HSIs have flexibility to determine the type and scope of HSIs. Some of these HSIs address an ongoing need for the community generally—for example, support for poison control centers—while others are more focused on particular populations or address acute public health issues such as lead poisoning prevention or the opioid crisis.

This fact sheet describes the general requirements associated with HSIs and draws on information provided by state officials, CHIP state plans, and states' fiscal year (FY) 2017 CHIP annual reports to summarize how states currently are using this state plan option.

## Overview of Health Services Initiatives

Federal rules define HSIs as activities that protect the public health, protect the health of individuals, improve or promote a state's capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children, including targeted low-income children and other low-income children (42 CFR 457.10). Permissible activities include public health programs or the provision of certain services, including preventive care and other interventions, to improve the health of low-income children eligible for CHIP or Medicaid, and other low-income children. While HSIs should have a direct impact on the health of low-income children, they may also serve other children (CMS 2017a).

Under the CHIP HSI option, states may use part of their annual allotments and receive the federal CHIP matching rate for expenditures associated with HSIs. Funding for HSIs is subject to the CHIP 10 percent administrative cap. A state may use up to 10 percent of its total CHIP spending for certain allowable activities such as outreach and HSIs, after it covers CHIP state plan administrative expenses (§ 2105(c)(2)(A) of the Act).<sup>1</sup> States have substantial flexibility to determine the focus, scope, and design of these initiatives.<sup>2</sup>

States seeking to implement HSIs must submit a state plan amendment describing the populations served, how the HSI will improve children's health, an updated CHIP program budget, and provide assurances that they will not supplant or match CHIP federal funds with other federal funds (CMS 2017a). The Centers for Medicare & Medicaid Services (CMS) works closely with states to define and refine HSIs prior to the formal submission of state plan amendments; this facilitates the review process.

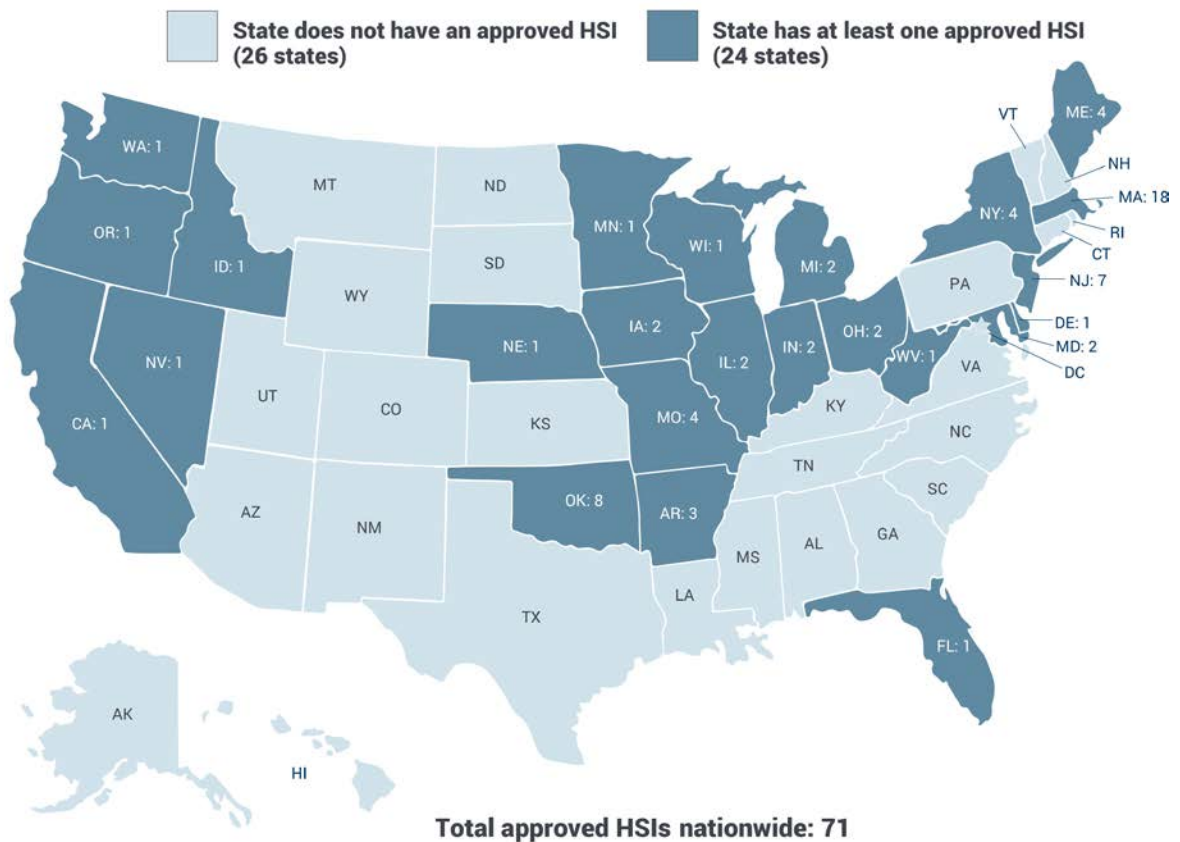


Beginning in FY 2017, CMS asked states to include HSI outcomes as part of CHIP annual reporting. Reports must identify the population served by the HSI, the number of children served, the percent of children served with income below the state's CHIP eligibility threshold, and explain the metrics used to assess the effects of the HSI on the health of low-income children (CMS 2018a). For FY 2017, CMS made reporting on outcomes optional in order to provide states time to develop metrics and collect needed data; most states reported outcomes for FY 2018 (CMS 2018a).

## State Use of HSIs

Twenty-four states have approved HSIs; 13 states have multiple initiatives (Figure 1). Oklahoma, with 8 HSIs, and Massachusetts, with 18 HSIs, are the states with the largest number of initiatives. Overall, CMS has approved a total of 71 HSIs, although some may be inactive because of state decisions to delay or suspend implementation. In some cases, states may choose not to claim CHIP funds for an approved HSI.

**FIGURE 1.** States with Approved Health Services Initiatives and Number of Initiatives, 2019



**Notes:** HSI is health services initiative. Not all approved health services initiatives are currently being implemented. New Jersey's maternal health care initiative on prenatal care was approved for time-limited use for one year from the date of approval (effective beginning July 1, 2016).

**Source:** MACPAC analysis of CHIP state plan amendments, FY 2017 state CHIP annual reports, and communication with state officials.



States are using HSIs to address a variety of needs, some of which involve broad public health efforts and others that are targeted to specific health care priorities (Table 1). For example, several states use HSI funding to help support poison control centers, and some support smoking cessation and prevention programs. Some state HSIs are targeted to services provided in school-based settings. In Idaho and New Jersey, HSIs help to support school nurse programs to improve access to care or to provide health education on topics such as immunizations. Other HSIs support activities such as home-visiting and parenting education programs to ensure the health and development of children.

**TABLE 1.** Summary of Types of Health Services Initiatives Approved, by State, 2019

Activity	Number approved	States with approved HSI (number)
Poison control center services	12	Arkansas, California, Indiana, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Oregon, Washington, Wisconsin
Parenting education services and supports	8	Arkansas, Massachusetts (3), Missouri, Oklahoma (2), Maine
School-based health services and supports	7	Florida, Idaho, Massachusetts, Maine, Missouri, New Jersey, Nevada
Behavioral health and substance use disorder services	6	Arkansas, New Jersey, New York, Oklahoma (3)
Lead testing, prevention, or abatement services and related programs	6	Indiana, Maryland, <sup>1</sup> Michigan, Missouri, Ohio (2)
Family planning services	5	Massachusetts, Oklahoma (3), Maine
Preventive services	5	Massachusetts (2), Missouri, Maine, West Virginia
Services related to children with special health care needs	5	Massachusetts (3), New Jersey (2)
Violence prevention and treatment	5	Massachusetts (5)
Coverage and financial assistance for health care services	5	Illinois (2), Iowa, Minnesota, New Jersey
Nutrition services	3	Massachusetts (2), New York
Other condition-specific services	3	Delaware (vision services and supports) New York (sickle cell screening) Massachusetts (smoking cessation)
Maternal health care	1	New Jersey (expired) <sup>2</sup>

**Notes:** HSI is health services initiative. Some approved health services initiatives may not be active. Activity is a general category. Some states have multiple HSIs addressing different topics but that fall within a single category.

<sup>1</sup> Maryland has a two-part initiative on lead testing, prevention, or abatement.

<sup>2</sup> New Jersey's maternal health care initiative on prenatal care was approved for time-limited use for one year from the date of approval (effective beginning July 1, 2016).

**Source:** MACPAC analysis of CHIP state plan amendments, state CHIP Annual Reports FY 2017, and communication with state officials.

States also are using HSI funding to support initiatives addressing public health issues such as lead-contaminated water or the opioid epidemic. For example, in response to the water crisis in Flint, Michigan,



the state implemented an HSI to expand programs to identify and remove lead hazards in the homes of low-income children and their families. Eligible families were required to meet certain eligibility criteria and reside in Flint and other impacted areas (CMS 2016a).

Oklahoma has targeted three of its eight HSIs to behavioral health and substance use disorder treatment. For instance, in 2016 the state responded to the increase in opioid-related deaths by implementing an HSI to purchase naloxone rescue kits for youth at-risk for opioid overdose in high-need counties. Another HSI in Oklahoma seeks to improve quality of care for children in the child welfare system who are prescribed psychotropic medication, through the development of data sharing systems, research into prescribing patterns, and educational materials for foster parents and health care providers. A third HSI supports a program to educate prescribers on evidence-based and appropriate prescribing of atypical antipsychotic medications for Medicaid beneficiaries under age 18.

For state-specific summaries of approved HSIs see the appendix.

## HSI Metrics and Outcomes

Beginning in 2017, CMS directed states to report the number of children served by HSIs, identify pertinent metrics, and report outcomes.<sup>3</sup> Specifically, states are now required to report:

- the population served by the HSI;
- the number of children served by the HSI;
- the percent of low-income children who are below the CHIP income eligibility threshold in the state served by the HSI program;
- a state-defined reporting metric for each HSI to measure its effect on the health of low-income children; and
- the corresponding outcome for the state-defined metric.

Reporting on state-defined metrics and corresponding outcomes was initially optional in order to give states time to develop metrics and collect outcome data.

States have flexibility to define their outcome metrics; however, CMS has worked closely with states in defining them for lead-related HSIs. They may tailor metrics towards their specific needs and data-gathering capacity. As a result, metrics vary across states with similar HSIs (Appendix A). For instance, California, Iowa, and New Jersey all use HSIs to support state poison control centers, but report different outcome metrics. For example:

- California's outcome metrics focus on increasing access to consumer-based educational materials in select languages.
- Iowa's measures estimated savings from preventing unnecessary trips to the emergency department.
- New Jersey's outcome metric is defined as the number of calls that involve poison and children (Appendix A).

CMS has indicated that it plans to continue working with states in defining outcome measures.



## Endnotes

<sup>1</sup> The amount available under the administrative cap may not exceed 10 percent of the state's total CHIP expenditures (§ 2105(c)(2)(A) of the Act).

<sup>2</sup> To date, there has been relatively little guidance on HSIs. In 1997, CMS—then the Health Care Financing Administration—issued guidance on implementing CHIP, which had just been established by the Balanced Budget Act of 1997 (P.L. 105-33). HSI guidance focused on what activities could be included in the 10 percent administrative cap and how the cap would be calculated (HCFA 1997). In 2017, CMS issued subregulatory guidance on HSIs. This guidance addressed general questions about what activities or populations could be included in HSIs and highlighted steps states would need to take to implement HSIs focused on lead poisoning prevention (CMS 2017a).

<sup>3</sup> The state CHIP annual report template directs states to provide brief descriptions and outcomes measures (CMS 2018a).

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# Appendix: Overview of State Children’s Health Insurance Program Health Services Initiatives

Information in this appendix on health services initiatives (HSIs) is summarized from State Children’s Health Insurance Program (CHIP) state plans and amendments, state CHIP annual reports for fiscal year (FY) 2017, and information provided by CHIP state officials. When available, the information below includes state-reported program metrics and outcomes. In some cases, HSIs may not be in effect because of state decisions to delay or suspend implementation, but we note them here to show the range of activities that the Centers for Medicare & Medicaid Services has approved.

**TABLE A-1.** Arkansas CHIP Health Services Initiatives

State initiatives overview	
<b>Poison control center services: The Arkansas Poison and Drug Information Center (APDIC)</b>	
Status	In effect
Effective date	July 1, 2011
Description	<p>This HSI supports the APDIC. The APDIC provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances and provides emergent drug information to healthcare providers statewide.</p> <p>The APDIC also implements public education programs on poisoning response and prevention for at-risk populations.</p>
Population	<p>Access is available to all children and individuals in the state by telephone. APDIC poisoning response and prevention public education programs direct attention and resources to at-risk children, adolescents, and adults living in poverty, including minority and immigrant communities. The programs specifically target the federally designated Delta region of Arkansas.</p>
Number of children served	13,269 children (FY 2017)
Percent of low-income children served	54.5 percent of children were below the CHIP income eligibility threshold (FY 2017).
Reporting metrics	<p>Percent of:</p> <ul style="list-style-type: none"> <li>• pediatric cases;</li> <li>• pediatric cases managed at home;</li> <li>• pediatric cases with state-sponsored insurance; and</li> <li>• cases that would seek emergency or medical attention without APDIC HSI availability.</li> </ul>

**TABLE A-1. (continued)**

State initiatives overview	
Outcomes	<ul style="list-style-type: none"> <li>• 60.2 percent of pediatric cases</li> <li>• 89 percent of pediatric cases managed at home</li> <li>• 54.5 percent of pediatric cases with state-sponsored insurance</li> <li>• 88 percent sought emergency or medical attention without APDIC HSI availability (FY 2017)</li> </ul>
<b>Behavioral health and substance use disorder services: Intensive home- and community-based family, child and youth support</b>	
Status	In effect
Effective date	November 1, 2016
Description	This HSI provides intensive home- and community-based family and youth support services to eligible youths who are involved in the child welfare system and have serious mental health challenges. The initiative provides behavioral support to children and families to facilitate transitions from a psychiatric or behavioral residential treatment facility to community settings.
Population	Children under age 19 in the state's child welfare system, including those with an open protective services case and those with in-home cases who meet certain criteria for having serious mental health challenges.
Number of children served	15 children (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Parenting education services and supports: SafeCare home visiting program</b>	
Status	In effect
Effective date	January 1, 2017
Description	<p>The SafeCare home visiting program provides services to families to improve the health and safety of their children through weekly or biweekly home visits that last approximately 60–90 minutes. Services include:</p> <ul style="list-style-type: none"> <li>• general home-making household management support;</li> <li>• help to parents to keep track of medical appointments;</li> <li>• transportation to appointments;</li> <li>• referrals to specialized health services; and</li> <li>• assessments for presence and prevention of lead exposure in the home and surrounding environment.</li> </ul> <p>The HSI includes the delivery of public health information and child welfare services related to health needs for families.</p>

**TABLE A-1.** (continued)

State initiatives overview	
Population	Maltreated children under age eight whose families do not qualify or are not already enrolled in an evidence-based home visiting program and whose families are involved in a protective services case (court and non-court involved) due to neglect and other causes. <sup>1</sup>
Number of children served	92 children (FY 2017)
Percent of low-income children served	98 percent of the children served in this program fall under the CHIP eligibility threshold.
Reporting metrics	This category was not reported by the state. Reporting metrics are not yet available.
Outcomes	This category was not reported by the state. Outcome data are not yet available.

**Notes:** CHIP is State Children’s Health Insurance Program. FY is fiscal year. HSI is health services initiative.

<sup>1</sup> The state identifies maltreated children are those whose families are involved in a protected services case involving: neglect due to environmental neglect, inadequate supervision, or medical neglect; failure to thrive; Garrett’s law; Munchausen Syndrome by Proxy; and assessing the presence of and to prevent children’s exposure to lead in the home and surrounding environment (CMS 2016a).

**Sources:** Castleberry 2019. CMS 2018b. CMS 2016b.

**TABLE A-2.** California CHIP Health Services Initiative

State initiative overview	
<b>Poison control center services: California Poison Control System (CPCS)</b>	
Status	In effect
Effective date	July 1, 2009
Description	CPCS provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances. CPCS also implements public education programs for at-risk populations.
Population	The general state population, including low-income children
Number of children served	220,000 (FY 2017)
Percent of low-income children served	40 percent (FY 2017)
Reporting metric	Increase access to consumer-based educational materials developed in Spanish. Chinese, Korean, Vietnamese, Tagalog, Hmong, Russian and Armenian brochures have also been developed. Materials are customized and culturally relevant to each group. <sup>1</sup>
Outcome	Reduce the number of children ingesting poisonous and other hazardous substances. <sup>1</sup>

**Notes:** FY is fiscal year.

<sup>1</sup> Reporting metrics and outcomes as reported by state in CHIP Annual Report for FY 2017.

**Sources:** Mollow 2019. CMS 2018c. CMS 2017b. CMS 2009a.

**TABLE A-3. Delaware CHIP Health Services Initiative**

<b>State initiative overview</b>	
<b>Vision services and supports: Vision services and glasses in schools</b>	
Status	In effect
Effective date	January 1, 2017, but implemented in the 2018–2019 school year
Description	This HSI supports access to free eye exams and glasses to students in low-income communities as provided by Vision to Learn, a non-profit Medicaid provider, in mobile eye clinics in Title I schools.
Population	Uninsured children age 18 or under, enrolled in eligible schools
Number of children served	Approximately 800 children will receive vision exams and refraction test, and 544 children will receive glasses each school year.
Percent of low-income children served	No children were served during the reporting period.
Reporting metrics	Number of: <ul style="list-style-type: none"> <li>• students served;</li> <li>• students provided with glasses; and</li> <li>• Medicaid and CHIP brochures provided to uninsured children</li> </ul>
Outcomes	This category was not reported by the state. Outcome data are not yet available.

**Notes:** CHIP is State Children’s Health Insurance Program.

**Sources:** Williams 2019. CMS 2018d. CMS 2017c.

**TABLE A-4. Florida CHIP Health Services Initiative**

<b>State initiative overview</b>	
<b>School-based health services and supports: Comprehensive School Health Services; Full Service School programs</b>	
Status	In effect
Effective date	January 1, 2002
Description	This HSI supports Comprehensive School Health Services and Full Service School programs, which must provide basic preventive and day-to-day school health services to students such as: <ul style="list-style-type: none"> <li>• nursing assessments;</li> <li>• individualized health care plan development;</li> <li>• in-school care management for chronic and acute health conditions;</li> <li>• medication administration;</li> <li>• vision, hearing, scoliosis; and</li> <li>• growth and development screenings.</li> </ul>

**TABLE A-4.** (continued)

State initiative overview	
Description	<p>Comprehensive School Health Services also provides enhanced student health management, interventions and classes to:</p> <ul style="list-style-type: none"> <li>• promote student health;</li> <li>• reduce high-risk behaviors and their consequences (e.g., substance abuse, unintentional and intentional injuries, and sexually transmitted diseases);</li> <li>• prevent pregnancy; and</li> <li>• provide support services to promote return to school after giving birth.</li> </ul> <p>The Full Service Schools program provides additional services such as:</p> <ul style="list-style-type: none"> <li>• nutritional services,</li> <li>• economic and job placement services, parenting classes,</li> <li>• counseling for abused children,</li> <li>• mental health and substance abuse counseling, and adult education for parents.</li> </ul>
Population	<p>Comprehensive School Health Services are available for low-income public school students in 499 schools in 46 Florida counties. These schools have high rates of teen birth, substance abuse, and other high-risk behaviors.</p> <p>Full Service Schools program is available to low-income public school students in 383 schools in 66 counties. These schools have high numbers of medically underserved, high-risk students.</p>
Number of children served	Number of students in schools with Comprehensive School Health Services and in Full Service Schools: 722,278
Percent of low-income children served	100 percent <sup>1</sup>
Reporting metrics	<p>Students screened as mandated by Florida Administrative Code Rule 64F 6.003 for:</p> <ul style="list-style-type: none"> <li>• vision: screen 95 percent or more of students in grades kindergarten, one, three, and six;</li> <li>• hearing: screen 95 percent or more of students in grades kindergarten, one, and six;</li> <li>• scoliosis: screen 95 percent or more of students in grade six; and</li> <li>• growth and development: screen 95 percent or more of students in grades one, three, and six.</li> </ul>
Outcomes	<p>Florida students screened from July 1, 2017 to June 30, 2018:</p> <ul style="list-style-type: none"> <li>• vision: 794,751 (97.01 percent);</li> <li>• hearing: 586,077 (97.78 percent);</li> <li>• scoliosis: 194,502 (96.23 percent); and</li> <li>• growth and development: 594,961 (97.60 percent).</li> </ul>

<sup>1</sup> No student in a public school setting is denied school health services.

**Sources:** Sanchez 2019. CMS 2018e. CMS 2018f.

**TABLE A-5. Idaho CHIP Health Services Initiative**

<b>State initiative overview</b>	
<b>School-based health services and supports: Healthy Schools program</b>	
Status	In effect
Effective date	July 1, 2006
Description	This HSI provides financial support to a state program that funds the salary expenses of registered nurses working in schools to help increase the nurse to student ratio. By increasing the ratio, the state hopes to increase provision of services such as preventive services for low-income children in school settings.
Population	Low-income pre-kindergarten through 12th grade students in 16 school districts
Number of children served	25,000 (FY 2017)
Percent of low-income children served	100 percent of 25,000 low-income children served were below the state's CHIP eligibility levels (FY 2017)
Reporting metric	Reducing percentage of dropouts related to pregnancy
Outcome	Four out of 34 students dropped out of school due to pregnancy (FY 2017)

**Notes:** CHIP is State Children's Health Insurance Program. FY is fiscal year.

**Sources:** Brock 2019. CMS 2018g. CMS 2018h.

**TABLE A-6. Illinois CHIP Health Services Initiatives**

<b>State initiatives overview</b>	
<b>Coverage and financial assistance for health care services: Postpartum coverage</b>	
Status	In effect
Effective date	April 1, 2009
Description	Two months postpartum coverage for eligible women
Population	Women who were not financially ineligible for Medicaid during their pregnancy and whose prenatal services were covered under the unborn child option and whose newborns are deemed eligible for Medicaid.
Number of children served	16,258 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.



**TABLE A-6.** (continued)

State initiatives overview	
<b>Coverage and financial assistance for health care services: Coverage during presumptive eligibility period</b>	
Status	In effect
Effective date	April 19, 2004
Description	The HSI will pay for services provided to children who appear eligible for Medicaid or CHIP in the period between submission of an application and the determination of presumptive eligibility.
Population	Children applying for Medicaid or CHIP and who appear to be eligible
Number of children served	15,020 (FY 2017)
Percent of low-income children served	100 percent of 15,020 children served were low-income (FY 2017)
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** CHIP is State Children’s Health Insurance Program. FY is fiscal year.

**Sources:** Barry 2019. CMS 2018i. CMS 2018j. CMS 2010a.

**TABLE A-7.** Indiana CHIP Health Services Initiatives

State initiatives overview	
<b>Poison control center services: The Indiana Poison Center</b>	
Status	In effect
Effective date	July 1, 2016
Description	The Indiana Poison Center provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances.
Population	State population, including low-income children
Number of children served	Approximately 34,698 children (through the third quarter of FY 2018).
Percent of low-income children served	56 percent of 30,383 children served had incomes below the state’s CHIP eligibility level (FY 2017). <sup>2</sup>
Reporting metrics	Two percent of callers will be contacted and asked if the caller: <ul style="list-style-type: none"> <li>• was pleased with the advice given; and</li> <li>• would qualify for Medicaid or CHIP.</li> </ul>
Outcomes	During FY 2018, the poison center hired information technology support staff, submitted and published the 2017 annual report, and revamped education and outreach efforts including a new, more user-friendly website.

**TABLE A-7.** (continued)

State initiatives overview	
Lead testing, prevention, or abatement services and related programs	
Status	In effect
Effective date	July 1, 2017
Description	This HSI supports expanded lead abatement activities in the impacted areas of East Chicago, Indiana and other areas within the state of Indiana. The state provides coordinated and targeted lead abatement services to eligible homes to mitigate all lead risks. Services may be rendered to the home, including the surrounding land up to the property line.
Population	Medicaid- or CHIP-eligible individuals under the age of 19, or pregnant women with Medicaid currently residing in or regularly visiting affected homes
Number of children served	32 (FY 2017)
Percent of low-income children served	54.2 percent of 32 children served by the HSI have incomes below the state's CHIP eligibility level (FY 2017)
Reporting metrics	<ul style="list-style-type: none"> <li>• Number of houses in the targeted areas that:               <ul style="list-style-type: none"> <li>– are identified with high levels of lead hazards</li> <li>– are scheduled for lead hazard abatement</li> <li>– have gone through lead hazard abatement</li> <li>– were abated for pregnant women</li> <li>– were abated children under the age of 19 covered by Medicaid or CHIP</li> </ul> </li> <li>• Record of actual services provided in each house</li> <li>• Clearance testing results</li> <li>• Percentage of children receiving blood lead testing as part of EPSDT services statewide and in the areas targeted by this health services initiative</li> <li>• Percentage of children with elevated blood lead levels statewide and in the areas by this health services initiative</li> </ul>
Outcomes	<p>Indiana's HSI providing lead abatement work to homes in which children served by Medicaid and CHIP began in 2018. Outcomes are reported on a monthly basis.</p> <p>Through November 2018, the program received 75 applications: 14 of these have been approved and 22 have been closed. The remaining applications are in the vetting process awaiting additional information from the family or landlords, CHIP and Medicaid eligibility information, or other information. Of the 14 approved applications, 10 lead risk assessments have been completed in 10 units, and 2 were scheduled for completion in December.</p>

**Notes:** CHIP is State Children's Health Insurance Program. EPSDT is early and periodic screening, diagnostic, and treatment. FY is fiscal year.

<sup>1</sup> This data is through the end of the third quarter of FY 2018. Information available is recent through the fourth quarter of FY 2018.

<sup>2</sup> Data for FY 2018 is not yet available.

**Sources:** Bougie 2019. CMS 2017d. CMS 2017e.

**TABLE A-8. Iowa CHIP Health Services Initiatives**

<b>State initiatives overview</b>	
<b>Poison control center services: Iowa Poison Control Center (IPCC)</b>	
Status	In effect
Effective date	July 1, 2014
Description	HSI funding allows the IPCC to direct activities on education and prevention of poisoning as well as answer questions about poison remedies. IPCC provides free, daily, 24-hour immediate access to expert treatment advice and assistance over the telephone in case of exposure to poisonous or hazardous substances.
Population	State population, including low-income children
Number of children served	15,800 children (FY 2017)
Percent of low-income children served	60.2 percent of 15,800 children served by the HSI have income below the state's CHIP eligibility levels (FY 2017)
Reporting metric	Estimated savings from prevention of unnecessary trips to the emergency department
Outcome	Savings is estimated to be \$12.5 million (FY 2018)
<b>Coverage and financial assistance for health care services: Coverage during presumptive eligibility period</b>	
Status	In effect
Effective date	March 1, 2010
Description	This HSI is for children determined presumptively eligible for Medicaid who are later found to be eligible for separate CHIP (hawk-i) eligible. The health services initiatives will only be used for those services covered under Medicaid that are not covered under hawk-i.
Population	Children under age 19 determined to be presumptively eligible for CHIP without completing a full eligibility determination
Number of children served	6,243 individuals (FY 2017)
Percent of low-income children served	100 percent of 6,243 individuals served by the HSI had income under the state's CHIP eligibility levels (FY 2017).
Reporting metric	The number of low-income children approved through the presumptive eligibility process will increase by 1 percent in FY 2018 (FY 2017 base is 6,243).
Outcome	14 percent increase in the number of children approved for coverage (FY 2018)

**Notes:** CHIP is State Children's Health Insurance Program. FY is fiscal year. Iowa's CHIP program is known as Healthy and Well Kids in Iowa (hawk-i).

**Sources:** Ruggle 2019. CMS 2018k. CMS 2016b.

**TABLE A-9. Maine CHIP Health Services Initiatives**

<b>State initiatives overview</b>	
<b>School-based health services and supports: School-based health centers</b>	
Status	Not in effect
Effective date	July 1, 2002
Description	The initiative provides grants to schools to build or expand capacity at school-based health centers for public health functions, such as education on healthy behaviors and on the use of health care.
Population	Children and adolescents age 18 and under
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Family planning services: Family planning, adolescent pregnancy prevention services</b>	
Status	Not in effect
Effective date	July 1, 2002
Description	This HSI provides grants to providers to conduct outreach campaigns to promote family planning among adolescents. Providers support family life education consultation programs for schools and communities as well as community-based adolescent pregnancy prevention projects. Outreach educators provide comprehensive family life education that includes information about abstinence and information on birth control and preventing sexually transmitted diseases.
Population	Children and adolescents age 18 and under
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Preventive services: Media campaigns to promote tobacco prevention</b>	
Status	Not in effect
Effective date	July 1, 2002
Description	This HSI provides grants to a contractor to develop media campaigns for the Partnership for a Tobacco-Free Maine to promote tobacco prevention among children and youth.

**TABLE A-9.** (continued)

<b>State initiatives overview</b>	
Population	Children and adolescents age 18 and under
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Parenting education services and supports: Maine families home visiting program</b>	
Status	Not in effect
Effective date	September 1, 2009
Description	This HSI provides funding to community agencies to provide home visiting services for first-time families and pregnant and parenting adolescents.
Population	Children and adolescents age 18 and under
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** Maine's health services initiatives have been approved but are not in effect.

**Sources:** CMS 2018l. CMS 2015. CMS 2012a. CMS 2009b.

**TABLE A-10.** Maryland CHIP Health Services Initiatives

<b>State initiatives overview</b>	
<b>Poison control center services: Maryland Poison Control Center (MPCC)</b>	
Status	In effect
Effective date	January 1, 2013
Description	This HSI provides funding to the MPCC, which provides free, daily, 24-hour emergency telephone treatment advice and information to manage exposure to poisonous and hazardous substances.
Population	The MPCC service area covers approximately 4 million people.
Number of children served	As of second quarter FY 2019, 53.31 percent of calls during the quarter involved individuals under 19 years.

**TABLE A-10.** (continued)

State initiatives overview	
Percent of low-income children served	As of second quarter FY 2019: <ul style="list-style-type: none"> <li>• 53.64 percent were from annual family incomes of \$0–\$55,000;</li> <li>• 32.29 percent from \$55,000–\$75,000;</li> <li>• 6.92 percent from \$75,000–\$100,000;</li> <li>• 0.88 percent from \$100,000–\$125,000;</li> <li>• 0.16 percent from \$125,000–\$150,000; and</li> <li>• 6.12 percent were other income brackets.</li> </ul>
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
Lead testing, prevention, or abatement services and related programs: Two-part initiative Lead program 1: Healthy Homes for Healthy Kids program	
Status	In effect
Effective date	July 1, 2017
Description	Expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland Department of Housing and Community Development (DHCD). Focus is on identifying lead-contaminated residential properties across Maryland where low-income children under the age of 19 reside or visit for at least 10 hours per week.
Population	Children who are either enrolled in Medicaid or CHIP, or Medicaid- or CHIP-eligible but not yet enrolled, statewide. Eligibility is limited to children with a blood lead level greater than or equal to 5 µg/dL.
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	<ul style="list-style-type: none"> <li>• Number of families who are contacted and informed that they may be eligible to participate in Program 1;</li> <li>• Number of referrals received by DHCD from eligible counties to participate;</li> <li>• Proportion of referrals received that were subsequently enrolled;</li> <li>• Number of families determined not eligible to participate;</li> <li>• Number of families disengaged or lost to follow up;</li> <li>• Number of homes that were tested for lead hazards;</li> <li>• Number of homes tested that have confirmed lead hazards (and the types of hazards present);</li> <li>• Number of homes scheduled for lead hazard abatement;</li> <li>• Number of homes currently being abated;</li> <li>• Number of homes that have been abated using Program 1 funds;</li> <li>• Number of homes that have passed lead dust clearance the first time, and the date of the clearance that were abated;</li> <li>• Total cost of each household abated;<sup>2</sup> and</li> <li>• Whether children living in households that were abated under Program 1 have blood lead levels under 5 µg/dl after abatement.<sup>2</sup></li> </ul>

**TABLE A-10.** (continued)

State initiatives overview	
Outcome	22 homes abated <sup>1</sup> (FY 2018)
<b>Lead testing, prevention, or abatement services and related programs: Two-part initiative Lead program 2: Childhood lead poisoning prevention and environmental case management</b>	
Status	In effect
Effective date	July 1, 2017
Description	Expansion of county-level programs to provide environmental assessment and in-home education programs with the aim of reducing the impact of lead and other environmental toxins on vulnerable low-income children. The HSI provides funding for local health departments in nine counties to hire and train environmental case managers and community health workers to provide educational support and outreach to the parents and guardians of low-income children who have specific health conditions including asthma and lead poisoning, as well as to reduce other hazards to children in homes.
Population	<p>Low-income children, who are enrolled in Medicaid or CHIP, or are Medicaid- or CHIP-eligible but not yet enrolled, who also have:</p> <ul style="list-style-type: none"> <li>• a diagnosis of moderate to severe asthma;</li> <li>• a blood lead level greater than or equal to 5 µg/dL; or</li> <li>• a diagnosis of moderate to severe asthma and a blood lead level greater than or equal to 5 µg/dL.</li> </ul> <p>Children must live in one of nine counties in which Program 2 operates.<sup>3</sup></p>
Number of children served	183 (FY 2018) <sup>4</sup>
Percent of low-income children served	This category was not reported by the state.

**TABLE A-10.** (continued)

State initiatives overview	
Reporting metrics	<p>A set of core reporting metrics is reported to CMS:</p> <ul style="list-style-type: none"> <li>• number of children’s families to whom outreach regarding Program 1 and Program 2 was performed by Program 2 local health department staff;</li> <li>• number of applications distributed to families;</li> <li>• number of applications received;</li> <li>• number of applications to participate that were deemed eligible;</li> <li>• number of applications to participate that were deemed ineligible;</li> <li>• number children enrolled;</li> <li>• number of children closed out or lost to follow up;</li> <li>• number of children enrolled who received fewer than three home visits;</li> <li>• number of children enrolled who received three home visits;</li> <li>• number of children enrolled who received more than three home visits; <ul style="list-style-type: none"> <li>– of the children who are enrolled in an asthma home visit protocol who had at least 3 home visits, the proportion reporting fewer nights awakened from asthma symptoms in previous two weeks;</li> <li>– of the children who are enrolled in an asthma home visit protocol who had at least three home visits, the proportion reporting fewer days of asthma symptoms in the previous two weeks;</li> <li>– of the children who are enrolled in an asthma home visit protocol who had at least three home visits, the proportion reporting fewer days of rescue inhaler use in the prior two weeks;</li> </ul> </li> <li>• of the children who are enrolled in an asthma home visit protocol, the proportion who report having an up to date asthma action plan that has been shared with their care provider and school or daycare facility as appropriate;</li> <li>• of the children served with an elevated blood lead level, the proportion whose follow-up blood lead test was below 5 µg/dL;</li> <li>• number of environmental hazards found at each household (out of five identified categories including: secondhand smoke; chipping or peeling paint; improperly applied or illegal pesticides; asthma triggers; other air quality hazards);</li> <li>• number of durables distributed to each household (options include green cleaning kit; pest management kit; doormat; high-efficiency particulate air vacuum; and mattress or pillow encasements).</li> </ul>
Outcomes	This category was not reported by the state.

**Notes:** CHIP is State Children’s Health Insurance Program. CMS is Centers for Medicare & Medicaid Services. DHCD is Department of Housing and Community Development. FY is fiscal year. The measurement µg/dL is micrograms per deciliter.

<sup>1</sup> The state indicates that it reports on the number of home abated.

<sup>2</sup> The state indicates that it does not report the measure to CMS but would provide pertinent data if requested.

<sup>3</sup> Counties were chosen to participate in Program 2 because they had the highest proportion of the low-income pediatric population affected by lead poisoning and moderate to severe asthma according to a state analysis performed in 2016.

<sup>4</sup> FY 2018 only included the third quarter and fourth quarter, which were the first two quarters of operation for this program.

**Sources:** Kasameyer 2019. CMS 2017f. CMS 2017g.



**TABLE A-11. Massachusetts CHIP Health Services Initiatives**

<b>State initiatives overview</b>	
<b>Parenting education services and supports: Healthy Families program</b>	
Status	In effect
Effective date	July 1, 2009
Description	Provides funds to support a statewide home visiting program. The program is designed to prevent child abuse and neglect; achieve optimal health, growth and development in infancy and early childhood; and prevent repeat teen pregnancies.
Population	Families with at-risk newborns
Number of children served	3,000 children (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Percentage of children with a primary care provider
Outcome	94 percent (FY 2018)
<b>School-based health services and supports: Essential School Health Services program</b>	
Status	In effect
Effective date	July 1, 2009
Description	The HSI provides funding to eligible school districts to create and expand the Essential School Health Services structure and standards throughout the state. This program provides school-age children access to a school health service program that includes nursing assessment/health education; medication management; and screenings with respect to posture, height and weight, hearing, oral health, and vision.
Population	Students in kindergarten through 12th grade who receive school nurse services
Number of children served	More than 4.6 million student health encounters recorded annually, but there are no data on the number of unduplicated users (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Proportion of students at funded essential school health service programs with special health care needs who have an individual health care plan
Outcome	25 percent (FY 2018)
<b>Violence prevention and treatment: Safe Spaces program</b>	
Status	In effect
Effective date	July 1, 2009

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Description	Safe Spaces provides suicide prevention and violence prevention programs for lesbian, gay, bisexual and transgender (LGBT) youth. Safe Spaces engages young people in shared decision-making, expanding life skills, leadership development, and affirming support around multidimensional LGBT identity development which includes successfully navigating race, ethnicity, gender expression, national origin, language, sexual orientation, socio-economic background, age, religion, and ability.
Population	LGBT youth
Number of children served	489 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of children who receive direct services to decrease risk for suicidal and self-harm behaviors or violence
Outcome	489 (FY 2018)
<b>Nutrition services: School breakfast program</b>	
Status	In effect
Effective date	July 1, 2009
Description	The school breakfast program provides nutritious breakfasts to children on school days and during summer vacation.
Population	Students in kindergarten through 12th grade in qualifying schools. All children may participate, but low-income children are eligible for free or reduced-price meals depending on family income.
Number of children served	167,206 students (unduplicated count for FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of school children receiving nutritious breakfast
Outcome	167,206 (FY 2018)
<b>Parenting education services and supports: State-funded women, infants and children (WIC) program</b>	
Status	In effect
Effective date	July 1, 2009
Description	This HSI provides support to the state-funded WIC program, which provides the same services as the federally funded WIC program. The program uses peer counseling and professional medical staff to provide services including breastfeeding support, dietary assessments, nutrition education and counseling, immunization screening, and referrals to other health and social services.

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Population	Pregnant women and mothers with children under age five
Number of children served	2,400 (FY 2018)
Percent of low-income children served	100 percent (FY 2018)
Reporting metric	Percentage of infants served by WIC who are being breastfed at three months
Outcome	43 percent (FY 2018)
<b>Smoking prevention and cessation programs</b>	
Status	In effect
Effective date	July 1, 2009
Description	The HSI supports smoking prevention and cessation programs, which provide activities to promote tobacco control and prevention. The activities serve a wide variety of populations, including children, adolescents, families, and adults.
Population	Massachusetts youth
Number of children served	Services are outreach or media campaigns so there is not a specific client count.
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Percentage of youth in Massachusetts who report using tobacco products
Outcome	11.4 percent (FY 2018)
<b>Preventive services: Reproductive health</b>	
Status	In effect
Effective date	July 1, 2009
Description	The HSI supports services provided at family planning sites throughout the state including complete gynecological and breast exams, cervical cancer screening, diagnosis and treatment of sexually transmitted diseases, contraceptive supplies including emergency contraception, pregnancy testing, follow-up and referral for identified medical problems, and other pre-conception care, and individual health education and counseling.
Population	Clients of community-based family planning sites (e.g., health centers)
Number of children served	15,000 adolescents (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Percentage of female clients who were pregnant at the time they sought services at a funded site

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Outcome	5 percent (FY 2018)
<b>Services related to children with special health care needs: Department of Developmental Services/ Department of Elementary and Secondary Education project to prevent out-of-home residential placements</b>	
Status	In effect
Effective date	July 1, 2009
HSI topic	Home- and community-based services for children and youth with special health care needs
Description	This HSI supports state efforts to provide services to youth with disabilities that enable them to live at home rather than in residential facilities. Services depend on needs and may include behavioral intervention analysis and training, speech therapy, physical therapy, occupational therapy, adaptive equipment, specialized nutrition, and activities of daily living training.
Population	Students who are clients of the DDS who are at high risk of needing institutional levels of care, and who receive special education services.
Number of children served	344 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Percentage of youth who successfully avoid out-of-home placement
Outcome	94 percent (FY 2018)
<b>Violence prevention and treatment: Child at-risk hotline for suspected abuse and neglect reporting</b>	
Status	In effect
Effective date	October 1, 2011
Description	The HSI provides support to the Department of Children and Families to engage a private social services agency to provide after hours (i.e., nights and weekends) telephone coverage for reports of child abuse and neglect. The staff triage reports and communicate information to the state agency.
Population	Children at risk of abuse or neglect
Number of children served	84,799 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Percentage of calls answered and processed
Outcome	86 percent (FY 2018)
<b>Family planning services: Teen pregnancy prevention</b>	
Status	In effect

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Effective date	October 1, 2011
Description	The HSI provides support to state-funded community-based programs to provide science-based teen pregnancy prevention strategies.
Population	Teens at high risk of becoming pregnant
Number of children served	6,000 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of youth provided with evidence-based sexuality education through supported programs
Outcome	5,431 participants (FY 2018)
<b>Violence prevention and treatment: Youth violence prevention program</b>	
Status	In effect
Effective date	October 1, 2011
Description	This HSI provides support to the Department of Public Health, which oversees the youth violence prevention program. Community-based organizations provide comprehensive youth violence prevention programs to youth in at-risk communities. Activities are provided after school with the goal of reducing violent behavior by youth.
Population	Youth at high risk for violence
Number of children served	6,000 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of youth aged 18 or under who receive direct services
Outcome	5,986 participants (FY 2018)
<b>Parenting education services and supports: Young Parent Support program</b>	
Status	In effect
Effective date	October 1, 2011
Description	The HSI provides support to the Department of Children and Families, which funds the Young Parent Support program whose goal is to strengthen parenting skills of low-income young mothers for the ultimate benefit of their children. Community-based organizations that receive funding provide outreach, home visits, mentoring, and parent groups to strengthen skills of young parents.
Population	High-risk families
Number of children served	699 (FY 2018)

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of children whose parents received parenting education services
Outcome	411 (FY 2018)
<b>Violence prevention and treatment: Safe and Successful Youth program</b>	
Status	In effect
Effective date	October 1, 2011
Description	The Safe and Successful Youth program provides intervention strategies and long-term community building activities for high-risk young men between age 14–24. The activities include, but are not limited to, trauma informed case management; intensive supervision; employment, education, health care, and conflict-management training; and providing opportunities for youth leadership development.
Population	At-risk young men between age 14–24, but HSI funds are for youth up to age 18
Number of children served	1,588 (FY 2018)
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metric	Number of clients enrolled in the program’s case management services
Outcome	727 participants (FY 2018)
<b>Preventive services: Children’s Medical Security Plan (CMSP)</b>	
Status	In effect
Effective date	January 1, 2014 however the state began using CHIP funding in November 2018
Description	The purpose of the CMSP is to provide a limited set of preventive and primary care services to children who are not eligible for MassHealth. MassHealth determines eligibility for CMSP, and re-determinations are conducted annually. CMSP covers medically necessary medical, behavioral health, dental, and pharmacy services, but not inpatient services.
Population	Uninsured children under age 19 with family incomes up to 400 percent of the federal poverty level
Number of children served	Approximately 21,000
Percent of low-income children served	This category was not reported by the state. <sup>1</sup>
Reporting metrics	This category was not reported by the state.

**TABLE A-11.** (continued)

<b>State initiatives overview</b>	
Outcomes	This category was not reported by the state.
<b>Nutritional services: Failure to Thrive (FTT) program</b>	
Status	Not in effect
Effective date	Approved by CMS for January 1, 2014
Description	This program focuses on providing evaluation and treatment for infants or children who are exhibiting childhood malnutrition and growth failure known as failure to thrive. The goal of the program is to improve the growth and developmental outcomes of children. The Department of Public Health contracts with hospitals and community health centers to provide services by multidisciplinary teams. The FTT team also includes outreach efforts to help pediatricians with early detection and intervention for nutrition-related illnesses.
Population	Infants or children exhibiting malnutrition and growth failure
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Violence prevention and treatment: Pediatric Sexual Assault Nurse Examiner (SANE) program</b>	
Status	Program is in effect; however the state is not currently using CHIP HSI funds
Effective date	January 1, 2014
Description	The SANE program provides direct patient care to adolescents and children who disclose sexual assault and who go to SANE designated emergency departments or children's advocacy centers across Massachusetts. Program nurses provide individuals who disclose sexual assault necessary medical exams, testing, and preventive treatment for HIV, sexually transmitted diseases, and pregnancy.
Population	Adolescents and children who disclose sexual assault
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
<b>Services related to children with special health care needs: Pediatric Palliative Care (PPC) program</b>	
Status	Program is in effect however the state is not currently using CHIP HSI funds
Effective date	January 1, 2014

**TABLE A-11. (continued)**

State initiatives overview	
Description	This HSI provides support to the Department of Public Health PPC program. A network of licensed hospices helps children age 18 and under with life-limiting illnesses and their caregivers manage the pain and other symptoms brought on by illness. Palliative care services include, but are not limited to, pain and symptom management; assessment and case management; spiritual care; social services; and, counseling for patient and other family members; respite care; emergency services; and, bereavement care for family members in the event of death.
Population	Children age 18 and under with life-limiting illnesses
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state. <sup>1</sup>
Outcomes	This category was not reported by the state.
Services related to children with special health care needs: Services for homeless youth	
Status	In effect
Effective date	July 1, 2013
Description	Through this HSI, homeless youth are assessed for developmental concerns and when developmental delays are identified, appropriate referrals are made. Parents are provided access to parenting programs, a variety of community resources (e.g., WIC), nutritional guidance, information on building positive parent-child interactions, and skills to help identify the best quality child care for their children. Providers assist parents in accessing needed therapeutic supports (e.g., medical, psychological, etc.).
Population	Homeless youth and families
Number of children served	630 (FY 2018)
Percent of low-income children served	100 percent
Reporting metric	Number of monthly slots made available during the year for homeless youth
Outcome	7,569 (FY 2018)

**Notes:** CHIP is State Children’s Health Insurance Program. DDS is Department of Developmental Services. FY is fiscal year. HIV is human immunodeficiency virus.

<sup>1</sup> For most HSI programs, services are not limited to certain income levels. Thus income data are not collected and the state cannot determine the percent of low-income children served by the HSI.

**Sources:** Kirchgasser 2015. CMS 2017h. CMS 2016d.



**TABLE A-12.** Michigan CHIP Health Services Initiatives

State initiatives overview	
Lead testing, prevention programs, or abatement services and related programs	
Status	In effect
Effective date	January 1, 2017 <sup>1</sup>
Description	<p>This CHIP HSI enhances and expands the state’s current lead abatement program, which was approved under a Section 1115 Medicaid waiver in 2016. The HSI provides coordinated and targeted lead abatement services to eligible properties in the impacted area to mitigate all lead risks.</p> <p>Lead abatement services to eligible homes in Flint and other parts of Michigan include:</p> <ul style="list-style-type: none"> <li>• removal, enclosure, encapsulation, or replacement of lead-tainted hazards including: paint, dust hazards, surfaces or fixtures such as water service lines and other fixtures as identified during an environmental investigation;</li> <li>• lead testing activities; and</li> <li>• training for a qualified workforce.</li> </ul>
Population	<p>Medicaid- or CHIP-eligible children and low-income pregnant women:</p> <ul style="list-style-type: none"> <li>• in Flint, Medicaid- or CHIP-eligible children and pregnant women up to 400 percent of the federal poverty level (FPL);</li> <li>• on a statewide basis, Medicaid- or CHIP-eligible children with a blood lead level greater than or equal to 5 µg/dL; and</li> <li>• in other targeted areas of the state, Medicaid or CHIP-eligible children and pregnant women up to 212 percent FPL which is the state’s upper eligibility threshold.</li> </ul>
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	<p>The state will report on metrics reflecting the progress of the abatement activities, such as:</p> <ul style="list-style-type: none"> <li>• the number of eligible homes identified with high levels of lead hazards;</li> <li>• the number of homes in which lead hazard abatement has occurred; records of actual services provided in each home; and</li> <li>• the percentage of children with elevated blood lead levels statewide and in the areas served by this HSI.</li> </ul> <p>In addition, the state will track the results of clearance testing to determine if all identified lead hazards have been abated. The state will also maintain a publicly-available registry of all ameliorated homes.</p>
Outcome	Approximately 31 units with Medicaid- or CHIP-eligible children under 19 have been abated (FY 2017)

**TABLE A-12.** (continued)

<b>State initiatives overview</b>	
<b>Poison control center services: Michigan Regional Poison Control Center (MRPCC)</b>	
Status	In effect
Effective date	July 1, 2014
Description	The MRPCC provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances.
Population	State population, including low-income children
Number of children served	The MRPCC receives approximately 66,000 calls a year from individuals exposed to poisons or hazardous substances. About 66 percent of these calls involve children under 19 (FY 2017).
Percent of low-income children served	Over 44 percent of the total exposure calls (about 66,000) are for children in families whose annual income is less than 200 percent FPL (FY 2017).
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** CHIP is State Children’s Health Insurance Program. FPL is federal poverty level. FY is fiscal year. The measurement µg/dL is micrograms per deciliter.

<sup>1</sup> The HSI is approved for five years from the effective date or until all eligible homes included in the scope of this SPA have been abated for lead.

**Sources:** Prokop 2019. CMS 2018m. CMS 2018n.

**TABLE A-13.** Minnesota CHIP Health Services Initiative

<b>State initiative overview</b>	
<b>Coverage and financial assistance for health care services: Postpartum care</b>	
Status	In effect
Effective date	July 1, 2009; FMAP is only available for those services provided from FY 2011 to date.
Description	Service costs paid fee-for-service for mother in the 60 days following end of pregnancy.
Population	Women whose newborns were covered for CHIP
Number of children served	Approximately 160 enrollees annually (of 3,291 unduplicated enrollees) (FY 2017)
Percent of low-income children served	5 percent (FY 2017)
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** CHIP is State Children’s Health Insurance Program. FMAP is federal medical assistance percentage. FMAP is federal medical assistance percentage. FY is fiscal year.

**Sources:** Reis 2019. CMS 2018o. CMS 2013.

**TABLE A-14. Missouri CHIP Health Services Initiatives**

<b>State initiatives overview</b>	
<b>Prevention: Immunization program</b>	
Status	In effect
Effective date	July 1, 2011 <sup>1</sup>
Description	This HSI provides support to Local Public Health Agencies' (LPHAs) efforts to immunize children and promote immunization among hard-to-reach families and communities. Immunization program costs are operational (staff-related) costs only. The costs of the vaccines are not included in the CHIP claiming because they are funded through the Vaccines for Children program. The immunization program costs claimed under CHIP are net of revenue obtained from billing Medicaid and other insurers for administrative costs.
Population	Children enrolled in separate CHIP
Number of children served	This category was not reported by the state. Data reporting is under development.
Percent of low-income children served	This category was not reported by the state. Data reporting is under development.
Reporting metrics	This category was not reported by the state. Reporting metrics are not yet available and are under development.
Outcomes	This category was not reported by the state. No outcomes measures are available at this time.
<b>Lead testing, prevention programs, or abatement services and related programs</b>	
Status	In effect
Effective date	July 1, 2011 <sup>1</sup>
Description	This HSI provides supports to LPHAs efforts to monitor and manage lead poisoning among children up to the age of six. Lead program costs include educating families about lead poisoning, testing, and case management services. The lead related program costs claimed under CHIP are net of applicable credits.
Population	This category was not specified.
Number of children served	This category was not reported by the state. Data reporting is under development.
Percent of low-income children served	This category was not reported by the state. Data reporting is under development.
Reporting metrics	This category was not reported by the state. Reporting metrics are not yet available and are under development.

**TABLE A-14.** (continued)

State initiatives overview	
Outcomes	This category was not reported by the state. No outcomes measures are available at this time.
<b>Parenting education services and supports: Newborn home visiting programs</b>	
Status	In effect
Effective date	July 1, 2011 <sup>1</sup>
Description	This HSI supports the LPHA newborn home visiting program for high-risk families. Clinical staff and other trained professionals provide a range of services to young families to ensure the healthy development of infants and toddlers.
Population	This category was not specified.
Number of children served	This category was not reported by the state. Data reporting is under development.
Percent of low-income children served	This category was not reported by the state. Data reporting is under development.
Reporting metrics	This category was not reported by the state. Reporting metrics are not yet available and are under development.
Outcomes	This category was not reported by the state. No outcomes measures are available at this time.
<b>School-based health services</b>	
Status	In effect
Effective date	July 1, 2011 <sup>1</sup>
Description	This HSI supports LPHAs in providing health-related services in schools and pre-schools including health education, screenings, maintenance of health records, basic nursing services and referrals as needed to other health care providers. These services are distinct and different from the services provided in schools as part of special education services authorized under the Individuals with Disabilities Education Act.
Population	This category was not specified.
Number of children served	This category was not reported by the state. Data reporting is under development.
Percent of low-income children served	This category was not reported by the state. Data reporting is under development.
Reporting metrics	This category was not reported by the state. Reporting metrics are not yet available and are under development.
Outcomes	This category was not reported by the state. No outcomes measures are available at this time.

**Notes:** CHIP is State Children’s Health Insurance Program.

<sup>1</sup> State notes that the effective date as written in the state plan amendment is July 1, 2011.

**Sources:** Logan 2019. CMS 2017i.

**TABLE A-15.** Nebraska CHIP Health Services Initiative

State initiative overview	
<b>Poison control center services: Nebraska Regional Poison Center (NRPC)</b>	
Status	In effect
Effective date	August 27, 2018
Description	This HSI supports the NRPC which provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances. Funds from the HSI will be used to help offset the cost of treatment for low-income children.
Population	State population, including low-income children
Number of children served	20,530 (FY 2017)
Percent of low-income children served	None specified
Reporting metrics	This category was not reported by the state. <sup>1</sup>
Outcomes	This category was not reported by the state.

**Notes:** FY is fiscal year.

<sup>1</sup> Nebraska's HSI with the NRPC does not track the number of children service explicitly, and there is not a metric by which the HSI program impact is being monitored with regard to low-income children.

**Sources:** Gekas Steeby 2019. CMS 2017j. CMS 2012b.

**TABLE A-16.** Nevada CHIP Health Services Initiative

State initiative overview	
<b>School-based health services: Resources for the Early Advancement of Child Health (REACH) program</b>	
Status	In effect
Effective date	October 1, 2006
Description	This HSI helps to support to the REACH program, which provides supportive behavioral health and early intervention services to children in targeted, high-risk, public schools, and creates support environments for parents focusing on formal and informal links within their community.
Population	At-risk, low-income children and youth age 10–18
Number of children served	513 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metrics	The following metrics will be captured for enrollees: <ul style="list-style-type: none"> <li>• number of sessions, hours of sessions, times offered per year, estimated start dates of program iteration;</li> <li>• number of participants, length of participation, pre- and post-testing information per enrollee; and</li> <li>• participant's gender, race, ethnicity, and age cohorts (age 10–12 and 13–18).</li> </ul>
Outcome	Data received to date show an increase from pre- to post-testing of 10 to 20 percent.

**Notes:** FY is fiscal year.

**Sources:** CMS 2017k. CMS 2016e.

**TABLE A-17.** New Jersey CHIP Health Services Initiatives

<b>State initiatives overview</b>	
<b>Poison control center services: New Jersey Poison Information and Education System (NJPIES)</b>	
Status	In effect
Effective date	July 1, 2015
Description	This HSI provides support for the NJPIES, which provides free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances.
Population	State population, including low-income children
Number of children served	26,000 children (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Number of calls to address questions about poisons and children (FY 2018)
Outcome	23,803 calls (FY 2018)
<b>Financial assistance for health care services: Catastrophic Illness in Children Relief Fund (CICRF)</b>	
Status	In effect
Effective date	July 1, 2015
Description	The HSI provides support for the CICRF which provides financial support to eligible families of children with high medical costs.
Population	Families of children with medical expenses not covered by other state or federal programs or other insurance that exceed 10 percent of the first \$100,000 of the family's annual income plus 15 percent of excess income over \$100,000.
Number of children served	500 children (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Number of children who benefit from program supports (FY 2018)
Outcome	335 (FY 2018)

**TABLE A-17.** (continued)

State initiatives overview	
<b>School-based health supports: Publicly funded school nurses at non-public schools</b>	
Status	In effect
Effective date	Phase 1: July 1, 2015; Phase 2: July 1, 2016
Description	The HSI provides support to the school nursing program. The program provides state funds to support registered nurse services (e.g., health screenings, immunization related activities, distribution of health information, and distribution of information on health insurance coverage) in non-public schools.
Population	Students in kindergarten through 12th grade
Number of children served	143,000 (FY 2017)
Percent of low-income children served	42.4 percent (FY 2017)
Reporting metric	Percentage of students who received nursing services, which include the creation and update of health records (FY 2018)
Outcome	92 percent (FY 2018)
<b>Services related to children with special health care needs: Children's System of Care (CSOC)</b>	
Status	In effect
Effective date	July 1, 2015
Description	The HSI provides support to CSOC, which provides respite services to families of children with developmental disabilities. Services are based on family needs and range from after-school respite to in-home respite to overnight out-of-home respite. These respite services are not a substitute for child care, school, or participation in other age-appropriate activities.
Population	Children with developmental disabilities and their families
Number of children served	2,200 (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Number of children who receive support through respite services (FY 2018)
Outcome	3,871 (FY 2018)

**TABLE A-17.** (continued)

<b>State initiatives overview</b>	
<b>Services related to children with special health care needs: Birth defects registry</b>	
Status	In effect
Effective date	July 1, 2016
Description	The HSI provides funding support for grants to local health organizations to promote referrals to the New Jersey Birth Defects and Autism registry for children with registrable conditions, and to coordinate services for children and families with Special Child Health Case Management Units.
Population	Families of children with birth defects or autism
Number of children served	13,000 (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Number of children with a birth defect who are identified and entered into the state registry (FY 2018)
Outcome	5,343 (FY 2018)
<b>Behavioral health services: Pediatric Psychiatry Collaborative (PPC)</b>	
Status	In effect
Effective date	July 1, 2016
Description	The HSI provides support to the PPC, funded by the Department of Children and Families, which promotes screening and treatment of behavioral health care issues among pediatric patients. Using a hub and spoke model, centralized teams of behavioral health providers in designated regions (i.e., the hubs) provide services such as psychiatric consults, care coordination, enable referrals, and medication management to pediatric providers (i.e., the spokes).
Population	Children with behavioral health needs
Number of children served	10,100 (FY 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Number of patients receiving mental health screenings (FY 2018)
Outcome	27,905 (FY 2018)
<b>Maternal health care: Limited prenatal care<sup>1</sup></b>	
Status	Expired



**TABLE A-17.** (continued)

<b>State initiatives overview</b>	
Effective date	July 1, 2016
Description	This HSI supported the state’s existing Supplemental Prenatal Care program, and provided a limited amount of prenatal care for pregnant women who, except for their citizenship or immigration status, were not eligible for any other state or federal health insurance program.
Population	Pregnant women who, except for their citizenship or immigration status, were not eligible for any other state or federal health insurance program; unborn children
Number of children served	5,000 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metric	Number of unduplicated beneficiaries who receive at least one prenatal care service (FY 2018)
Outcome	3,590 (FY 2018)

**Notes:** FY is fiscal year.

<sup>1</sup> New Jersey’s maternal health care initiative on prenatal care was approved for one year from the date of approval (July 1, 2016).

**Sources:** Myers and Smith 2019. CMS 2018p. CMS 2017l. CMS 2016f.

**TABLE A-18.** New York CHIP Health Services Initiatives

<b>State initiatives overview</b>	
<b>Nutrition services: Hunger Prevention and Nutrition Assistance program</b>	
Status	In effect
Effective date	April 1, 2016
Description	This HSI supports the Hunger Prevention and Nutrition Assistance program, which contracts with area food banks and other direct service providers to provide emergency food relief and nutrition services to food-insecure populations.
Population	Children under the age of 18
Number of children served	9,407,669 (FY 2017)
Percent of low-income children served	100 percent
Reporting metric	Meal services to low-income children will be collected and evaluated monthly from program contractors (FY 2017).
Outcomes	The maintenance or increase in service levels will ensure that low-income children receive nutritious foods from emergency feeding programs. This will improve nutrition and health status for low-income children who are at risk for nutrition-related diseases (FY 2017). <sup>1</sup>

**TABLE A-18.** (continued)

State initiatives overview	
<b>Poison control center services: New York City Poison Control Center (NYCPCC) and Upstate New York Poison Center</b>	
Status	In effect
Effective date	4/1/2015
Description	This HSI supports two regional poison control centers, the NYCPCC and the Upstate New York Poison Control Center. The centers provide free, daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances as well as medicine safety.
Population	The NYCPCC serves individuals in New York City as well as Nassau, Suffolk and Westchester counties. The Upstate Poison Control Center serves the state's remaining 54 counties.
Number of children served	46,155 (FY 2017)
Percent of low-income children served	20 percent (FY 2017)
Reporting metrics	<ul style="list-style-type: none"> <li>• NYCPCC: monthly measurement of outreach efforts focused in catchment area communities (numerator) out of all education efforts in the catchment area (denominator).</li> <li>• Upstate Poison Control Center: outreach is focused in four large city and rural areas.</li> </ul>
Outcomes	For the NYCPCC, the goal is to have 25 percent of education efforts in New York City. For upstate New York, much of the outreach is focused in the four large city and rural areas (FY 2017). <sup>1</sup>
<b>Behavioral health and substance use disorder services: Opioid drug addiction and opioid overdose prevention programs for schools</b>	
Status	In effect
Effective date	April 1, 2016
Description	This HSI provides support for training school staff on administering opioid overdose rescue kits (naloxone). Focus is on middle and high schools. Program funding is also used to purchase opioid overdose prevention kits.
Population	Staff of school districts registered with the state's department of health as having an opioid overdose prevention program.
Number of children served	118,959 (FY 2017)
Percent of low-income children served	25 percent (FY 2017)

**TABLE A-18.** (continued)

<b>State initiatives overview</b>	
Reporting metrics	<ul style="list-style-type: none"> <li>Number of school districts and schools with opioid overdose response capacity</li> <li>Number of school-based personnel trained in opioid overdose recognition and response (FY 2017)</li> </ul>
Outcomes	91 school districts have registered opioid overdose prevention programs. These registrations cover 399 distinct schools. In 2016, 3,726 school personnel were trained (FY 2017). <sup>1</sup>
<b>Sickle cell screening</b>	
Status	In effect
Effective date	April 1, 2015
Description	This HSI supports the state’s sickle cell screening program, which provides services to adolescents and young adults with sickle cell disease and other hemoglobinopathies to facilitate their transition from pediatric health care and parent-directed care to adult care and self-directed care.
Population	Children age 18 and under with sickle cell disease and other hemoglobinopathies.
Number of children served	22 (FY 2017)
Percent of low-income children served	53.5 percent (FY 2017)
Reporting metric	Percent of individuals age 14–18 who had a transition readiness assessment completed (FY 2017)
Outcome	This category was not reported by the state.

**Notes:** FY is fiscal year.

<sup>1</sup> Outcome as reported by state in CHIP Annual Report for FY 2017.

**Sources:** Armenia 2019. CMS 2017m.

**TABLE A-19.** Ohio CHIP Health Services Initiatives

<b>State initiative overview</b>	
<b>Lead testing, prevention, or abatement services and related programs</b>	
Status	In effect
Effective date	July 1, 2017
Description	<p>The HSI supports lead abatement services to eligible homes, including:</p> <ul style="list-style-type: none"> <li>removal, enclosure, encapsulation, replacement, or treatment of lead-tainted hazards such as doors and windows, floors, paint, and soil replacement or covering;</li> <li>installation of water filters in the home;</li> <li>relocation and per diem if families need to be relocated.</li> </ul>

**TABLE A-19.** (continued)

State initiative overview	
Population	Households with a Medicaid-eligible child under 19 years or pregnant woman, with incomes less than 206 percent of the federal poverty level living in eligible properties. Those with incomes above 206 percent FPL and up to 250 percent FPL may be selected for participation in the program provided other eligibility criteria are met and the participants make a required contribution toward the cost of the project.
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
Lead testing, prevention, or abatement services and related programs: Lead-safe housing registry	
Status	In effect
Effective date	July 1, 2017
Description	This HSI supports the creation and addition of a lead-safe housing registry to an existing statewide rental registry and rental housing locator. The registry is available statewide but the state is marketing the registry to promote its use to find low-cost, lead-free rental housing.
Population	CHIP funding for the registry are allocated based on the ratio of total children under age 19 to the population of children under age 19 who are Medicaid eligible.
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	<p>The state reports monthly on:</p> <ul style="list-style-type: none"> <li>• number of houses identified with children who have elevated blood lead levels;</li> <li>• the number of homes scheduled for lead hazard control;</li> <li>• the number of homes in which lead hazard control has occurred;</li> <li>• number of houses abated for pregnant women;</li> <li>• number of houses abated for Medicaid-eligible children under the age of 19;</li> <li>• record of actual services provided in each house;</li> <li>• clearance testing results for each project;</li> <li>• percentage of Medicaid-eligible children receiving blood lead testing under EPSDT both statewide and in this health services initiative; and</li> <li>• percentage of children with elevated blood lead levels both statewide and in this health services initiative.</li> </ul>
Outcomes	This category was not reported by the state.

**Notes:** CHIP is State Children’s Health Insurance Program. EPSDT is early and periodic screening, diagnostic, and treatment.  
**Sources:** Hopmoen 2019. CMS 2017n. CMS 2017o.

**TABLE A-20. Oklahoma CHIP Health Services Initiatives**

<b>State initiative overview</b>	
<b>Family planning services: Long-acting reversible contraception (LARC) devices education</b>	
Status	In effect
Effective date	October 1, 2015
Description	This HSI funds a statewide effort to promote education to individuals age 18 and under on the efficient use of LARC. This effort aims to increase the target population's access and use of LARC devices so as to decrease unwanted pregnancies and costs to the Medicaid program. The education campaign is part of a broader LARC effort underway in the state.
Population	Females under age 19
Number of children served	201,213 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metrics	Teen birth rates; use of LARC by females under age 19 with Medicaid <sup>2</sup>
Outcomes	This category was not reported by the state.
<b>Family planning services: Provider education and training on LARC device use</b>	
Status	In effect
Effective date	October 1, 2016
Description	The HSI promotes provider education and training regarding LARC devices and aligns strategies across agencies as well as private and public payers to support efficient utilization. The state contracts with an entity to provide training and education for other payers, medical schools, health departments, and stakeholders in order to increase availability and usage of LARC devices while decreasing the barriers of LARC device usage in female Oklahomans under the age of 19.
Population	Females under age 19
Number of children served	201,213 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metric	Provision of LARC to Medicaid enrolled females under age 19 by trained providers <sup>2</sup>
Outcomes	This category was not reported by the state.
<b>Family planning services</b>	
Status	In effect
Effective date	October 2018
Description	HSI funding will help support a collaborative effort by the Oklahoma Health Care Authority and the Oklahoma State Department of Health by purchasing LARCs for health department locations statewide.
Population	Uninsured females age 18 and under
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.

**TABLE A-20.** (continued)

State initiative overview	
Outcomes	This category was not reported by the state.
<b>Behavioral health and substance use disorder services: Opioid Education and Naloxone Distribution (OEND) program</b>	
Status	In effect
Effective date	July 1, 2016 (approval date)
Description	HSI funding will be used to purchase naloxone rescue kits, to be distributed by comprehensive community addiction recovery centers and opioid treatment programs to at-risk individuals in 13 high-risk, high-need counties.
Population	Individuals under 19
Number of children served	None specified in FY 2017
Percent of low-income children served	None specified in FY 2017
Reporting metrics	<ul style="list-style-type: none"> <li>• Establishment of distribution centers for OEND</li> <li>• Distribution of naloxone kits to at-risk youth</li> <li>• Decrease in unintentional overdose and/or number of hospitalizations</li> <li>• Outreach to layperson as potential overdose by-standers</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Establishment of distribution centers for OEND. As of September 30, 2016:               <ul style="list-style-type: none"> <li>– established contracts with 20 agencies</li> <li>– 20 agencies received training on conducting OEND services and reporting requirements</li> <li>– 20 agencies received educational materials</li> <li>– 9 agencies ordered and received Narcan</li> <li>– 7 agencies ordered Narcan and were waiting on shipment</li> <li>– hired 2 staff members</li> </ul> </li> <li>• Distribution of naloxone kits to at-risk youth. As of July 2017:               <ul style="list-style-type: none"> <li>– 18 agencies contracted to distribute naloxone kits to at risk youth</li> <li>– OEND program distributed 218 naloxone kits</li> </ul> </li> <li>• Decrease in unintentional overdose and number of hospitalizations               <ul style="list-style-type: none"> <li>– One rescue of 17-year-old as demonstrated by refill of kit and reported by distribution center</li> </ul> </li> <li>• Outreach to layperson as potential overdose by-standers:               <ul style="list-style-type: none"> <li>– completed advertising and outreach campaign targeting the primary demographic</li> <li>– program embedded into agency website</li> </ul> </li> </ul>
<b>Behavioral health and substance use disorder services: Psychotropic medications for foster youth</b>	
Status	In effect
Effective date	July 1, 2016

**TABLE A-20.** (continued)

<b>State initiative overview</b>	
Description	This HSI funds activities to address quality of care for children in the foster care system who are prescribed psychotropic medications. Activities include improving the current health portal; creating an advisory committee of community experts to identify best practices; identifying barriers and improving current data matching; and developing training and outreach for foster parents, health care providers, and child welfare workers in order to improve services to all children in the foster care system under the age of 19.
Population	Foster children age 18 and under
Number of children served	1,317 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metric	Low-income children in foster care <sup>1</sup>
Outcomes	This category was not reported by the state.
<b>Behavioral health services: Academic detailing/prescription drugs</b>	
Status	In effect
Effective date	July 1, 2016
Description	This HSI supports an academic detailing program to educate non-specialist prescribers in selected counties about evidence-based and appropriate prescribing of ADHD and atypical antipsychotic medications for Medicaid beneficiaries under 18 years of age.
Population	Children age 18 and under enrolled in Medicaid
Number of children served	2,215 (FY 2017)
Percent of low-income children served	100 percent (FY 2017)
Reporting metrics	<ul style="list-style-type: none"> <li>• ADHD prior authorizations submitted</li> <li>• Number of high-tier ADHD claims</li> <li>• ADHD claims, age 0–4</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• ADHD prior authorizations submitted: 30.3 percent decrease</li> <li>• High-tier ADHD claims: 43.6 percent decrease</li> <li>• ADHD claims, age 0–4: 58.33 percent decrease</li> </ul>
<b>Parenting education services and supports: Kits for children with sickle cell disease</b>	
Status	Approved, but not in effect
Effective date	This category was not reported by the state.

**TABLE A-20.** (continued)

State initiative overview	
Description	This HSI would support the development of information and resource kits for families with children with sickle cell disease. One kit would provide information to mothers on resources within the sickle cell community to help them make connections with other parents and caregivers, ask the right questions, and engage in self-education and self-care. A separate care kit would be developed for children age 6–18 to address isolation and depression for the youth and provide parents and caregivers with information that will assist them in identifying symptoms that their child may be experiencing.
Population	Mothers of children with sickle cell disease and children age 6–18 with the disease
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.
Parenting education services and supports: Safe sleep kits to vulnerable children	
Status	Approved, but not in effect
Effective date	This category was not reported by the state.
Description	This HSI would support the expansion of an existing effort working with hospitals that have labor and delivery units on safe sleep for newborns. Families with newborns assessed with a need would be eligible to receive a safe sleep kit to increase access to a safe sleep environment during their first year. The HSI funding would be used to cover the costs of the kits, a vendor for hospital recruitment, and follow-up surveys.
Population	Newborns
Number of children served	This category was not reported by the state.
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** ADHD is attention deficit hyperactivity disorder. FY is fiscal year.

<sup>1</sup> Reporting metrics as reported by state in CHIP Annual Report for FY 2017.

<sup>2</sup> In its CHIP Annual Report, the state described the reporting metric as “Medicaid LARC claims data.”

<sup>3</sup> In its CHIP Annual Report, the state described the reporting metric as “LARC claims data for trained providers.”

**Sources:** Anthony 2019. CMS 2018q. CMS 2017p.



**TABLE A-21. Oregon CHIP Health Services Initiative**

<b>State initiative overview</b>	
<b>Poison control center services: Oregon Poison Control Center</b>	
Status	In effect
Effective date	April 1, 2012
Description	The Oregon Poison Control Center provides free, daily, 24-hour emergency telephone treatment advice, referral assistance and information. The poison control center provides public education programs directed toward pediatric accidental poisoning as well as targeted at-risk populations. Educational materials and teaching curricula are distributed throughout the state, free of charge.
Population	State population, including low-income children
Number of children served	19,434 (FY 2017)
Percent of low-income children served	42 percent (FY 2017)
Reporting metric	Cost savings from effective management of patients at home without referral to a health care facility
Outcomes	80 percent of children (15,595) were able to be managed at home with careful monitoring and follow-up by poison center health care providers. It is estimated that the program resulted in a total cost savings of \$15,334,154 in avoided medical costs. This represents approximately 6,550 CHIP-eligible children managed at home with cost savings of \$6,440,345.

**Notes:** CHIP is State Children’s Health Insurance Program. FY is fiscal year.

**Sources:** CMS 2017q. CMS 2012c.

**TABLE A-22. Washington CHIP Health Services Initiative**

<b>State initiative overview</b>	
<b>Poison control center services: Washington Poison Center (WAPC)</b>	
Status	In effect
Effective date	July 1, 2009
Description	This HSI supports the WAPC which provides free, daily, 24-hour emergency telephone treatment advice, referral assistance and information. The WAPC promotes poison awareness through community forums, including schools, community health fairs, and other local events and gatherings. The WAPC works closely with other community health programs such as Washington state’s Safe Kids Program and Safe Kids Coalition groups.
Population	State population, including targeted low-income children experiencing a poisoning exposure event

**TABLE A-22.** (continued)

State initiative overview	
Number of children served	34,503 (FY 2017)
Percent of low-income children served	52 percent (FY 2017)
Reporting metric	Reduction in emergency department visits
Outcomes	38 percent of callers report they would have visited an emergency department or called the emergency number (911) if not for the WAPC. The state estimates there were 6,817 emergency department visits and \$2,727,117 in emergency department costs avoided for low-income children.

**Notes:** FY is fiscal year.

**Sources:** Cornell 2019. CMS 2017r. CMS 2010b.

**TABLE A-23.** West Virginia CHIP Health Services Initiative

State initiative overview	
<b>Preventive services: comprehensive wellness exams</b>	
Status	In effect
Effective date	January 1, 2008
Description	The HSI provides funding for comprehensive wellness exams for uninsured children about to enter kindergarten; these include a basic coverage guarantee for subsequent diagnosis and treatment related to any conditions detected as a result of the exams and related screenings. These exams performed by medical providers will be offered on-site at schools, school-based health clinics or in provider's offices.
Population	Uninsured children age 4 and 5 entering kindergarten
Number of children served	This category was not reported by the state. <sup>1</sup>
Percent of low-income children served	This category was not reported by the state.
Reporting metrics	This category was not reported by the state.
Outcomes	This category was not reported by the state.

**Notes:** FY is fiscal year.

<sup>1</sup> The state reports that given its low rate of children's uninsurance, there has been little activity under this HSI.

**Sources:** Shamblin 2018. CMS 2018r.

**TABLE A-24.** Wisconsin CHIP Health Services Initiative

<b>State initiative overview</b>	
<b>Poison control center services: Wisconsin Regional Poison Control Center</b>	
Status	In effect
Effective date	July 1, 2015
Description	The poison control center provides free, daily, 24-hour emergency telephone treatment advice, referral assistance and information
Population	State population, including low-income children
Number of children served	21,762 (October 2016 to September 2017)
Percent of low-income children served	This category was not reported by the state.
Reporting metric	Percentage of all calls that are for children under age 19. The metric is calculated monthly.
Outcome	59.17 percent of calls were for children under age 19 (September 2017).

**Sources:** Mattke 2019. CMS 2018s. CMS 2016g.