

# CHIP Health Service Initiative and Healthy Homes

How states can use a CHIP HSI to drive investment to healthy home interventions

## Purpose & Background

This issue brief provides policy makers and advocates a guide to using the CHIP Health Service Initiative (HSI) as a tool to leverage federal investment in healthy homes services. A recent publication by MACPAC<sup>1</sup> shows that fewer than half of all states are using CHIP HSIs to fund childhood health programs. We believe that the HSI is an underutilized tool that states can harness to direct critical funds to programs such as lead poisoning primary prevention activities and asthma home visiting.

This document focuses on what is needed to deploy HSIs specifically for healthy homes services. For a full overview and description of the HSI, we recommend starting with the following excellent resources:

- > MACPAC Fact Sheet. CHIP Health Services Initiatives: What they Are and How States Use Them. July 2019.<sup>2</sup>
- > Manatt Health Presentation. Leveraging CHIP to Protect Low-Income Children From Lead. January 31, 2017.<sup>3</sup>

This issue brief is organized into sections of key considerations for advancing an HSI. While the activities described in each section may roughly follow a chronological order, a state can advance multiple actions concurrently.

## About GHHI

Green & Healthy Homes Initiative (GHHI) is a leading nonprofit, technical assistance provider for asthma and healthy homes programs across the country. An important component of our technical assistance capacity includes designing and implementing asthma home

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<sup>1</sup>MACPAC. (July 2019). *CHIP Health Services Initiatives: What They Are and How States Use Them* [Fact sheet]. Retrieved from <https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf>

<sup>2</sup>Ibid.

<sup>3</sup>Manatt Health. (January 31, 2017). *Leveraging CHIP to Protect Low-Income Children From Lead* [Webinar slides]. Retrieved from <https://www.shvs.org/wp-content/uploads/2017/01/SHVS-Webinar-Manatt-Leveraging-CHIP-to-Protect-Low-Income-Children-from-Lead-January-2017.pdf>

visiting models that include the assessment and remediation of home-based asthma triggers. In many of our projects, we help local partners design pilots to test new or improved program models, especially if they include coordination of new service provider agencies.

## Administrative Funds Available

HSIs are funded under a state’s CHIP administrative budget, which is made up of a federal share and state share based on an enhanced matching rate that varies by state—the Enhanced Federal Medical Assistance Percentage (E-FMAP). This federal matching rate is considered “enhanced” as it is higher than that for a state’s Medicaid program. The administrative budget is limited to 10% of a state’s total CHIP budget. To determine how much funding is available for a new HSI, one should determine the current spending levels within their state’s CHIP budget.

A good starting point is to reference the MACPAC MACStats report, which consolidates state CHIP spending into a single table, Exhibit 33 of their full report<sup>4</sup>. As of October 2019, the most recent data shown in this report is from 2017 Expenditure Reports from the Medicaid Budget and Expenditure System.<sup>5</sup> To find a more recent CHIP budget, one will likely need to access state specific budget documents available on their respective agency web-sites; however, this is a good place to start.

EXHIBIT 33. CHIP Spending by State, FY 2017 (millions)

State	Total CHIP			Benefits						State program administration			2105(g) spending <sup>2</sup>	
				Medicaid-expansion CHIP			Separate CHIP and coverage of pregnant women <sup>1</sup>							
	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Federal	
South Dakota	31.7	29.0	2.7	22.7	20.8	1.9	8.5	7.8	0.8	0.5	0.5	0.0	–	
Tennessee	211.7	208.4	3.3	42.5	41.8	0.7	149.3	147.0	2.3	19.9	19.6	0.3	–	
Texas	1,812.0	1,672.9	139.1	794.0	733.1	60.9	957.2	883.7	73.5	60.7	56.1	4.7	–	
Utah <sup>3</sup>	138.3	138.4	-0.2	91.4	91.6	-0.2	41.2	41.2	-0.0	5.7	5.7	-0.0	–	
Vermont	12.1	27.8	-15.7	12.1	11.0	1.1	-1.1	-1.1	0.0	1.1	1.1	-0.0	16.8	
<b>Virginia</b>	<b>333.6</b>	<b>293.0</b>	<b>40.6</b>	<b>137.8</b>	<b>121.0</b>	<b>16.9</b>	<b>174.5</b>	<b>153.3</b>	<b>21.2</b>	<b>21.3</b>	<b>18.7</b>	<b>2.6</b>	<b>–</b>	
Washington	154.2	242.5	-88.3	34.1	30.0	4.1	118.0	103.7	14.3	2.1	1.8	0.3	106.9	

We demonstrate how to navigate the MACStats Exhibit 33 using Virginia as an example. For FY2017 total CHIP spending was \$333.6 million. Federal matching funds for administrative spending are capped at 10% and for this exercise we assume that state spending would

<sup>4</sup>MACPAC. (December 2018). *MACStats: Medicaid and CHIP Data Book* [Data book]. Retrieved from <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-33.-CHIP-Spending-by-State-FY-2017.pdf>

<sup>5</sup>Datasets can be found at <https://www.medicaid.gov/medicaid/finance/state-expenditure-reporting/expenditure-reports/index.html>

also remain under 10% as to maximize the E-FMAP match. Under this assumption, maximum administrative spending would be:  $(10\%)*(\$333.6 \text{ million}) = \$33.4 \text{ million}$ .

MACStats Exhibit 33 shows that CHIP administrative spending in FY2017 totaled \$21.3 million. This means that there was room for \$12.1 million (\$33.4 million minus \$21.3 million) available for administrative spending.

In FY2017 Virginia had an 88% E-FMAP, which means that of the potential \$12.1 million in new spending, \$11.3 million would be federal share and \$1.5 million would be state share. By investing \$1.5 million of its own resources, the state can leverage over seven times that in federal funds to support health services for vulnerable children.

## HSI Program Services

Precedent set by Michigan, Maryland, Indiana, Ohio, and Wisconsin provide examples of the types of healthy housing services that states can cover with the HSI. Table 1 in the Appendix provides further information about services provided by each HSI.

- > Lead abatement and testing
- > Case management for lead-exposed children
- > Case management for children with asthma
- > Workforce development
- > Poison control center operations
- > Creation and operation of database for lead-safe rental housing

Policy makers and advocates should engage local stakeholders and research available options to determine what is currently working in the state and where there may be gaps in services. In addition to the services listed above, a CHIP HSI could be used to fund remediation of asthma triggers in a child's home. Maryland's HSI comes close to this, funding asthma home visiting, supplies, and environmental assessment—but does not include home repairs. Between HUD, philanthropy, weatherization, and other limited funding sources of health and safety home repairs, there is a critical gap for health and safety services. An HSI provides an opportunity to address this funding gap at scale.

Table 1 in the Appendix summarizes program services in states have passed healthy housing related HSIs. The table also summarizes key information such as size of each approved HSI budget.

## Source of State Matching Funds

As with any new Medicaid or CHIP spending, policy makers will need to identify a source of state matching funds for the HSI. Previous healthy homes HSIs have relied on sources like state general funds and tobacco settlement funds.

In addition to following the regular appropriations process for securing new funding for an HSI, states should review current funding streams that support program services related to services proposed in the HSI. There may be opportunities to move current budget line items into the HSI; doing so would mean no requirement of new state spending but increased federal match through the EFMAP. For example, if a state department of health currently spends \$100,000 on a pediatric home visiting grant program, moving this program under an HSI would unlock \$300,000 in federal funds at no new expense to the state, if the state's EFMAP is 75%.

## Implementation and Flow of Funds

State Medicaid offices may choose to implement HSI programs in any number of ways and may depend on how existing programs and funding flows are set up. For example, if local health departments are already implementing a state-wide HUD Lead and Healthy Homes grant, it may make sense to pass HSI funds from the state Medicaid office to these local agencies to manage programs at the local level. State Medicaid offices can also directly manage the program or bid out some components of the implementation to third party vendors.

## Submitting the HSI for CMS Approval

States must submit an HSI state plan amendment to CMS for approval. Based on a review of approved healthy housing related HSIs,<sup>6</sup> Table 2 provides a list of application sections that contain key information on the HSI structure and process. While policy makers and advocates can use this table to see how other states have completed their HSI applications, we should note that responses to questions will depend on state-specific considerations such as expansion of Medicaid eligibility and approval of previous HSIs.

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<sup>6</sup> As of November 2019, below are links to CMS approval documents:

Michigan: <https://www.medicaid.gov/CHIP/Downloads/MI/MI-17-0018-CHIP.pdf>

Maryland: <https://www.medicaid.gov/CHIP/Downloads/MD/MD-17-0001-LEAD.pdf>

Indiana: <https://www.medicaid.gov/CHIP/Downloads/IN/IN-17-0000-0002.pdf>

Ohio: <https://www.medicaid.gov/CHIP/Downloads/OH/OH-19-0014.pdf>

Wisconsin: <https://www.medicaid.gov/CHIP/Downloads/WI/WI-19-0004.pdf>

An early step in the application process should also include engaging with a CMS representative. CMS is willing and able to meet with stakeholders who are interested in advancing HSIs, and can provide guidance on completing an HSI application.

### **About GHHI**

The Green & Healthy Homes Initiative (GHHI) is a national nonprofit organization dedicated to breaking the link between unhealthy housing and unhealthy families. Formerly known as the Coalition to End Childhood Lead Poisoning, GHHI provides evidence-based direct services and technical assistance to create healthy, safe, and energy efficient homes. GHHI's end goal is to improve health, economic, and social outcomes for low-income families while reducing public and private healthcare costs. To learn more, visit [ghhi.org](http://ghhi.org) and follow us @HealthHousing.

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# Appendix

Table 1: Summary Comparison of Healthy Homes HSIs

Table 2: Comparison of Healthy Homes HSI Application Responses

Table 1. Summary Comparison of Healthy Homes HSIs

	Michigan	Maryland	Indiana	Ohio	Wisconsin
SPA #	MI-17-0018-CHIP	MD-17-0001-LEAD	IN-17-0000-0002	OH-17-0038	WI-19-0004-CHIP
Submitted date	9/7/2017	1/12/17 and 6/5/2017	6/30/2017	10/26/2017	3/26/2019
Approved date	11/14/2016 (amendment to initial SPA approved on 9/14/2017)	6/15/2017	9/29/2017	12/5/2017 (amendment to initial SPA approved on 7/26/2019)	9/10/2019
Effective/Implementation date	1/1/2017	7/1/2017	7/1/2016	7/1/2017	7/1/2018
Enhanced FMAP	98.61%	88.00%	99.72%	96.95%	94.50%
Federal fiscal year	2017	2017	2017	2018	2019
Total annual CHIP plan	\$312,654,421	\$393,877,267	\$182,813,374	\$586,050,743	\$291,136,176
Total annual CHIP - federal	\$308,308,524	\$346,611,995	\$182,301,497	\$568,176,195	\$273,358,778
Total annual CHIP - state	\$4,345,896	\$47,265,272	\$511,877	\$17,874,548	\$15,726,224
Total admin costs	\$31,265,442	\$33,812,443	\$12,685,622	\$34,012,000	\$12,776,468
10% admin cap	\$31,265,442	\$40,007,203	\$18,903,084	\$61,337,638	\$27,335,878
Total SPA change	\$23,800,000	\$7,166,667	\$3,000,000	\$5,000,000	\$14,472,100
Federal share of change	\$23,469,180	\$6,306,667	\$2,991,600	\$4,847,500	\$13,676,135
State share of change	\$330,820	\$860,000	\$8,400	\$152,500	\$795,966
State source of funds for change	State general funds	State general funds	Tobacco settlement; State general revenues to supplement if needed	General revenue fund	State general purpose revenue (state tax dollars)
Budget allocation for change	Not provided	Lead abatement: \$5.2M Case management: \$2.0M	Not provided	Testing and remediation: \$4.5M Administrative: \$300k Lead-safe registry: \$200k	Administrative costs (salary, fringe, supplies): \$342,400 Information Technology: \$300,000 Abatement Training: \$300,000 Lead Poisoning Prevention and Activities: \$13,529,700
Summary of services	1) Michigan Regional Poison Control Center 2) Lead abatement and testing	1) Lead abatement 2) Case management for lead and asthma	1) Indiana Poison Control 2) Research study on access to pediatric specialty care 2) Abatement, testing, education	1) Testing and remediation (case management services will be added as of August 2019) 2) Lead-safe registry: leveraging existing database	1) WI Poison Control Center 2) Lead abatement
Agency implementation	Michigan Department of Health and Human Services (experienced HUD grantee). Contracts with six local city/county agencies.	Lead abatement: interagency agreement between Maryland Department of Health and Maryland Department of Housing and Community Development (DHCD). DHCD administers program and is an experienced HUD grantee.  Case management: delivered by local health departments through Department of Health.	Indiana Family and Social Services Administration.	Ohio Department of Health administers all aspects of the program with oversight from the Ohio Department of Medicaid.  ODH contracts with third party vendor(s) through competitive bid process to provide daily oversight and management of all aspects of the project.	The Department will contract with regional or local housing agencies to administer and manage all daily aspects of lead abatement projects. Contracted agencies will have previous experience in operating and managing federal housing assistance programs.

Table 1. Summary Comparison of Healthy Homes HSIs

	Michigan	Maryland	Indiana	Ohio	Wisconsin
Targeting/eligibility	<p>Flint priority; other target areas based on:</p> <ul style="list-style-type: none"> <li>- children with EBLL <math>\geq</math> 5 ug/dL</li> <li>- population that is low-income</li> <li>- pre-1978/1940 housing stock</li> <li>- other social determinant factors</li> </ul> <p>Non-target areas:</p> <ul style="list-style-type: none"> <li>- children with EBLL</li> </ul>	<p>Lead abatement: statewide, children with EBLL <math>\geq</math> 5 ug/dL</p> <p>Case mgmt: nine counties</p> <ul style="list-style-type: none"> <li>- children with EBLL <math>\geq</math> 5 ug/dL or</li> <li>- dx of moderate to severe asthma or</li> <li>- both</li> </ul>	<p>East Chicago priority; other target areas based on:</p> <ul style="list-style-type: none"> <li>- children with EBLL <math>\geq</math> 5 ug/dL</li> <li>- population that is low-income</li> <li>- pre-1978/1940 housing stock</li> <li>- other social determinant factors</li> </ul> <p>Non-target areas:</p> <ul style="list-style-type: none"> <li>- children with EBLL</li> </ul>	<p>Testing and remediation:</p> <ul style="list-style-type: none"> <li>- homes under lead hazard control orders (contributed to EBL of 10+)</li> <li>- built before 1978</li> </ul> <p>Prioritization attributes:</p> <ul style="list-style-type: none"> <li>- child under 6 with EBLL</li> <li>- child under 6</li> <li>- child or pregnant woman</li> <li>- Notice of noncompliance or order to vacate (not vacant properties)</li> </ul> <p>As of August 2019 ODH obtained CMS approval to expand to primary prevention targeting of properties.</p>	<p>Property conditions:</p> <ul style="list-style-type: none"> <li>- Constructed prior to 1978</li> <li>- Occupied by tenants or owner-occupants at or below 301% FPL</li> <li>- Occupied by Medicaid or CHIP eligible child under 19 or pregnant woman who visits regularly</li> <li>- Current on all property taxes or have a tax payment plan in place</li> </ul> <p>Prioritization:</p> <ul style="list-style-type: none"> <li>- First, children with EBLL living in property with lead hazard reduction work orders</li> <li>- Second, children with EBLL in property without lead hazard reduction work orders</li> <li>- Third, target communities for primary prevention based on percent of children under 6 with EBLL above 5; percentage of population that is low-income; Percentage of pre-1950 housing stock.</li> </ul>
Replacement of water service lines	Yes (full replacement)	No	No	No	No
Homeowner contribution required	No	No	No	Yes, then later removed in amendment	Rental property owners may be required to pay up to 15% of cost.
Pregnant women eligible	Yes	With history of blood lead or current elevated blood level	Yes	Yes	Yes
Licensure/certification of abatement providers	Certified by MDHHS	Licensed by Maryland Home Improvement Commission	Licensed by ISDH (State Dept of Health)	License required	Licensed by the Department
Post abatement	Dust clearance test	Dust clearance test	Dust clearance test	Dust clearance test	Clearance tests including dust
Sources	<a href="https://www.medicaid.gov/CHIP/Downloads/MI/MI-16-0017.pdf">https://www.medicaid.gov/CHIP/Downloads/MI/MI-16-0017.pdf</a>	<a href="https://www.medicaid.gov/CHIP/Downloads/MD/MD-17-0001-LEAD.pdf">https://www.medicaid.gov/CHIP/Downloads/MD/MD-17-0001-LEAD.pdf</a>	<a href="https://www.medicaid.gov/CHIP/Downloads/IN/IN-17-0000-0002.pdf">https://www.medicaid.gov/CHIP/Downloads/IN/IN-17-0000-0002.pdf</a>	<a href="https://www.medicaid.gov/CHIP/Downloads/OH/OH-17-0038.pdf">https://www.medicaid.gov/CHIP/Downloads/OH/OH-17-0038.pdf</a>	<a href="https://www.medicaid.gov/CHIP/Downloads/WI/WI-19-0004.pdf">https://www.medicaid.gov/CHIP/Downloads/WI/WI-19-0004.pdf</a>
	<a href="https://www.medicaid.gov/CHIP/Downloads/MI/MI-17-0018-CHIP.pdf">https://www.medicaid.gov/CHIP/Downloads/MI/MI-17-0018-CHIP.pdf</a>			<a href="https://www.medicaid.gov/CHIP/Downloads/OH/OH-19-0014.pdf">https://www.medicaid.gov/CHIP/Downloads/OH/OH-19-0014.pdf</a>	
				<a href="https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/20190820a">https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/20190820a</a>	

Table 2. Comparison of Healthy Homes HSI Application Responses

Section	Description	Michigan	Maryland	Indiana	Ohio	Wisconsin
<b>Section 1</b>						
<b>General Description and Purpose of the CHIP and the Requirements.</b>						
1.1	Indicate whether child health assistance shall be provided through CHIP and/or expanded eligibility of Medicaid.	1.1.3. Combination of both	Neither checked	1.1.3. Combination of both	1.1.2 Expanded eligibility of Medicaid.	1.1.3. Combination of both
1.2	Assurance that state will not claim expenditures prior to approval of state plan or amendment.	Not checked but explanation given that all claims expenditures are after federal approval to implement MChild effective May 1, 1998.	Not checked	Checked	Checked	Checked
1.3	Assurance that state complies with all applicable civil rights requirements.	Not checked but explanation given that Michigan complies.	Not checked	Checked	Checked	Checked
1.4	Effective implementation dates	Dates provided for original plan and all amendments.  Also provides list of superseding pages of MAGI CHIP State Plan material.	Dates provided for current SPA proposal.  Also provides MAGI SPA roster.	Dates provided for original plan and current SPA proposal	Dates provided for original plan and current SPA proposal	Dates provided for original plan and all amendments.
1.4-T.C.	Tribal Consultation	No response provided	No response provided	No response provided	Provides list of CHIP MAGI SPAs	Provides description of tribal consultation for current SPA proposal.
<b>Section 2</b>						
<b>General Background and Description of Approach to Children's Health Insurance Coverage and Coordination</b>						
2.1	Description of health coverage of current CHIP population	Response provided	No response provided	Response with enrollment statistics provided	Response with enrollment statistics provided	Response with enrollment statistics provided
2.2	Description of HSI, including cost of each program, and how it is currently funded (if applicable).	Describes the following services and programs:  - Michigan Regional Poison Control Center  - Lead abatement activities (definition of lead abatement, property eligibility, full lead service line replacement, relocation services, Flint priority status, workforce certification requirements, post-abatement activities, metrics and reporting)	Describes the following services and programs:  - Maryland Poison Control Center  - HSI background and prevalence of child lead exposure in Maryland  - HSI Program #1: lead abatement (eligibility requirements, enrollment strategies and prioritization, definition of lead abatement, projected costs, workforce certification requirements, post-abatement activities, metrics and reporting)  - HSI Program #2: case management (overview, eligibility, enrollment strategies, description of services and supplies, hours per activity, staffing, quality metrics)	Describes the following services and programs:  - Poison Control Center  - Lead testing, prevention programs, and abatement (definition of lead abatement, property eligibility, target communities, workforce certification requirements, post-abatement activities, metrics and reporting)	Describes the following services and programs:  - Project 1 - lead abatement activities - Phase 1: properties with lead hazard control orders (monitoring and oversight, eligibility criteria, prioritization of participants, conditions of enrollment, income verification and enrollment, property owner contribution, tenant relocation services, coordination of lead abatement activities, post lead abatement activities, project activity sequence) - Phase 2: targeted areas - primary prevention (geographies, targeting plan)  - Project 2 - lead-safe housing registry (addition of lead-safe housing component to existing state-wide rental registry and housing locator)  - Key metrics and reporting	Describes the following services and programs:  - Poison Control Center  - Lead abatement (monitoring and oversight, eligibility criteria, prioritization of participants, income verification and enrollment, lead hazard risk assessment, rental property owner contribution, tenant relocation services, lead abatement activities, limitations on the use of CHIP funds, post lead abatement activities, metrics and reporting)
2.3	Tribal Consultation Requirements	Does not appear on application form	No response provided	No response provided	Response provided	Response provided
<b>Section 3</b>						
<b>Methods of Delivery and Utilization Controls</b>						
3.0	Checkbox for states electing to use funds only to provide expanded eligibility under the State's Medicaid plan.	Does not appear on application form	Unchecked	Unchecked	Checked	Unchecked

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Section	Description	Michigan	Maryland	Indiana	Ohio	Wisconsin
3.1	Description of financing, delivery of insurance products, and delivery of health care services.	Response provided, describes medical services for unborn children.	No response provided	Response provided, describes a comprehensive study to develop a strategy to improve access to specialty care for low-income children.	No response provided	No response provided
3.2	Description of utilization controls for enrollees to receive appropriate and medically necessary health care.	Response provided	No response provided	Response provided	No response provided	Does not appear on application form
Section 4	Eligibility Standards and Methodology					
4.0	Medicaid expansion	Does not appear on application form	Unchecked	Checked	Checked; descriptions for FPL and age thresholds provided in this section	Checked
4.1	Separate program	Does not appear on application form	Unchecked	Checked	Unchecked	Checked
4.1.0	Citizen verification	Does not appear on application form	Unchecked	Checked	Unchecked	Checked
4.1.1	Geographic area	Checked; Statewide	Unchecked	Checked; Statewide	Unchecked	Checked; refer to SPA WI-13-0028 Section CS7
4.1.2	Ages of each eligibility group	Unchecked; conception through birth	Unchecked	Checked; 0-18	Unchecked	Checked; refer to SPA WI-13-0028 Section CS7
4.1.3	Income of each eligibility group	Checked; at or below 195% FPL	Unchecked	Checked; refer to CS 7	Unchecked	Checked; See SPA WI-13-0028 Section CS7
4.1.4	Resources of each eligibility group	Checked; no resource test	Unchecked	Unchecked	Unchecked	Unchecked; no resource test
4.1.5	Residency	Checked; must be MI resident or in MI to seek employment	Unchecked	Checked; refer to CS 17	Unchecked	Checked; must be physically present in WI with the intent to reside in the state.
4.1.6	Disability status	None	Unchecked	Unchecked	Unchecked	Unchecked; not applicable
4.1.7	Access to coverage under other health coverage	Comprehensive employer-based coverage by other creditable health insurance will preclude enrollment in this program.	Unchecked	Checked; response provided	Unchecked	Checked; response provided
4.1.8	Duration of eligibility, not to exceed 24 months	Checked; eligibility continues from date of application through two months post partum.	Unchecked	Checked; response provided	Unchecked	Checked; response provided
4.1.9	Other standards	Unchecked	Unchecked	Checked; CS 19	Unchecked	Checked
4.1.9.1	SSN requirement	Does not appear on application form	Unchecked	Checked; CS 19	Unchecked	Checked; SSN is not required for unborn children, but is required for all other children requesting assistance.
4.1.9.2	Continuous eligibility	Does not appear on application form	Unchecked	Checked; children under age 3 receive continuous eligibility for 12 months regardless of changes in income.	Unchecked	Unchecked
4.1-PW	Pregnant women option	Does not appear on application form	Unchecked	Unchecked	Unchecked	Unchecked
4.1-LR	Lawfully residing option	Does not appear on application form	Unchecked	Unchecked	Checked; elected for pregnant women and children under age 21.	Checked; elected for children under age 19.
4.1-DS	Supplemental dental	Does not appear on application form	Unchecked	Unchecked	Unchecked	Unchecked
4.2	Assurances	n/a	n/a	n/a	n/a	n/a
4.2.1-DS	Discrimination based on diagnosis	Checked	Unchecked	Checked	Unchecked	Checked
4.2.2-DS	Coverage of children of higher income families	Checked	Unchecked	Checked	Unchecked	Checked
4.2.3-DS	Pre-existing medical conditions	Checked	Unchecked	Checked	Unchecked	Checked
4.3	Methodology	Response provided	No response provided	Response provided	No response provided	See SPA WI-13-0031 CS24
4.3.1	Limitation of enrollment	Unchecked	No response provided	Response provided	Checked	Checked
4.3.2	Presumptive eligibility	Does not appear on application form	Unchecked	Unchecked	Checked	Unchecked
4.3.3-EL	Express lane eligibility	Does not appear on application form	Unchecked	Unchecked	Unchecked	Unchecked

Table 2. Comparison of Healthy Homes HSI Application Responses

Section	Description	Michigan	Maryland	Indiana	Ohio	Wisconsin
4.4	Eligibility screening and coordination with other health coverage programs	n/a	n/a	n/a	n/a	n/a
4.4.1	Targeting of children who are ineligible for Medicaid	Response provided	Unchecked	Checked; response provided	Unchecked	Checked; See SPA WI-13-0031 Section CS24
4.4.2	Children found through screening process to be potentially eligible for Medicaid	Response provided	Unchecked	Checked; response provided	Unchecked	Checked; See SPA WI-13-0031 Section CS24
4.4.3	Children found through screening process to be ineligible for Medicaid are enrolled in CHIP	No response provided	Unchecked	Checked; response provided	Unchecked	Checked; See SPA WI-13-0031 Section CS24
4.4.4	Substitution of coverage under group health plans	No response provided	Unchecked	Checked; response provided	Unchecked	Checked; See SPA WI-13-0031 Section CS24
4.4.4.1	Premium assistance program	Checked; response provided	Unchecked	Unchecked	Unchecked	Checked; response provided
4.4.5	American Indian and Alaska Native children	Response provided	Unchecked	Checked; response provided	Unchecked	Checked; response provided
4.4-EL	Screen and enroll requirements	Does not appear on application form	Unchecked	Unchecked	Unchecked	Unchecked
Section 5	Outreach and Coordination					
5.1.1	Steps to identify and enroll uninsured children in public insurance programs	Does not appear on application form	No response provided	Response provided	Response provided	Response provided
5.1.2	Steps to identify and enroll uninsured children in public/private health insurance programs	Does not appear on application form	No response provided	Response provided	State does not participate in public/private partnerships for children's health insurance.	See 5.1.1
5.2	CHIP coordination with other insurance programs and child health programs	Does not appear on application form	No response provided	Response provided	Response provided	Response provided
5.2-EL	Express lane eligibility	Does not appear on application form	No response provided	No response provided	No response provided	No response provided
5.3	Strategies for outreach	Does not appear on application form	No response provided	Response provided	Response provided	Response provided
Section 6	Coverage Requirements for Children's Health Insurance					
6.0	Only provide expanded eligibility under Medicaid (proceed to section 7)	Unchecked	Unchecked	Unchecked	Checked	Unchecked
6.1.1	Benchmark coverage	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
6.1.1.1	FEHBP-equivalent coverage	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
6.1.1.2	State employee coverage	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
6.1.1.3	HMO with largest commercial enrollment	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
6.1.2	Benchmark-equivalent coverage	Unchecked	Unchecked	Checked	Unchecked	Unchecked
6.1.3	Existing comprehensive state-based coverage	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
6.1.4	Secretary-approved coverage	6.1.4 Checked 6.1.4.7 Checked	Unchecked	Unchecked	Unchecked	6.1.4.1 Checked 6.1.4.3 Checked
6.2	Forms of coverage	Coverage options checked	Unchecked	Coverage options checked	Unchecked	Coverage options checked; response provided
6.2-DC	Dental coverage	Does not appear on application form	Unchecked	6.2.1-DC Checked 6.2.1.1-DC AAPD checked	Unchecked	6.2.1-DC Checked 6.2.1.1-DC Checked; response provided for "Other"
6.2-DS	Supplemental dental coverage	Does not appear on application form	Unchecked	Unchecked	Unchecked	Unchecked
6.2-MHPAEA	Mental health parity requirements	Does not appear on application form	Unchecked	Does not appear on application form	Does not appear on application form	6.2.1.1-MHPAEA "ICD" checked 6.2.1.2-MHPAEA "Yes" checked 6.2.2.1-MHPAEA "Yes" checked 6.2.2.2-MHPAEA "All children" checked 6.2.2.3-MHPAEA all checked
6.3	Pre-existing medical conditions	6.3.1 Checked	Unchecked	6.3.1 checked	Unchecked	6.3.1 checked
6.4	Additional purchase options	Unchecked	Unchecked	Unchecked	Unchecked	6.4.2 Checked; response provided 6.4.3-PA "No" checked 6.4.3.5-PA "No" checked

Table 2. Comparison of Healthy Homes HSI Application Responses

Section	Description	Michigan	Maryland	Indiana	Ohio	Wisconsin
<b>Section 7</b>						
<b>Quality and Appropriateness of Care</b>						
7.0	Only provide expanded eligibility under Medicaid (proceed to section 8)	Unchecked	Unchecked	Unchecked	Checked	Unchecked
7.1	Methods used to assure quality and appropriateness of care	Response provided	Unchecked	Response provided 7.1.1 Checked; response provided 7.1.2 Checked; response provided 7.1.3 Checked; response provided 7.1.4 Checked; response provided	Unchecked	Response provided 7.1.1 Checked 7.1.2 Checked 7.1.3 Checked 7.1.4 Checked
7.2	Methods including monitoring for assurances	Unchecked	Unchecked	7.2.1 Response provided 7.2.2 Response provided 7.2.3 Response provided 7.2.4 Response provided	Unchecked	7.2.1 Response provided 7.2.2 Response provided 7.2.3 Response provided 7.2.4 Response provided
<b>Section 8</b>						
<b>Cost Sharing and Payment</b>						
8.0	Only provide expanded eligibility under Medicaid (proceed to section 9)	Unchecked	Unchecked	Unchecked	Checked	Unchecked
8.1	Cost-sharing	8.1.2 Checked	Unchecked	8.1.1 Checked	Unchecked	8.1.1 Checked 8.1.2-PW Checked
8.2.1	Premiums	Unchecked	Unchecked	Checked; response provided	Unchecked	Checked; response provided
8.2.2	Deductibles	Response provided	Unchecked	Unchecked; not applicable	Unchecked	Unchecked
8.2.3	Coinsurance or copayments	Unchecked	Unchecked	Unchecked; response provided	Unchecked	Checked; response provided
8.2-DS	Supplemental dental	Unchecked	Unchecked	Unchecked	Unchecked	Unchecked
8.3	Public notification	No response provided	No response provided	Response provided	No response provided	Response provided
8.4	Assurances	No response provided	Unchecked	8.4.1 Checked 8.4.2 Checked 8.4.3 Checked	Unchecked	8.4.6-MHPAEA response provided
8.5	Family cost sharing limits	No response provided	No response provided	Response provided	No response provided	Response provided
8.6	American Indian and Alaska Native children	No response provided	No response provided	Response provided	No response provided	Response provided
8.7	Consequences for non payment	No response provided	No response provided	Response provided	No response provided	Response provided
8.7.1	Disenrollment protections	Unchecked	Unchecked	8.7.1.1 Checked 8.7.1.2 Checked 8.7.1.3 Checked 8.7.1.4 Checked	Unchecked	8.7.1.1 Checked 8.7.1.2 Checked 8.7.1.3 Checked 8.7.1.4 Checked
8.8	Assurances	8.8.3 Checked 8.8.4 Checked 8.8.6 Checked	Unchecked	8.8.1 Checked 8.8.2 Checked 8.8.3 Checked 8.8.4 Checked 8.8.5 Checked 8.8.6 Checked	Unchecked	8.8.1 Checked 8.8.2 Checked 8.8.3 Checked 8.8.4 Checked 8.8.5 Checked 8.8.6 Checked Copayment tables provided
<b>Section 9</b>						
<b>Strategic Objectives and Performance Goals and Plan Administration</b>						
9.1	Strategic objectives	No response provided	No response provided	Response provided	Response provided	Response provided
9.2	Performance goals	Response provided	No response provided	Response provided	Response provided	Response provided
9.3	Measuring performance	Unchecked	Unchecked	Response provided 9.3.2 Checked 9.3.3 Checked 9.3.4 Checked 9.3.5 Checked 9.3.7 Checked 9.3.7.1 Checked 9.3.7.2 Checked 9.3.7.3 Checked 9.3.7.4 Checked 9.3.7.5 Checked 9.3.7.6 Checked	9.3.4 Checked 9.3.5 Checked	Response provided 9.3.4 Checked 9.3.5 Checked 9.3.6 Checked 9.3.7.1 Checked 9.3.7.2 Checked 9.3.7.3 Checked 9.3.7.4 Checked 9.3.7.5 Checked 9.3.7.6 Checked 9.3.7.7 Checked

Table 2. Comparison of Healthy Homes HSI Application Responses

Section	Description	Michigan	Maryland	Indiana	Ohio	Wisconsin
9.4	Assurances	Unchecked	Unchecked	Checked	Checked	Checked
9.5	Annual assessment and evaluation	Response provided	Unchecked	Checked; response provided	Checked; response provided	Response provided
9.6	Access to records	Unchecked	Unchecked	Checked	Checked	Checked
9.7	Meeting national performance measures	Unchecked	Unchecked	Checked	Checked	Checked
9.8		Unchecked	Unchecked	9.8.1 Checked 9.8.2 Checked 9.8.3 Checked 9.8.4 Checked	9.8.1 Checked 9.8.2 Checked 9.8.3 Checked 9.8.4 Checked	9.8.1 Checked 9.8.2 Checked 9.8.3 Checked 9.8.4 Checked
9.9	Public involvement	Unchecked	No response provided	Response provided 9.9.1 Response provided 9.9.2 Response provided	Response provided 9.9.1 Response provided 9.9.2 Not applicable	Response provided 9.9.1 Response provided 9.9.2 Response provided
9.10.1	CHIP budget	Response provided	Response provided	Response provided	Response provided	Response provided
9.10.2	HSI budget	No response provided	Response provided in 9.10.1 (allocations for Project 1 and 2)	No response provided	Response provided in 9.10.1	Response provided
Section 10	Annual Reports					
10.1.1	Reducing number of uncovered children	Unchecked	Unchecked	Checked	Checked	Checked
10.2	Future reporting requirements	Unchecked	Unchecked	Checked	Checked	Checked
10.3	Federal laws and regulations	Unchecked	Unchecked	Checked	Checked	Checked
10.3-DC	Dental benefit package	Does not appear on application form	Unchecked	Unchecked	Unchecked	Checked
Section 11	Program Integrity					
11.0	Only provide expanded eligibility under Medicaid (proceed to section 12)	Unchecked	Unchecked	Unchecked	Checked	Unchecked
11.1	Free and open competition	Unchecked	Unchecked	Unchecked	Unchecked	Checked
11.2	Assurances	Unchecked	Unchecked	Unchecked	Unchecked	11.2.1 Checked 11.2.2 Checked 11.2.3 Checked 11.2.4 Checked 11.2.5 Checked 11.2.6 Checked
Section 12	Applicant and Enrollee Protections					
12.0	Only provide expanded eligibility under Medicaid	Unchecked	Unchecked	Unchecked	Checked	Unchecked
12.1	Eligibility and enrollment matters	Response provided	No response provided	No response provided	No response provided	Response provided
12.2	Health services matters	Does not appear on application form	No response provided	No response provided	No response provided	Response provided
12.3	Premium assistance programs	Does not appear on application form	No response provided	No response provided	No response provided	N/A
Attachments		N/a	N/a	N/a	N/a	Description of amount, duration, and scope of services covered