kaiser commission on medicaid and the uninsured

Challenges of Providing Health Coverage for Children and Parents in a Recession:

A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009

Prepared by:
Donna Cohen Ross
Center on Budget and Policy Priorities

and

Caryn Marks
Kaiser Commission on Medicaid and the Uninsured
The Henry J. Kaiser Family Foundation

January 2009

THE HENRY J. KAISER FAMILY FOUNDATION

kaiser commission medicaid and the uninsured

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.

kaiser commission on medicaid and the uninsured

Challenges of Providing Health Coverage for Children and Parents in a Recession:

A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009

Prepared by:
Donna Cohen Ross
Center on Budget and Policy Priorities

and

Caryn Marks
Kaiser Commission on Medicaid and the Uninsured
The Henry J. Kaiser Family Foundation

January 2009

THE HENRY J. KAISER FAMILY FOUNDATION

Acknowledgments

The authors would like to extend our deep appreciation to the many Medicaid and SCHIP officials throughout the country who participated in this survey and so generously shared their time and expertise with us. We are grateful for their willingness to explain recent program developments -- from the broadest policy change to the most detailed program rule. Their important contribution to improving the health of children and families deserves recognition and our thanks. We also would like to thank our colleagues at the Center on Budget and Policy Priorities, particularly Matthew Broaddus, for their assistance and helpful suggestions as we prepared this report. We also appreciate the assistance of the Center for Children and Families at Georgetown University's Health Policy Institute.

Table of Contents

Executive Summary

Medicaid and SCHIP have been instrumental in covering more low-income uninsured children over the last decade. While much progress has been made, nine million children remain uninsured. As SCHIP reauthorization approached in 2007, states were poised to move forward with efforts to cover more uninsured children. However, federal obstacles, including the Medicaid citizenship documentation requirements, the issuance of a CMS-directive on August 17th 2007 limiting state expansions, and the failure to reauthorize SCHIP have hampered progress. A temporary extension provided funds for SCHIP through March 31, 2009.

When states adopted their budgets for the fiscal year starting July 1, 2008, many were able to include funding for children's coverage expansions. Later, the severity of the unfolding fiscal crisis became clearer and state budget shortfalls are now expected to total $350 billion for the remainder of FY 2009 and through 2011. States face mounting pressure to cut Medicaid and SCHIP just as the need for coverage rises due to climbing unemployment and loss of health coverage. In the last downturn, some states implemented restrictive enrollment procedures and reported dramatic declines in children's enrollment as a result. States may soon feel pushed to take such steps. Key findings from the annual KCMU survey of state Medicaid and SCHIP policies for children and parents that were implemented or authorized between January 2008 and January 2009 in the 50 states and D.C. include:

- **States continued to make progress on improving access to health coverage, particularly for children, but several significant setbacks warn about impending problems.** One-third of states (19) increased access to health coverage, while ten states enacted at least one measure to restrict coverage. The most common restriction was imposing new or higher premiums in SCHIP, but two states also restricted eligibility. California increased the frequency of renewal, a change estimated to affect more than 260,000 children as well as large numbers of parents.

- **The economic crisis is widespread and serious healthcare cuts are looming, but the commitment to children is still strong.** States continued to enact eligibility expansions for children, and state officials in several of those states plan to go forward even though they are facing significant budget shortfalls. Federal constraints, such as the unresolved reauthorization of SCHIP and the August 17th directive, have caused some states to put expansions on hold temporarily. Others are using state funds to pay for coverage precluded by the directive.

- **Parent coverage is still more difficult to obtain than children's coverage.** The median income at which children qualify for coverage is 200 percent of the federal poverty line, but is much lower — 68 percent of the federal poverty line — for working parents. However, for unemployed parents, the median income eligibility for Medicaid is just 41 percent of the federal poverty line, $601 per month for a family of three in 2008. Jobless parents who need coverage may find that unemployment payments put them over the income limit for Medicaid.

- **Outreach budgets were increased in a number of states, however, some are beginning to report that these funds are being curtailed.** Outreach, including community-based application assistance, is critical in a recession, since newly eligible families may be unfamiliar with public programs. But in light of budget shortfalls, some states expressed skepticism for conducting aggressive outreach. About half the states are using technology to implement or develop online applications and to develop more efficient enrollment and renewal systems.

As the economic crisis deepens, states will be under major pressure to contain costs. This may lead them to take steps that not only reverse coverage gains, but intensify the hardships that many families are already facing as a result of losing their jobs and their health insurance. Congress is currently considering SCHIP reauthorization and an economic recovery package that would provide additional federal Medicaid matching funds. These would help states to maintain vital coverage for low-income families, support state efforts to enroll more eligible children, and make program improvements. Strengthening Medicaid and SCHIP in these ways is an essential precursor to the larger task of enacting broad health care reform.

I. Introduction

A commitment to providing health coverage for uninsured children has inspired nationwide efforts that began in earnest with enactment of the State Children's Health Insurance Program (SCHIP) in 1997. Like Medicaid, the chief source of health coverage for low-income families, SCHIP finances coverage through a partnership between the federal and state governments. State measures to expand eligibility and adopt streamlined enrollment procedures in Medicaid and SCHIP have strengthened both of these programs, and they have been instrumental in reducing the percentage of low-income uninsured children by one-third over the last decade.[1] Notably, the number of low-income uninsured parents increased over the same period, since eligibility levels and resources for addressing their health coverage needs do not approach those related to children.

While considerable progress has been made, nine million children in the United States remain uninsured, with nearly two-thirds of them eligible for Medicaid and SCHIP. In 2007, with relatively robust state budgets and the reauthorization of SCHIP at hand, across the country, states came forward to reaffirm their commitment to closing this gap. That year, state efforts to expand children's health coverage represented the most aggressive steps forward since the early years of SCHIP. Of the 20 states that expanded eligibility for children, 12 raised or authorized raising SCHIP income limits to 300 percent of the federal poverty line, more than doubling the number of states that previously had eligibility set at this level. States also made progress on adopting simplified enrollment and renewal procedures in both Medicaid and SCHIP, emphasizing strategies that reduce paperwork and jump-start enrollment.[2]

Despite this burst of activity, efforts to advance children's coverage met unanticipated federal obstacles. The Medicaid citizenship documentation requirement, enacted in 2006 as part of the Deficit Reduction Act, sent state simplification efforts backwards by requiring U.S. citizens applying for Medicaid to present original documents proving their citizenship and identity. States reported that this new rule ushered a deep decline in the enrollment of eligible U.S. citizens, especially children.

The expected reauthorization of SCHIP also encountered roadblocks. Congress passed two versions of legislation to reauthorize SCHIP and President Bush vetoed each of them. And, on August 17, 2007, as SCHIP reauthorization was proceeding, the Centers for Medicare and Medicaid Services (CMS) issued a directive that impeded states' ability to expand coverage.[3] The year ended with these problems unresolved, meaning states were without the infusion of funds they were anticipating, and the new tools to bolster outreach and enrollment did not materialize. A temporary extension provided funds for SCHIP through March 31, 2009.

When states adopted their budgets for the state fiscal year starting July 1, 2008, they were able to include funding for children's coverage expansions. Later, the economy began to show signs of trouble, but it was not until September 2008 that the breadth and depth of the unfolding fiscal crisis became clear as financial markets collapsed and unemployment started to rise sharply. States are now facing an extremely threatening fiscal situation, with state budget shortfalls expected to total $350 billion for the remainder of FY 2009 and through 2010 and 2011.[4]

So far, most states have managed to maintain existing eligibility levels and procedural improvements. For example, despite serious financial pressures, states that enacted earlier children's coverage expansions, such as Iowa and New York, have reiterated their intentions to go forward. But, there are warning signs that this will become more and more difficult.

As in past economic downturns, states will continue to struggle with the mounting pressure to cut health coverage programs just at the time that an increasing number of people need the vital services they provide. Many states have already implemented or announced major cuts to health programs, mainly in the area of provider rates and benefits, which have a significant impact on access and the quality of care. States that have not yet expanded are likely to be deterred from increasing coverage because of the dire economic environment.

Medicaid enrollment and spending growth peaked in 2002 at the same time state revenues dropped sharply. In response, states adopted an array of cost containment strategies to control spending growth. Then federal fiscal relief was made available to states through the Jobs and Growth Tax Relief Reconciliation Act of 2003, increasing the federal share of Medicaid costs, and lifting some of the burden states were carrying. The legislation restricted states from lowering Medicaid eligibility between September 2003 and June 2004, as a condition of receiving relief funds. Thus, no state retracted Medicaid eligibility during this time period. SCHIP eligibility also remained relatively constant, with only a few states cutting back.

However, because they were still grappling with budget shortfalls, nearly half the states put in place enrollment procedures that made it more difficult for children and parents to secure and retain health coverage between April 2003 and July 2004.[5] Some states reported dramatic declines in children's enrollment as a result of these budget-driven changes, and children who were most likely *eligible* for existing programs became uninsured. For example, in Texas, SCHIP enrollment dropped by more than 149,000 children (a 29 percent decline), in large measure, due to reducing continuous coverage from 12 months to six months. Washington state also repealed the guarantee of 12 months of coverage and required parents to renew their child's eligibility every six months as well as report changes in the interim. This, along with other procedural changes, led to a dramatic caseload reduction of more than 40,000 children. In Wisconsin's BadgerCare program, establishing more rigorous documentation requirements resulted in an enrollment decline of 13,000 children and parents in just the first four months of implementation. Several states also froze SCHIP enrollment. In addition to turning away children who qualified for coverage under SCHIP, this strategy adversely affected Medicaid-eligible children not subject to the freeze. Eligible applicants' path to coverage was limited when states stopped taking joint Medicaid/SCHIP applications or because families mistakenly interpreted news reports to mean that all coverage programs were closed to new applicants.[6]

Coming out of the last economic downturn, states worked to eliminate SCHIP enrollment freezes and reverse some of the enrollment barriers they had imposed. This enabled caseloads to recover somewhat. An important lesson learned, however, is that the problematic effects of changing administrative procedures can endure if such changes send conflicting messages to prospective and current program participants.

As this report goes to press, two major developments are within reach. Congress has taken up SCHIP reauthorization once again and is working towards passing a bill that will likely be one of the first pieces of legislation to be presented to the nation's new president, Barack Obama. Next will come a significant economic recovery package that will contain substantial state fiscal relief in the form of enhanced federal matching funds for Medicaid that will reduce the share of the costs states will have to contribute for the program. Passage of both these bills would provide needed relief, as well as the support to move forward on enrolling more eligible, uninsured children. These measures would also help reinforce the federal/state partnership that is fundamental to the viability of health coverage programs. Strengthening Medicaid and SCHIP by making sure they are in a position to provide coverage to more

low-income uninsured individuals, is also an essential precursor to the larger task of enacting broad health care reform.

II. About this Survey

This report presents the findings of a survey of eligibility rules, enrollment and renewal procedures, and cost-sharing practices in Medicaid and SCHIP for children and families that were implemented or authorized between January 2008 and January 2009 in the 50 states and the District of Columbia. These policies have a large influence on how effectively Medicaid and SCHIP can deliver health coverage to the eligible children, pregnant women and parents who rely on the vital services these programs provide. They are the driving forces behind efforts to reduce the number of low-income people who lack adequate insurance but cannot afford to pay for it on their own.

This study, the eighth annual survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, was carried out in the summer and early fall of 2008, through extensive telephone interviews with state Medicaid and SCHIP program administrators. Detailed follow-up interviews proceeded through the end of the year. The findings reflect policies and procedures in effect in the states in January 2009, as well as coverage expansions that were authorized, but were not implemented, by states during the survey period.

III. Key Survey Findings – Current Status of Coverage for Children and Parents

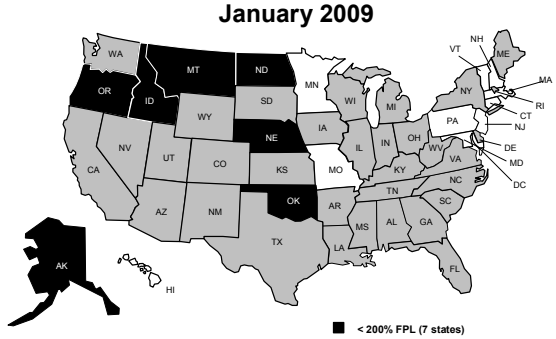
States continue to make progress on improving access to health coverage for low-income families. As of January 2009, income eligibility levels are as follows:

States provide health coverage for children and pregnant women under Medicaid or SCHIP as follows (Figures 1 & 2):

- 44 states, including DC, cover children in families with income at 200% FPL or higher. ($35,200 for a family of three in 2008).
- 33 states cover children in families with income between 200% and 250% FPL. (200%: $35,200 for a family of three in 2008; 250% FPL: $44,000 for a family of three in 2008).
- 19 states, including D.C., cover children in families with income at 250% FPL or higher. 10 of these states cover children in families with income at 300% FPL or higher. ($52,800 per year for a family of three in 2008).
- 40 states, including DC, cover pregnant women with income 185% FPL or higher. ($32,560 for a family of three in 2008).

Figure 1

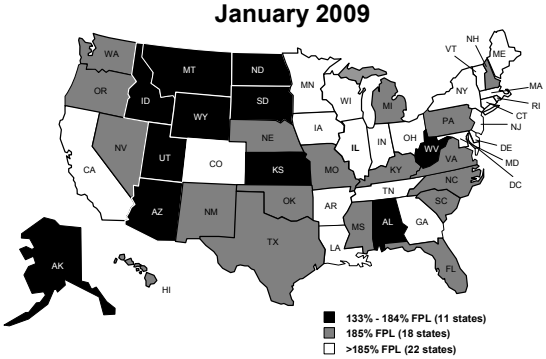
Children's Eligibility for Medicaid/SCHIP by Income, January 2009



*The Federal Poverty Line (FPL) for a family of three in 2008 is $17,600 per year.
***IL uses state funds to cover children above 200% FPL.; MA uses state funds to cover children above 300% FPL; NY uses state funds to cover children from 250% to 400% FPL; WI uses state funds to cover children from 250% to 300% FPL.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Figure 2

Medicaid Eligibility for Pregnant Women by Income, January 2009



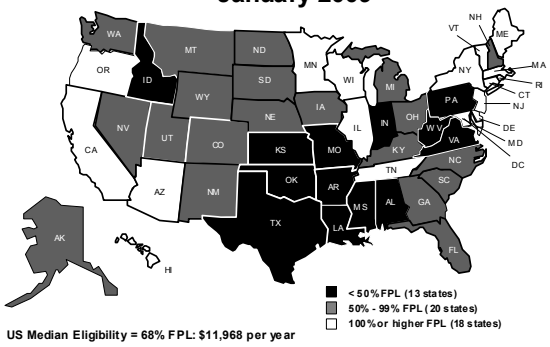
*The Federal Poverty Line (FPL) for a family of three in 2008 is $17,600 per year.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

States provide health coverage for parents under Medicaid as follows (Figures 3 & 4):

- In 12 states, family income must be less than half the federal poverty line for a working parent to qualify for Medicaid ($8,700 per year for a family of three in 2008).
- In 29 states, family income must be less than half the federal poverty line for a jobless parent to qualify for Medicaid ($8,700 per year for a family of three in 2008).
- 18 states, including the District of Columbia, cover parents in families with income at 100 percent of the federal poverty line or higher ($17,600 per year for a family of three in 2008).
- In 28 states, a parent in a family of three, working full-time at the minimum wage, earning on average, $1,092 per month, cannot qualify for Medicaid.

Figure 3

Medicaid Eligibility for Working Parents by Income, January 2009

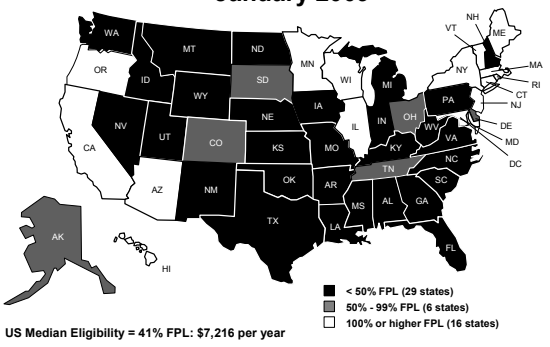


US Median Eligibility = 68% FPL: $11,968 per year

*The Federal Poverty Line (FPL) for a family of three in 2008 is $17,600 per year.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Figure 4

Medicaid Eligibility for Jobless Parents by Income, January 2009



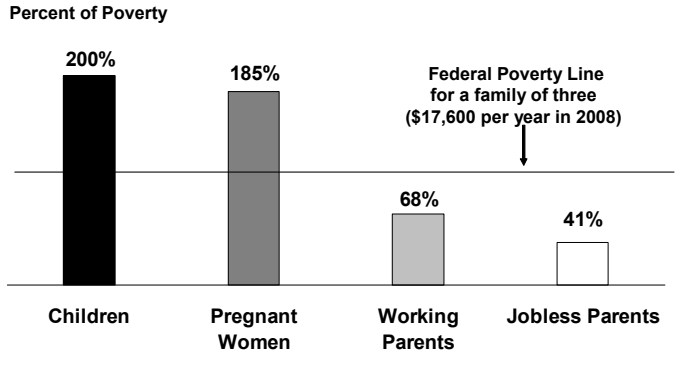
US Median Eligibility = 41% FPL: $7,216 per year

*The Federal Poverty Line (FPL) for a family of three in 2008 is $17,600 per year.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

It continues to be more difficult for a low-income parent to qualify for health coverage than for a child (Figure 5). The median income at which children qualify for Medicaid or SCHIP is 200 percent of the federal poverty line, but is much lower — 68 percent of the federal poverty line — for working parents. For jobless parents, the median income eligibility for Medicaid is just 41 percent of the federal poverty line, $601 per month for a family of three in 2008. In an economic downturn, this low income limit can take a serious toll on families. For many individuals who have lost their jobs and also their health insurance, COBRA coverage is likely to be prohibitively expensive or may not be available, and parents may turn to public programs for coverage. However, they may find that the unemployment compensation payments they receive put them over the income limit for Medicaid. (Since unemployment compensation is unearned income, "earnings disregards" that are designed to help working families qualify do not apply.) Jobless parents may eventually become eligible, but in the interim they are subject to health risks and financial exposure that can have deleterious consequences for themselves and their families.

Figure 5

Median Medicaid/SCHIP Income Eligibility Thresholds for Children, Pregnant Women and Parents, January 2009



SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

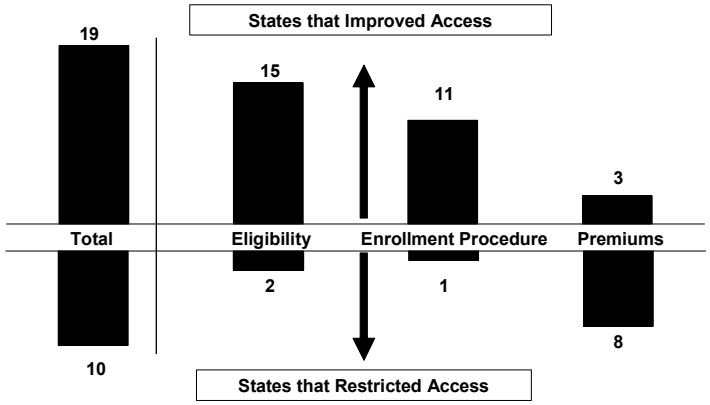
IV. Key Survey Findings – State Actions During 2008

Overall, states continued to make progress on improving access to health coverage, but a few setbacks warn about impending problems (Figure 6).

- **More than one-third of the states (19 states) took steps to increase access to health coverage for low-income children, pregnant women and parents.** Fifteen(15) states authorized or implemented coverage expansions *(CO, IA, IN, KS, LA, MD, MT, ND, NJ, NY, OK, OR, SC, TN, WI)*; 11 states reduced procedural barriers *(AZ, CO, IA, KY, LA, MD, MT, ND, OR, SC, UT)* and three states reduced financial barriers to Medicaid and SCHIP *(TN, WA, WI)*.

Figure 6

Number of States Taking Action Affecting Access to Health Care Coverage, Jan 08 – Jan 09



SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

- **Ten states (10 states) enacted at least one measure to restrict coverage.** The most common restriction was to increase financial barriers such as new or higher premiums in SCHIP programs. Eight states *(GA, LA, MN, MO, NJ, NV, PA, RI)* went in this direction. *Rhode Island* and *South Carolina* restricted eligibility, the former cutting income eligibility for parents, and the latter establishing a three-month waiting period in its new separate SCHIP program, during which children must remain uninsured before they can enroll. *California*, increased the frequency with which parents and children are required to renew coverage.

  The actions taken by *Rhode Island* and *California*, among the first states to feel the effects of the economic downturn, raise concerns about where other states could be headed if their fiscal pressures go unaddressed. The premium increases in *Rhode Island* are steep, coming at a time when families are likely to be financially strapped. Premiums of $45 per child per month are now required for children in families with incomes as low as 133 percent of the federal poverty line ($23,467 for a family of three in 2008), as compared to the previous starting point, 150 percent of the federal poverty line. Premiums for other children range from $86 per month to $114 per month, representing an increase of up to $29 per month for some.

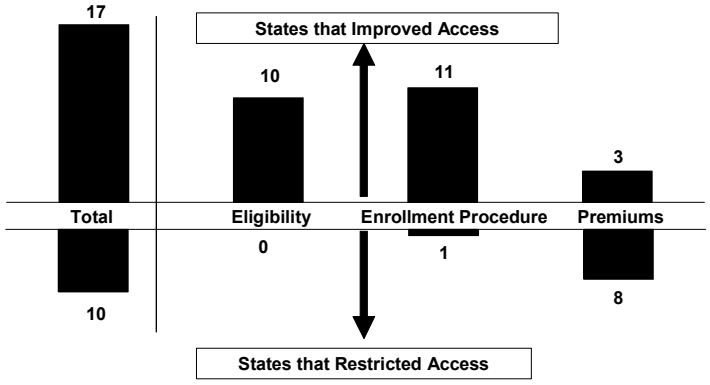
  California's retraction of 12-month continuous eligibility for children withdraws the guarantee of full-year coverage, which is critical for children with ongoing medical needs. In addition, the state will

now require children and parents on Medicaid to comply with a semi-annual reporting procedure that is likely to cause otherwise avoidable gaps in coverage for eligible families. It will also create unnecessary and costly administrative burdens, since eligible families dropped from the program are likely to reapply within a short period of time. These changes could result in more than 260,000 children losing coverage by 2011. A large number of parents would be affected as well.[7]

The economic crisis is widespread, and serious health care and other cuts are looming, but states are demonstrating a steadfast commitment to covering children (Figure 7). States continued to enact eligibility expansions for children, and state officials in several of those states, such as *Iowa* and *New York,* plan to go forward even though they are facing significant budget shortfalls. Federal constraints that have dampened states' ability to expand, such as the unresolved reauthorization of SCHIP and the August 17th directive, have caused several states to put expansions on hold or scale back temporarily. Others, such as *Wisconsin* and *New York*, are using state funds to pay for children whose coverage is precluded by the August 17th directive.

Figure 7

Number of States Taking Action Affecting Children's Access to Health Care Coverage, Jan 08 – Jan 09



SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

- **One-third of the states (17 states) increased access to coverage for children.** Ten (10) states implemented or authorized eligibility expansions for children. *Iowa* and *Montana* raised children's coverage (scheduled to begin later this year), to 300 percent of the federal poverty line and 250 percent of the federal poverty line, respectively; *Kansas* implemented a children's coverage expansion to 250 percent of the federal poverty line. If the August 17th directive remains in place, these states will be subject to the strict conditions it imposes. Eligibility increases were also implemented, but to more modest levels in *Colorado, North Dakota* and *South Carolina*. *New York* adopted the option to allow children leaving foster care upon reaching age 18 to keep their Medicaid coverage.

  Of the ten states that expanded coverage for children, four were implementing expansions that were authorized last year, but which had been held back by the August 17th directive or by the uncertainty surrounding SCHIP reauthorization. *Louisiana* and *Indiana* increased eligibility to 250 percent of the federal poverty line, rather than 300 percent. *Wisconsin* and *New York* chose to move forward with their full expansions, funding coverage over 250 percent of the federal poverty line with state funds only. *Illinois* has been funding its expansion using state dollars. Planned expansions in five additional states (*NC, OH, OK, WA,* and *WV*) remain stalled.

Iowa Children Get A Coverage Boost

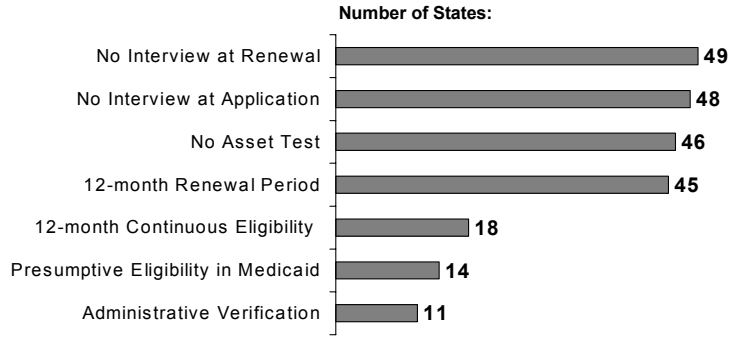
Buoyed by a groundswell of public support for covering children, Iowa Governor Chet Culver, along with state legislators, remain strong in their pledge to expand health insurance to more of the state's uninsured children. In the last legislative session, state legislators passed an expansion of hawk-i, the state's SCHIP program, to 300 percent of the federal poverty line, which will be implemented in July 2009, and cover an estimated 5,000 new children. Program improvements have already proceeded. The state now guarantees children a full 12 months of continuous coverage and is pursuing ways to ease premium payment policies. For example, families new to the program will not have to pay premiums for the first two months of enrollment. Outreach is expected to go forward as well, but may possibly be scaled back. Like many other states, Iowa is in a severe budget crunch, with an expected shortfall of more than $600 million in the coming year. Major spending cuts are being planned, but it appears that the children's coverage expansion will go forward. Senate Majority Leader, Mike Gronstal (D) stated recently, "We committed to providing access to affordable coverage to every kid in the state of Iowa. I'm not interested in backing up on that commitment."

* "Health Promises Persist: Iowa lawmakers reconcile health care goals, budget" The Hawkeye, January 15, 2009.

- **Eleven (11) states took steps to reduce procedural barriers to coverage for children (Figure 8).** *Arizona, Kentucky,* and *Utah* no longer require families to participate in face-to-face interviews to obtain health coverage for their children, and *Colorado* adopted "administrative verification and renewal," meaning the state no longer requires families to provide paper documentation of their income and eligibility workers use existing databases to verify the information families provide on the application. *Maryland, Montana, Louisiana, South Carolina* and *Utah* have revised their applications to allow parents to apply using the same simplified forms that are used for children, a change that benefits both children and parents. *Iowa, North Dakota* and *Oregon* now guarantee 12 months of continuous eligibility, considered to be one of the most effective tools for keeping children covered for as long as they qualify. One serious setback, the changes to the renewal procedures in *California*, was discussed earlier.

Figure 8

Simplifying Enrollment and Renewal: Strategies States are Using in Children's Health Coverage Programs, Jan 09



SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

States Explore the Use of Technology to Facilitate Enrollment

Emergence of Online Applications

About half the states reported that they are implementing, or are in the process of designing, on-line applications. Several of these states also report allowing the use of electronic signatures, so that a follow-up signature page does not have to be printed and mailed in. (Other states appear unsure about the permissibility of electronic signatures and point to the lack of clear federal guidance on this subject.) Some states at the forefront of using on-line applications also report that their applications currently interface with existing eligibility systems (or will in the future), so that information from the on-line application does not have to be re-entered by eligibility workers and an eligibility determination can move forward more rapidly.

Database Usage

Eleven states (12 states at renewal) report using technology to streamline the enrollment and renewal process. States report conducting matches with existing databases to verify income and other information, as well as eliminating rules requiring families to submit pay stubs or other paper documentation. This procedure is referred to as "administrative verification and renewal." Many states also are conducting data matches with their Vital Records departments to help families comply with the Medicaid citizenship documentation requirement, however, the technological capacity to do this efficiently varies considerably. Finally, states are exploring the use of technology to target outreach, for example, by conducting data matches with existing databases to identify children and parents who are likely to qualify for health coverage but who are not enrolled. States report using matches with food stamp databases for this purpose, and have expressed interest in using state tax system databases.

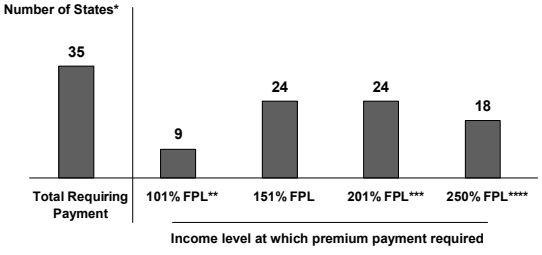
- **Outreach budgets in a number of states were increased in 2008, however, some states are beginning to report that these funds are being curtailed.** Several states reported increases in outreach funding in 2008, sometimes associated with new expansions, but also for ongoing promotional activities and community-based application assistance. In recent follow-up interviews, some state officials indicated that their outreach budgets have now been cut; others expressed skepticism for conducting aggressive outreach in light of budget shortfalls. Still others said their outreach activities would go forward, with some indicating that activities would emphasize renewal assistance so that already enrolled children do not lose coverage.

- **A few states reduced financial barriers to children's coverage, eliminating or lowering premiums for some children, while other states increased premiums (Figure 9).** *Tennessee, Washington* and *Wisconsin* either reduced premiums or eliminated them for some children. *Georgia, Minnesota, Missouri, Nevada, New Jersey, Pennsylvania* and *Rhode Island* increased premiums for children, with two of these states showing significant increases. *Minnesota* premiums increased by up to $14 per month for some children. Premium increases in *Rhode Island*, discussed earlier, represented the most severe increases for children this year. New premiums implemented in *Louisiana*, apply to the state's new expansion group (children with incomes between 200 percent and 250 percent of the federal poverty line).

- **Co-payments for health services were adopted in one state and increased in two states (Figure 10).** Currently, 24 states charge co-payments for children's health services. *Wisconsin* adopted new co-payments, and *West Virginia* and *Utah* increased co-payments for prescription drug coverage. Only one state, *Montana* decreased co-payment amounts.

Figure 9

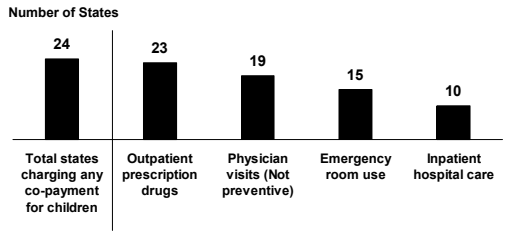
States with Premiums or Enrollment Fees in Children's Health Coverage Programs, January 2009



*MT, OH and OK have proposed charging premiums in their authorized but not yet implemented expansion programs.
**The Federal Poverty Line (FPL) for a family of three in 2008 is $17,600 per year.
***Includes AZ, DE, KS, ME and NV whose maximum income eligibility is 200% FPL and charge a higher premium at that level.
****Includes WV whose maximum income eligibility level is 220% FPL.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009

Figure 10

States with Co-payments for Selected Services in Children's Health Coverage Programs, January 2009



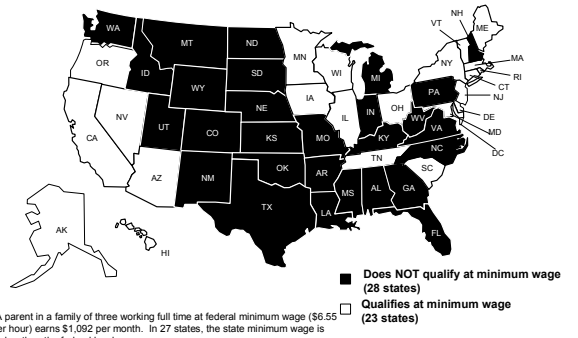
*Based on the number of states charging co-payments for children in families with income at 200% of the FPL, with the exception of outpatient prescription drugs which is unrelated to a specific income level.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Low-income parents applying for Medicaid coverage continue to face substantially restricted income eligibility and access as compared to their children (Figure 11 and 12).

- **A few states took steps to boost coverage and simplify procedures for parents.** Three states — *New Jersey, Maryland,* and *Wisconsin* — implemented parent coverage expansions. Still, in 28 states, parents working full time at minimum wage cannot qualify for Medicaid. One state, *Rhode Island*, cut parent coverage. *Maryland* also stopped counting assets in determining eligibility for parents, a step that fewer than half the states have taken. Given the restrictive income eligibility levels for parents in most states, the majority of parents applying are not likely to have substantial bank accounts, multiple vehicles of significant value, or other resources that would disqualify them. The burdensome and intrusive paperwork associated with proving that one does not exceed the asset limit often deters eligible parents from completing the application process. Other measures were implemented to reduce procedural barriers for parents, including eliminating interviews and reducing the frequency of renewal (*AZ, MD, UT),* but these practices are still more prevalent in children's coverage programs.

Figure 11

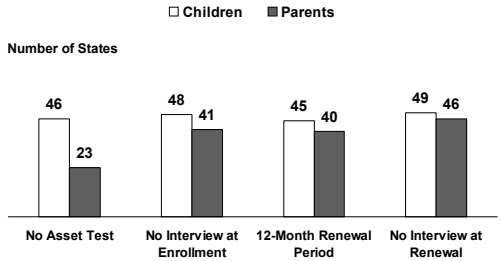
Medicaid Eligibility for Working Parents by State Minimum Wage, Jan 2009



*A parent in a family of three working full time at federal minimum wage ($6.55 per hour) earns $1,092 per month. In 27 states, the state minimum wage is higher than the federal level.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Figure 12

States Have Not Simplified Health Coverage for Parents to the Extent They Have for Children, January 2009



SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Maryland Expands Medicaid Eligibility for Low-Income Parents

Access to health coverage increased measurably for thousands of low-income Maryland parents this year when an income eligibility expansion and a package of procedural improvements were implemented on July 1, 2008. The state boosted parent eligibility from about 30 percent of the federal poverty line to 116 percent. The state also eliminated the asset test and no longer requires parents to have a face-to-face interview at the Medicaid office. This streamlined the process for parents and also aligned procedures for parents and children to a greater extent so that they can apply using the same simplified application form. Since its implementation, 29,682 adults have enrolled as a result of the expansion.

To achieve this early success, a logical first step was to identify children already in Medicaid whose family income is below 116 percent of the federal poverty line and enroll the parents when they renew their child's coverage. Traditional outreach efforts including TV, print and radio publicity, as well as activities with the Baltimore Ravens football team, also have done much to inform families about the new coverage opportunity. In addition, the Medicaid and revenue agencies coordinated on a new initiative that used the tax system to identify 150,000 people who were potentially eligible. They were sent a letter from the state Comptroller inviting them to call a toll-free number for an application. Between December 1 and December 12, 2008, nearly 1,800 hotline callers were sent applications. Others obtained applications on-line and through other avenues.

Enrollment continues to increase and the recession is apparently a driving force: there were more approvals of parents in the expansion group during the first two weeks in December than there have been since it was implemented in July and state officials say they are seeing people who previously had secure jobs and are seeking help, perhaps for the first time. The budget is tight in Maryland, but in two rounds of cuts, the expansion has not been targeted.

*Conversations with Maryland State Officials, January 2009.

- **Income eligibility for pregnant women remained stable with nearly half the states covering pregnant women at 185 percent of the federal poverty line.** Two states, *Tennessee* and *Wisconsin*, increased eligibility for pregnant women to 250 percent and 300 percent of the federal poverty line respectively. *Oklahoma* and *Oregon* both adopted the option to use SCHIP funds to cover unborn children of pregnant women.

V. Discussion

Recession Jeopardizes States' Ability to Maintain and Advance Coverage for Low-Income Children and Parents

States have made substantial progress in reducing barriers to health coverage for low-income children and families. They continued to do so during the first half of 2008 by further expanding eligibility and streamlining enrollment and renewal procedures. Now, as the economic crisis deepens, states will be under major pressure to contain costs. This may lead them to take steps that would not only reverse critical coverage gains, but would intensify the hardships so many families are already facing as a result of losing their jobs and their health insurance. In the last economic downturn, federal fiscal relief was successful in helping states address budget shortfalls, avoid deeper Medicaid cuts, and preserve eligibility, which was a condition of receiving enhanced federal funds. However, to deal with tight budgets, many states made procedural changes to their programs which blocked eligible children and parents from obtaining coverage at a time when they could least afford health care on their own.

Easing Eligibility and Simplifying Procedures Are Especially Important During an Economic Downturn

Individuals who have lost health coverage due to unemployment need a smooth path to Medicaid and SCHIP.[8] Any period of time without insurance could cause ongoing medical conditions to escalate if it is not possible for families to find or pay for needed medication or other treatment on their own. Parents who are recently unemployed may find that the unemployment compensation payments they receive put them over the income limit for Medicaid. States can choose to disregard these payments or a portion of them in determining eligibility for jobless parents. States can eliminate their SCHIP waiting periods or at least ensure that a job-loss exemption is available. Minimizing documentation requirements and rescinding face-to-face interviews also are important since complicated, burdensome forms and procedures often discourage families from completing the process. Enrolling children for a full 12 months and simplifying renewal helps ensure beneficiaries remain covered for as long as they qualify. In addition to protecting children and families, taking such steps also saves administrative costs by reducing the workload on eligibility workers. Eligibility staff may have been cut at the same time application volume has increased.

Premium Payment Policies Matter

It also is important to ensure that unreasonable out-of-pocket costs do not keep eligible children from obtaining coverage and needed care. When a family has lost income or a job, it will be more difficult to keep up with premium payments on top of regular living expenses. Numerous studies show that premiums for low-income individuals can depress enrollment in health coverage programs.[9] Similarly, burdensome co-payments can be an obstacle to getting needed care or medication. Programs should also avoid imposing strict payment timeframes after which children are disenrolled from SCHIP, as well as lock-out periods that bar children from returning to SCHIP if the lack of a premium payment forces them to lose coverage.

Outreach Is Critical During Economic Downturns

In tight budget times, it may appear sensible to cut outreach funds as states seek ways to contain the costs associated with expanding caseloads. Conducting outreach may also seem counterintuitive when hiring freezes and lay-offs mean there are fewer eligibility workers to process a larger volume of applications. However, families that previously had stable jobs with health insurance are likely to have little or no experience navigating the public benefits system. They may not know where to turn for help when they become jobless, nor are they likely to know much about Medicaid and SCHIP or realize that they may qualify. Community-based organizations and institutions can play a vital role in alerting families to the availability of free or low-cost coverage and in assisting families with application procedures.

States are attempting to balance these competing pressures. For example, although New Mexico has had to make significant cuts to its Medicaid budget, the state will continue to reach out and enroll more uninsured children, a goal Governor Richardson has prioritized. A state Medicaid official explained that, while available funding will continue to be used for outreach, "the state does not have funds to do anything very aggressive or costly. It's difficult to justify spending on outreach when we're cutting elsewhere, however we will conduct some data matches to identify eligible but unenrolled children."[10] Given the demands that outreach generates and the limitations created by personnel cuts, adopting simplified procedures are more important that ever. Streamlining renewal, in particular, protects the investment in outreach since it guards against eligible children and parents losing coverage unnecessarily.

Federal Legislation May Provide Needed Help for States

Two major pieces of legislation are being considered in Congress as this report is being written. Both are critical to addressing the challenges states are facing as they report mounting deficits and also attempt to assist the growing demand for health coverage among families that are suffering the effects of the weakening economy. The first is reauthorization and extension of SCHIP legislation, which is currently operating with temporary funding through March 2009. This legislation would provide the additional funds to maintain coverage for children currently enrolled and cover additional uninsured children. It would also provide bonus payments designed to encourage states to enroll more eligible children under Medicaid.

The second piece of legislation is the economic recovery package. In this recession, with substantial state deficits, one form of assistance the federal government could provide is an increase in the federal share of financial assistance for the Medicaid program (FMAP). The amount of funding for the enhanced FMAP, the duration of the relief, the distribution of the funds across states, and the conditions or maintenance of effort requirements related to eligibility are critical issues in the design of a recovery package. In 2003, one of the conditions for states receiving an increased FMAP was that they were prohibited from reducing eligibility levels in order to qualify for this financial assistance. Congress could also consider requiring states to maintain enrollment procedures to qualify for federal assistance and additional provisions to extend temporary Medicaid coverage to individuals affected by the economic downturn.

The SCHIP reauthorization and economic recovery plan could provide an essential boost that would enable states to sustain the coverage gains they have achieved and give families hard-hit by the recession the confidence that assistance with health coverage will be available.

[1] Kaiser Commission on Medicaid and the Uninsured analysis of the National Health Interview Survey data.
[2] Donna Cohen Ross, Aleya Horn and Caryn Marks, "Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles," Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2008.
[3] Letter from Dennis Smith, Director for Medicaid and State Operations at the Centers for Medicare and Medicaid Services, to State Health Officials, August 17, 2007.
[4] Elizabeth McNichol and Iris Lav, *State Budget Troubles Worsen,* Center on Budget and Policy Priorities, Washington, DC, *Updated,* January 14, 2009.
[5] Donna Cohen Ross and Laura Cox, Beneath the Surface: Barriers Threaten to Slow Progress on Expanding Health Coverage of Children and Families, Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.
[6] *Ibid.*
[7] Nicholas Johnson, Phil Oliff and Jeremy Koulish, "Facing Deficits, Two-Thirds of States Are Imposing Cuts that Hurt Vulnerable Residents," Center on Budget and Policy Priorities, Washington, DC, Updated January 14, 2009.
[8] Michael Perry, Barbara Lyons, Robin Rudowitz and Julia Paradise, "Turning to Medicaid and SCHIP in an Economic Recession: Conversations with Recent Applicants and Enrollees," Kaiser Commission on Medicaid and the Uninsured, December 2009.
[9] Samantha Artiga and Molly O'Malley, "Increasing Premiums and Cost-Sharing in Medicaid and SCHIP: Recent States Experiences," Kaiser Commission on Medicaid and the Uninsured, 2005.
[10] Conversation with Robert D. Beardsley, Deputy Director, Medical Assistance Division, New Mexico Department of Human Services, January 12, 2009.

VI. List of Tables

Table A
Where Do the States Stand: Eligibility, Enrollment and Renewal Procedures, and Cost-Sharing Rules
January 2009

Eligibility

Children

- 44 states, including DC, cover children in families with income 200 percent federal poverty line or higher
- 19 states, including DC, have authorized or implemented coverage for children in families with income at 300 percent of the federal poverty line or higher
- 47 states, including DC, disregard assets in determining children's eligibility for health coverage
- 16 states, including DC, do not require children to be uninsured for a period of time before they can enroll in Medicaid or SCHIP

Parents

- 18 states, including DC, provide comprehensive coverage to working parents in families with income at 100 percent of the federal poverty line or higher
- 23 states, including DC, disregard assets in determining Medicaid eligibility for parents

Pregnant Women

- 40 states, including DC, cover pregnant women with income at 185 percent federal poverty line or higher
- 44 states, including DC, disregard assets in determining eligibility for a pregnant woman
- 30 states, including DC, have adopted presumptive eligibility for pregnant women
- 15 states have adopted the option to cover unborn children using SCHIP funds

Simplified Procedures

Children

- 48 states, including DC, do not require a face-to-face interview to apply for children's coverage
- 35 of the 39 states with separate SCHIP programs use a single application for both Medicaid and SCHIP (21 of these 39 states use a joint renewal form for the two programs).
- 11 states do not require families to provide verification of their income at enrollment (12 states do not require families to verify income at renewal).
- 14 states have adopted presumptive eligibility for children's Medicaid
- 45 states, including DC, allow children to renew coverage annually, as opposed to more often
- 18 states have adopted 12-month continuous eligibility, guaranteeing children a full year of coverage

Parents

- 31 states, including DC, allow parents and children to apply for health coverage using a single, simplified application
- 41 states, including DC, do not require a face-to-face interview when applying for a parent; 46 states, including DC, do not require an interview for renewing a parent's coverage
- 40 states, including DC, allow parents to renew coverage annually, as opposed to more often

Premiums and Co-payments

Children

- 35 states impose premiums or an enrollment fee in their children's health coverage programs; 9 states charge families with income as low as 101 percent of the federal poverty line
- In states with premiums:
  + the cost for two children in a family with income of 101% federal poverty line ranges from $8 to $15 per month
  + the cost for families with income at 151% federal poverty line ranges from $10 to $86 per month.
  + the cost for families with income at 201% federal poverty line ranges from $15 to $136 per month.
  + the cost for families with income at 250% federal poverty line ranges from $18 to $305 per month.
  + the cost for families with income at 300% federal poverty line ranges from $20 to $262 per month.
  + the cost for families with income at 350% federal poverty line ranges from $60 to $152 per month.
  + premiums charged in states with Medicaid waivers, i.e. Rhode Island and Wisconsin, may be considerably higher than most other states because premiums may include coverage for a parent.
- 13 states impose "lock-out" periods on children in families that do not pay the required premium, preventing such children from re-entering the program after being disenrolled
- 19 states require co-payments for non-preventive physician visits, emergency room care, and/or in-patient hospital care for children at 200 percent of the federal poverty line
- 24 states require a co-payment for prescription drugs for children

Table B
Expanding Eligibility and Simplifying Enrollment:
Trends in Children's Health Coverage Programs
July 1997 to January 2009

State Strategies	July 1997[1]	Nov. 1998[2]	July 2000[2]	Jan. 2002[2]	April 2003[2]	July 2004[2]	July 2005[2]	July 2006[2]	Jan 2008[2]	Jan 2009[2]
Total number of children's health coverage programs	**51 MCD**	**51 MCD 19 SCHIP**	**51 MCD 32 SCHIP**	**51 MCD 35 SCHIP**	**51 MCD 35 SCHIP**	**51 MCD 36 SCHIP**	**51 MCD 36 SCHIP**	**51 MCD 36 SCHIP**	**51 MCD 37 SCHIP[10]**	**51 MCD 39 SCHIP**
Covered children under age 19 in families with income at or above 200 percent of federal poverty line	6[3]	22	36	40	39	39	41	41	45	44
Joint application for Medicaid and SCHIP	N/A	not collected	28	33	34	34	34	33	33	35
Eliminated asset test	36	40 (M) 17 (S)	42 (M) 31 (S)	45 (M) 34 (S)	45 (M) 34 (S)	46 (M) 33 (S)	47 (M) 33 (S)	47 (M) 34 (S)	47 (M) 35 (S)	47 (M) 36 (S)
Eliminated face-to-face interview at enrollment	22[4]	33[5] (M) not collected (S)	40 (M) 31 (S)	47 (M) 34 (S)	46 (M) 33 (S)	45 (M) 33 (S)	45 (M) 33 (S)	46 (M) 33 (S)	46 (M) 34 (S)	48 (M) 38 (S)
Adopted presumptive eligibility for children	option not available	6 (M)	8 (M) 4 (S)	9 (M) 5 (S)	7 (M) 4 (S)	8 (M) 6 (S)	9 (M) 6 (S)	9 (M) 6 (S)	14 (M) 9 (S)	14 (M) 9 (S)
Family not required to verify income at enrollment	not collected	not collected	10 (M) 7 (S)	13 (M) 11 (S)	12 (M) 11 (S)	10 (M) 10 (S)	9 (M) 9 (S)	9 (M) 9 (S)	10 (M) 8 (S)	11 (M) 10 (S)

State Strategies	July 1997[1]	Nov. 1998[2]	July 2000[2]	Jan. 2002[2]	April 2003[2]	July 2004[2]	July 2005[2]	July 2006[2]	Jan 2008[2]	Jan 2009[2]
Family not required to verify income at renewal	not collected	not collected	not collected	not collected	not collected	not collected	not collected	9 (M) 10 (S)	11(M) 9 (S)	12 (M) 11 (S)
Eliminated face-to-face interview at renewal	not collected	not collected	43 (M) 32 (S)	48 (M) 34 (S)	49 (M) 35 (S)	48 (M) 35 (S)	48 (M) 35 (S)	48 (M) 35 (S)	48 (M) 36 (S)	49 (M) 38 (S)
Adopted 12-month continuous eligibility for children	option not available	10 (M) not collected (S)	14 (M) 22 (S)	18 (M) 23 (S)	15 (M) 21 (S)	15 (M) 21 (S)	17 (M) 24 (S)	16 (M) 25 (S)	16 (M) 27 (S)	18 (M) 30 (S)
Implemented enrollment freeze	not collected	not collected	not collected	3 (S)	1 (M)[6] 2 (S)	1 (M)[7] 7 (S)	1 (M) 3 (S)[8]	1 (M) 1 (S)[9]	1 (M) 2 (S)[9]	1(M)[6] 0 (S)

SOURCE: Based on national surveys conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 1997-2009.

Notes on Table B

The numbers in this table reflect the net change in actions taken by states from year to year. Specific strategies may be adopted and retracted by several states during a given year. (M) indicates Medicaid; (S) indicates SCHIP.

1. These data reflect states' eligibility expansions and use of simplification strategies for children's Medicaid (poverty level groups).
2. These data reflect states' eligibility expansions and use of simplification strategies for children's Medicaid (poverty level groups) and SCHIP-funded separate programs, as indicated.
3. In addition, two (2) states, **Massachusetts** and **New York**, financed children's health coverage to this income level using state funds only.
4. Seven (7) states still required telephone interviews; face-to-face interviews were left to county discretion in one state.
5. Thirty-three (33) states had eliminated the face-to-face interview for children applying for Medicaid. Six (6) states eliminated the face-to-face interview only for families using the joint Medicaid/SCHIP application to apply for coverage. No data was collected specifically about separate SCHIP programs.
6. In **Tennessee**, enrollment was closed to some but not all children eligible under the state's Medicaid waiver program.
7. In **Tennessee**, enrollment was closed to some but not all children eligible under the state's Medicaid waiver program. In **Massachusetts**, there was a waiting list for state-financed coverage.
8. The three (3) states that froze enrollment in SCHIP at some time between July 2004 and July 2005 had all reopened enrollment by July 2005.
9. **Utah** froze enrollment in SCHIP as of September 2006. The state reopened enrollment in SCHIP in July 2007. **Georgia** stopped enrolling eligible children in its SCHIP program in March 2007. The state reopened enrollment in July 2007.
10. **Tennessee** and **Missouri** created separate SCHIP-funded programs. **Maryland** replaced its separate SCHIP program with an SCHIP-funded Medicaid expansion.

Table C
Expanding Eligibility and Simplifying Enrollment:
Trends in Health Coverage for Parents
January 2002 to January 2009

State Strategies	January 2002	April 2003	July 2004	July 2005	July 2006	January 2008	January 2009
Total number of health coverage programs for parents	**51**	**51**	**51**	**51**	**51**	**51**	**51**
Covered working parents with income at or above 100 percent of federal poverty line	20	16	17	17	16	18	18
Family application	23	25	27	27	27	28	31
Eliminated asset test	19	21	22	22	21	22	23
Eliminated face-to-face interview at enrollment	35	36	36	36	39	40	41
12-month eligibility period	38	38	36	36	39	40	40
Eliminated face-to-face interview at renewal	35	42	42	43	45	46	46
Implemented enrollment freeze	not collected	1 (Medicaid)[1] 2 (state-funded program)	3 (Medicaid)[2] 2 (state-funded program)[3]	2 (Medicaid)[4] 2 (state-funded program)[5]	2 (Medicaid)[4] 2 (state-funded program)[5]	2 (Medicaid)[4] 2 (state-funded program)[5]	4 (Medicaid)[4] 2 (state-funded program)[5]

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Notes on Table C
The numbers in the table reflect the net change in actions taken by states from year to year. Specific strategies may be adopted and retracted by several states during a given year.

1. In **Tennessee**, enrollment was closed to some but not all parents eligible under the state's Medicaid waiver program.
2. In **Tennessee**, enrollment was closed to some but not all parents eligible under the state's Medicaid waiver program. Enrollment was closed in the Medicaid waiver programs in **Oregon** and **Utah** as well.
3. In **Washington**, enrollment was closed under the state-funded program during the survey period, but was open as of July 2004. Enrollment was also closed in **Pennsylvania's** state-funded program.
4. Enrollment is closed in **Oregon's** Medicaid waiver program. In **Utah**, parents may only enroll in the state's waiver program during open enrollment periods. Enrollment is closed in **New Mexico's** Medicaid waiver program. Enrollment is closed to new applicants in **Tennessee's** Medicaid expansion program.
5. In **Pennsylvania**, parents may only enroll in the state-funded program during open enrollment periods. **Washington** relies on a system of "managed enrollment" through which parents who are determined eligible for the program may be required to wait for space to open in the program before being enrolled.

Table 1
State Income Eligibility Guidelines for Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]
(Percent of the Federal Poverty Line)
January 2009

		Medicaid/SCHIP Expansion Infants (0-1)[2]	Medicaid/ SCHIP Expansion Children (1-5)[2]	Medicaid/SCHIP Expansion Children (6-19)[2]	Separate State Program (0-19)[3]	Enrollment Freeze During 2008[4]	Foster Children 18+[5]
	Alabama	133	133	100	200		
	Alaska	175	175	175			
	Arizona	140	133	100	200		Y
	Arkansas[5]	200	200	200			
*	California[6]	200	133	100	250		Y
	Colorado ▲	133	133	100	205		Y
*	Connecticut	185	185	185	300		Y
	Delaware	200	133	100	200		
*	District of Columbia	300	300	300			
	Florida[5,7]	200	133	100	200		Y
	Georgia[5,8]	200	133	100	235		
*	Hawaii	300	300	300			
	Idaho	133	133	133	185		
*	Illinois[8,9]	200	133	133	200 (No limit)		
*	Indiana ▲	200	150	150	250		Y
*	Iowa[10]	200	133	133	200		Y
*	Kansas[11]	150	133	100	200		Y
	Kentucky	185	150	150	200		
*	Louisiana[12] ▲	200	200	200	250		
	Maine[13]	200	150	150	200		
*	Maryland	300	300	300			
*	Massachusetts[9]	200	150	150	300 (400)		Y
	Michigan	185	150	150	200		Y
*	Minnesota[14]	280	275	275			
	Mississippi	185	133	100	200		Y
*	Missouri	185	150	150	300		Y
*	Montana[15]	133	133	100	175		
	Nebraska[16]	185	185	185			
	Nevada	133	133	100	200		Y
*	New Hampshire	300	185	185	300		
*	New Jersey[8]	200	133	133	350		Y
	New Mexico	235	235	235			Y
*	New York[5,9] ▲	200	133	100	250 (400)		Y
*	North Carolina	200	200	100	200		Y
	North Dakota ▲	133	133	100	150		
*	Ohio[5,17]	200	200	200			Y
*	Oklahoma[18]	185	185	185			Y
	Oregon	133	133	100	185		
*	Pennsylvania	185	133	100	300		
*	Rhode Island	250	250	250			Y
	South Carolina[19] ▲	185	150	150	200		Y
	South Dakota	140	140	140	200		Y
*	Tennessee[4,20]	185	133	100	250	Y - waiver coverage	
	Texas	185	133	100	200		Y
	Utah	133	133	100	200		Y
*	Vermont[21]	300	300	300	300		
	Virginia	133	133	133	200		
*	Washington	200	200	200	250		Y
*	West Virginia[22]	150	133	100	220		Y
*	Wisconsin[5,9,23] ▲	250 (300)	250 (300)	250 (300)			Y
	Wyoming	133	133	100	200		Y

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes for Table 1

▲ Indicates that a state has expanded eligibility in at least one of its children's health insurance programs between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has reduced eligibility in at least one of its children's health insurance programs between July 2007 and January 2009, unless noted otherwise.

* An asterisk (*) indicates that the state has passed legislation to use SCHIP funds to expand its children's health coverage program to 250 percent of the federal poverty line or higher. Due to a federal directive issued August 17, 2007 several of these states have scaled back their expansion, postponed the implementation of the expansion or have changed the way in which the state will fund the expansion. Information about these expansions can be found in Table 1A.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. The income eligibility levels noted may refer to gross or net income depending on the state. Income eligibility levels listed are either for "regular" Medicaid where states receive "regular" Medicaid matching payments or show eligibility levels for the state's SCHIP-funded Medicaid expansion program where the state receives the enhanced SCHIP matching payments for these children. The eligibility level listed is the higher of these two standards.

2. To be eligible in the infant category, a child has not yet reached his or her first birthday. To be eligible in the 1-5 category, the child is age one or older, but has not yet reached his or her sixth birthday. To be eligible in the 6-19 category, the child is age six or older, but has not yet reached their 19th birthday.

3. The states noted use federal SCHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children. These programs typically provide coverage through the child's 19th birthday.

4. This column indicates whether the state was not enrolling eligible children in SCHIP at any time between July 2007 and January 2009. In **Tennessee**, enrollment under the state's waiver program, called TennCare Standard, is closed to new applicants. The only children currently receiving TennCare Standard are children who lose Medicaid, have no access to insurance, and have family income below 200 percent of the federal poverty line, or who are medically eligible (have a health problem that prevents them from getting health insurance). In 2007 the state created a separate SCHIP program for children in families with income up to 250 percent of the federal poverty line. Eligible children may have access to health insurance but must be uninsured.

5. This column indicates whether the state has adopted the Medicaid option to cover children aging out of foster care, referred to as the Chafee option. In **Arkansas**, a small group of foster care children can continue in their U-18 and Medically Needy Foster Care categories and receive Medicaid until they are 21 years old. In **Florida**, the state amended its state law to extend Medicaid coverage to children aging out of foster care until their 21st birthday. Previously, the state only covered children aging out of foster care until their 20th birthday. In **Georgia**, a child aging out of IV-E Medicaid can sign a consent form to remain in foster care and receive Medicaid coverage up to 21. **Ohio** and **Wisconsin** adopted this option in January 2008. **New York** adopted this option in January 2009.

6. In **California**, infants born to women on the Access for Infants and Mothers (AIM) program are automatically enrolled in SCHIP unless the child is enrolled in employer-sponsored insurance or no-cost full scope Medi-Cal. The income guideline for these infants, through their second birthday, is 300 percent of the federal poverty line.

7. **Florida** operates two SCHIP-funded separate programs. Healthy Kids covers children ages five through nineteen, as well as younger siblings in some locations. Medi-Kids covers children ages one through four.

8. **Georgia, Illinois,** and **New Jersey** cover infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. **Georgia** and **New Jersey** cover infants not born to Medicaid enrolled mothers in families with income at or below 185 percent of the federal poverty line. **Illinois** covers infants not born to Medicaid-enrolled mothers in families with income at or below 133 percent of the federal poverty line.

9. **Illinois**, **Massachusetts, New York** and **Wisconsin** provide state-financed coverage to children with incomes above SCHIP levels. Eligibility is shown in parentheses.

10. **Iowa** passed legislation in 2008 to expand children's eligibility up to 300 percent of the federal poverty line in July 2009 dependent on funding and other federal policy issues.

11. **Kansas** passed legislation in May 2008 that would expand SCHIP eligibility from 200 percent of the federal poverty line to 250 percent of the federal poverty line depending on federal funding and resolution of August 17th directive. There would be an 8 month waiting period for the expansion population.

12. **Louisiana** passed legislation in June 2008 to expand to 300 percent of the federal poverty line, but have currently implemented up to 250 percent of the federal poverty line. They also passed legislation to adopt the Chafee option, but implementation has been delayed due to hurricanes. Louisiana created a separate SCHIP program in 2008.

13. **Maine** has not adopted the Chafee option, however the state does cover individuals under 21 at or below 150 percent of the federal poverty line. Children in Maine who age out of foster care can voluntarily choose to remain in foster care while finishing school and can keep their MaineCare coverage.

14. In **Minnesota**, the infant category under "regular" Medicaid includes children up to age 2. Under "regular" Medicaid, income eligibility for infants is up to 275 percent of the federal poverty line, and under SCHIP, eligibility for infants is between 275 percent and 280 percent of the federal poverty line. Under "regular" Medicaid, income eligibility for children ages 2-19 is up to 150 percent of the federal poverty line, and

under the Section 1115 waiver, income eligibility for children in this age group is between 150 and 275 percent of the federal poverty line. The Section 1115 waiver provides coverage for children up to age 21.

15. **Montana** passed Initiative 155 in November 2008 which increases income eligibility in CHIP to 250 percent of the federal poverty line, will offer health coverage to all uninsured Montana children with a sliding scale premium, includes presumptive eligibility, increases the waiting period for children, removes the asset test for children and creates a "single store front" for Medicaid and CHIP. The implementation date is October 2009.

16. In **Nebraska** there is "former ward" coverage for children that continue to finish schooling and extends up to age 21.

17. **Ohio** submitted a state plan amendment to expand their SCHIP-funded Medicaid coverage to children in families up to 300 percent of the federal poverty line. The state hopes to implement this expansion in January 2009, pending CMS approval.

18. **Oklahoma** passed legislation to increase the income eligibility guideline to 300 percent of the federal poverty line under its current section 1115 waiver. However, the currently proposed expansion has been scaled back to 217 percent of the federal poverty line and the future expansion of 218 percent to 300 percent of the federal poverty line is pending further CMS guidance and SCHIP reauthorization.

19. **South Carolina** implemented a separate SCHIP program for children with income between 150 and 200 percent of the federal poverty line in April 2008.

20. For **Tennessee**, the Medicaid figures shown represent the income eligibility guidelines under "regular" Medicaid. Enrollment under the state's waiver program is closed to new applicants; some children who lose Medicaid can enroll (see footnote 4). In 2007 the state created a separate SCHIP program for children in families with income up to 250 percent of the federal poverty line. Children not eligible for regular Medicaid and children closed out of TennCare Standard who meet the SCHIP income guidelines can enroll in the separate SCHIP program.

21. In **Vermont**, Medicaid covers uninsured children in families with income at or below 225 percent of the federal poverty line; uninsured children in families with income between 226 and 300 percent of the federal poverty line are covered under a separate SCHIP program. Underinsured children are covered under Medicaid up to 300 percent of the federal poverty line. This expansion of coverage for underinsured children was achieved through an amendment to the state's Medicaid Section 1115 waiver.

22. **West Virginia** has passed legislation to expand SCHIP to 250 percent of the federal poverty line in January 2009 pending approval of their state plan amendment.

23. **Wisconsin** implemented BadgerCare Plus in February 2008. Badgercare Plus has no income limit for children. The state will receive Medicaid reimbursement for children up to 250 percent of the federal poverty line and children with incomes between 251 percent and 300 percent of the federal poverty line are covered with state funds.

Table 1A
Children's Medicaid and SCHIP: States with Income Eligibility 250 percent of the federal poverty line and Higher: Income Eligibility Levels, Waiting Periods and Premium Payments for Two Children in a Family of Three
January 2009

	Income Eligibility (Percent of Federal Poverty Line)				Premiums Current or Proposed for Expansion Population				
State	Current Income Eligibility	Eligibility Authorized by State but Not Implemented	Current Waiting Period	Waiting Period for the Expansion Population[2]	Frequency of Payment	Income Level at which State begins Requiring Premiums (FPL)	Amount at 250% of the Federal Poverty Line	Amount at 300% of the Federal Poverty Line	Amount at 350% of the Federal Poverty Line
California[3]	250		3	3	Monthly	101	$24/$30	N/A	N/A
Connecticut	300		2	2	Monthly	235	$50	$50	N/A
District of Columbia[1]	300		None	None	None	—	—	—	—
Hawaii[1,4]	300		None	None	None	—	—	—	—
Illinois[5]	200 (No limit)	300	None	12	Monthly	151	$80	$80	$140
Indiana[6]	250	300	3	3	Monthly	150	$70	TBA	N/A
Iowa	200	300	None	None	Monthly	200	$40	$40	N/A
Kansas	200	250	None	8	TBA	151	TBA	N/A	N/A
Louisiana[1,7]	250	300	None	12	Monthly	201	$50	$50	N/A
Maryland[1]	300		6	6	Monthly	201	$46	$58	N/A
Massachusetts[8]	300 (400)		6 (200-300% FPL)	6 (200-300% FPL)	Monthly	150	$40	$56	$152
Minnesota[1,9]	275		4	4	Monthly	All waiver families	$240	$262 (275)	N/A
Missouri	300		6 (150-300% FPL)	6 (150-300% FPL)	Monthly	150	$165	$165	N/A
Montana	175	250	1	3	TBA	TBA	TBA	N/A	N/A
New Hampshire	300		6	6	Monthly	186	$50	$90	N/A
New Jersey	350		3	3	Monthly	150	$38.50	$76.00	$128
New York[10]	250 (400)		None	6 (251-400% FPL)	Monthly	160	$18	$40	$60
North Carolina[2]	200	250	None	None	Annually	151	TBA	N/A	N/A
Ohio[1,2,6]	200	300/buy-in >300% FPL	None	None/6 for buy-in	Monthly	201	$80	$80	$250 (buy-in)
Oklahoma[1,6]	185	300	None	6	Monthly	186	$31.32	$31.32	N/A
Pennsylvania[11]	300		6 (200-300% FPL)	6 (200-300% FPL)	Monthly	201	$80	$128	N/A
Rhode Island[1,12]	250		None	None	Monthly	150	$114	N/A	N/A
Tennessee	250		3	3	Monthly	250	$225	$225 (buy-in)	$225 (buy-in)
Vermont[13]	300		1	1	Monthly	186	$20/$40	$20/$60	N/A
Washington[14]	250	300	4	4	Monthly	201	$30	$60	N/A
West Virginia	220	250	6 (below 200% FPL) 12 (>200% FPL)	12 (proposed)	Monthly	200	$71 (220)	N/A	N/A
Wisconsin[1,15]	250 (300)		3	3	Monthly	200	$62	$181.48	N/A

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes for Table 1A

Table presents rules in effect as of January 2009, unless noted otherwise.

1. States noted in this table have passed legislation to expand their children's coverage programs using SCHIP funds to 250 percent of the federal poverty line and higher. Due to the August 17th CMS directive, several of these states have scaled back their expansions, postponed the implementation of the expansion or have changed the way in which the state will fund the expansion. For states in *italics* in this table, the income eligibility limit, waiting period, and premiums noted apply to SCHIP-funded Medicaid expansions, unless noted otherwise. To Be Announced (TBA) indicates that premiums are planned for the state's expansion, however the amount has not yet been determined. A dash (—) indicates that no premiums are required in the program; "N/A" indicates that subsidized coverage will not be available at this income level.

2. This column indicates the length of time a child will be required to be uninsured prior to enrolling in health coverage under the state's expansion, sometimes referred to as the waiting period.

3. In **California**, premiums vary based on whether the family uses the discounted community provider health plan. The first amount noted is the premium required under the community provider health plan.

4. **Hawaii** eliminated the premium requirement for children with family income between 250 and 300 percent of the federal poverty line in January 2008.

5. **Illinois** implemented its expansion above 200 percent of the federal poverty line with state funds, however prior to the August 17th directive the state planned to use SCHIP funds to cover those children. Illinois has now requested federal approval to cover children up to 300 percent of the federal poverty line using federal funding. The waiting period applies only to children covered under the state-funded expansion.

6. **Indiana, Ohio** and **Oklahoma** have passed legislation to expand their SCHIP programs to 300 percent of the federal poverty line. However, these states have not moved forward with their expansions.

7. In response to the August 17th directive, **Louisiana** scaled back their expansion from 300 percent of the federal poverty line to implementation of a separate SCHIP program to 250 percent of the federal poverty line.

8. **Massachusetts** provides state-financed coverage to children with incomes above SCHIP levels. Eligibility is shown in parentheses. **Massachusetts** requires premiums in children's Medicaid (children under six are exempt) and SCHIP.

9. In **Minnesota**, the infant category under "regular" Medicaid includes children up to age two. Under "regular" Medicaid, income eligibility for infants is up to 275 percent of the federal poverty line, and under SCHIP, eligibility for infants is between 275 percent and 280 percent of the federal poverty line. Under "regular" Medicaid, income eligibility for children ages 2-19 is up to 150 percent of the federal poverty line, and under the Section 1115 waiver, income eligibility for children in this age group is between 150 and 275 percent of the federal poverty line. The Section 1115 waiver provides coverage for children up to age 21. In **Minnesota**, the waiting period and premiums apply only to children covered under the Medicaid Section 1115 waiver program. The premiums noted are for two persons, which could include a parent, and are approximate.

10. **New York** passed legislation to increase SCHIP coverage to 400 percent of the federal poverty line. This plan was rejected by CMS, but the state has used state funds to implement the expansion from 250 percent to 400 percent of the federal poverty line.

11. In **Pennsylvania**, children under 2 years old are exempt from the 6-month waiting period. In **Pennsylvania**, the premium varies by health plan. The amount noted is an average of the monthly premiums required by the various health plans.

12. The figures noted for **Rhode Island** may include coverage for parents.

13. In **Vermont**, Medicaid covers uninsured children in families with income at or below 225 percent of the federal poverty line; uninsured children in families with income between 226 and 300 percent of the federal poverty line are covered under a separate SCHIP program. Underinsured children are covered under Medicaid up to 300 percent of the federal poverty line. This expansion of coverage for underinsured children was achieved through an amendment to the state's Medicaid Section 1115 waiver. In **Vermont**, the waiting period is 30 days. **Vermont** requires premiums in children's Medicaid and its separate SCHIP program. For children in families with income between 225 and 300 percent of the federal poverty line there are different premium amounts depending on whether the family has other insurance or does not have other insurance. The first amount noted is for families with other insurance and the second is for families without other insurance.

14. **Washington** passed legislation to increase SCHIP to 300 percent of the federal poverty line in January 2009.

15. **Wisconsin** passed legislation to increase children's health coverage to 300 percent of the federal poverty line. In response to the August 17th directive, Wisconsin uses SCHIP funds for children in families with income up to 250 percent of the federal poverty line and uses state funds for children with family incomes between 250 percent and 300 percent of the federal poverty line. The waiting period under the expansion program only applies to children in families with income above 150 percent of the federal poverty line.

Table 2
Length of Time a Child is Required to be Uninsured Prior to Enrolling in Children's Health Coverage┼
January 2009

Total Number of States With a Waiting Period:	At Implementation	As of January 2009	For Children At 200% FPL January 2009
	40	35	8
Alabama[1]	3	3	
Alaska[2]	12	12	
Arizona	6	3	
Arkansas[3]	12	6	
California	3	3	
Colorado	3	3	
Connecticut	6	2	
Delaware	6	6	
District of Columbia	*None*	*None*	
Florida	*None*	6	
Georgia	3	6	
Hawaii	*None*	*None*	
Idaho	6	6	
* **Illinois**[4]	3	None	12 (state funded expansion)
* **Indiana**	3	3	
Iowa	6	*None*	
Kansas	6	*None*	
Kentucky	6	6	
* Louisiana	3	*None*	12
Maine	3	3	
Maryland	6	6	
Massachusetts	*None*	*None*	6
Michigan	6	6	
Minnesota[3]	4	4	
Mississippi	6	*None*	
Missouri[5]	6	*None*	6
Montana	3	1	
Nebraska	*None*	*None*	
Nevada	6	6	
New Hampshire	6	6	
New Jersey	12	3	
New Mexico	12	6	
* **New York**[4]	*None*	*None*	6 (251-400%)
* **North Carolina**	6	*None*	
North Dakota	6	6	
* Ohio[6]	*None*	*None*	6 (state funded buy-in >300% FPL)
* Oklahoma	*None*	*None*	
Oregon	6	6	
Pennsylvania[7]	*None*	*None*	6
Rhode Island	4	*None*	
South Carolina[3] ▼	*None*	3	
South Dakota	3	3	
* Tennessee	*None*	3	
Texas[1]	3	3	
Utah[1]	3	3	
Vermont[1]	1	1	
Virginia	12	4	
* **Washington**	4	4	
West Virginia	6	6	12
* Wisconsin[3]	3	3	
Wyoming	1	1	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes for Table 2

▲ Indicates that a state has shortened this period between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has lengthened this period between July 2007 and January 2009, unless noted otherwise.

┼ The length of time a child is required to be uninsured prior to enrolling in health coverage is sometimes referred to as the waiting period**.** Exceptions to the waiting periods vary by state – for example, waiting periods are waived if the applicant has involuntarily lost prior insurance coverage. **For states represented in the table in bold,** the waiting period applies to the separate SCHIP program only, unless noted otherwise**.** States are not permitted to have a waiting period in SCHIP-funded Medicaid expansions without a waiver. **For states represented in the table not in bold**, the waiting period applies to SCHIP-funded Medicaid expansions.

*Several states have passed legislation to use SCHIP funds to expand their children's health coverage programs to children in families with income250 percent of the federal poverty line or higher. These states are noted with an asterisk (*). Information about the waiting periods associated with these expansions can be found in Table 1A.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. In **Alabama**, **Texas** and **Utah** the waiting period is 90 days. In **Vermont**, the waiting period is 30 days.

2. In **Alaska**, the waiting period applies only to children covered under the SCHIP-funded Medicaid expansion.

3. In **Arkansas** and **Minnesota**, the waiting period applies only to children covered under Medicaid Section 1115 waiver programs. In **Wisconsin**, the waiting period applies only to children covered under the Section 1115 waiver and the SCHIP-funded Medicaid expansion. In **South Carolina**, the waiting period only applies to children in the separate SCHIP program.

4. In **Illinois** and **New York**, the waiting period applies only to children covered under the state-funded expansion.

5. In **Missouri** the waiting period starts at 150 percent of the federal poverty line.

6. In **Ohio** there is a six month waiting period in a new state-funded buy-in program that provides coverage to uninsured special-needs children in families with incomes above 300 percent of the federal poverty line.

7. In **Pennsylvania**, children under 2 years old are exempt from the 6-month waiting period.

Table 3
Income Thresholds for Jobless and Working Parents Applying for Medicaid Based on a Family of Three[1]
January 2009

State	Income Threshold for Jobless Parents at Application			Income Threshold for Working Parents at Application		
	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line
US Median #	$600	$7,200	41%	$994	$11,928	68%
Alabama	$164	$1,968	11%	$366	$4,392	25%
Alaska	$1,464	$17,568	80%	$1,554	$18,648	85%
Arizona	$2,933	$35,200	200%	$2,933	$35,200	200%
Arkansas[2]	$204/$2,933	$2,448/$35,200	14%/200%	$255/$2,933	$3,060/$35,200	17%/200%
California	$1,466	$17,600	100%	$1,556	$18,672	106%
Colorado	$880	$10,560	60%	$970	$11,640	66%
Connecticut[2]	$2,713/$4,400	$32,560/$52,800	185%/300%	$2,803/$4,400	$33,636/$52,800	191%/300%
Delaware[2,4]	$1,100/$1,466	$13,200/$17,600	75%/100%	$1,770/$1,556	$21,240/$18,672	121%/106%
District of Columbia	$2,933	$35,200	200%	$3,033	$36,396	207%
Florida	$303	$3,636	21%	$806	$9,672	55%
Georgia	$424	$5,088	29%	$756	$9,072	52%
Hawaii[5]	$1,687	$20,244	100%	$1,687	$20,244	100%
Idaho	$317	$3,804	22%	$407	$4,884	28%
Illinois	$2,713	$32,556	185%	$2,713	$32,556	185%
Indiana[2]	$288/$2,933	$3,456/$35,200	20%/200%	$378/$3,023	$4,536/$36,276	26%/206%
Iowa[2]	$426/$2,933	$5,112/$35,200	29%/200%	$1,267/$3,666	$15,204/$44,000	86%/250%
Kansas	$403	$4,836	27%	$493	$5,916	34%
Kentucky	$526	$6,312	36%	$909	$10,908	62%
Louisiana	$174	$2,088	12%	$381	$4,572	26%
Maine	$2,933	$35,200	200%	$3,023	$36,276	206%
Maryland[6] ▲	$1,701	$20,412	116%	$1,701	$20,412	116%
Massachusetts	$1,950	$23,400	133%	$1,950	$23,400	133%
Michigan	$567	$6,804	39%	$970	$11,640	66%
Minnesota	$4,033	$48,400	275%	$4,033	$48,400	275%
Mississippi	$368	$4,416	25%	$672	$8,064	46%
Missouri	$292	$3,504	20%	$382	$4,584	26%
Montana	$491	$5,892	33%	$854	$10,248	58%
Nebraksa	$681	$8,172	46%	$851	$10,212	58%
Nevada[2]	$383/$2,933	$4,596/$35,200	26%/200%	$1,341/$2,933	$16,092/$35,200	91%/200%
New Hampshire	$600	$7,200	41%	$750	$9,000	51%
New Jersey [7] ▲	$2,933	$35,200	200%	$2,933	$35,200	200%
New Mexico[2, 3]	$447/$2,933	$5,364/$35,200	30%/200%	$1,019/$5,991	$12,228/$71,892	69%/408%
New York	$2,200	$26,400	150%	$2,200	$26,400	150%
North Carolina	$544	$6,528	37%	$750	$9,000	51%
North Dakota	$666	$7,992	45%	$904	$10,848	62%
Ohio	$1,320	$15,840	90%	$1,320	$15,840	90%
Oklahoma [2]	$471/$2,933	$5,652/$35,200	32%/200%	$711/$2,933	$8,532/$35,200	48%/200%
Oregon [3]	$1,466	$17,600	100%	$1,466	$17,600	100%
Pennsylvania[2, 3]	$403/$2,933	$4,836/$35,200	27%/200%	$523/$3,053	$6,276/$36,636	36%/208%
Rhode Island [8] ▼	$2,566	$30,800	175%	$2,656	$31,872	181%
South Carolina	$715	$8,580	49%	$1,322	$15,864	90%
South Dakota	$796	$9,552	54%	$796	$9,552	54%
Tennessee [3]	$1,066	$12,792	73%	$1,969	$23,628	134%
Texas[9]	$188	$2,256	13%	$402	$4,824	27%
Utah [2, 3]	$583/$2,200	$6,996/$26,400	40%/150%	$994/$2,200	$11,928/$26,400	68%/150%
Vermont	$2,713	$32,560	185%	$2,803	$33,636	191%
Virginia	$356	$4,272	24%	$446	$5,352	30%
Washington [2, 3]	$562/$2,933	$6,744/$35,200	38%/200%	$1,124/$2,933	$13,488/$35,200	77%/200%
Wisconsin [10] ▲	$2,933	$35,200	200%	$2,933	$35,200	200%
West Virginia	$253	$3,036	17%	$499	$5,988	34%
Wyoming [11]	$590	$7,080	40%	$790	$9,480	54%

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 3

The median threshold was computed using the income threshold for each state at which parents can obtain comprehensive coverage that meets federal Medicaid guidelines.

▲ Indicates that a state has expanded eligibility in at least one of its parent insurance programs between July 2008 and January 2009, unless noted otherwise.
▼ Indicates that a state has reduced eligibility in at least one of its parent insurance programs between July 2008 and January 2009, unless noted otherwise.

1. This table takes earnings disregards, when applicable, into account when determining income thresholds for working parents. Computations are based on a family of three with one income earner. In some cases, earnings disregards may be time limited. States may use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region. In this situation, the income guideline in the most populous region is used. **Time limited disregards:** In some states, the earnings disregards used to determine eligibility are applied only for the first few months of coverage. Thus, the eligibility limits for most beneficiaries would be lower than the levels that appear in this table. Please see Table 3A for an illustration of the impact of time limited disregards.

2. With the exceptions of **Connecticut, Delaware, Pennsylvania** and **Washington**, when two thresholds are noted, the first is for "regular" Medicaid programs that provide comprehensive coverage that meets federal Medicaid guidelines and the second refers to coverage established through waivers. The coverage offered through these waivers generally provides fewer benefits and has higher cost-sharing than allowed in Medicaid. In **Connecticut, Delaware, Pennsylvania** and **Washington**, the second figure refers to coverage available to parents under a state-funded program.

3. Indicates whether the state was not enrolling eligible parents at any time between July 2007 and January 2009.

4. **Delaware** has expanded coverage to parents through a waiver that offers a benefit package identical to the state's traditional Medicaid benefits package with the exception of dental and vision benefits.

5. In **Hawai**i, parents enrolled in Medicaid whose income exceeds 200 percent of the federal poverty line can purchase alternative coverage by paying a monthly premium. This coverage has an income eligibility limit of 300 percent of the federal poverty line.

6. **Maryland** expanded coverage for parents to 116 percent of the federal poverty line in July 2008.

7. **New Jersey** expanded coverage for parents to 200 percent of the federal poverty line in September 2008.

8. **Rhode Island** reduced coverage for parents to 175 percent of the federal poverty line in October 2008.

9. Since 2002, **Texas** has been in the process of transitioning to a new computer system to process applications. The earnings disregard under the new system is slightly more generous than that under the old system. The policy reflected in the table is that applied under the new system because the state intends for all applicants and recipients eventually to be processed under this system. However, the great majority of those parents currently enrolled in **Texas'** Medicaid program are evaluated under the old system in which the income threshold for a working parent is $308 per month rather than $402 per month.

10. **Wisconsin** expanded coverage for parents to 200 percent of the federal poverty line in February 2008.

11. In **Wyoming**, the earnings disregard is based on marital status and whether one or both parents are employed. The figures in this table represent the income thresholds for families with unmarried parents with one income earner.

Table 3A
Income Threshold for Working Parents Applying For and Receiving Medicaid[1]
January 2009

State	Income Threshold for Working Parents at Application			Income Threshold for Working Parents at Four Months			Income Threshold for Working Parents at Twelve Months		
	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line
US Median #	$994	$11,928	68%	$1,019	$12,228	69%	$970	$11,640	66%
Alabama	$366	$4,392	25%	$366	$4,392	25%	$366	$4,392	25%
Alaska	$1,554	$18,648	85%	$2,346	$28,152	128%	$2,346	$28,152	128%
Arizona	$2,933	$35,200	200%	$2,933	$35,200	200%	$2,933	$35,200	200%
Arkansas [2]	$255/$2,933	$3,060/$35,200	17%/200%	$637/$2,933	$7,644/$35,200	43%/200%	$637/$2,933	$7,644/$35,200	43%/200%
California	$1,556	$18,672	106%	$1,854	$22,248	126%	$1,854	$22,248	126%
Colorado	$970	$11,640	66%	$970	$11,640	66%	$970	$11,640	66%
Connecticut[2]	$2,803/$4,400	$33,636/$52,800	191%/300%	$2,803/$4,400	$33,636/$52,800	191%/300%	$2,803/$4,400	$33,636/$52,800	191%/300%
Delaware[4]	$1,770/$1,556	$21,240/$18,672	121%/106%	$1,770/$1,556	$21,240/$18,672	121%/106%	$1,770/$1,556	$21,240/$18,672	121%/106%
District of Columbia	$3,033	$36,396	207%	$3,033	$36,396	207%	$3,033	$36,396	207%
Florida	$806	$9,672	55%	$806	$9,672	55%	$806	$9,672	55%
Georgia	$756	$9,072	52%	$756	$9,072	52%	$544	$6,528	37%
Hawaii[5]	$1,687	$20,244	100%	$1,687	$20,244	100%	$1,687	$20,244	100%
Idaho	$407	$4,884	28%	$595	$7,140	41%	$437	$5,244	30%
Illinois	$2,713	$32,556	185%	$2,713	$32,556	185%	$2,713	$32,560	185%
Indiana[2]	$378/$3,023	$4,536/$36,276	26%/206%	$552/$4,520	$6,624/$54,240	38%/308%	$408/$3,053	$4,896/$36,636	28%/208%
Iowa[2]	$1,267/$3,666	$15,204/$44,000	86%/250%	$1,267/$3,666	$15,204/$44,000	86%/250%	$1,267/$3,666	$15,204/$44,000	86%/250%
Kansas	$493	$5,916	34%	$493	$5,916	34%	$493	$5,916	34%
Kentucky	$909	$10,908	62%	$909	$10,908	62%	$646	$7,752	44%
Louisiana	$381	$4,572	26%	$381	$4,572	26%	$294	$3,528	20%
Maine	$3,023	$36,276	206%	$3,023	$36,276	206%	$3,023	$36,276	206%
Maryland[6] ▲	$1,701	$20,412	116%	$1,701	$20,412	116%	$1,701	$20,412	116%
Massachusetts	$1,950	$23,408	133%	$1,950	$23,408	133%	$1,950	$23,400	133%
Michigan	$970	$11,640	66%	$970	$11,640	66%	$970	$11,640	66%
Minnesota	$4,033	$48,400	275%	$4,033	$48,400	275%	$4,033	$48,400	275%
Mississippi	$672	$8,064	46%	$672	$8,064	46%	$488	$5,856	33%
Missouri	$382	$4,584	26%	$558	$6,696	38%	$412	$4,944	28%
Montana	$854	$10,248	58%	$854	$10,248	58%	$854	$10,248	58%
Nebraska	$851	$10,212	58%	$851	$10,212	58%	$851	$10,212	58%
Nevada[2]	$1,341/$2,933	$16,092/$35,200	91%/200%	$1,341/$2,933	$16,092/$35,200	91%/200%	$1,341/$2,933	$16,092/$35,200	91%/200%
New Hampshire	$750	$9,000	51%	$1,200	$14,400	82%	$1,200	$14,400	82%
New Jersey [7] ▲	$2,933	$35,200	200%	$2,933	$35,200	200%	$2,933	$35,200	200%
New Mexico [2, 3]	$1,019/$5,991	$12,228/$71,892	69%/408%	$1,019/$5,991	$12,228/$71,892	69%/408%	$1,019/$5,991	$12,228/$71,892	69%/408%
New York	$2,200	$26,400	150%	$2,200	$26,400	150%	$2,200	$26,400	150%
North Carolina	$750	$9,000	51%	$750	$9,000	51%	$750	$9,000	51%
North Dakota	$904	$10,848	62%	$904	$10,848	62%	$904	$10,848	62%
Ohio	$1,320	$15,840	90%	$1,320	$15,840	90%	$1,320	$15,840	90%
Oklahoma[2]	$711/$2,933	$8,532/$35,200	48%/200%	$711/$2,933	$8,532/$35,200	48%/200%	$711/$2,933	$8,532/$35,200	48%/200%
Oregon[3]	$1,466	$17,600	100%	$1,466	$17,600	100%	$1,466	$17,600	100%
Pennsylvania[2, 3]	$523/$3,053	$6,276/$36,636	36%/208%	$926/$3,053	$11,112/$36,636	63%/208%	$926/$3,053	$11,112/$36,636	63%/208%
Rhode Island[8] ▼	$2,656	$31,872	181%	$2,656	$31,872	181%	$2,656	$31,872	181%
South Carolina	$1,322	$15,864	90%	$1,322	$15,864	90%	$815	$9,780	56%
South Dakota	$796	$9,552	54%	$796	$9,552	54%	$796	$9,552	54%
Tennessee [3]	$1,969	$23,628	134%	$1,969	$23,628	134%	$1,969	$23,628	134%
Texas[9]	$402	$4,824	27%	$402	$4,824	27%	$402	$4,824	27%
Utah[2, 3]	$994/$2,200	$11,928/$26,400	68%/150%	$994/$2,200	$11,928/$26,400	68%/150%	$703/$2,200	$8,436/$26,400	48%/150%
Vermont	$2,803	$33,636	191%	$2,803	$33,636	191%	$2,803	$33,636	191%
Virginia	$446	$5,352	30%	$654	$7,848	45%	$446	$5,352	30%
Washington[2, 3]	$1,124/$2,933	$13,488/$35,200	77%/200%	$1,124/$2,933	$13,488/$35,200	77%/200%	$1,124/$2,933	$13,488/$35,200	77%/200%
Wisconsin[10] ▲	$2,933	$35,200	200%	$2,933	$35,200	200%	$2,933	$35,200	200%
West Virginia	$499	$5,988	34%	$499	$5,988	34%	$373	$4,476	25%
Wyoming [11]	$790	$9,480	54%	$790	$9,480	54%	$790	$9,480	54%

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 3A

The median threshold was computed using the income threshold for each state at which parents can obtain comprehensive coverage that meets federal Medicaid guidelines. In states with two thresholds listed, the first figure is the income threshold at which parents can obtain such coverage. With the exception of Connecticut, Pennsylvania and Washington, the second figure refers to coverage established through waivers. The coverage offered through waivers generally provides fewer benefits and has higher cost-sharing than allowed in Medicaid. In Connecticut, Pennsylvania and Washington, the second figure refers to coverage available to parents under a state-funded program.

▲ Indicates that a state has expanded eligibility in at least one of its parent insurance programs between July 2008 and January 2009, unless noted otherwise.
▼ Indicates that a state has reduced eligibility in at least one of its parent insurance programs between July 2008 and January 2009, unless noted otherwise.

1. This table takes earnings disregards, when applicable, into account when determining income thresholds for working parents. Computations are based on a family of three with one earner. In some cases, earnings disregards may be time limited. States may use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region. In this situation, the income guideline in the most populous region is used.

2. With the exception of **Connecticut, Delaware, Pennsylvania** and **Washington,** when two thresholds are noted, the first is for "regular" Medicaid programs that provide comprehensive coverage that meets federal Medicaid guidelines and the second refers to coverage established through waivers. The coverage offered through these waivers generally provides fewer benefits and has higher cost-sharing than allowed in Medicaid. In **Connecticut, Delaware, Pennsylvania** and **Washington**, the second figure refers to coverage available to parents under a state-funded program.

3. Indicates whether the state was not enrolling eligible parents at any time between July 2008 and January 2009.

4. **Delaware** has expanded coverage to parents through a waiver that offers a benefit package identical to the state's traditional Medicaid benefits package with the exception of dental and vision benefits.

5. In **Hawaii,** parents enrolled in Medicaid whose income exceeds 200 percent of the federal poverty line can purchase alternative coverage by paying a monthly premium. This coverage has an income eligibility limit of 300 percent of the federal poverty line.

6. **Maryland** expanded coverage for parents to 116 percent of the federal poverty line in July 2008.

7. **New Jersey** expanded coverage for parents to 200 percent of the federal poverty line in September 2008.

8. **Rhode Island** reduced coverage for parents to 175 percent of the federal poverty line in October 2008.

9. Since 2002, **Texas** has been in the process of transitioning to a new computer system to process applications. The earnings disregard under the new system is slightly more generous than that under the old system. The policy reflected in the table is that applied under the new system because the state intends for all applicants and recipients eventually to be processed under this system. However, the great majority of those parents currently enrolled in **Texas'** Medicaid program are evaluated under the old system in which the income threshold for a working parent is $308 per month rather than $402 per month.

10. **Wisconsin** expanded coverage for parents to 200 percent of the federal poverty line in February 2008.

11. In **Wyoming**, the earnings disregard is based on marital status and whether one or both parents are employed. The figures in this table represent the income thresholds for families with unmarried parents with one income earner.

Table 4
Selected Criteria Related to Health Coverage of Pregnant Women
January 2009

	Income Eligibility Level (Percent of Federal Poverty Line)	No Asset Test[1]	Presumptive Eligibility	Unborn Child Option[2]
Total	N/A	44	30	15
Alabama	133	Y		
Alaska	175	Y		
Arizona	150	Y		
Arkansas[1]	200	($3,100)	Y	Y
California[3]	200 (300)	Y	Y	Y
Colorado[4]	200	Y	Y	
Connecticut[5]	250	Y	Y	
Delaware	200	Y	Y	
District of Columbia	300	Y	Y	
Florida	185	Y	Y	
Georgia	200	Y	Y	
Hawaii[6]	185	Y		
Idaho	133	($5,000)	Y	
Illinois	200	Y	Y	Y
Indiana[7]	200	Y		
Iowa[8]	200 (300)	($10,000)	Y	
Kansas	150	Y		
Kentucky	185	Y	Y	
Louisiana[9]	200	Y		Y
Maine	200	Y	Y	
Maryland[10]	250	Y		
Massachusetts	200	Y	Y	Y
Michigan	185	Y	Y	Y
Minnesota	275	Y		Y
Mississippi	185	Y		
Missouri	185	Y	Y	
Montana	150	($3,000)	Y	
Nebraska	185	Y	Y	Y
Nevada	185	Y		
New Hampshire	185	Y	Y	
New Jersey[11]	200	Y	Y	
New Mexico	185	Y	Y	
New York	200	Y	Y	
North Carolina	185	Y	Y	
North Dakota	133	Y		
Ohio[12]	200	Y		
Oklahoma[13] ▲	185	Y	Y	Y
Oregon[13] ▲	185	Y		Y
Pennsylvania[14]	185	Y	Y	
Rhode Island[15]	250 (350)	Y		Y
South Carolina[16]	185	($30,000)		
South Dakota	133	($7,500)		
Tennessee[17] ▲	250	Y	Y	Y
Texas	185	Y	Y	Y
Utah[18]	133	($5,000)	Y	
Vermont[19]	200	Y		
Virginia[20]	185	Y		
Washington	185	Y		Y
West Virginia	150	Y		
Wisconsin[21] ▲	300	Y	Y	Y
Wyoming	133	Y	Y	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 4

▲ Indicates that a state has expanded eligibility or adopted a simplified procedure for pregnant women between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has reduced eligibility or eliminated a simplified procedure for pregnant women between July 2007 and January 2009, unless noted otherwise.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. With the exception of **Arkansas**, all states with an asset test for pregnancy coverage rely on a standard limit regardless of family size. In **Arkansas**, the asset limit shown is for a family of three.

2. The unborn child option permits states to provide SCHIP coverage to the unborn children of pregnant women.

3. In **California**, the Access for Infants and Mothers (AIM) program is available to pregnant women with income between 201 and 300 percent of the federal poverty line. This program is funded using Title XXI (Unborn Child Amendment).

4. In **Colorado**, coverage for pregnant women with income between 134 and 200 percent of the federal poverty line is provided under a HIFA waiver.

5. **Connecticut** has a presumptive-like eligibility process for pregnant women, known as expedited eligibility. The state expanded eligibility for pregnant women from 185 percent to 250 percent of the federal poverty line in January 2008.

6. In **Hawaii**, pregnant women enrolled in Medicaid whose income exceeds 185 percent of the federal poverty line can purchase Quest-Net coverage by paying a monthly premium. This coverage has an income eligibility limit of 300 percent of the federal poverty line. Limited coverage is available to persons already receiving Medicaid.

7. **Indiana** plans on implementing presumptive eligibility for pregnant women in the summer of 2009.

8. In **Iowa**, the asset limit only applies to "regular" Medicaid and only considers liquid assets. Pregnant women with income between 200 and 300 percent of the federal poverty line with high medical expenses can "spend down" to qualify for the state's waiver program.

9. **Louisiana** eliminated presumptive eligibility in 2007 because they have an expedited enrollment process. The state can enroll a pregnant woman in 3 calendar days.

10. **Maryland** does not have a presumptive eligibility process but does have section 1115 waiver authority to operate an Accelerated Certification of Eligibility process that provides for accelerated enrollment in coverage for pregnant women who appear eligible based on preliminary income determination.

11. In **New Jersey**, coverage for women with income between 186 and 200 percent of the federal poverty line is provided under a Medicaid Section 1115 waiver. Under this coverage, pregnant women must be uninsured and there are no income deductions.

12. **Ohio** has an "expedited eligibility" process through which pregnant women can obtain 60 days of partial coverage pending documentation of eligibility factors. Inpatient coverage is not available during this period. The state expanded eligibility for pregnant women to 200 percent of the federal poverty line in January 2008.

13. **Oklahoma** and **Oregon** adopted the unborn child option in April 2008.

14. In **Pennsylvania**, presumptive eligibility is available in most of the state; however, an alternate expedited procedure is being piloted in Philadelphia and four surrounding counties.

15. In **Rhode Island**, the Medicaid income eligibility limit for pregnant women is 250 percent of the federal poverty line. There is also a state-funded program for women with income between 251 and 350 percent of the federal poverty line. Under this program, which requires a premium, the state funds the cost of labor and delivery only.

16. **South Carolina** has an "assumptive" eligibility process through which pregnant women can obtain 30 days of coverage pending documentation of eligibility factors.

17. **Tennessee** increased eligibility to 250 percent of the federal poverty line for pregnant women in March 2008.

18. In **Utah**, women who exceed the asset limit may still qualify for coverage if they make a one-time payment of four percent of the value of their assets or $3,367, whichever is less.

19. In **Vermont**, women with income above 185 percent of the federal poverty line are required to pay a premium.

20. **Virginia** plans to expand coverage to pregnant women up to 200 percent of the federal poverty line in July 2009.

21. In **Wisconsin**, the Medicaid income eligibility limit for pregnant women expanded to 250 percent of the federal poverty line in February 2008. The state uses state funds to provide coverage for women with income between 251 and 300 percent of the federal poverty line.

Table 5
Enrollment: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]
January 2009

State		Program	Joint Application	No Face-to-Face Interview	No Asset Test[2]	Presumptive Eligibility[3]
Total		Medicaid (51)*	N/A	48	47	14
		SCHIP (39) **	N/A	38	36	9
		Aligned Medicaid and Separate SCHIP ***	35	48	46	11
Alabama[4]		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Alaska		Medicaid for Children	N/A	**Y**	**Y**	
Arizona[5]	▲	Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Arkansas		Medicaid for Children	N/A	**Y**	**Y**	
California[3]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Colorado[3]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Connecticut		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	
Delaware		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
District of Columbia		Medicaid for Children	N/A	**Y**	**Y**	
Florida		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Georgia		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Hawaii		Medicaid for Children	N/A	**Y**	**Y**	
Idaho		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Illinois[3]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Indiana[6]		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Iowa		Medicaid for Children		**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Kansas[3]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Kentucky[7]	▲	Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Louisiana[3]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Maine		Medicaid for Children	**Y**	**Y**	**Y**	
		Separate SCHIP		**Y**	**Y**	
Maryland[3]		Medicaid for Children	N/A	**Y**	**Y**	
Massachusetts		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Michigan		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	Y
Minnesota		Medicaid for Children	N/A	**Y**	**Y**	
Mississippi		Medicaid for Children	**Y**		**Y**	
		Separate SCHIP			**Y**	
Missouri[3,8]		Medicaid for Children	**Y**	**Y**	**Y**	Y
		Separate SCHIP		**Y**	**Y**	
Montana[9]		Medicaid for Children		**Y**	**($15,000)**	
		Separate SCHIP		**Y**	**Y**	

State	Program	Joint Application	No Face-to-Face Interview	No Asset Test[2]	Presumptive Eligibility[3]
Nebraska	Medicaid for Children	N/A	**Y**	**Y**	
Nevada[9]	Medicaid for Children		**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
New Hampshire	Medicaid for Children	**Y**	**Y**	**Y**	Y
	Separate SCHIP		**Y**	**Y**	
New Jersey	Medicaid for Children	**Y**	**Y**	**Y**	Y
	Separate SCHIP		**Y**	**Y**	Y
New Mexico	Medicaid for Children	N/A	**Y**	**Y**	**Y**
New York[3,10]	Medicaid for Children	**Y**		**Y**	Y
	Separate SCHIP		**Y**	**Y**	Y
North Carolina	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
North Dakota	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Ohio	Medicaid for Children	N/A	**Y**	**Y**	
Oklahoma	Medicaid for Children	N/A	**Y**	**Y**	
Oregon	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**($10,000)**	
Pennsylvania[11]	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Rhode Island	Medicaid for Children	N/A	**Y**	**Y**	
South Carolina	Medicaid for Children		**Y**	**($30,000)**	
	Separate SCHIP	**Y**	**Y**	**($30,000)**	
South Dakota	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Tennessee[12]	Medicaid for Children			**Y**	
	Separate SCHIP		**Y**	**Y**	
Texas[13]	Medicaid for Children	**Y**	**Y**	**($2,000)**	
	Separate SCHIP		**Y**	**($10,000)**	
Utah[14] ▲	Medicaid for Children	**Y**	**Y**	**($3,025)**	
	Separate SCHIP		**Y**	**Y**	
Vermont[15]	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Virginia	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Washington	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
West Virginia	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	
Wisconsin[3]	Medicaid for Children	N/A	**Y**	**Y**	**Y**
Wyoming	Medicaid for Children	**Y**	**Y**	**Y**	
	Separate SCHIP		**Y**	**Y**	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 5

▲ Indicates that a state has simplified one or more of its procedures between July 2007 and January 2009, unless noted otherwise.

▼ Indicates that a state has rescinded one or more simplified procedures between July 2007 and January 2009, unless noted otherwise.

* "Total Medicaid" indicates the number of states that have adopted a particular enrollment simplification strategy for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.

** "Total SCHIP" indicates number of states that have adopted a particular enrollment simplification strategy for their SCHIP-funded separate program. 39 states operate such programs. The remaining 11 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively. During the survey period **Louisiana** and **South Carolina** created separate SCHIP-funded programs.

*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. In states with asset limits, the limit noted is for a family of three.

3. Under federal law, states may implement presumptive eligibility procedures in Medicaid and SCHIP. In **California**, the SCHIP program has a presumptive eligibility process available to families with income up to 200 percent of the federal poverty line. This process is available through the Child Health and Disability Prevention program provider and the accelerated enrollment process, which provides temporary full scope no cost medical coverage. **Colorado** implemented presumptive eligibility for children in Medicaid and SCHIP effective January 2008 (previously, only prenatal presumptive eligibility existed). In **Illinois**, presumptive eligibility is available in children's Medicaid and SCHIP but not in the state-funded expansion program. In **Kansas,** presumptive eligibility is being piloted at three entities, but it is expected to be expanded further in 2009. **Louisiana** has legislative authority to implement presumptive eligibility, but has not yet received approval from their state plan to implement it in either Medicaid or SCHIP. In **Maryland**, there is an accelerated eligibility process that is available to children who already have an open case for other benefits at a local eligibility office. These children can receive up to three months of temporary eligibility pending a final eligibility determination. In **Missouri,** in September 2008, the state expanded their presumptive eligibility program to all rural health clinics and federally qualified health centers. Children eligible for presumptive eligibility must have a gross family income of 150 percent of the federal poverty line or less. **New York** implemented presumptive eligibility in its children's Medicaid program in February 2008. **New York's** SCHIP program has a presumptive-like process in which health plans can provide coverage for a 60-day period while the family submits necessary documentation. **Wisconsin** implemented presumptive eligibility for children in families with income up to 150 percent of the federal poverty line in February 2008.

4. In **Alabama**, a telephone interview is required in children's Medicaid. A pilot program between March and September 2007 waived the telephone interview for families that submitted income verification and found very little error.

5. In **Arizona**, as of March 2008, no interview is required in Medicaid regardless of whether the SCHIP paper or electronic application is used. Prior to this date, families that applied for Medicaid using the joint application did not have a face-to-face interview, but families who used another application were subject to the interview requirement.

6. In **Indiana**, county offices may require telephone interview but not face-to-face interviews.

7. **Kentucky** eliminated their face-to-face interview requirement in November 2008.

8. In **Missouri**, children in families with income above 150 percent of the federal poverty line are subject to a "net worth" test of $250,000.

9. In **Montana** and **Nevada,** families that use the SCHIP application but are found to be eligible for Medicaid must complete a Medicaid addendum before eligibility can be determined.

10. In **New York**, a contact with a community-based "facilitated enroller" meets the face-to-face interview requirement.

11. **Pennsylvania** uses Medicaid and SCHIP applications that solicit "common data elements" in collecting information for Medicaid and SCHIP, thus making Medicaid and SCHIP applications interchangeable.

12. In **Tennessee**, a face-to-face or telephone interview is required in children's Medicaid.

13. In **Texas**, the SCHIP asset test applies only to families with income above 150 percent of the federal poverty line. Texas increased its SCHIP asset limit in September 2007.

14. **Utah** implemented a joint application and eliminated their face-to-face or telephone interview requirement in December 2008. **Utah** counts assets in determining Medicaid eligibility for children over the age of six.

15. In **Vermont**, there is an asset test for children's Medicaid and SCHIP, however if the countable assets exceed the asset limit the children are eligible under the 1115 waiver, which has no asset test.

Table 6
Income Verification: Families are Not Required to Provide Verification of Income in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]
January 2009

State	Program	Administrative Verification at Enrollment[2]	Administrative Renewal[2]	Administrative Renewal Unless Income has Changed[2]
Total	Medicaid (51)*	11	12	2
	SCHIP (39) **	10	11	3
	Aligned Medicaid and Separate SCHIP ***	11	12	1
Alabama	Medicaid for Children			
	Separate SCHIP	Y	Y	
Alaska	Medicaid for Children			
Arizona	Medicaid for Children			
	Separate SCHIP			
Arkansas	Medicaid for Children	Y	Y	
California	Medicaid for Children			
	Separate SCHIP			
Colorado[3] ▲	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Connecticut	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Delaware	Medicaid for Children			
	Separate SCHIP			
District of Columbia	Medicaid for Children			
Florida[4]	Medicaid for Children			Y
	Separate SCHIP			
Georgia	Medicaid for Children			
	Separate SCHIP			
Hawaii	Medicaid for Children	Y	Y	
Idaho	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Illinois	Medicaid for Children			Y
	Separate SCHIP			Y
Indiana	Medicaid for Children			
	Separate SCHIP			
Iowa	Medicaid for Children			
	Separate SCHIP			
Kansas	Medicaid for Children			
	Separate SCHIP			
Kentucky	Medicaid for Children			
	Separate SCHIP			
Louisiana[5]	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Maine	Medicaid for Children			
	Separate SCHIP			
Maryland	Medicaid for Children	Y	Y	
Massachusetts	Medicaid for Children			
	Separate SCHIP			
Michigan	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Minnesota	Medicaid for Children			
Mississippi	Medicaid for Children			
	Separate SCHIP			
Missouri	Medicaid for Children			
	Separate SCHIP			
Montana	Medicaid for Children			
	Separate SCHIP	Y	Y	

State	Program	Administrative Verification at Enrollment[2]	Administrative Renewal[2]	Administrative Renewal Unless Income has Changed[2]
Nebraska	Medicaid for Children			
Nevada	Medicaid for Children			
	Separate SCHIP			
New Hampshire	Medicaid for Children			
	Separate SCHIP			
New Jersey	Medicaid for Children			
	Separate SCHIP			
New Mexico	Medicaid for Children			
New York[6]	Medicaid for Children		Y	
	Separate SCHIP		Y	
North Carolina	Medicaid for Children			
	Separate SCHIP			
North Dakota	Medicaid for Children			
	Separate SCHIP			
Ohio	Medicaid for Children			
Oklahoma	Medicaid for Children	Y	Y	
Oregon	Medicaid for Children			
	Separate SCHIP			
Pennsylvania	Medicaid for Children			
	Separate SCHIP			
Rhode Island	Medicaid for Children			
South Carolina	Medicaid for Children			
	Separate SCHIP			
South Dakota	Medicaid for Children			
	Separate SCHIP			
Tennessee	Medicaid for Children			
	Separate SCHIP	Y	Y	
Texas	Medicaid for Children			
	Separate SCHIP			
Utah[7]	Medicaid for Children			
	Separate SCHIP			Y
Vermont	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	
Virginia	Medicaid for Children			
	Separate SCHIP			
Washington	Medicaid for Children			
	Separate SCHIP			
West Virginia[8]	Medicaid for Children			
	Separate SCHIP			Y
Wisconsin[9]	Medicaid for Children			
Wyoming	Medicaid for Children	Y	Y	
	Separate SCHIP	Y	Y	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 6

▲ Indicates that a state has eliminated an income verification requirement between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has instituted an income verification requirement between July 2007 and January 2009, unless noted otherwise.

* "Total Medicaid" indicates the number of states that do not ask for verification of income for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.

** "Total SCHIP" indicates number of states that do not ask for verification of income for their SCHIP-funded separate program. 39 states operate such programs. The remaining 11 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively. During the survey period **Louisiana** and **South Carolina** created separate SCHIP-funded programs.

*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that do not ask for verification of income and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. While families do not have to provide verification of income in the states noted, such states generally verify this information through data matches with other government agencies, such as the Social Security Administration and state departments of labor. Often, families in states with administrative verification still have to provide documentation of income if self-employed or if income is questionable.

3. **Colorado** passed legislation in 2008 that no longer requires income verification from families in Medicaid and SCHIP. This change will be implemented in February 2009.

4. In **Florida**, families with children on Medicaid who were enrolled through the SCHIP process are only required to verify new sources of income at renewal. Families with children on Medicaid who were enrolled through a local office must provide verification of income at renewal.

5. In **Louisiana**, documentation is only required if the state is unable to verify income administratively.

6. In **New York**, income verification is not required at SCHIP renewal if a Social Security number(s) is provided for the parent(s). The state implemented this procedure in its children's Medicaid program in January 2008.

7. In **Utah**, families with children on SCHIP receive one of two renewal forms. One of the renewal forms requires families to provide verification of income only if income has changed. The other form, which is sent to families that have had a change in income during the previous year, requests income verification.

8. In **West Virginia,** a simplified renewal form is used at every other SCHIP renewal. The simplified renewal form requires families to provide verification of income only if income has changed.

9. The **Wisconsin** application asks for income documentation, however, if it is not provided, the state will use databases to verify income administratively.

Table 7
Renewal: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]
January 2009

State		Program	Frequency┼ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Joint Renewal Form┼┼
Total		Medicaid (51)*	44	18	49	N/A
		SCHIP (39) **	39	30	38	N/A
		Aligned Medicaid and Separate SCHIP ***	45	18	49	21
Alabama		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	
Alaska		Medicaid for Children	6		Y	N/A
Arizona[2]	▲	Medicaid for Children	12		Y	
		Separate SCHIP	12	Y	Y	
Arkansas[3]		Medicaid for Children	12		Y	N/A
California[4]	▼	Medicaid for Children	6		Y	
		Separate SCHIP	12	Y	Y	
Colorado		Medicaid for Children	12		Y	
		Separate SCHIP	12	Y	Y	Y
Connecticut		Medicaid for Children	12		Y	
		Separate SCHIP	12		Y	
Delaware		Medicaid for Children	12		Y	
		Separate SCHIP	12	Y	Y	Y
District of Columbia		Medicaid for Children	12		Y	N/A
Florida[5]		Medicaid for Children	12		Y	
		Separate SCHIP	12	Y	Y	
Georgia		Medicaid for Children	6		Y	
		Separate SCHIP	12		Y	
Hawaii		Medicaid for Children	12		Y	N/A
Idaho		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	Y
Illinois		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	Y
Indiana[6]		Medicaid for Children	12		Y	
		Separate SCHIP	12		Y	Y
Iowa[7]	▲	Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	
Kansas		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	Y
Kentucky		Medicaid for Children	12		Y	
		Separate SCHIP	12		Y	Y
Louisiana		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	Y
Maine		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	Y
Maryland		Medicaid for Children	12		Y	N/A
Massachusetts		Medicaid for Children	12		Y	
		Separate SCHIP	12		Y	Y
Michigan		Medicaid for Children	12	Y	Y	
		Separate SCHIP	12	Y	Y	
Minnesota[3]		Medicaid for Children	6/12 (12)		Y	N/A
Mississippi		Medicaid for Children	12	Y		
		Separate SCHIP	12	Y		Y
Missouri		Medicaid for Children	12		Y	
		Separate SCHIP	12		Y	Y
Montana		Medicaid for Children	12		Y	
		Separate SCHIP	12	Y	Y	

State	Program	Frequency┼ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Joint Renewal Form┼┼
Nebraska	Medicaid for Children	6		**Y**	N/A
Nevada	Medicaid for Children	12		**Y**	
	Separate SCHIP	12	**Y**	**Y**	
New Hampshire	Medicaid for Children	12		**Y**	
	Separate SCHIP	12		**Y**	**Y**
New Jersey[8]	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
New Mexico	Medicaid for Children	12		**Y**	N/A
New York	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	
North Carolina	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
North Dakota[9] ▲	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
Ohio	Medicaid for Children	12		**Y**	N/A
Oklahoma	Medicaid for Children	12		**Y**	N/A
Oregon ▲	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
Pennsylvania	Medicaid for Children	6		**Y**	
	Separate SCHIP	12	**Y**	**Y**	
Rhode Island	Medicaid for Children	12		**Y**	N/A
South Carolina	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
South Dakota	Medicaid for Children	12		**Y**	
	Separate SCHIP	12		**Y**	**Y**
Tennessee[10]	Medicaid for Children	12			
	Separate SCHIP	12	**Y**	**Y**	
Texas[11]	Medicaid for Children	6		**Y**	
	Separate SCHIP	12	**Y**	**Y**	
Utah	Medicaid for Children	12		**Y**	
	Separate SCHIP	12	**Y**	**Y**	
Vermont	Medicaid for Children	12		**Y**	
	Separate SCHIP	12		**Y**	**Y**
Virginia[12]	Medicaid for Children	12		**Y**	
	Separate SCHIP	12	**Y**	**Y**	
Washington	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	**Y**
West Virginia[13]	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	
Wisconsin	Medicaid for Children	12		**Y**	N/A
Wyoming	Medicaid for Children	12	**Y**	**Y**	
	Separate SCHIP	12	**Y**	**Y**	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009

Notes on Table 7

▲ Indicates that a state has simplified one or more of its procedures between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has rescinded one or more simplified procedures between July 2007 and January 2009, unless noted otherwise.

* "Total Medicaid" indicates the number of states that have adopted a particular renewal simplification strategy for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.
** "Total SCHIP" indicates number of states that have adopted a particular renewal simplification strategy for their SCHIP-funded separate program. Thirty-nine states operate such programs. The remaining 11 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively. During the survey period **Louisiana** and **South Carolina** created separate SCHIP-funded programs.
*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

┼ This column shows the frequency of renewals. If monthly, quarterly or semi-annual income reporting is also required, this frequency is noted in parentheses. Some states require change reporting, which is not addressed in this table. If the frequency of renewal is every 12 months, as opposed to six months or more frequently, the procedure is considered "simplified" for the purposes of this table.
┼┼ "Joint renewal" indicates that the same renewal form is used for children's Medicaid and SCHIP. In a number of states, separate Medicaid and SCHIP renewal forms can be used to determine eligibility for both programs, however for the purposes of this table, "joint renewal" indicates that the *same form* is used for both programs.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. In **Arizona,** the face-to-face or telephone interview requirement in Medicaid was eliminated in March 2008. The 12-month continuous eligibility policy in SCHIP only applies to the first 12 months of coverage.

3. In **Arkansas** and **Minnesota**, renewal procedures differ for children and/or families with children enrolled in Medicaid, depending on whether they are eligible under "regular" Medicaid or under expansions pursuant to Medicaid Section 1115 waivers or SCHIP-funded Medicaid expansions. In **Arkansas**, children who qualify under expansion rules receive 12 months of continuous eligibility, as opposed to a 12-month renewal period in "regular" Medicaid. In **Minnesota**, children and parents who qualify under the state's Section 1115 expansion program have eligibility reviewed every 12 months. In the "regular" Medicaid program, income reviews occur every 6 months and eligibility reviews every 12 months.

4. **California** requires a 6 month renewal (mid-year status report) for children in Medicaid as of January 2009.

5. In **Florida's** Medicaid program, children under age five receive 12 months of continuous eligibility and children age five and older receive 6 months of continuous eligibility.

6. In **Indiana's** Medicaid and SCHIP program, children up to age three receive 12 months of continuous eligibility.

7. **Iowa** adopted 12 months of continuous eligibility in Medicaid in July 2008.

8. In **New Jersey**, families of children who have their Medicaid case maintained by the central SCHIP office receive a pre-printed joint renewal form. Families of children with Medicaid cases maintained at a county office do not receive this form. Forms used by county offices vary, however several offices use the joint Medicaid/SCHIP application as a renewal form.

9. **North Dakota** implemented 12 month continuous eligibility for children in Medicaid in June 2008.

10. In **Tennessee**, a face-to-face or telephone interview is required at renewal in "regular" Medicaid. Reviews remain suspended in **Tennessee's** Section 1115 waiver program.

11. In **Texas**, children covered under SCHIP get 12 months of continuous coverage. However, the state will conduct administrative renewal for children in SCHIP in families with income between 185 and 200 percent of the federal poverty line at 6 months to determine whether income has exceeded 200 percent of the federal poverty line.

12. In **Virginia**, children covered under SCHIP get 12 months of continuous coverage unless the family's income exceeds the program's income eligibility guideline or the family leaves the state.

13. In **West Virginia**, a simplified renewal form is used at every other SCHIP renewal. The joint application form, printed in a different color, is used for all other SCHIP and Medicaid renewals.

Table 8

Enrollment: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
January 2009

State	Program	Family Application┼	No Face-to-Face Interview	No Asset Test[1] (or limit for a family of three)
Total	Aligned Medicaid for Children and Separate SCHIP *	31	48	46
	Total Medicaid for Parents (51)**		41	23
Alabama[2]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Alaska[3]	Medicaid for Children		**Y**	**Y**
	Medicaid for Parents			**($2,000)**
Arizona[4,5]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Arkansas[4,6]	Medicaid for Children		**Y**	**Y**
	Medicaid for Parents			**($1,000)**
	Expanded Medicaid for Parents		**Y**	**Y**
California[4,7]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($3,150)**
	Expanded Medicaid for Parents		**Y**	**($3,150)**
Colorado	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Connecticut[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Delaware[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
District of Columbia[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Florida[8]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($2,000)**
Georgia[7]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($1,000)**
Hawaii[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Medicaid for Parents		**Y**	**($3,250)**
	Expanded Medicaid for Parents		**Y**	**($3,250)**
Idaho[7]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($1,000)**

State	Program	Family Application+	No Face-to-Face Interview	No Asset Test[1] (or limit for a family of three)
Illinois[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Indiana[4,7,9]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($1,000)**
	Expanded Medicaid for Parents		**Y**	**Y**
Iowa[4,7,10]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($2,000)**
	Expanded Medicaid for Parents		**Y**	**Y**
Kansas[11]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Kentucky[12]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents			**($2,000)**
Louisiana[13]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Maine[4,14]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($2,000)**
	Expanded Medicaid for Parents		**Y**	**($2,000)**
Maryland[15]	Medicaid for Children	**Y**	**Y**	**Y**
▲	Medicaid for Parents		**Y**	**Y**
Massachusetts[4]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Michigan	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($3,000)**
Minnesota[4,16]	Medicaid for Children	**Y**	**Y**	**Y**
	Medicaid for Parents		**Y**	**($20,000)**
	Expanded Medicaid for Parents		**Y**	**($20,000)**
Mississippi	Medicaid for Children	**Y**		**Y**
	Separate SCHIP			**Y**
	Medicaid for Parents			**Y**
Missouri[17]	Medicaid for Children	**Y**	**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Montana[18]	Medicaid for Children	**Y**	**Y**	**($15,000)**
▲	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($3,000)**
Nebraska	Medicaid for Children		**Y**	**Y**
	Medicaid for Parents			**($6,000)**
Nevada	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($2,000)**
New Hampshire	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents			**($1,000)**

State	Program	Family Application†	No Face-to-Face Interview	No Asset Test[1] (or limit for a family of three)
New Jersey[4]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
New Mexico[19]	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
New York[4,20]	Medicaid for Children	Y		Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			($6,600)
	Expanded Medicaid for Parents			($19,800)
North Carolina[7]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	($3,000)
North Dakota	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
Ohio	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
Oklahoma[4,7]	Medicaid for Children		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Oregon[4]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	($10,000)
	Medicaid for Parents		Y	($2,500)
	Expanded Medicaid for Parents		Y	($2,000)
Pennsylvania[4,21]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Coverage for Parents		Y	Y
Rhode Island[4]	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
South Carolina[7]	Medicaid for Children		Y	($30,000)
	Separate SCHIP		Y	($30,000)
	Medicaid for Parents		Y	($30,000)
South Dakota[7]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	($2,000)
Tennessee[22]	Medicaid for Children	Y		Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			($2,000)
Texas[23]	Medicaid for Children	Y	Y	($2,000)
	Separate SCHIP		Y	($10,000)
	Medicaid for Parents			($2,000)
Utah[4,24] ▲	Medicaid for Children	Y	Y	($3,025)
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	($3,025)
	Expanded Medicaid for Parents		Y	Y
Vermont[4,25]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	($3,150)
	Expanded Medicaid for Parents		Y	Y

State	Program	Family Application┼	No Face-to-Face Interview	No Asset Test[1] (or limit for a family of three)
Virginia	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**
Washington[4,26]	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents		**Y**	**($1,000)**
	Expanded Coverage for Parents		**Y**	**Y**
West Virginia	Medicaid for Children		**Y**	**Y**
	Separate SCHIP		**Y**	**Y**
	Medicaid for Parents			**($1,000)**
Wisconsin[4]	Medicaid for Children		**Y**	**Y**
	Medicaid for Parents	**Y**	**Y**	**Y**
	Expanded Medicaid for Parents		**Y**	**Y**
Wyoming	Medicaid for Children		**Y**	**Y**
	Separate SCHIP	**Y**	**Y**	**Y**
	Medicaid for Parents		**Y**	**Y**

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 8

▲ Indicates that a state has simplified one or more of its procedures for parents between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has rescinded one or more simplified procedures for parents between July 2007 and January 2009, unless noted otherwise.

* "Aligned Medicaid for Children and Separate SCHIP" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both their children's Medicaid and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded Medicaid expansion program. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

** "Total Medicaid for Parents" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both pre-expansion Medicaid for parents and expanded coverage for parents, if the state has expanded coverage for parents. All 50 states and the District of Columbia operate a Medicaid program for parents. 18 states including the District of Columbia have expanded Medicaid coverage for working parents up to 100 percent of the federal poverty line or higher.

┼ This column indicates whether the simplest application that can be used to apply for children's coverage can also be used to apply for coverage for parents. In states with "family" applications, parents are not required to complete additional forms or provide additional information to obtain coverage for themselves and the family application can be used to apply for all parents and children, whether they are eligible for Medicaid or a separate SCHIP program.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. In states with asset limits, the limit noted is for a family of three.

2. In **Alabama**, a telephone interview is required in Medicaid. A pilot program between March and September 2007 waived the telephone interview for families that submitted income verification and found very little error.

3. In **Alaska**, the asset limit for parents is $3,000 if the household includes a person age 60 or older.

4. In these states, "Expanded Medicaid for Parents" refers to coverage established through waivers. The coverage offered generally provides fewer benefits and has higher cost-sharing than allowed in Medicaid.

5. In **Arizona**, as of March 2008, no interview is required in Medicaid regardless of the type of application used to apply. Prior to this date, families that applied for Medicaid using the joint application did not have a face-to-face interview, but families who used another application were subject to the interview requirement.

6. In **Arkansas**, county offices have the option of requiring either a face-to-face or telephone interview for Medicaid. Applicants who have had an active Medicaid case within the past year are not required to do an interview. The joint Medicaid/SCHIP application in **Arkansas** has a place for parents to indicate they are interested in health coverage for themselves. Parents that indicate an interest in coverage for themselves are required to complete a separate Medicaid application.

7. In **California**, **Georgia**, **Idaho**, **Indiana**, **Iowa**, **North Carolina**, **Oklahoma**, **South Carolina,** and **South Dakota**, the same simplified application can be used to apply for coverage for children and parents. However, parents must complete additional forms or take additional steps (such as to provide information on assets or absent parents) prior to an eligibility determination for themselves.

8. In **Florida**, families that submit applications that do not appear to be prone to error or fraud, known as "green track" applications, are not required to do an interview.

9. In **Indiana**, a telephone interview will meet the interview requirement if the parent is applying for Medicaid only.

10. In **Iowa**, the waiver program for parents requires a separate application.

11. In **Kansas**, there is no asset limit for parents unless there is a trust involved. Trusts are evaluated on a case by case basis and if countable, there is a limit of $2,000 for one person or $3,000 for a family of two or more.

12. **Kentucky** eliminated their face-to-face interview requirement for parents in November 2008.

13. **Louisiana's** Medicaid/SCHIP application is not designed for use by parents but can be used in some circumstances to determine eligibility for a parent.

14. **Maine's** asset rules exempt $8,000 for an individual and $12,000 for a household of 2 or more in certain savings, including retirement savings.

15. **Maryland** expanded coverage to parents in 2008. They now have a family application for coverage and no longer require a face-to-face interview for parents applying to Medicaid.

16. In **Minnesota**, the asset test applies to two or more adults in a household including parents, caretakers etc.

17. In **Missouri**, children in families with income above 150 percent of the federal poverty line are subject to a "net worth" test of $250,000.

18. In **Montana**, the state released an application that can be used for any Medicaid coverage.

19. In **New Mexico**, there is a single application that can be used to apply for Medicaid for children and parents. The state's waiver coverage for parents has its own application.

20. In **New York**, there are two applications families may use to apply for health coverage for their children, one of which can also be used to apply for parents. A contact with a community-based "facilitated enroller" meets the Medicaid face-to-face interview requirement. In **New York**, the waiver program requires a separate application.

21. **Pennsylvania** uses Medicaid and SCHIP applications that solicit "common data elements" in collecting information for Medicaid and SCHIP, thus making Medicaid and SCHIP applications interchangeable. **Pennsylvania's** expanded coverage for parents is state-funded.

22. In **Tennessee**, a face-to-face or telephone interview is required.

23. **Texas** reinstated their face-to-face interview requirement for parents in Medicaid in October 2007. The SCHIP asset test only applies to families with income above 150 percent of the federal poverty line.

24. In **Utah**, a face-to-face or telephone interview is no longer required for Medicaid. **Utah** counts assets in determining Medicaid eligibility for children age 6 and older. In December 2008, **Utah** implemented a joint application encompassing all of their health coverage programs (Medicaid, CHIP, PCN and UPP).

25. In **Vermont**, there are two applications families may use to apply for health coverage for their children, one of which can also be used to apply for parents. The state has an asset test for children's Medicaid and SCHIP, however if the countable assets exceed the asset limit, the children are eligible under the 1115 waiver which has no asset test.

26. In **Washington**, expanded coverage for parents is state-funded.

Table 9
Renewal: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
January 2009

State		Program	Frequency┼	No Face-to-Face Interview
Total		Aligned Medicaid for Children and Separate SCHIP *	45	49
		Total Medicaid for Parents (51)**	40	46
Alabama		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**
Alaska		Medicaid for Children	6	**Y**
		Medicaid for Parents	6	**Y**
Arizona[1,2]	▲	Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
	▲	Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
Arkansas[3]		Medicaid for Children	12	**Y**
		Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
California[2,4]	▼	Medicaid for Children	6	**Y**
		Separate SCHIP	12	**Y**
	▼	Medicaid for Parents	6	**Y**
	▼	Expanded Medicaid for Parents	6	**Y**
Colorado		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**
Connecticut[2]		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
Delaware[2]		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
District of Columbia[2]		Medicaid for Children	12	**Y**
		Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
Florida[5]		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**
Georgia		Medicaid for Children	6	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	6	**Y**
Hawaii[2]		Medicaid for Children	12	**Y**
		Medicaid for Parents	12	**Y**
		Expanded Medicaid for Parents	12	**Y**
Idaho		Medicaid for Children	12	**Y**
		Separate SCHIP	12	**Y**
		Medicaid for Parents	12	**Y**

State	Program	Frequency+	No Face-to-Face Interview
Illinois[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Indiana[2,6]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Iowa[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Kansas	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
Kentucky	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	
Louisiana	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
Maine[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Maryland	Medicaid for Children	12	**Y**
	Medicaid for Parents	12	**Y**
Massachusetts[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Michigan	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
Minnesota[2,3]	Medicaid for Children	6/12 (12)	**Y**
	Medicaid for Parents	6/12 (12)	**Y**
	Expanded Medicaid for Parents	12	**Y**
Mississippi	Medicaid for Children	12	
	Separate SCHIP	12	
	Medicaid for Parents	12	
Missouri[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Montana	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
Nebraska[7]	Medicaid for Children	6	**Y**
	Medicaid for Parents	6 (3)	**Y**
Nevada	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
New Hampshire	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	6	**Y**

State	Program	Frequency+	No Face-to-Face Interview
New Jersey[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
New Mexico[2,8]	Medicaid for Children	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
New York[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
North Carolina	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	6	**Y**
North Dakota[9]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12 (1)	**Y**
Ohio	Medicaid for Children	12	**Y**
	Medicaid for Parents	6	**Y**
Oklahoma[2]	Medicaid for Children	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Oregon[2,10]	Medicaid for Children	6	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	6	**Y**
Pennsylvania[2,11]	Medicaid for Children	6	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	6	**Y**
	Expanded Coverage for Parents	12	**Y**
Rhode Island[2]	Medicaid for Children	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
South Carolina	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
South Dakota	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
Tennessee[12]	Medicaid for Children	12	
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	
Texas[13]	Medicaid for Children	6	**Y**
	Separate SCHIP	12	**Y**
▼	Medicaid for Parents	6	
Utah[2,14]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
▲	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Vermont[2]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Virginia	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**

State	Program	Frequency┼	No Face-to-Face Interview
Washington[2,15]	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	6	**Y**
	Expanded Coverage for Parents	12	**Y**
West Virginia	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	
Wisconsin[2]	Medicaid for Children	12	**Y**
	Medicaid for Parents	12	**Y**
	Expanded Medicaid for Parents	12	**Y**
Wyoming	Medicaid for Children	12	**Y**
	Separate SCHIP	12	**Y**
	Medicaid for Parents	12	**Y**

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 9

▲ Indicates that a state has simplified one or more of its procedures for parents between July 2007 and January 2009, unless noted otherwise.
▼ Indicates that a state has rescinded one or more simplified procedures for parents between July 2007 and January 2009, unless noted otherwise.

* "Aligned Medicaid for Children and Separate SCHIP" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both their children's Medicaid and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded Medicaid expansion program. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

** "Total Medicaid for Parents" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both pre-expansion Medicaid for parents and expanded coverage for parents, if the state has expanded coverage for parents. All 50 states and the District of Columbia operate a Medicaid program for parents. 18 states including the District of Columbia have expanded Medicaid coverage for parents up to 100 percent of the federal poverty line or higher.

┼ This column shows the frequency of renewals. If monthly, quarterly or semi-annual income reporting is also required, this frequency is noted in parentheses. Some states require change reporting, which is not addressed in this table. If the frequency of renewal is every 12 months, as opposed to six months or more frequently, the procedure is considered "simplified" for the purposes of this table.

Table presents rules in effect as of January 2009, unless noted otherwise.

1. In **Arizona**, the face-to-face or telephone interview requirement was rescinded for children and parents in Medicaid in March 2008.

2. In these states, "Expanded Medicaid for Parents" refers to coverage established through waivers. The coverage offered generally provides fewer benefits and has higher cost-sharing than allowed in Medicaid.

3. In **Arkansas** and **Minnesota**, renewal procedures differ for families with children enrolled in Medicaid, depending on whether they are eligible under "regular" Medicaid or under Section 1115 waivers or SCHIP-funded Medicaid expansions. In **Arkansas**, children who qualify under expansion rules receive 12 months of continuous eligibility, as opposed to a 12-month renewal period in "regular" Medicaid. In **Minnesota**, individuals who qualify under the state's Section 1115 expansion program have eligibility reviewed every 12 months. In the "regular" Medicaid program, income reviews are required every 6 months and eligibility reviews are required annually.

4. In **California**, parents must submit a status report at six month intervals when a full eligibility review is not required. A full eligibility review is done annually.

5. In **Florida**, parents who are enrolled in Medicaid, and who do not receive other benefits such as food stamps or TANF, have a 12 month renewal period. Parents that submit applications that don't appear to be prone to error or fraud, known as "green track" applications, are not required to do an interview.

6. In **Indiana**, county offices may require telephone interviews but not face-to-face interviews.

7. In **Nebraska**, parents enrolled in Medicaid must report their income every three months. A full review of eligibility is done every six months. A telephone interview is required at the six month review.

8. Under **New Mexico's** waiver program, families receive a notice instructing them to call to receive a new application, which is used as a renewal form.

9. In **North Dakota**, parents enrolled in Medicaid must report their income monthly. A full review of eligibility is done annually.

10. In **Oregon**, interviews are not required of families receiving Section 1931 Medicaid. The renewal period for families covered under Section 1931 is "up to 12 months" though most families not receiving other benefits have a six-month eligibility period.

11. In **Pennsylvania**, expanded coverage for parents is state-funded.

12. In **Tennessee**, a face-to-face or telephone interview is required at renewal in Medicaid.

13. In **Texas**, children covered under SCHIP get 12 months of continuous coverage beginning in September 2007. The state will conduct administrative renewal for children in families with income between 185 and 200 percent of the federal poverty line at 6 months to determine whether income has exceeded 200 percent of the federal poverty line. Texas reinstated their face-to-face interview requirement for parents at renewal in October 2007.

14. In **Utah**, renewal periods for parent coverage are 12 months, but can be more frequent if income fluctuates.

15. In **Washington**, expanded coverage for parents is state-funded. Under this coverage, eligibility is reviewed every 12 months if the family's income information can be verified through data matches with the Employment Security Department. If income information can not be verified through a data match, eligibility must be reviewed at least twice a year.

Table 10
Premium Payments for Two Children in A Family of Three at Selected Income Levels[1]
January 2009

	Increase or decrease[2]	Frequency of payment	Income Level at which State begins Requiring Premiums (FPL)	Amount at 101% of the Federal Poverty Line	Amount at 151% of the Federal Poverty Line	Amount at 201% of the Federal Poverty Line or 200% FPL if Maximum Eligibility	Amount at 250% of the Federal Poverty Line	Amount at 300% of the Federal Poverty Line	Amount at 350% of the Federal Poverty Line
Total	Increase - 8 Decrease - 3	35	N/A	9	24	24	18	13	4
Alabama		Annually	101	$100	$200	N/A	N/A	N/A	N/A
Alaska		None	—	—	—	—	—	—	—
Arizona		Monthly	101	$15	$30	$35 (200)	N/A	N/A	N/A
Arkansas		None	—	—	—	—	—	—	—
California[3]		Monthly	101	$8/$14	$12/$18	$24/$30	$24/$30	N/A	N/A
Colorado		Annually	151	$0	$35	N/A	N/A	N/A	N/A
Connecticut		Monthly	235	$0	$0	$0	$50	$50	N/A
Delaware		Monthly	101	$10	$15	$25 (200)	N/A	N/A	N/A
Dist. of Columbia		None	—	—	—	—	—	—	—
Florida		Monthly	101	$15	$20	N/A	N/A	N/A	N/A
Georgia[4]	Increase	Monthly	101	$15	$40	$58	N/A	N/A	N/A
Hawaii[5]		None	—	—	—	—	—	—	—
Idaho[6]		Monthly	134	$0	$30	N/A	N/A	N/A	N/A
Illinois[7]		Monthly	151	$0	$25	$80	$80	$80	$140
Indiana[8]		Monthly	150	$0	$33	$50	$70	N/A	N/A
Iowa[8]		Monthly	151	$0	$20	N/A	N/A	N/A	N/A
Kansas[8]		Monthly	151	$0	$20	$30 (200)	N/A	N/A	N/A
Kentucky		Monthly	151	$0	$20	N/A	N/A	N/A	N/A
Louisiana[8]	Increase	Monthly	201	$0	$0	$50	$50	N/A	N/A
Maine		Monthly	151	$0	$16	$64 (200)	N/A	N/A	N/A
Maryland[1]		Monthly	200	$0	$0	$46	$46	$58	N/A
Massachusetts[1]		Monthly	150	$0	$24	$40	$40	$56	$152
Michigan		Monthly	151	$0	$10	N/A	N/A	N/A	N/A
Minnesota[1,9]	Increase	Monthly	All waiver families	$8	$64	$136	$240	$262 (275)	N/A
Mississippi		None	—	—	—	—	—	—	—
Missouri[1]	Increase	Monthly	150	$0	$21	$68	$165	$165	N/A
Montana[8]		None	—	—	—	—	—	—	—
Nebraska		None	—	—	—	—	—	—	—
Nevada[10]	Increase	Quarterly	101	$25	$50	$80 (200)	N/A	N/A	N/A
New Hampshire		Monthly	186	$0	$0	$50	$50	$90	N/A
New Jersey	Increase	Monthly	150	$0	$19	$38.50	$38.50	$76	$128
New Mexico		None	—	—	—	—	—	—	—
New York		Monthly	160	$0	$0	$18	$18	$40	$60
North Carolina[8]		Annually	151	$0	$100	N/A	N/A	N/A	N/A
North Dakota		None	—	—	—	—	—	—	—
Ohio[8,11]		None	—	—	—	—	—	—	—
Oklahoma[8,12]		None	—	—	—	—	—	—	—
Oregon		None	—	—	—	—	—	—	—
Pennsylvania[13]	Increase	Monthly	201	$0	$0	$80	$80	$128	N/A
Rhode Island[1,14]	Increase	Monthly	($45) 133	$0	$86	$106	$114	N/A	N/A
South Carolina		None	—	—	—	—	—	—	—
South Dakota		None	—	—	—	—	—	—	—
Tennessee[15]	Decrease	Monthly	250	$0	$0	$0	$225	N/A	N/A
Texas		Annually	150	$0	$35	$50	N/A	N/A	N/A
Utah		Quarterly	101	$30	$60	N/A	N/A	N/A	N/A
Vermont[1]		Monthly	186	$0	$0	$15	$20/$40	$20/$60	N/A
Virginia		None	—	—	—	—	—	—	—
Washington[8,16]	Decrease	Monthly	201	$0	$0	$30	$30	$60	N/A
West Virginia[8,17]		Monthly	200	$0	$0	$71	$71 (220)	N/A	N/A
Wisconsin[1,18]	Decrease	Monthly	200	$0	$0	$20	$62	$181	N/A
Wyoming		None	—	—	—	—	—	—	—

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 10

Table presents rules in effect as of January 2009, unless noted otherwise.

1. States in *italics* require the premiums noted in their children's Medicaid programs. **Massachusetts** requires premiums in children's Medicaid (children under six are exempt) and SCHIP. The figures noted for **Minnesota** are for two persons, which could include a parent. The figures noted for **Rhode Island** and **Wisconsin** also may include coverage for parents. **Vermont** requires premiums in children's Medicaid and its separate SCHIP program. All other states require premiums in their separate SCHIP programs only. A dash (—) indicates that no premiums are required in the program; $0 indicates that no premium is required at this income level; "N/A" indicates that coverage is not available at this income level. Premiums with a parenthetical notation afterwards indicate a premium amount for states with income eligibility up to 200 percent of the federal poverty line if the premium amount is different than that at 151 percent of the federal poverty line.

2. "Increase" indicates that the state has increased premiums or lowered the income level at which premiums are required. "Decrease" indicates that the state has decreased premiums or raised the income level at which premiums are required.

3. In **California**, premiums vary based on whether the family uses the discounted community provider health plan. The first amount noted is the premium required under the community provider health plan. **California** is expected to increase the premium amount in their SCHIP program in February 2009

4. In **Georgia**, premiums are required only of families with children age six and older. Premiums increased for those families above 200 percent of the federal poverty line.

5. **Hawaii** eliminated the premium requirement for children with income between 250 and 300 percent of the federal poverty line in January 2008.

6. In **Idaho**, families with children covered under the state's new "enhanced" plan are not required to pay premiums.

7. In **Illinois,** premiums for children in AllKids vary by income and household size. For example, the premium for two children in a family with income at 250 percent of the federal poverty line would be $80 per month.

8. **Illinois, Indiana, Iowa, Kansas, Louisiana, Montana, North Carolina, Ohio, Oklahoma, Washington** and **West Virginia** all have proposed income eligibility expansions for children's health coverage. See Table 1A for the premium schedule for each state's expansion population.

9. In **Minnesota**, the premiums noted apply only to children covered under the Section 1115 waiver program and are approximate. All children with family income below 150 percent of the federal poverty line have premiums limited to $4 per child per month.

10. In **Nevada**, although Medicaid covers children in families with income up to 100 or 133 percent of the federal poverty line (depending on age), some children with incomes below this level may qualify instead for SCHIP based on the source of income and family composition. Such families with income of 36 percent of the federal poverty line or higher are required to pay premiums.

11. **Ohio's** new expansion to be implemented in January 2009 will have premiums of $80 a month. There is also a buy-in option for children above 300 percent of the federal poverty line with premiums ranging from $250 to $500 per child per month.

12. In **Oklahoma,** premiums noted apply to children in families with income above 185 percent of the federal poverty line that will be enrolled in the Insure Oklahoma / O-EPIC Individual plan. There are no premium requirements for children's Medicaid.

13. In **Pennsylvania**, the premium varies by health plan. The amount noted is an average of the monthly premiums required by the various health plans.

14. In **Rhode Island**, premiums were implemented for families between 133 percent of the federal poverty line and 150 percent of the federal poverty line as of November 2008.

15. In **Tennessee**, as of December 2007, premiums are no longer required for children in TennCare Standard. Premiums are not required for SCHIP program if the family is below 250 percent of the federal poverty line.

16. In **Washington**, the premiums shifted in January 2009. For families with income between 201percent and 250 percent of the federal poverty line, $20 per child will be assessed with a $40 maximum per household. Families between 250 percent and 300 percent of the federal poverty line will have a $30 per child premium with a maximum of $60 per household.

17. In **West Virginia**, the premiums noted apply only to children in families with income between 200 percent and 220 percent of the federal poverty line.

18. In **Wisconsin**, the income level at which premiums are required was raised under the state's February 2008 expansion. The required premium amounts are lower under this expansion.

Table 10A
Effective Annual Premium Payments for Two Children in a Family of Three at Selected Income Levels[1]
January 2009

	Effective Annual Amount at 101% of the Federal Poverty Line	Effective Annual Amount at 151% of the Federal Poverty Line	Effective Annual Amount at 201% of the Federal Poverty Line or 200% FPL if Maximum Eligibility	Lock-out Period
Total	10	24	24	13
Alabama	$100	$200	N/A	
Alaska	—	—	—	
Arizona[2]	$180	$360	$420 (200)	
Arkansas	—	—	—	
California[3]	$96/$168	$144/$216	$288/$360	
Colorado	$0	$35	N/A	
Connecticut	$0	$0	$0	3 months
Delaware	$120	$180	$300 (200)	
Dist. of Columbia	—	—	—	
Florida	$180	$240	N/A	60 days
Georgia[4]	$180	$480	$696	1month
Hawaii	—	—	—	
Idaho[5]	$0	$360	N/A	
Illinois	$0	$300	$960	3 months
Indiana	$0	$396	$600	
Iowa	$0	$240	N/A	
Kansas	$0	$240	$360 (200)	
Kentucky	$0	$240	N/A	
Louisiana	$0	$0	$600	
Maine	$0	$192	$768 (200)	up to 3 months
Maryland[1]	$0	$0	$552	
Massachusetts[1]	$0	$288	$480	
Michigan	$0	$120	N/A	
Minnesota[1,6]	$96	$768	$1,632	4 months
Mississippi	—	—	—	
Missouri[1,7]	$0	$252	$816	6 months
Montana	—	—	—	
Nebraska	—	—	—	
Nevada	$100	$200	$320 (200)	
New Hampshire	$0	$0	$600	3 months
New Jersey	$0	$228.00	$462.00	
New Mexico	—	—	—	
New York	$0	$0	$216	
North Carolina	$0	$100	N/A	
North Dakota	—	—	—	
Ohio	—	—	—	
Oklahoma[8]	—	—	—	6 months
Oregon	—	—	—	
Pennsylvania	$0	$0	$960	
Rhode Island[1]	$540 (133)	$1,032	$1,272	4 months
South Carolina	—	—	—	
South Dakota	—	—	—	
Tennessee[9]	—	—	—	
Texas	$0	$35	$50	
Utah	$120	$240	N/A	
Vermont[1]	$0	$0	$180	
Virginia	—	—	—	
Washington	$0	$0	$360	3 months
West Virginia[10]	$0	$0	$852	6 months
Wisconsin[1]	$0	$0	$240	6 months
Wyoming	—	—	—	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 10A

Table presents rules in effect as of January 2009, unless otherwise noted.

1. States in *italics* require the premiums noted in their children's Medicaid programs. **Massachusetts** requires premiums in children's Medicaid (children under age six are exempt) and SCHIP. The figures noted for **Minnesota** are for two persons, which could include a parent. The figures noted for **Rhode Island** and **Wisconsin** also may include coverage for parents. **Vermont** requires premiums in children's Medicaid and its separate SCHIP program. All other states require premiums in their separate SCHIP programs only. A dash (—) indicates that no premiums are required in the program; $0 indicates that no premium is required at this income level; "N/A" indicates that coverage is not available at this income level.

2. In **Arizona**, beneficiaries must pay all outstanding premiums before they can re-enroll in the program.

3. In **California**, premiums vary based on whether the family uses the discounted community provider health plan. The first amount noted is the premium required under the community provider health plan.

4. In **Georgia**, premiums are only required of families with children age six and older.

5. In **Idaho**, families with children covered under the state's new "enhanced" plan are not required to pay premiums.

6. In **Minnesota**, premiums apply only to children covered under the Section 1115 waiver program. The figures noted are approximate.

7. In **Missouri,** the lock-out period only applies to families with income at or above 225 percent of the federal poverty line who fail to pay a recurring premium, but does not apply to families who never paid the initial premium.

8. In **Oklahoma's** new Insure Oklahoma program there will be a lock out period of 6 months.

9. **Tennessee's** buy-in program for children above 250 percent of the federal poverty line has a 6 month lock-out period

10. In **West Virginia**, the premiums noted apply only to children covered with income between 200 percent and 220 percent of the federal poverty line.

Table 11
Co-Payments for Specific Services in Children's Health Coverage Programs at Selected Income Levels[1]
January 2009

		Family Income is 151% of the Federal Poverty Line			Family Income is 200% of the Federal Poverty Line		
	Increase or decrease[2]	Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit	Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit
Total	Increase - 2	17	14	10	19	15	10
Alabama[2,3]		$5	$15	$10	$5	$15	$10
Alaska[2]		$0	$0	$0	N/A	N/A	N/A
Arizona		$0	$0	$0	$0	$0	$0
Arkansas[1,2]		$10	$10	20% of the reimbursement rate for first day	$10	$10	20% of the reimbursement rate for first day
California[4]		$5	$5	$0	$5	$5	$0
Colorado		$5	$15	$0	$5	$15	$0
Connecticut[3,4]		$0	$0	$0	$5	$0	$0
Delaware[3]		$0	$0	$0	$0	$0	$0
District of Columbia		$0	$0	$0	$0	$0	$0
Florida[3,5]		$5	$0	$0	$5	$0	$0
Georgia		$0	$0	$0	$0	$0	$0
Hawaii		$0	$0	$0	$0	$0	$0
Idaho[3]		$0	$0	$0	N/A	N/A	N/A
Illinois[3]		$5	$5	$5	$5	$5	$5
Indiana		$0	$0	$0	$0	$0	$0
Iowa[3]		$0	$0	$0	$0	$0	$0
Kansas		$0	$0	$0	$0	$0	$0
Kentucky[1,2,3]		$0	$0	$0	$0	$0	$0
Louisiana		$0	$0	$0	$0	$0	$0
Maine		$0	$0	$0	$0	$0	$0
Maryland[1]		$0	$0	$0	$0	$0	$0
Massachusetts		$0	$0	$0	$0	$0	$0
Michigan		$0	$0	$0	$0	$0	$0
Minnesota		$0	$0	$0	$0	$0	$0
Mississippi		$5	$15	$0	$5	$15	$0
Missouri[1]		$0	$0	$0	$0	$0	$0
Montana		$3	$5	$25	N/A	N/A	N/A
Nebraska		$0	$0	$0	N/A	N/A	N/A
Nevada		$0	$0	$0	$0	$0	$0
New Hampshire[4]		$0	$0	$0	$10	$50	$0
New Jersey		$5	$10	$0	$5	$35	$0
New Mexico[1]		$0	$0	$0	$5	$15	$25
New York		$0	$0	$0	$0	$0	$0
North Carolina[3]		$5	$0	$0	$5	$0	$0
North Dakota		N/A	N/A	N/A	N/A	N/A	N/A
Ohio		$0	$0	$0	$0	$0	$0
Oklahoma		$0	$0	$0	N/A	N/A	N/A
Oregon		$0	$0	$0	N/A	N/A	N/A
Pennsylvania[4]		$0	$0	$0	$0	$0	$0
Rhode Island		$0	$0	$0	$0	$0	$0
South Carolina[6]		N/A	N/A	N/A	N/A	N/A	N/A
South Dakota		$0	$0	$0	$0	$0	$0
Tennessee[1,4,7]		$5/$5	$25/$5	$100/$5	$10/$15	$50/$50	$100/$100
Texas		$7	$50	$50	$10	$50	$100
Utah[8]	Increase	$20	$100 or $200 for a non-participating hospital	20% of daily reimbursement rate	$20	$100 or $200 for a non-participating hospital	20% of daily reimbursement rate
Vermont		$0	$0	$0	$0	$0	$0
Virginia[3]		$5	$0	$25	$5	$0	$25
Washington		$0	$0	$0	$0	$0	$0
West Virginia[4,9]		$15	$35	$25	$15	$35	$25
Wisconsin[1,10]	Increase	$1	$3	$3	$1	$3	$3
Wyoming[4]		$5	$5	$0	$5	$5	$0

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 11

"Increase" indicates that the state has increased the co-payment for one or more services between July 2007 and January 2009, unless noted otherwise.
"Decrease" indicates that the state has decreased the co-payment for one or more services between July 2007 and January 2009, unless noted otherwise.

Table presents rules in effect as of January 2009, unless otherwise noted.

"N/A" indicates that the state does not provide coverage at this income level.

1. States in *italics* require these co-payments in their children's Medicaid programs. With the exception of **Kentucky**, all of these states obtained federal waivers to impose cost-sharing in children's Medicaid. **Kentucky** used the flexibility in the Deficit Reduction Act of 2005 to impose cost-sharing in its SCHIP-funded Medicaid expansion. **Kentucky** also requires cost-sharing in its separate SCHIP program. All other states charge these co-payments in their separate SCHIP programs only. Per federal law, no state can impose co-payments on Alaska Native or American Indian children.

2. Some states require 18-year-olds to meet the co-payment requirements of adults on Medicaid. In **Alabama**, 18-year-olds are subject to the $1 non-preventive physician visit co-payment as well as the $50 co-payment for inpatient care. In **Alaska**, 18-year-olds are subject to the co-payment of $50 a day for the first four days of inpatient care as well as the $3 co-payment for non-preventive physician visits. In **Arkansas**, 18 year olds are subject to the co-payment of 10 percent of the cost of the first day of inpatient care. In **Kentucky**, 18-year-olds are subject to the $2 co-payment for non-preventive physician visits, the 5 percent co-payment for non-emergency use of the emergency room and the $50 co-payment for inpatient care.

3. In these states, the co-payment for emergency room use in non-emergency situations is higher than noted in the table. This co-payment applies to all children covered under the state's SCHIP-funded Medicaid expansion and separate SCHIP program. The co-payment amounts for emergency room use in non-emergency situations are as follows: in **Alabama**, $20; in **Connecticut**, $25; in **Delaware** and **Florida**, $10; in **Idaho**, $3; in **Illinois**, $2 for families with income between 133 percent and 150 percent of the federal poverty line and $25 for families with income above 150 percent of the federal poverty line; in **Iowa**, $25 for families with income above 150 percent of the federal poverty line; in **Kentucky**, a five percent co-insurance is required, which is capped at $6; in **North Carolina**, $20 for families with income above 150 percent of the federal poverty line; in **Virginia**, $25.

4. In **California**, **Connecticut**, **New Hampshire**, **Pennsylvania, Tennessee**, **West Virginia** and **Wyoming**, the co-payment for emergency room use is waived if the child is admitted to the hospital. In **California**, no coverage is provided if the services received are not for an emergency condition.

5. In **Florida**, co-payments apply only to children age five and older.

6. In **South Carolina**, infants are eligible up to 185 percent of the federal poverty line; however, no co-payments are required of this coverage group.

7. In **Tennessee** co-payments are required in the state's waiver program, which is closed to new applicants and the separate SCHIP program. The first amount noted is the premium required under the state's waiver program and the second is for the separate SCHIP program.

8. In **Utah** the co-payment for an emergency room visit is $100 for a participating hospital and $200 for a non-participating hospital.

9. In **West Virginia**, the co-payments for non-preventive physician visits are waived if the child goes to his or her medical home.

10. **Wisconsin** now requires co-payments for the non-preventive physician visits, emergency room visit and inpatient hospital visits under its February 2008 expansion. Children under age 18 with family income below 100 percent of the federal poverty line do not have to pay co-payments.

Table 12
Co-Payments for Specific Services in Health Coverage Programs for Parents
January 2009

	Cost-sharing Applies for Parents in a Family of 3 at or Above the following Monthly Income Limits	Inpatient Hospital (Per admission unless otherwise noted)	Emergency Room Visit [1]
Total	N/A	27	9
State			
Alabama[1]	$366	$50	$0
Alaska	$1,554	$50 per day for first four days	$0
Arizona[1]	$2,933	$0	$0
Arkansas	$294/$2,933	10 percent of reimbursement rate for first day/15 percent co-insurance	$0
California	$1,556	$0	$0
Colorado	$970	$10	$0
Connecticut	$2,803	$0	$0
Delaware	$1,770/$1,556	$0	$0
District of Columbia	$3,033	$0	$0
Florida[1]	$806	$3	$0
Georgia	$756	$12.50	$0
Hawaii	$1,687	$0	$0
Idaho	$407	$0	$0
Illinois[1,3]	$2,713	$3 per day	$0
Indiana[1]	$378/$3,023	$0	$0
Iowa	$1,267/$3,666	$0	$0
Kansas	$493	$48	$0
Kentucky[1]	$909	$50	$0
Louisiana	$381	$0	$0
Maine	$3,023	$3 per day	$0
Maryland	$1,950	$0	$0
Massachusetts	$887	$3	$0
Michigan	$4,033	$0	$0
Minnesota[1]	$672	$0	$0
Mississippi	$382	$10	$0
Missouri[1]	$854	$10	$0
Montana[1]	$851	$100	$0
Nebraska	$1,341/$2,933	$0	$0
Nevada	$750	$0	$0
New Hampshire	$2,933	$0	$0
New Jersey[4]	$1,019/$3,666	$0	$0/$35
New Mexico[5]	$2,200	$0/$0, $25 or $30	$0/$0, $15 or $20
New York	$750	$25 per discharge	$3
North Carolina	$904	$3 per day	$0
North Dakota[1]	$1,320	$75	$0
Ohio[1]	$711/$2,933	$0	$0
Oklahoma[6]	$1,466	$3 per day/$50	$0/$30
Oregon	$523/$3,053	$0	$0
Pennsylvania[1,2,7]	$2,656	$3 per day (maximum of $21)/$0	$0/$25
Rhode Island	$1,322	$0	$0
South Carolina[1]	$796	$25	$0
South Dakota[1]	$1,969	$50	$0
Tennessee	$0	$0	$0
Texas	$994/$2,200	$0	$0
Utah[1]	$2,803	$220/no coverage	$0/$30
Vermont	$446	$75/$0	$0/$25
Virginia	$1,124/$2,933	$100	$0
Washington[2,8]	$499	$100 + 20 percent coinsurance	$0/$100 + 20%
West Virginia	$2,933	$0	$0
Wisconsin[9] Increase	$790	$3/$100	$3
Wyoming[1]		$0	$0

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 12

"Increase" indicates that the state has increased the co-payment for one or more services between July 2007 and January 2009, unless noted otherwise.
"Decrease" indicates that the state has decreased the co-payment for one or more services between July 2007 and January 2009, unless noted otherwise.

Table presents rules in effect as of July 2009, unless otherwise noted.

1. In these states, the co-payment for emergency room use in non-emergency situations is higher than noted in this table. **Alabama**, **Missouri, Ohio** and **South Carolina** require a $3 co-payment for this service. **Arizona** requires a $1 co-payment for this service. In **Florida**, there is a co-insurance of 5 percent up to the first $300 of cost (maximum co-insurance is $15) for this service. In some cases, this co-payment is for outpatient hospital care. In **Illinois**, a co-payment is required for parents with income above 133 percent of the federal poverty line. The co-payment is $2 or $25, depending on income. In **Indiana**, the co-payment varies based on whether or not the individual is covered under the Primary Care Case Management system. If covered under PCCM, the co-payment is $1 or $2. If not covered under PCCM, the co-payment is $3. In **Kentucky**, the co-payment is five percent of the cost. **Minnesota** requires a $6 co-payment for this service for parents covered under "regular" Medicaid and its waiver program. **Montana** requires a $5 co-payment for this service. **North Dakota** requires a $6 co-payment for this service. In **Pennsylvania**, the co-payment for this service under "regular" Medicaid is $0.50 to $3.00 depending on the cost of the visit. In **South Dakota**, the co-payment for this service is five percent of the allowable Medicaid reimbursement up to a maximum of $50. **Utah** requires a $6 co-payment for this service for parents covered under "regular" Medicaid. **Wyoming** requires a co-payment of $6 for this service.

2. With the exception of **Pennsylvania** and **Washington**, when two income thresholds are noted, the first is for "regular" Medicaid programs that provide comprehensive coverage that meets federal Medicaid guidelines and the second refers to coverage established through waivers. In **Pennsylvania** and **Washington**, the second threshold noted refers to coverage available to parents under a state-funded program.

3. In **Illinois**, the second amounts noted, which vary by income, are the co-payments required of parents with income above 133 percent of the federal poverty line.

4. In **New Jersey**, parents with income above 150 percent of the federal poverty line are required to pay a co-payment of $35 for emergency room visits.

5. In **New Mexico**, the co-payments required in the state's waiver program vary by income and the co-payment for emergency room use is waived if the person is admitted to the hospital.

6. In **Oklahoma**, the co-payment for emergency room care is waived if the patient is admitted to the hospital.

7. In **Pennsylvania**, the co-payment for emergency room use under the state-funded program is waived if the parent is admitted.

8. In **Washington's** state-funded program, the co-payment for emergency room care is waived if the patient is admitted to the hospital. If the patient is not admitted to the hospital, a $100 co-payment applies. If the patient is admitted, whether or not it is through the emergency room, they are subject to a 20 percent co-insurance after a $150 annual deductible is met. The maximum facility charge per admittance for inpatient care is $300.

9. **Wisconsin** now requires co-payments for emergency room visits and inpatient hospital visits under its February 2008 expansion.

Table 13
Co-Payments for Prescriptions in Children's and Parents' Health Coverage Programs
January 2009

		Prescription Co-payment for Children	Prescription Co-payment for Parents
Total	4 - Increase 1 - Decrease	23	41
State			
Alabama[2,3,4]		$1.00 or $2.00 (generic) $3.00 or $5.00 (preferred brand name) $5.00 or $10.00 (non-preferred brand name)	$.50-$3.00
Alaska[3]		$0	$2.00
Arizona		$0	$0
Arkansas[1,2,3,5]		$5.00	$.50 -$3.00/$5.00 (generic) $15.00 (brand name) $30 (non-formulary brand name)
California		$5.00	$0
Colorado[4]		$1.00 or $3.00 (generic) $1.00 or $5.00 (brand name)	$1.00 (generic) $3.00 (brand name)
Connecticut		$3.00 (generic) $6.00 (brand name and formularies)	$0
Delaware		$0	$.50-$3.00
District of Columbia		$0	$0
Florida[6]		$5.00	$0
Georgia		$0	$0.50
Hawaii		$0	$0
Idaho		$0	$0
Illinois[4,7]		$2.00 or $3.00 (generic) $2.00 or $5.00 (brand name)	$0 (generic) $3.00 (brand name)/$2.00 or $3.00 (generic) $2.00 or $5.00 (brand name)
Indiana		$3.00 (generic) $10.00 (brand name)	$3.00
Iowa[5]		$0	$.50 - $3.00
Kansas		$0	$3.00
Kentucky[1,3]		$1.00 (generic), $2.00 (preferred brand name), $3.00 (non-preferred brand name)	$1.00 (generic) $2.00 (preferred brand name) 5 percent of cost (non-preferred brand name)
Louisiana		$0	$.50-$3.00
Maine		$0	$3.00
Maryland[1]		$0	Up to $1 generic, Up to $3 brand name
Massachusetts[9]	Increase	$0	$2.00 (generic) $3.00 (brand name)
Michigan		$0	$1.00
Minnesota[10]		$0	$1.00 (generic) $3.00 (brand name)/$3.00
Mississippi		$0	$3.00
Missouri[1]		$0	$.50-$2.00
Montana[11]	Decrease	$3.00 (generic) $5.00 (brand name)	$1.00-$5.00
Nebraska		$0	$2.00
Nevada[12]		$0	$0
New Hampshire[13]		$5.00 (generic) $15.00 (formulary brand name) $25 (non- formulary brand name)	$1.00 (generic) $2.00 (brand name or compounded)
New Jersey[4,14]		$1.00 or $5.00 (generic) $5.00 or $10.00 (brand name)	$0/ $5.00, $10.00 (more than a 34 day supply)
New Mexico[1,15]		$2.00	$0/$3.00 for first four prescriptions
New York[16]		$0	$1.00 (generic) $3.00 (brand name)/$3.00 (generic) $6.00 (brand name)
North Carolina[4]		$1.00 (generic) $3.00 or $10.00 (brand name)	$1.00 (generic) $3.00 (brand name)
North Dakota		$2.00	$0 (generic) $3.00 (brand name)
Ohio		$2 for drugs on PDL/$3 for those not	$2.00 for brand name prescriptions on preferred drug list $3.00 for brand name prescriptions not on preferred drug list
Oklahoma[17]		$0	$1.00-$2.00/$5.00-$10.00
Oregon[18]	Increase	$0	$2.00 Generic, $3.00 Brand Name
Pennsylvania[19]		$0	$1.00 (generic) $3.00 (brand name)
Rhode Island		$0	$0
South Carolina		$0	$3.00
South Dakota		$0	$0 (generic) $3.00 (brand name)
Tennessee[1,4,5]		$3.00/$1.00 or $5.00 (generic) $3.00 or $20.00 (preferred brand name) $5.00 or $40.00 (non-preferred brand name)	$0 (generic) $3.00 (brand name)
Texas[4]		$0 or $5.00 (generic) $3.00, $5.00 or $20.00 (brand name)	$0
Utah[4,20]		$1.00-$3.00 or $5.00 or $10 (generic) $1.00-3.00 or $5.00 or 25% (brand name) 5% or 50% (non-preferred)	$3.00/$5.00 (generic and brand name on preferred list) 25 percent of cost (not on preferred list)
Vermont		$0	$1.00-$3.00
Virginia[4]		$2.00 or $5.00	$1.00 (generic) $3.00 (brand)
Washington[2]		$0	$0/$10.00 (generic) 50 percent of cost (brand name)
West Virginia[4,21]	Increase	$0 (generic) $5.00 or $10.00 (brand name) $5.00 or $20.00 (preferred)	$.50-$3.00
Wisconsin[3,22]	Increase	$1 or $5 generic; $3 brand name	$1/$5.00 (generic) $3.00 (brand name)
Wyoming		$3.00 (generic) $5.00 (brand name)	$1.00 (generic) $2.00 (preferred brand name) $3 (non-preferred brand name)

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Notes on Table 13

"Increase" indicates that the state has increased the co-payment for prescriptions between July 2007 and January 2009, unless noted otherwise.
"Decrease" indicates that the state has decreased the co-payment for prescriptions between July 2007 and January 2009, unless noted otherwise.

Table presents rules in effect as of January 2009, unless otherwise noted.

1. States in *italics* require these co-payments in their children's Medicaid programs. With the exception of **Kentucky**, all of these states obtained federal waivers to impose cost-sharing in children's Medicaid. **Kentucky** used the flexibility in the Deficit Reduction Act of 2005 to impose cost-sharing in its SCHIP-funded Medicaid expansion. **Kentucky** also requires cost-sharing in its separate SCHIP program. All other states charge these co-payments in their separate SCHIP programs only. Per federal law, no state can impose co-payments on Alaska Native or American Indian children.

2. In these states, when two amounts are noted, the first is for "regular" Medicaid programs that provide comprehensive coverage that meets federal Medicaid guidelines and the second refers to coverage established through waivers, or in the case of **Washington**, state-funded coverage.

3. In **Alabama** and **Arkansas**, 18-year-olds are subject to the $.50 to $3 Medicaid co-payment for adults. In **Alaska**, 18-year-olds are subject to the $2 Medicaid co-payment for adults. In **Kentucky**, 18-year-olds are subject to the $1, $2 or 5 percent co-payment for adults. In **Wisconsin**, 18-year-olds covered under the waiver program who are not in managed care are subject to $1 or $3 co-payments for adults. Under its expansion implemented in February 2008, children under 18 years old with income above 100 percent of the federal poverty line are subject to a $1, $3 or $5 co-payment.

4. In **Alabama**, **Colorado**, **Illinois, New Jersey, North Carolina, Tennessee, Texas, Utah, Virginia,** and **West Virginia**, the co-payment amounts for children depend on family income:

- In **Alabama**, families with children with income up to 150 percent of the federal poverty line pay $1 for generic prescriptions, $3 for preferred brand name prescriptions and $5 for non-preferred brand name prescriptions. Families with income above 150 percent pay $2 for generic prescriptions, $5 for preferred brand name prescriptions and $10 for non-preferred brand name prescriptions.
- In **Colorado**, families with children with income between 101 and 150 percent of the federal poverty line are subject to a $1 co-payment for all prescriptions. Families with income above 150 percent of the federal poverty line pay $3 for generic prescriptions and $5 for brand name prescriptions.
- In **Illinois**, families with children with income up to 150 percent of the federal poverty line pay $2 for all prescriptions. Families with income above 150 percent of the federal poverty line pay $3 for generic prescriptions and $5 for brand name prescriptions.
- In **New Jersey**, families with children with income between 150 percent and 200 percent of the federal poverty line pay $1 for generic prescriptions and $5 for brand name prescriptions. Families with income above 200 percent of the federal poverty line pay $5 for generic and brand name prescriptions and $10 for prescriptions for more than a 34 day supply of medication.
- In **North Carolina**, families with children with income up to 150 percent of the federal poverty line pay $1 for generic prescriptions and brand name prescriptions for which no generic version is available and $3 for brand name prescriptions. Families with income above 150 percent of the federal poverty line pay $1 for generic prescriptions and brand name prescriptions for which no generic version is available and $10 for brand name prescriptions.
- In **Tennessee**, families with children in the separate SCHIP program with income up to 150 percent of the federal poverty line pay $1 for generic, $3 for preferred brand name and $5 non-preferred brand name. Families with children with income above 150 percent of the federal poverty line pay $5 for generic, $20 for preferred brand name and $40 for non-preferred brand name.
- In **Texas**, families with children with income at or below 100 percent of the federal poverty line pay $3 for brand name prescriptions. Families with income between 101 percent and 150 percent of the federal poverty line pay $5 for brand name prescriptions. Families with income between 151 percent and 200 percent of the federal poverty line pay $5 for generic prescriptions and $20 for brand name prescriptions.
- In **Utah**, families with children with income up to 100 percent of the federal poverty line pay $1 for prescriptions under $50 and $3 for prescriptions over $50 for generic and brand name prescriptions and 5 percent of the cost for non-preferred prescriptions. Families with children with income between 101 percent and 150 percent of the federal poverty line pay $5 for generic and brand name prescriptions and 5 percent of the cost for non-preferred prescriptions. Families with income above 150 percent of the federal poverty line pay $10 for generic prescriptions and 25 percent of the cost for brand name prescriptions and 50 percent of the cost non-preferred prescriptions.
- In **Virginia**, families with children with income up to 150 percent of the federal poverty line pay $2 for prescriptions. Families with income above 150 percent of the federal poverty line pay $5 per prescription.

- In **West Virginia**, families with children with income below 150 percent of the federal poverty line pay $0 for generic prescriptions and $5 for brand name or preferred prescriptions. Families with income above 150 percent of the federal poverty line pay $0 for generic prescriptions, $10 for brand name prescriptions and $15 for preferred prescriptions.

5. In **Arkansas**, the co-payment noted only applies to children covered under the state's Section 1115 expansion component. In **Tennessee**, the co-payments noted are required of children covered under the state's Section 1115 expansion component and the separate SCHIP program.

6. In **Florida**, co-payments apply only to children age five and older.

7. In **Illinois**, the first amount shown in the table applies to parents with income below 133 percent of the federal poverty line. The second amounts noted, which vary by income, are the co-payments required of parents with higher incomes.

8. In **Iowa**, the prescription co-payment noted in the table applies to "regular" Medicaid for parents only. There is no prescription coverage in the state's waiver program.

9. In **Massachusetts,** co-payments for prescription drugs for parents increased effective January 2009, with the cost of generics going from $1 to $2.

10. In **Minnesota**, the second amount noted is the co-payment required in the state's expansion program for parents.

11. In **Montana,** it is now possible to obtain prescriptions at: $6 for a generic mail-order 3 month supply; $10 brand-name mail order 3 month supply.

12. In **Nevada**, the amounts noted apply to parents covered under "regular" Medicaid. Parents enrolled in the waiver coverage are subject to the co-payments required by their employer-sponsored plan.

13. In **New Hampshire**, brand name prescriptions for children are $5 if no generic version is available.

14. In **New Jersey**, the second amounts noted are the co-payments required in the state's expansion program for parents.

15. In **New Mexico**, the co-payment applies only to children in families with income above 185 percent of the federal poverty line. Under **New Mexico's** waiver program, co-payments are only required for the first four prescriptions each month.

16. In **New York**, the second amounts noted are the co-payments required in the state's expansion program for parents.

17. In **Oklahoma's** new Insure Oklahoma / O-EPIC Individual Plan, co-payments will apply only to children in families with income above 185 percent of the federal poverty line. There are no co-payments for prescriptions for children's Medicaid.

18. In **Oregon,** prescriptions ordered through the home-delivery pharmacy program do not have co-payments.

19. In **Pennsylvania**, co-payments are required for families with children with income above 200 percent of the federal poverty line. The co-payments are $9 for brand name prescriptions and $6 for generic prescriptions. In **Pennsylvania**, the prescription co-payment noted in the table applies to "regular" Medicaid only. There is no prescription coverage in the state-funded program.

20. In **Utah**, the co-payment structure changed. As a result, at some income levels there was an increase in the required co-payment amounts.

21. In **West Virginia,** as of December 2008, families that are between 200 percent and 220 percent of the federal poverty line pay $0 for generic and $20 for brand name prescriptions.

22. In **Wisconsin**, co-payments currently only apply to parents covered under the state's expansion coverage who are not in managed care with incomes at or above 150 percent of the federal poverty line. Under its expansion plan implemented in February 2008, the co-payment only applies to parents with income at or above 150 percent of the federal poverty line and increased to $1-$5 for generic medicines.

1330 G Street NW, Washington, DC 20005
Phone: (202) 347-5270, *Fax:* (202) 347-5274
Website: www.kff.org/KCMU

This report (#7855) is available on the Kaiser Family Foundation's website at www.kff.org.