

## Other Health Care Programs

Although the focus of this document has been on Medicaid, there are other public health care programs available in Michigan and administered by DCH that merit mention.<sup>32</sup>

### State Children's Health Insurance Program

The federal Balanced Budget Act of 1997 created **Title XXI** of the Social Security Act – the **State Children's Health Insurance Program (SCHIP)**, pronounced S-chip) – and provided new funds for states to cover uninsured children up to age 19. This program created the largest single expansion of health coverage for children since Medicaid was established in 1965. Under this new program states were given an option to create separate child health programs, expand their Medicaid programs, or have a combination of both. Irrespective, if approved by CMS, states would receive a higher federal matching rate than for their Medicaid programs.

Every state took advantage of this enhanced federal funding and established a program. Michigan was no different, choosing to expand coverage in its Medicaid program to include children age 1 to 19 in families with income up to 150 percent of the FPL – this is the **Healthy Kids** program and is addressed in the Medicaid Eligibility section. In addition, Michigan established a separate program – called **MIChild** (pronounced my child) – for children from birth up to age 19 in families with income up to 200 percent of the FPL. The MIChild program's coverages closely mirror those of the Healthy Kids program and enrollment utilizes the same application as Healthy Kids (DCH-0373-D); automated enrollment is also available. MIChild requires a monthly premium of \$5 per family,

---

<sup>32</sup> Additional information about these DCH programs is available on the agency's website at <http://www.michigan.gov/mdch/>.

irrespective of the number of children enrolled, and there are currently (June 2004) a little more than 35,000 children in the program.

### **Children's Special Health Care Services**

**Children's Special Health Care Services (CSHCS)** is a program administered by DCH created to find, diagnose and treat children who have specific chronic illnesses or disabling conditions. **Title V** of the Social Security Act authorizes federal funds to each state for this purpose. Low-income children with qualifying conditions may also qualify for Medicaid or MICHild and in such instances those programs have primary payment responsibility. Likewise, the CSHCS program's benefits are complementary and secondary to any employer-based insurance coverage or Medicare. The CSHCS program promotes the development of service structures that offer specialty health care for the qualifying condition that is family centered, community based, coordinated and culturally competent. Children under the age of 21 with qualifying medical conditions may apply for CSHCS coverage; persons over 21 with cystic fibrosis and certain blood coagulation disorders may also qualify for coverage.

### **Maternity Outpatient Medical Services**

Implemented initially as a state-funded program but more recently approved by CMS for SCHIP funding and with an added benefit for inpatient hospital services related to delivery and childbirth, the **Maternity Outpatient Medical Services (MOMS)** program provides prenatal and pregnancy-related medical services to low-income women who do not qualify for Medicaid, including teens who for confidentiality concerns choose not to apply for Medicaid benefits and non-citizens. Staff in local health departments facilitate most applications for MOMS. Unless a woman subsequently is made eligible for Medicaid, benefits end with discharge following delivery and the woman is not eligible for postpartum services.

## **Community Health Plans**

Community health plans are county-based community-sponsored programs operated in conjunction with local health departments. These programs, available in some but not all counties in Michigan, provide services to the Adult Benefits Waiver population and often provide services to other uninsured county residents as well. Information about some of the county plans can be found at <http://www.communityhealthplans.org/>.

## **Elder Prescription Insurance Coverage**

Michigan's Elder Prescription Insurance Coverage (EPIC) program was implemented in 2001 to assist low-income seniors (age 65 and older) with the cost of prescription drugs. EPIC replaced two other programs that had provided limited prescription assistance – the Michigan Emergency Pharmaceutical Program for Seniors and the Michigan Senior Prescription Drug Tax Credit program. Eligibility for the program is limited to Michigan residents with gross household income no greater than 200 percent of the FPL who are not institutionalized and who have no other form of prescription drug insurance coverage. There is a \$25 application fee and an income-based co-payment requirement. Emergency enrollment, for a 45-day period no more often than twice per year, requires that individuals have household income no greater than 150 percent of the FPL and a true medical emergency need for prescription drug coverage based on established criteria. Currently (June 2004) enrollment other than on an emergency basis is closed.

Until the **Medicare Prescription Drug, Improvement, and Modernization Act – Medicare Part D** – is fully implemented in January 2006, EPIC members are being enrolled in a discount card program offered through DCH, and those enrollees with income no greater than 135 percent of the FPL will qualify for a \$600 credit for the purchase of prescription drugs during the last half of 2004 and again in 2005.