Introduction

Over the past five years, California made significant strides in reducing the number of uninsured children from an estimated 778,000 in 2003 to 683,000 children in 2007, a 12 percent decline. This improvement in children’s coverage was due in part to Medi-Cal and Healthy Families expansions, the introduction of Healthy Kids programs in several counties, and effective outreach and enrollment efforts. However, gains in children’s coverage have slowed in recent years. *Children’s Health Coverage Facts and Figures* provides an overview of trends in children’s coverage and insurance programs in the state.

**KEY FINDINGS INCLUDE:**

- The proportion of children without health insurance continued to decline through 2007, though the pace of improvement has slowed.
- Nearly 80 percent of California’s uninsured children are eligible for coverage under either Medi-Cal, Healthy Families, or Healthy Kids.
- Medi-Cal and Healthy Families are key sources of coverage for children in low-income households that together have closed the coverage gap among families with incomes up to 250 percent of the federal poverty level.
- Healthy Kids programs are also important for children’s coverage. Twenty-four counties operate Healthy Kids programs and four others rely on California Kids.
- Children are less likely to have employment-based coverage than adults and are more likely to be enrolled in public programs in California.

The future of children’s health insurance coverage in California is uncertain. On the one hand, California’s economic downturn and budget crisis will likely make it difficult to increase the number of insured children. On the other, Congress and the President reauthorized the Children’s Health Insurance Program (CHIP), which provides new policy options for expanding coverage. In addition, Congress and the Obama Administration are working on national health care reform, which if enacted, would likely benefit children in California.

In this presentation, children are defined as people between the ages of 0 and 18, unless otherwise noted.
### Milestones Affecting Children’s Coverage, 1997–2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>Federal government establishes State Children’s Health Insurance Program (SCHIP) through Title XXI of Social Security Act.</td>
</tr>
</tbody>
</table>
| 1999 | Medi-Cal:  
- Eliminates face-to-face applications for children/families  
- Creates Single Point of Entry for Medi-Cal and Healthy Families. |
| 2001 | California launches Health-e-App (Internet-based application) to enroll children in Medi-Cal and Healthy Families.  
Medi-Cal eliminates quarterly status reports for families.  
Santa Clara County launches first Children’s Health Initiative to cover all children in the county and develops Healthy Kids insurance product for low- to moderate-income children who are ineligible for Medi-Cal and Healthy Families. |
| 2003 | California creates the Child Health and Disability Prevention (CHDP) Gateway to enroll eligible children into Medi-Cal and Healthy Families; eliminates community-based outreach and CAA funding due to the state budget crisis.  
- Express Lane Enrollment laws enacted expediting Medi-Cal/Healthy Families enrollment from School Lunch and Food Stamp program applications. |
| 2005 | California restores funding in state budget for CAA payments. |
| 2006 | California implements DRA*, citizenship and identity documentation requirements for enrolling in Medi-Cal. |
| 2007 | 30 counties have Children’s Health Initiatives and Healthy Kids programs. |
| 2008 | Alameda County drops its Healthy Kids program due to insufficient funds.  
Reinstatement of Quarterly Status Reports for Medi-Cal approved for 2009. |
| 2009 | Some optional Medi-Cal benefits eliminated, including adult dental care.  
The Children’s Health Insurance Program Reauthorization Act (CHIPRA):  
- Requires CHIP applicants to comply with DRA* regulations that require citizenship and identity documentation before enrolling  
- Offers all states Express Lane option based on California experience  
- Provides bonus payments to states that increase Medi-Cal enrollment levels.  
State budget cuts change many provisions in the Healthy Families Program and throw into question the future the program and the health of its nearly 1 million enrolled children. |

*Under the Deficit Reduction Act (DRA), Congress imposes citizenship and identity documentation requirements for enrolling in Medi-Cal (and now Healthy Families). Medi-Cal simplifies the DRA documentation production by removing DRA barriers for deemed-eligible infants, using vital statistic records matches to prove citizenship and accepting a parent’s signature on the application for proof of a child’s identity.


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### Eligibility Requirements for Children’s Insurance Programs, California, 2009

<table>
<thead>
<tr>
<th>FAMILY INCOME REQUIREMENTS AS A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL)</th>
<th>OTHER MAJOR REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Infants and Mothers (AIM)</strong></td>
<td>200% to 300% FPL</td>
</tr>
<tr>
<td><strong>CaliforniaKids (CalKids)</strong></td>
<td>Up to 250% FPL (300% FPL in three counties)</td>
</tr>
<tr>
<td><strong>California Children’s Services (CCS)</strong></td>
<td>Family income up to $40,000 or whose out-of-pocket costs for a CCS condition accounts for at least 20% of annual income</td>
</tr>
<tr>
<td><strong>Child Health and Disability Prevention (CHDP)</strong></td>
<td>Up to 200% FPL</td>
</tr>
<tr>
<td><strong>Healthy Families</strong></td>
<td>Up to 250% FPL</td>
</tr>
<tr>
<td><strong>Healthy Kids</strong></td>
<td>Up to 300% FPL (400% FPL in San Mateo County)</td>
</tr>
<tr>
<td><strong>Kaiser Permanente Child Health Plan</strong></td>
<td>Less than 300% FPL</td>
</tr>
</tbody>
</table>
| **Medi-Cal** | Infants: up to 200% FPL  
Age 1 to 5: up to 133% FPL  
Age 6 to 19: up to 100% FPL | California resident/U.S. citizen or qualified immigrant |

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*Complete requirements are available at healthyfamilies.ca.gov/hfprogram/join.aspx.

Notes: Not an exhaustive list of eligibility requirements. Children must be without employer-sponsored coverage to be eligible for each of these programs, with the exception of Medi-Cal. Federal poverty level (FPL) for a family of three is $18,310 in 2009. Medi-Cal also provides coverage to others, including some adults, seniors and people with disabilities. Dental care is a covered benefit in the Medi-Cal program and not a distinct program although it is often considered separate because the benefit has a distinct name Dentil-Cal.

## Benefits and Cost Sharing of Children’s Insurance Programs, California, 2009

<table>
<thead>
<tr>
<th>Benefits Offered</th>
<th>Premiums Paid by Family</th>
<th>Copayments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Infants and Mothers (AIM)</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>1.5% of household income</td>
</tr>
<tr>
<td><strong>CaliforniaKids (CalKids)</strong></td>
<td>Comprehensive medical coverage, including dental and vision but excluding inpatient services</td>
<td>$0 to $20 per child, per month</td>
</tr>
<tr>
<td><strong>California Children's Services (CCS)</strong></td>
<td>Specialty medical care and equipment provided by approved specialists</td>
<td>None</td>
</tr>
<tr>
<td><strong>Child Health and Disability Prevention (CHDP)</strong></td>
<td>Preventive care and well-child exams</td>
<td>None</td>
</tr>
<tr>
<td><strong>Healthy Families</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$4 to $24 per child, per month (capped at $12 to $72 per family, per month, depending on family size)</td>
</tr>
<tr>
<td><strong>Healthy Kids</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$4 to $14 per child, per month, varies by county (capped at $12 to $42 per family, per month, depending on family size)</td>
</tr>
<tr>
<td><strong>Kaiser Permanente Child Health Plan (CHP)</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$8 or $15 per child, per month for first three children in a family; additional children are free</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>None</td>
</tr>
</tbody>
</table>

Notes: Comprehensive care includes inpatient, outpatient, lab tests, pharmacy, and long term care.

Compared to the United States as a whole, California has a smaller percentage of children with employer-based coverage and a higher proportion enrolled in Medicaid.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Healthy Families and individuals eligible for both Medicare and Medicaid (dual eligibles) are included in Medicaid. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Sources of Insurance Coverage for Children and Adults, California, 2006–2007

California children are also less likely to have employer-based coverage, but more likely to be enrolled in public programs than adults. However, adults are nearly twice as likely to be uninsured.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Healthy Families and individuals eligible for both Medicare and Medi-Cal (dual eligibles) are included in Medi-Cal. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Sources of Children’s Insurance Coverage, by Poverty Level, California, 2007

For children in low-income families, public programs provide an important source of health coverage.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees. Figures may not total 100 percent due to rounding.

Sources of Children’s Insurance Coverage, by Age Group, California, 2007

About a quarter to a third of children in all age groups are covered by Medi-Cal and Healthy Families. Those who are five and younger rely more heavily on Medi-Cal than other age groups.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Children’s Health Insurance Coverage Trends, California, 2001–2007

The percentage of California children who were uninsured declined between 2001 and 2007. During the same period, public program coverage expanded.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS) and some non-elderly Medicare enrollees.

Children’s Insurance Coverage Trends, by Poverty Level, California, 2001–2007

The expansion of public insurance enrollment was greatest among children living below the federal poverty level. For children in families with household incomes between 100 and 300 percent of the FPL, employer-based coverage dropped from 55 percent to 43 percent. The number of uninsured children fell in both socioeconomic groups.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS) and some non-elderly Medicare enrollees.

Since 2001, both Medi-Cal and Healthy Families have shown steady increases in enrollment. Participation in Healthy Kids programs likewise increased after 2001, but began to decline in 2008 in response to reductions in funds. While CalKids has capped enrollment, Kaiser Children’s Health Plan reopened or expanded enrollment in several counties that established Healthy Kids waiting lists.
Twenty-four counties operate Healthy Kids programs; four rely on CalKids. The majority employ waitlists for new applicants and/or enrollment caps. One county (Alameda) eliminated its Healthy Kids program altogether.

Source: USC Center for Community Health Studies (2009) and individual Children’s Health Initiative offices (July 2009).
Uninsured Children in the United States, 2007

California’s percentage of uninsured children is higher than the national average, exceeding that of 33 other states.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27.


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Uninsured Children in the Five Largest Counties, California, 2007

Three of California's five most populous counties (Los Angeles, San Bernardino, and Riverside) have a higher percentage of uninsured children than the state median.

*Range in which actual percentage of uninsured will fall, with a 95 percent confidence interval.

Notes: Counties are listed in descending order of population size for children ages 0 to 18. CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27.

Eligibility for Public Coverage among Uninsured Children, California, 2005 and 2007

2005
TOTAL UNINSURED: 763,000

Not Eligible* 29%
Medi-Cal Eligible 32%
Healthy Kids Eligible 13%
Healthy Families Eligible 26%

2007
TOTAL UNINSURED: 683,000

Not Eligible* 21%
Medi-Cal Eligible 30%
Healthy Kids Eligible 23%
Healthy Families Eligible 26%

*This category refers to children who are citizens or permanent residents.

Notes: The number of uninsured children eligible for Healthy Kids increased by 68,000 between 2005 and 2007. This occurred because more counties implemented Healthy Kids programs over this two-year period, causing some previously ineligible children to become eligible. Some counties also instituted waiting lists for older children who would otherwise have been eligible for Healthy Kids.

Children Enrolled in Insurance Programs, by Age Group, California, 2008/2009

SOURCE OF COVERAGE

- CalKids*
- Healthy Families
- Healthy Kids†
- Kaiser CHP
- Medi-Cal

*CalKids only enrolls children older than one year of age.
†Healthy Kids enrollment data was only available for the combined 6 to 18 age group, and not the 6 to 12 and 13 to 18 age groups. This data was from Los Angeles County only.

More than 40 percent of Medi-Cal enrollees are under age six, a greater percentage than any other program.

Children Enrolled in Insurance Programs, by Race/Ethnicity, California, 2008/2009

Latinos make up the majority of people enrolled in children’s health insurance programs in California.

Notes: Counts include only those enrollees who provided their race/ethnicity. Asian: Amerasian, Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Other Asian, and Vietnamese. Other: Alaska Native, Guamanian, Hawaiian, Native American Indian, Not Given, Other, and Samoan.

Children’s Usual Source of Medical Care, by Facility Type, California, 2007

SOURCE OF COVERAGE

- Private
- Public
- Emergency Room*
- Other†
- None

Employer

Individual

Healthy Families

Medi-Cal

Uninsured

Compared to privately insured children, those enrolled in public insurance plans are more likely to use public facilities such as county health clinics and federally qualified community health centers as their regular source of health care.

*With the exceptions of the Individual, Healthy Families, and Uninsured categories, emergency room data are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

†With the exception of employer-based coverage, data in this category are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Notes:
- Private Facility: doctor’s office, HMO, Kaiser
- Public Facility: community clinic, government clinic, community hospital
- Other Facility: facility other than those listed, or multiple usual sources of care

Children who Delayed or Did Not Receive Needed Care, California, 2007

Source of Coverage

- Uninsured: 20%
- Medi-Cal: 8%
- Individual: 5%
- Healthy Families: 5%
- Employer: 4%

The parents of uninsured children are two to five times more likely to delay or forego needed health care for their children compared to those with public or private health coverage.

Note: Other Public which includes other government-sponsored programs as well as any combinations of insurance at the time of the CHIS survey, is not included because the data are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Source: California Health Interview Survey, UCLA Center for Health Policy Research (2007)
Immunization Status for Two-Year-Olds in Public and Select Private Managed Care Plans, California, 2007

<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente*</td>
<td>82%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>79%</td>
</tr>
<tr>
<td>Medi-Cal Managed Care</td>
<td>78%</td>
</tr>
<tr>
<td>Blue Shield of California HMO</td>
<td>74%</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>68%</td>
</tr>
</tbody>
</table>

*Northern California only.

Notes: “Immunization Status” refers to the number of children who received the following immunizations by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP), at least three polio (IPV), at least one measles, mumps, and rubella (MMR), three H influenza type B (Hib), three hepatitis B, and one chicken pox (VZV). For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only. For Medi-Cal, Healthy Families, and Healthy Kids, the data are a weighted average of the rates among the county or regional health plans. There is some variation in these rates among these plans just as private plan performance may vary among the various regions within the state. These data are reported by the National Committee for Quality Assurance (NCQA) in their 2007 Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90 percent of America’s health plans to measure performance in terms of care and service using 71 measures across 8 domains of care. For more details on HEDIS methodology and scope, please see www.ncqa.org/habid/59/Default.aspx.

# Well-Baby Visits among Infants in Managed Care Plans, California and the United States, 2007

## SOURCE OF COVERAGE

<table>
<thead>
<tr>
<th>Plan</th>
<th>Well-Baby Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Medi-Cal Managed Care</td>
<td>74%</td>
</tr>
<tr>
<td>California Healthy Families</td>
<td>73%</td>
</tr>
<tr>
<td>California Healthy Kids</td>
<td>71%</td>
</tr>
<tr>
<td>National Commercial HMO</td>
<td>73%</td>
</tr>
<tr>
<td>National Medicaid HMO</td>
<td>56%</td>
</tr>
</tbody>
</table>

## Notes

- Infants include babies up to age 15 months. These data are reported by the National Committee for Quality Assurance (NCQA) in their 2007 Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90 percent of America's health plans to measure performance in terms of care and service using 71 measures across 8 domains of care. For more details on HEDIS methodology and scope, please see [www.ncqa.org/tabid/59/Default.aspx](http://www.ncqa.org/tabid/59/Default.aspx). For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only. For Medi-Cal, Healthy Families, and Healthy Kids, the data are a weighted average of the rates among the county or regional health plans. There is some variation in these rates among these plans just as private plan performance may vary among the various regions within the state.

Well-Child and Well-Adolescent Visits among Children in Managed Care Plans, California and the United States, 2007

SOURCE OF COVERAGE

<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Children (ages 3–6 years)</th>
<th>Adolescents (ages 12–21 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Managed Care</td>
<td>37%</td>
<td>74%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44%</td>
<td>73%</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>39%</td>
<td>71%</td>
</tr>
<tr>
<td>National</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>67%</td>
</tr>
<tr>
<td>Medicaid HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44%</td>
<td>67%</td>
</tr>
</tbody>
</table>

In delivering preventive care to children aged three to six, California’s public plans performed better than the national averages — including those for private insurers. Among California public plans, 39 to 44 percent of adolescents are obtaining a preventive examination each year. While low, these levels are similar to what is reported nationally for both public and private plans.

Notes: Well-child visits are among those ages 3 to 6 years old and well-adolescent visits are among those ages 12 to 21 years old. HEDIS measures are not available for the 7 to 11 age group. For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only.

Time Since Last Dental Visit among Children, by Insurance Status, California, 2007

Children with public or private coverage were more likely to have received a dental exam in 2007 compared to the uninsured. Medi-Cal lags other insurance programs in the percentage of children who have had a visit within the last year.

*Excluding Uninsured; data in these categories are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Notes: Includes children between the ages of 2 and 18 years old, unless it was indicated on the survey that the child had a tooth at a younger age.

Any Emergency Room Visit in the Past 12 Months among Children, by Insurance Status, California, 2007

**SOURCE OF COVERAGE**

<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>22%</td>
</tr>
<tr>
<td>Employer</td>
<td>19%</td>
</tr>
<tr>
<td>Individual</td>
<td>16%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>15%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9%</td>
</tr>
</tbody>
</table>

Children with Medi-Cal and private insurance have higher rates of emergency room use than those enrolled in Healthy Families or the uninsured.

The following pending actions will affect children’s insurance coverage in California:

- **Healthy Families funding challenges**: State shortfalls led to significant funding cuts of Healthy Families in July 2009, which led to waiting lists and plans to drop children. Funding has been reestablished through a commitment from the California First5 Commission and new legislation (AB 1422) which increases family co-payments and premium contributions. It is unclear how the increased family contributions will affect enrollment and utilization.

- **Children’s Health Initiative (CHI) expansion and financial sustainability**: The prospects of achieving a statewide Healthy Kids program are not immediately foreseeable given the current economic climate. Even the future of local CHIs and Healthy Kids programs is uncertain due to reduced private and public funding.

- **Children eligible for public plans but not enrolled**: Significant progress was made over the past few years in enrolling children in programs, although many California children remain eligible for Medi-Cal or Healthy Families but are not enrolled. The elimination of funding for Certified Application Assistants (CAAs) will likely slow the growth of new enrollment in all subsidized programs.

- **Implementation of Healthy Families DRA requirements**: Under a new federal law, the documentation requirements for all those applying for Healthy Families coverage are significantly more stringent and may reduce enrollment levels of legal residents.

- **Adoption of CHIPRA options**: California has the option to adopt a number of innovations to increase coverage. Given the budget challenges, adoption of the options is uncertain.
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Sharon Lee-Chi
L.A. Care Plan

Barbara Siegel
Neighborhood Legal Services

Reference
Throughout this presentation, the values for the United States include those for the state of California. The results calculated from the Current Population Survey (CPS) are different than what has been reported by the California Health Interview Survey (CHIS). CPS and CHIS employ different methodologies to estimate the number of uninsured. For a thorough comparison of the different methods, please see the California HealthCare Foundation’s California Uninsured and Medi-Cal Populations: A Policy Guide to the Estimates, www.chcf.org/documents/insurance/CPSPDrugCostsGuide1.pdf.
## Appendix: Overview of California Health Insurance Programs for Children

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>LAUNCH DATE</th>
<th>GEOGRAPHIC COVERAGE</th>
<th>PURPOSE</th>
<th>ADMINISTRATION</th>
<th>FUNDING SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access for Infants and Mothers (AIM)</td>
<td>1992</td>
<td>Statewide</td>
<td>State program to cover mothers and infants who do not qualify for Medi-Cal. As of July 2004, infants born to AIM mothers are enrolled in Healthy Families.</td>
<td>California Managed Risk Medical Insurance Board (MRMIB) under federal rules</td>
<td>State General fund, federal title XXI funds, state proposition 99 funds, premiums paid by family</td>
</tr>
<tr>
<td>CaliforniaKids (CalKids)</td>
<td>1992</td>
<td>26 Counties (July 2009)</td>
<td>Not-for-profit program to offer limited coverage to children ineligible for public programs. Enrollment open in selected counties.</td>
<td>CaliforniaKids Healthcare Foundation</td>
<td>Foundations, corporations, non-profit hospitals, First 5 Commissions, premiums paid by family</td>
</tr>
<tr>
<td>California Children’s Services (CCS)*</td>
<td>1935</td>
<td>Statewide</td>
<td>State-federal partnership to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment.</td>
<td>California Department of Health Care Services under federal and state rules</td>
<td>Federal MCH Block Grant, state General Fund</td>
</tr>
<tr>
<td>Child Health and Disability Prevention (CHDP)</td>
<td>1974</td>
<td>Statewide</td>
<td>State-federal partnership to provide all children up to 200% of the Federal Poverty Level, including those with Medi-Cal, with periodic preventive health services and other care.</td>
<td>California Department of Health Care Services (DHCS) under federal and state rules</td>
<td>Federal government pays 50% for Medi-Cal eligible children, state General Fund, county dollars</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>1998</td>
<td>Statewide</td>
<td>State-federal partnership to cover low- to moderate-income children under the federal SCHIP program.</td>
<td>California Managed Risk Medical Insurance Board (MRMIB) under federal rules</td>
<td>Kaiser Permanente, premiums paid by family</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>2001</td>
<td>County-specific</td>
<td>County-specific plans to cover low- and moderate-income children not eligible for Medi-Cal or Healthy Families.</td>
<td>Varies. Local Health Departments, First 5 Commissions, Community-Based Organizations</td>
<td>Varies. First 5 Commissions, public health plans, foundations, non-profit hospitals, tobacco settlement funds, private donations and contracts, philanthropies, premiums paid by family</td>
</tr>
<tr>
<td>Kaiser Permanente Child Health Plan (CHP)</td>
<td>1998</td>
<td>Selected service areas</td>
<td>Not-for-profit health plan to offer and subsidize coverage for children ineligible for public programs due to family income or immigration status.</td>
<td>Kaiser Permanente</td>
<td>Kaiser Permanente, premiums paid by family</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>1966</td>
<td>Statewide</td>
<td>State-federal partnership to cover low-income Californians under federal Medicaid program.</td>
<td>California Department of Health Care Services (DHCS) under federal rules</td>
<td>Federal government pays 65%, state General Fund, county dollars†</td>
</tr>
</tbody>
</table>

*Originally launched at the federal level as Crippled Children's Services.
†Typically, California receives $.50 from the federal government for every Medi-Cal/Denti-Cal dollar spent. The 2009 Federal Stimulus legislation temporarily increased the federal match (‘FMAP’) to California to $.65, effective October 1, 2008 and December 31, 2009. For more information see: April Grady, Medicaid: The Federal Medical Assistance Percentage (FMAP), Congressional Research Service, 7-5700, RL32950. Available at assets.opencrs.com/rpts/RL32950_20090202.pdf.