

medicaid
and the uninsured

A Foundation for Health Reform:

**Findings of a 50 State Survey of Eligibility Rules,
Enrollment and Renewal Procedures, and Cost-
Sharing Practices in Medicaid and CHIP for
Children and Parents During 2009**

Prepared by:

Donna Cohen Ross and Marian Jarlenski
Center on Budget and Policy Priorities

and

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

December 2009

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 bipartisan group of national leaders and experts in health care and public policy.

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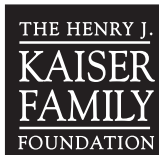
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The authors would like to extend our deep appreciation to the many Medicaid and CHIP officials throughout the country who participated in this survey and so generously shared their time and expertise with us. We are grateful for their willingness to 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

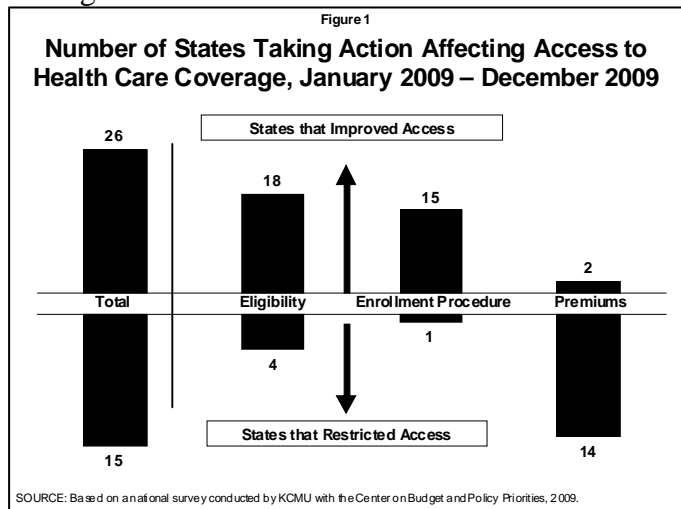
Executive Summary	1
I. Introduction	3
II. About this Survey	5
III. Key Survey Findings: State Actions During 2009	5
IV. Key Survey Findings: Current Status of Coverage for Children, Parents, and Pregnant Women	11
V. Discussion	15
VI. List of Tables	19

Executive Summary

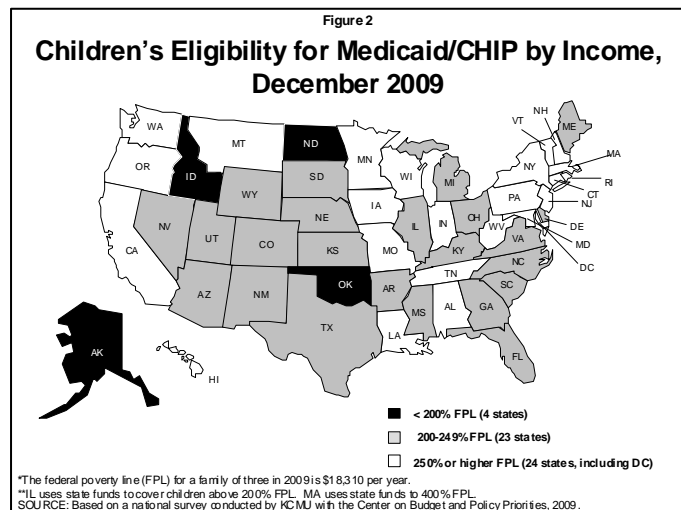
Over the past decade, substantial progress has been made on covering low-income families through Medicaid and the Children’s Health Insurance Program (CHIP). However, states’ ability to sustain and advance this coverage faced a difficult test in 2009. As the year began, CHIP still had not been reauthorized and states were facing the bleakest economic picture in years. Then, in early 2009, several developments, including the enactment of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and the infusion of fiscal relief through the American Recovery and Reinvestment Act (ARRA), provided key federal support to help states maintain and expand coverage. ARRA also established important protections to Medicaid eligibility and enrollment procedures that helped preserve coverage (although these did not extend to CHIP).

In 2009, health coverage programs for low-income children and parents managed not only to survive the tumultuous economic environment, but also to expand and improve access. The stabilizing force of ARRA’s fiscal relief, along with its stipulations preventing states from reducing eligibility or imposing enrollment barriers in Medicaid, enabled states to avoid cuts to these aspects of their programs and move forward, making use of new resources and opportunities in CHIPRA. Based on a national survey, this report provides an overview of state actions on eligibility rules, enrollment and renewal procedures, and cost-sharing practices in Medicaid and CHIP for children and parents during 2009. It finds:

More than half the states (26 states) advanced health coverage for low-income children, parents, and pregnant women in 2009 (Figure 1). These advancements included eligibility expansions, such as increases in income eligibility limits for children (9 states) and expansions to immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years under the new CHIPRA option (18 states), as well as enrollment and renewal simplifications and premium reductions.



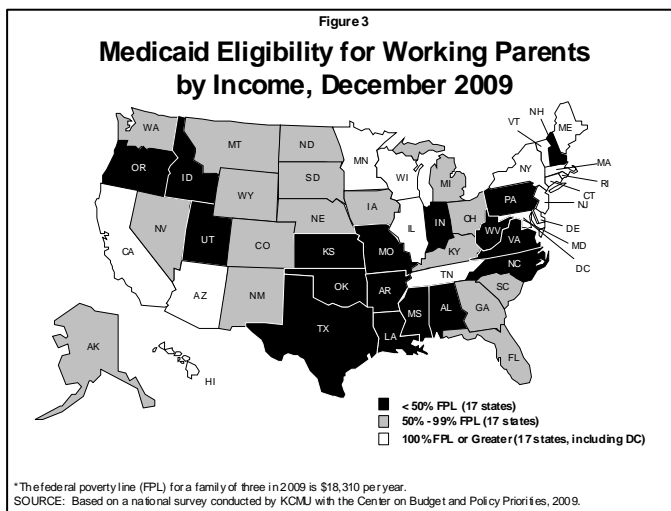
Children were the main beneficiaries of expansions in 2009. Nineteen states improved children’s access to coverage by increasing eligibility, simplifying procedures, and/or eliminating premiums. Reflecting this progress, currently, 47 states cover children in families with income at 200 percent of the federal poverty line (\$36,620 for a family of three in 2009) or higher (Figure 2). States also continued to make strides forward in simplifying enrollment and renewal



procedures for children (9 states) and by reducing CHIP premiums (2 states). Overall, of the 34 states that charge premiums for children, most do not charge families with incomes below 150 percent of the federal poverty line and the median charge for two children in a family of three with income at 200 percent of the federal poverty line remains modest at \$480 per year (\$40 per month), or 1.3 percent of family income.

Although most actions were positive, 15 states scaled back coverage due to budget pressures. CHIP programs bore the brunt of reductions since the eligibility and enrollment protections included in ARRA only applied to Medicaid and did not protect CHIP. No state reduced income eligibility for children. However, two states froze CHIP enrollment for some period of time in 2009 and one state reduced eligibility for low-income parents. Other actions included increases in waiting periods for CHIP, retractions in eligibility simplifications, and relatively modest increases in CHIP premiums.

Coverage for parents continues to lag significantly behind children, with disparities growing in 2009. While children’s health coverage has grown stronger over time, millions of their parents remain uninsured, since, in most states, eligibility limits for parents remain extremely low. Further, because of the recent advancements for children, the gap between coverage for children and parents has become even more profound. Currently, the median income eligibility limit for children is 235 percent of the federal poverty line, compared to 64 percent of the federal poverty line for working parents. Overall, in 34 states, eligibility for working parents is limited to less than 100 percent of the federal poverty line (\$18,310 for a family of three in 2009) with 17 states limiting eligibility to less than half of poverty (\$9,155 per year for a family of three in 2009) (Figure 3). Additionally, in most states, it remains more difficult to enroll an eligible parent than it does to enroll an eligible child.



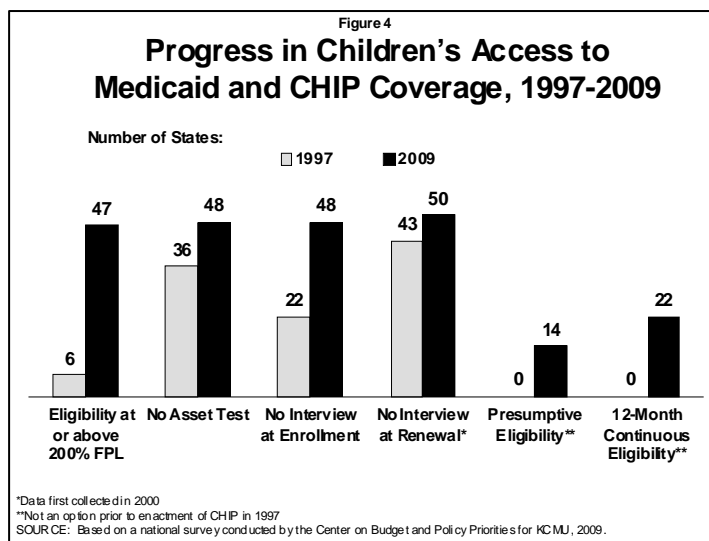
States’ commitment to provide Medicaid and CHIP coverage to low-income families and hold onto the accomplishments of 2009 will continue to be tested in 2010. States’ grim budget situations are projected to persist and the fiscal support and requirements for states to maintain Medicaid eligibility and enrollment practices, which proved instrumental in helping states preserve and continue to advance coverage in 2009, are scheduled to expire. Without additional fiscal relief, states will likely begin to contemplate severe cuts to health coverage programs, which will not only jeopardize coverage for low-income families but weaken the base of coverage upon which broader health reform efforts will seek to build. Current reform proposals would build upon Medicaid to expand coverage to the millions of individuals who remain uninsured. Thus, the status of Medicaid and CHIP programs today and their ability to continue to maintain and advance coverage in the coming year will have important implications for broader reform. Continued actions to strengthen the foundation of Medicaid and CHIP coverage will be key to supporting future reform efforts.

I. Introduction

Improving access to affordable health coverage for the uninsured is a top priority for the nation and a central focus of broader health reform efforts. Over the past decade, substantial progress has been made on this front for low-income families, particularly for children, as states have concentrated significant attention on expanding and simplifying Medicaid and the Children's Health Insurance Program (CHIP), the main vehicles for providing coverage for this population. Concerted efforts to streamline enrollment procedures and foster high retention of eligible children have been essential, particularly during economic downturns when these programs work to absorb increasing numbers of children who become eligible because their families lose employment and employer-based coverage. In 2008, some 45.7 million non-elderly individuals lacked health insurance, representing an overall *increase* of 700,000 over the previous year.¹ However, the number of children without insurance *fell* by 800,000 in 2008, largely due to an expansion in government health insurance programs for children that offset losses in job-based coverage.²

Surviving 2009: Health Coverage Programs Made It Through — and Also Made Progress

Medicaid and CHIP have achieved prominent gains in eligibility and procedural simplification since the enactment of CHIP in 1997 (Figure 4). However states' ability to sustain and advance children's health coverage programs were up against a difficult test in 2009. As the previous year was ending, the reauthorization of CHIP was still not complete and planned coverage expansions in about a dozen states were in a holding pattern due to the federal August 17 directive, issued in 2007, which restricted the degree to which states were allowed to increase income eligibility limits in Medicaid and CHIP.³ At the same time, states were facing the bleakest economic picture in years and their budgets were under severe pressure. The uncertainty of federal support for coverage, combined with worsening state budget situations, put intended eligibility increases in doubt and prompted states to begin contemplating significant cutbacks in Medicaid and CHIP.



Then, in February 2009, several key developments gave states the support they needed to safeguard current programs and also to make progress, particularly for children. First, the Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed into law, providing sufficient resources to cover, by 2013, an additional 4.1 million children under Medicaid and CHIP who would otherwise remain uninsured. CHIPRA also offered states new tools and incentives to remove procedural barriers to enrollment and renewal, and to conduct aggressive outreach. (See Exhibit A, next page, for a summary of CHIPRA options.) Simultaneously, an Executive Order rescinded the August 17th directive, removing the

constraints that had hampered states' ability to expand coverage to children in more moderate-income families. Later the same month, the American Recovery and Reinvestment Act (ARRA) was enacted, infusing states with fiscal relief in the form of a temporary enhancement in federal Medicaid matching funds. As a condition for receiving the funds, states were prohibited from cutting Medicaid eligibility or putting up procedural obstacles to enrollment. (However, these eligibility and enrollment protections did not apply to CHIP, leaving that program vulnerable to such cutbacks.)

Exhibit A:

CHIPRA Gives States Options to Expand Coverage and Tools to Reduce Enrollment Barriers

The Children's Health Insurance Program Reauthorization Act (CHIPRA), signed into law by President Obama on February 4, 2009, is refueling state efforts to increase coverage of uninsured children. The new law provides funding to cover, by 2013, an additional 4.1 million children in Medicaid and CHIP who otherwise would be uninsured. Under CHIPRA, states also have new options to expand eligibility and new tools to facilitate enrollment of eligible, uninsured children in Medicaid and CHIP.

New Coverage Options

CHIPRA provides states new options to:

- Increase income eligibility to cover children with more moderate incomes,
- Extend Medicaid and CHIP coverage to immigrant pregnant women and/or children who have been lawfully residing in the U.S. for less than five years, and
- Cover pregnant women using CHIP funds.

New Enrollment Tools and Incentives

- **Performance Bonuses.** A performance bonus provision makes extra funding available to states that exceed specified enrollment targets. The funding is based on the increased enrollment of children in Medicaid, targeting resources to covering the lowest income children. To qualify for a bonus, a state also must incorporate at least five of eight simplified procedures proven to streamline enrollment and retention (see Exhibit B).
- **Data Matching to Substantiate a Claim of U.S. Citizenship.** A new option for meeting the Medicaid citizenship documentation requirement, which also applies to CHIP starting in January 2010, allows states to conduct data matches with the Social Security Administration. This will relieve applicants from having to obtain and present original documents to prove their citizenship status.
- **Express Lane Eligibility.** The new Express Lane Eligibility option allows states to use data and eligibility findings from other public benefit programs to jump-start eligibility determinations in Medicaid and CHIP.
- **Translation and Interpreter Services.** Enhanced administrative matching funds are available for language translation and interpreter services to help families with limited English proficiency enroll their children in health coverage.
- **Outreach Funds.** CHIPRA allocates \$100 million in outreach funds, the vast majority of which will be awarded in grants to states and communities.

For more details on CHIPRA provisions, see *The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)*, Kaiser Commission on Medicaid and the Uninsured, February 2009, available at <http://www.kff.org>.

Now, as 2009 comes to a close, it is clear that these measures were vital in helping states safeguard coverage for low-income families and also to move forward. If the federal relief and enrollment protections provided by ARRA terminate at the end of calendar year 2010, as scheduled, states will no longer have the emergency resources that have been instrumental in keeping their Medicaid programs intact. While there are indications that the economy may be

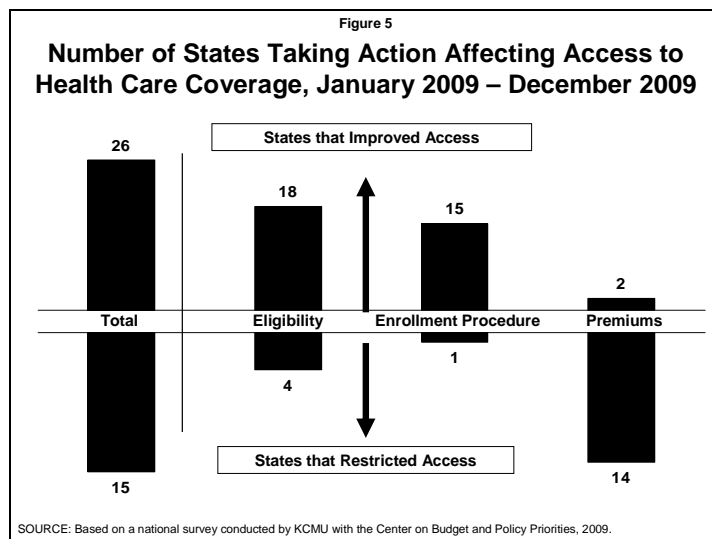
beginning to recover, the recession continues to take a toll on families and communities across the nation. Medicaid enrollment is expected to continue to increase, creating upward spending pressure on state Medicaid programs before state economies have recovered. Thus, a key question is whether states will be able to maintain their health coverage programs — both Medicaid and CHIP — at current eligibility levels. Given that public programs for low-income families are being viewed as the foundation upon which to build broader health reform, where states stand with respect to eligibility and enrollment in those programs has important implications for how health reform efforts proceed.

II. About the Survey

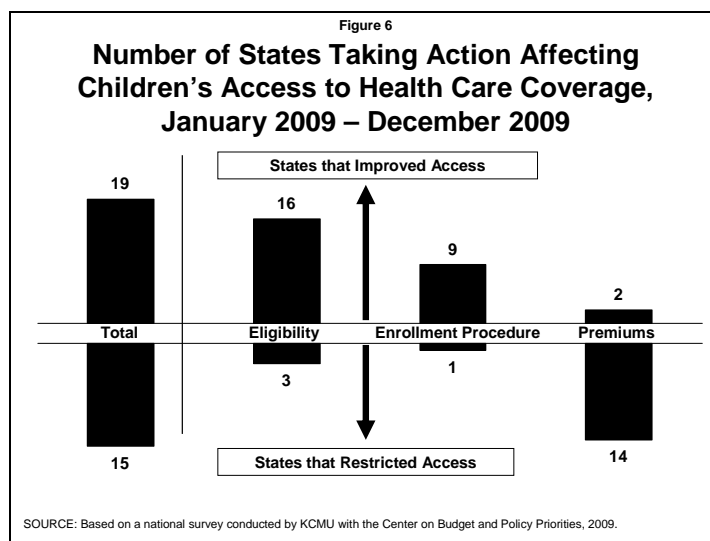
This report presents the findings of a survey of eligibility rules, enrollment and renewal procedures, and cost-sharing practices in Medicaid and CHIP for children and parents that were implemented in the 50 states and District of Columbia during 2009. This is the ninth in a series of surveys conducted by the Kaiser Commission on Medicaid and the Uninsured in conjunction with the Center on Budget and Policy Priorities. The survey is administered through in-depth telephone interviews with state Medicaid and CHIP officials, and data are verified through follow-up communications conducted via email. In addition to the elements of health coverage programs that the survey has followed over the past nine years, this year’s report presents findings on CHIP buy-in programs which were not a subject of the survey in the past. It also describes program changes that the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and the American Recovery and Reinvestment Act (ARRA) have made possible, such as the implementation of coverage for immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years and new options to simplify transitional medical assistance (TMA).

III. Key Survey Findings: State Actions During 2009

Serious economic pressures beleaguered states throughout 2009, yet with the fiscal relief provided by ARRA and the new funding and program options made available in CHIPRA, a significant number of states were able to take steps to improve access to health coverage for low-income families. Without these two sources of support it is highly unlikely that states could have averted cutbacks, let alone made progress, to the extent they did (Figure 5).



- **More than half of the states (26 states) advanced health coverage for low-income children, parents and pregnant women, either by expanding eligibility, simplifying enrollment procedures or reducing financial barriers.**
 - Eighteen (18) states [AL, AK, FL, IA, KS, LA, MD, MT, ND, NE, NM, OH, OR, RI, SC, VA, WA, WV] expanded eligibility for health coverage. Measures included increasing income eligibility, reducing the amount of time children must be uninsured before enrolling in CHIP, making transitional medical assistance more accessible, and providing coverage for immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years;
 - Fifteen (15) states [AK, CA, CT, FL, IA, ID, IN, MT, NE, NM, NY, OH, OR, SD, TN] simplified enrollment or renewal procedures by adopting 12-month continuous eligibility, removing asset tests, reducing verification requirements and eliminating reporting requirements for Transitional Medical Assistance (TMA); and
 - Two (2) states [NJ and RI] eliminated premiums for some families with children in CHIP.
- **Children were the main beneficiaries of health coverage expansions in 2009; 19 states improved access to health coverage for children by increasing eligibility, further simplifying procedures, and eliminating premiums for some children (Figure 6). The opportunities offered in CHIPRA led to positive developments, with many states adopting the options promoted under the new law (see Exhibit B, next page).**



**Exhibit B:
States Have Adopted CHIPRA Eligibility and Enrollment Options**

The Children's Health Insurance Program Reauthorization Act gave states an array of options for expanding health coverage and facilitating enrollment of eligible children (see Exhibit A). While CMS guidance will be needed to fully understand how some of the options will work, this survey found that states have begun taking advantage of new opportunities and also appear eager to pursue new strategies when they become effective on January 1, 2010. For example:

- **Eighteen (18) states, including D.C., have submitted State Plan Amendments (SPAs) to cover immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years.** Most of these states had previously covered such immigrants using solely state funds, but *Iowa, New Mexico, and Oregon* established new coverage as a result of the CHIPRA provision, and *Rhode Island* restored coverage it had cut in the past. (See next page for detail.)
- **Officials in more than half the states (27 states) said they will opt to conduct data matches with SSA to substantiate U.S. citizenship for Medicaid and CHIP applicants.** This option (which becomes effective on January 1, 2010, when the requirement will apply to CHIP as well as Medicaid) will relieve applicants who are U.S. citizens from having to present original birth certificates and picture IDs, or similar documents, to prove their citizenship. States that have tracked the consequences of this requirement, enacted in Medicaid in early 2006, have documented dramatic enrollment declines among eligible U.S. citizens who were unable to secure the needed documents, as well as substantial costs incurred by states implementing the requirement. The data match option should lessen the barrier this requirement has imposed on the enrollment of eligible individuals.
- **Officials in at least 12 states expressed interest in the new Express Lane Eligibility option.** Express Lane Eligibility allows states to use information and eligibility findings from other public benefit programs, such as food stamps, child care or school meals programs — and from state tax forms — to facilitate an eligibility determination for children's health coverage. Income information can be used regardless of differences in methodology, meaning it does not matter if the calculation of income by the 'express lane agency' differs from the standard Medicaid or CHIP calculation. Express Lane Eligibility could streamline enrollment since states would not have to re-collect family information that has recently been obtained and verified. This also is a promising way to identify and enroll eligible uninsured children who already are participating in other public programs.
- **Nine state agencies have received CMS outreach grants and others are involved in activities led by non-state grantees.** Of the \$100 million in CHIPRA outreach funds, \$40 million was awarded to 69 grantees on September 30, 2009, including state agencies, tribal organizations, nonprofits, schools, faith-based groups, health care providers and others. The nine state agencies [*LA, ME, MD, MT, NJ, OR, WI and WY*] that received grants intend to use the funds for a variety of activities, including outreach to rural, Native American and immigrant communities, school-based activities, and to secure technological and enrollment system improvements.
- **Officials in five states reported plans to provide language translation and interpreter services specifically for outreach.** CHIPRA provides enhanced federal administrative matching funds for such activities. (Federal match is 75 percent for Medicaid and either 75 percent or 5 percent above the state's CHIP match for CHIP) The states planning to take advantage of the boost in federal administrative funds to help families with limited English proficiency enroll their children include *LA, MN, NJ, WA and WY*.
- **As of December 3, 2009, 16 states have requested performance bonuses for federal fiscal year 2009 according to CMS officials.** The agency is reviewing each of these requests to determine whether the states have implemented five out of the eight required enrollment and renewal procedures in both their Medicaid and CHIP programs (including 12-month continuous eligibility; no asset test or administrative verification of assets; no in-person interview requirement; use of common forms and uniform procedures; administrative renewal; express lane eligibility; presumptive eligibility; and premium assistance (in CHIP only)) and whether they have exceeded specified enrollment targets to qualify for a performance bonus.

Coverage

- Of the nine (9) states that increased income eligibility for children [*AL, IA, MT, KS, ND, NE, OR, WA, WV*], most extended coverage to children in families with income up to or higher than 250 percent of the federal poverty line, bringing the total number of states covering children at this income level to 24, up from 19 the previous year.
- Eighteen (18) states, including DC, have submitted State Plan Amendments (SPAs) to adopt the CHIPRA option to cover immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years [*CA, CO, CT, DC, HI, IL, IA, ME, MA, MD, NJ, NM, NY, **OR, PA, RI, VA**, WA*]. Of these, 13 states included both children and pregnant women in their SPAs; four states (in bold, above) included children only; and one state [*CO*] submitted a SPA for pregnant women only. Most of these states had previously covered such immigrants using solely state funds, but *Iowa, New Mexico, and Oregon* established new coverage as a result of the CHIPRA provision, and *Rhode Island* restored coverage it had cut in the past.
- Other coverage expansions included coverage for foster children who age-out of the system [*LA and MD*] and a reduction in length of the CHIP waiting period—the length of time during which children are required to be uninsured before they can obtain CHIP coverage [*AK, FL and OH*].

Simplification

- Nine (9) states [*AK, CA, IA, FL, MT, NE, NM, OR, TN*] took a variety of steps to simplify enrollment and renewal procedures in their Medicaid and CHIP programs for children. Actions included eliminating asset tests and face-to-face interview requirements, reducing verification requirements, issuing a joint Medicaid/CHIP application, and adopting presumptive eligibility. Notably, five of these states adopted the 12-month continuous eligibility option which guarantees eligible children a full year of coverage, an important step in fostering the stability of coverage among eligible children.

Premiums

- Two states [*NJ and RI*] eliminated CHIP premiums for children in families at the lower end of the CHIP income scale.

Fifteen (15) states made changes that pared back health coverage, primarily for children, in 2009. CHIP programs bore the brunt of budget cuts since states were precluded from making cuts to Medicaid, but not to CHIP, as a condition of receiving enhanced Medicaid matching funds through ARRA. Some states responded to their budget concerns either by freezing CHIP enrollment or raising CHIP premiums. Both these approaches create enrollment barriers for *eligible* children, leading to some going without health coverage even though they qualify. Arizona curtailed its coverage of parents, reducing eligibility from 200 percent to 100 percent of the federal poverty line. Because this portion of parent coverage had been financed with CHIP funds, it was not subject to the federal restrictions on eligibility cuts under ARRA.

Coverage

- State budget difficulties prompted two states [*CA and TN*] to freeze CHIP enrollment for at least a short period of time during 2009. California froze enrollment on July 17, but was able to reopen the program on September 16 when additional state resources were identified. Tennessee froze CHIP enrollment on December 1 for an indefinite period. In 2003, during the last economic downturn, six states resorted to freezing CHIP enrollment for some period of time, and several reported dire consequences for families.⁴ While enrollment freezes do not appear imminent in any other states, if state budget crises persist or worsen, additional states may turn to this strategy.
- *Montana* increased, from one month to three months, the waiting period during which a child must remain uninsured before he or she can enroll in the state's separate CHIP program. This action delays enrollment of *eligible* children.

Simplification

- *Montana* imposed income documentation requirements in its separate CHIP program (which previously allowed administrative verification of income), making it the only state to erect a procedural barrier to enrollment in a children's health coverage program in 2009. However, at the same time, the state also made some positive procedural changes that reduced or eliminated other long-standing coverage barriers, such as the Medicaid asset test.⁵

Premiums

- Fourteen (14) states [*AZ, CA, FL, MD, ME, MO, NC, NH, NY, PA, TN, UT, WA, WI*] increased premiums in their CHIP programs, including premiums charged in their full-cost buy-in programs. For several of these states, the increases were relatively modest, but a few states imposed substantial increases, charging amounts that are twice as much as what they had been the previous year. For example, *Arizona's* monthly premium for two children in a family of three with income at 200 percent of the federal poverty line is \$70 in 2009, as compared to \$35 per month the previous year.

Outreach budgets in a number of states were cut substantially, while others have increased state funding for outreach or have been awarded federal grants for outreach under CHIPRA. State budget crises have induced some states, such as *California, Colorado, Pennsylvania, and Virginia*, to severely cut or eliminate state outreach funding, mainly because funds to pay for the increased enrollment that would be generated by effective outreach is limited. *California*, for example, eliminated application assistance fees for Certified Application Assistors, who are trained staff of community organizations and providers that help families with enrollments and renewals. In 2008, the state spent \$6.5 million on such activities. According to California state officials, application assistor reimbursements are considered to be the most effective direct tool that led to actual enrollments and re-qualifications.

On the other hand, some states such as *Alabama, Louisiana* and *Montana* reported increasing their state outreach budgets this year. In addition, nine state agencies [*LA, ME, MD, MT, NJ,*

OR, WI and WY] were awarded \$6.8 million (over two years) in federal outreach grants made available through CHIPRA.

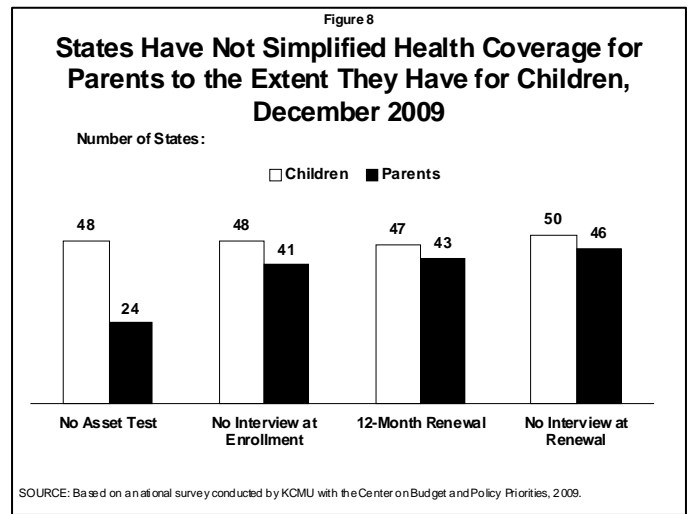
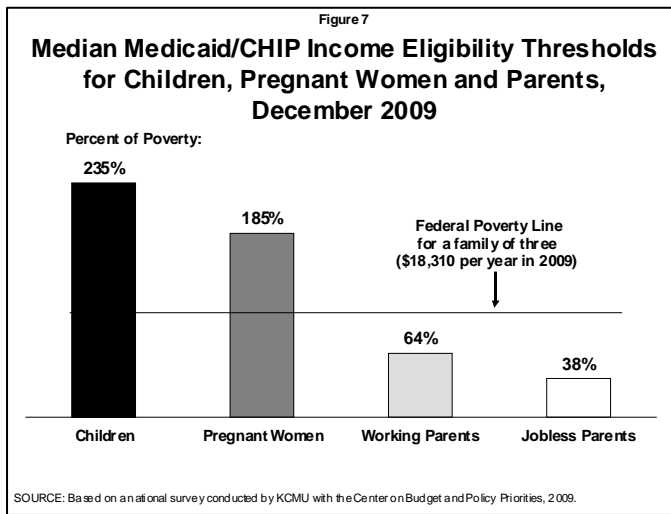
Health coverage for pregnant women held steady, in general, with a few modest advances this year. *Iowa* boosted coverage up to 300 percent of the federal poverty line, making it one of a handful of states to cover pregnant women with incomes above 200 percent of the federal poverty line. *Virginia* expanded coverage for this group to 200 percent of the federal poverty line. *Indiana* adopted presumptive eligibility for pregnant women. In addition, as mentioned earlier, 14 states submitted SPAs to cover immigrant pregnant women who have been legally residing in the U.S. for less than five years.

Parent coverage remained relatively stable through 2009, with a few states taking steps to mitigate procedural barriers to enrollment.

- Only *Arizona* cut parent coverage, reducing eligibility from 200 percent to 100 percent of the federal poverty line. Since this portion of *Arizona*'s parent coverage program was financed with CHIP funds, the state was not prohibited from cutting it as a condition of receiving the enhanced federal matching funds through ARRA. Under CHIPRA, effective September 30, 2011, states will no longer be allowed to use CHIP funds to cover parents. At the time CHIP was reauthorized, in addition to *Arizona*, seven other states [*AR, ID, MN, NV, NJ, NM, and WI*] were covering parents using CHIP funds.⁶ These states will need to determine whether to eliminate their CHIP-financed parent coverage or refinance that coverage under Medicaid when the CHIPRA provision becomes effective. Several of these states, including *Minnesota* and *Wisconsin*, already have switched to funding their parent expansions using Medicaid funds.
- With respect to actions that *increased* access to parent coverage, *New York* will rescind the asset test for parents in January 2010; *Tennessee* eliminated the interview requirement at renewal; and *Alaska, Nebraska* and *Ohio* increased the renewal period from 6 months to 12 months for parents. Seven states [*AK, CT, ID, MT, NY, OH, SD*] eliminated the reporting requirements under Transitional Medical Assistance (TMA), a move that will help parents retain their Medicaid when they enter the workforce or secure higher pay. This is an important improvement since low-wage jobs often do not include health coverage benefits, and TMA is designed to help ensure that low-income parents are not deterred from accepting such jobs because they fear the loss of health coverage.

The disparity between the availability of health coverage for children and parents persists, with the eligibility gap widening in 2009 since children's coverage advanced appreciably, and parent coverage did not; eligible parents also continue to face more enrollment barriers than do children (Figure 7 and 8, next page). Eligibility for parent coverage continues to lag behind eligibility for children and, because of the recent advancements for children, this gap has become even more profound. Median income eligibility for children is now 235 percent of the federal poverty line, as compared with 64 percent of the federal poverty line for working parents. For jobless parents, the median income eligibility is just 38 percent of the federal poverty line, \$580 per month or \$6,960 per year for a family of three. Parents also

continue to face tougher procedural barriers to enrolling in coverage as compared to children, although small advances have been made.



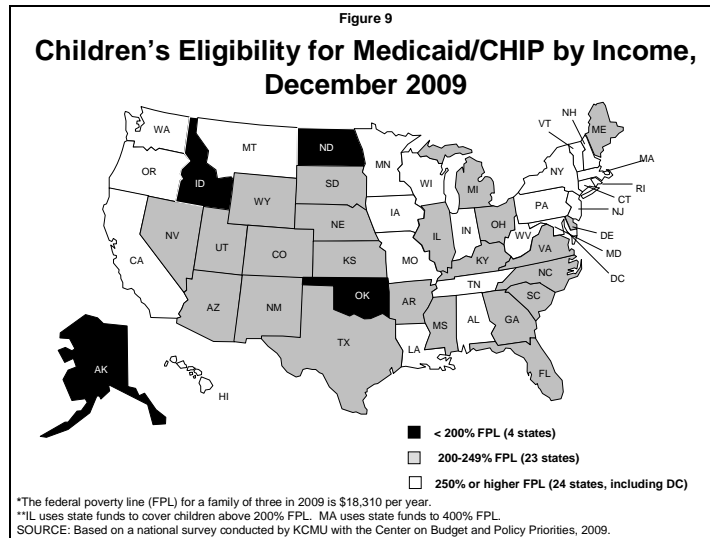
A large body of evidence shows that covering parents has positive effects on parents' access to care and the financial stability of families, and it also increases the chances that children will have coverage and improves the care they receive. Coverage of parents in Medicaid and CHIP leads to increased enrollment and retention of children in those programs and lower rates of uninsured children.⁷ Further, children of insured parents are more likely to see a provider and receive well-child care than children whose parents lack coverage.⁸

IV. Key Survey Findings: Current Status of Coverage for Children, Parents and Pregnant Women

States continue to make progress on improving access to health coverage for low-income families. As of December 2009, the status of health coverage for children is as follows:

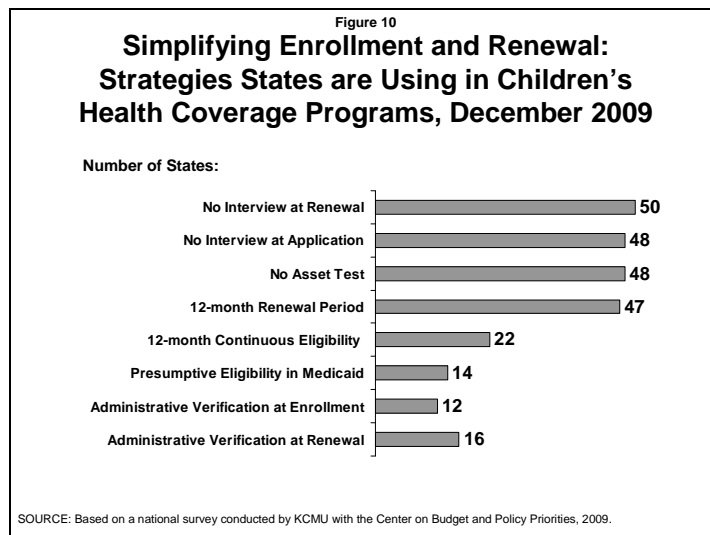
Eligibility

- 47 states, including DC, cover children in families with income at 200 percent of the federal poverty line or higher under Medicaid or CHIP (\$36,620 for a family of three in 2009), with 24 of these states, including DC, covering children in families with income at 250 percent of the federal poverty line or higher (\$45,775 for a family of three in 2009) (Figure 9, next page).
- 48 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 CHIP.
- 14 states allow families with incomes above CHIP eligibility limits to buy in to children's coverage by paying full premium costs; of these states, three offer a benefit package that is more limited than the benefit package for the state's CHIP program.



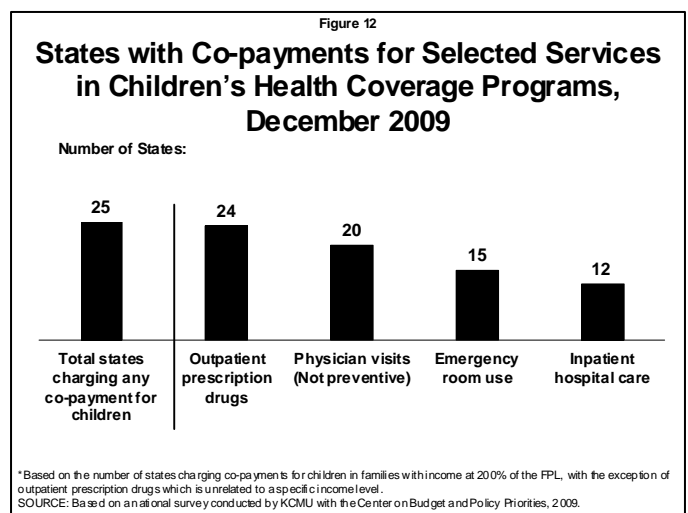
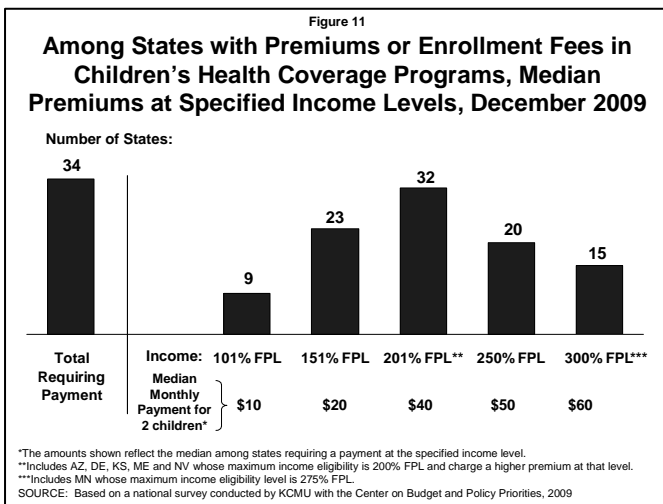
Enrollment and Renewal Procedures

- 48 states, including DC, do not require a face-to-face interview to apply for children's coverage (Figure 10).
- 36 of the 39 states with separate CHIP programs use a single application for both Medicaid and CHIP; 21 of these 39 states use a joint renewal form for the two programs.
- 12 states do not require families to provide verification of their income at enrollment; 16 states do not require families to verify income at renewal.
- 11 states have adopted presumptive eligibility for children's health coverage; 14 states have adopted presumptive eligibility for children's Medicaid only.
- 47 states, including DC, allow children to renew coverage annually, as opposed to more often.
- 22 states have adopted 12-month continuous eligibility, guaranteeing children a full year of coverage.



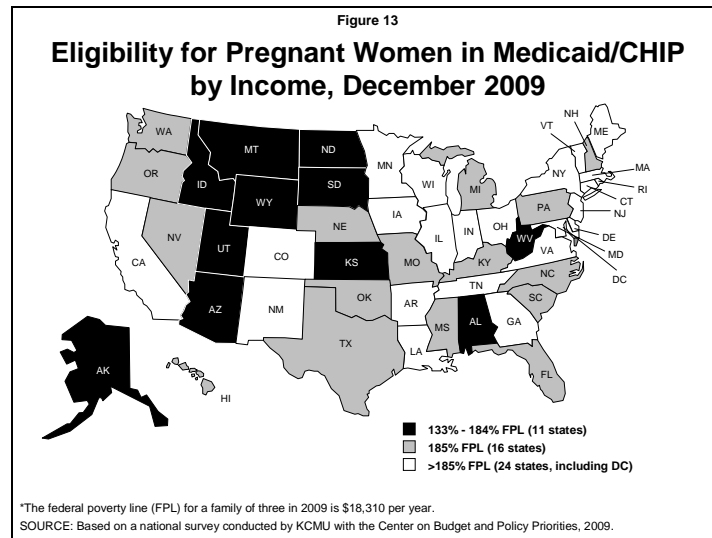
Premiums and Co-payments

- 34 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 median premium for two children in a family of three earning 200 percent of the federal poverty line (\$36,620 per year for a family of three in 2009) is \$480 per year, \$40 per month, or 1.3 percent of family income (Figure 11). The monthly cost for two children in a family with income at:
 - 101 percent of the federal poverty line ranges from \$8 to \$15.
 - 151 percent of the federal poverty line ranges from \$10 to \$61.
 - 201 percent of the federal poverty line ranges from \$15 to \$115.
 - 250 percent of the federal poverty line ranges from \$30 to \$183.
 - 300 percent of the federal poverty line ranges from \$20 to \$172.
 - 350 percent of the federal poverty line ranges from \$90 to \$152.
- Premiums charged in states with Medicaid waivers, such as Rhode Island and Minnesota, may be considerably higher than most other states because premiums may include coverage for a parent as well as for children.
- 12 states impose “lock-out” periods on children in families that do not pay the required premium, preventing such children from re-entering the program for a period of time after being disenrolled.
 - 20 states require co-payments for non-preventive physician visits, emergency room care, and/or in-patient hospital care for children in families with income at 200 percent of the federal poverty line (Figure 12).
 - 24 states require a co-payment for prescription drugs for children.



As of December 2009, the status of health coverage for pregnant women is as follows:

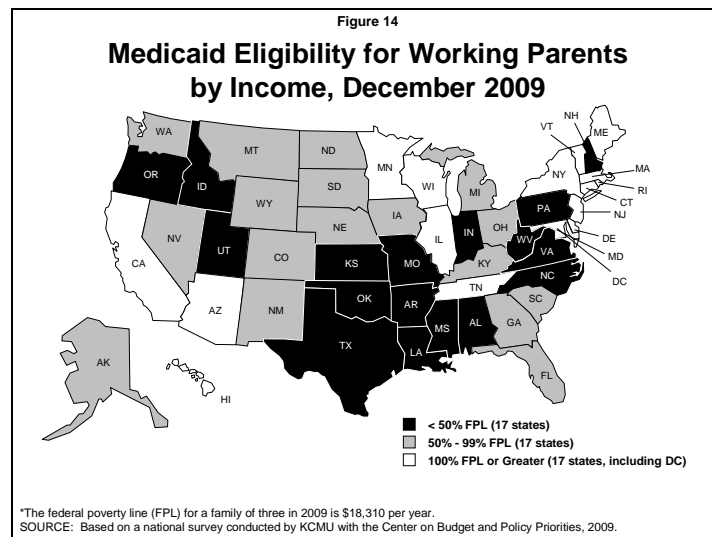
- 40 states, including DC, cover pregnant women in families with income at 185 percent of the federal poverty line or higher under Medicaid or CHIP (\$33,874 for a family of three in 2009) (Figure 13).
- 44 states, including DC, disregard assets in determining eligibility for a pregnant woman.
- 30 states, including DC, have adopted presumptive eligibility for pregnant women.
- 15 states have adopted the option to cover unborn children using CHIP funds.



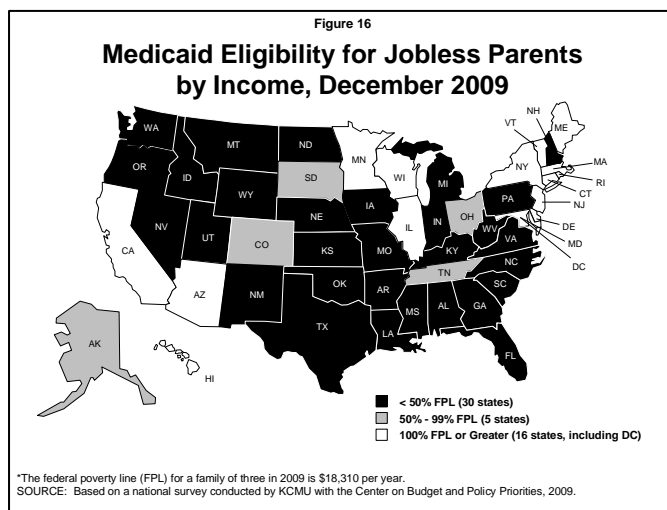
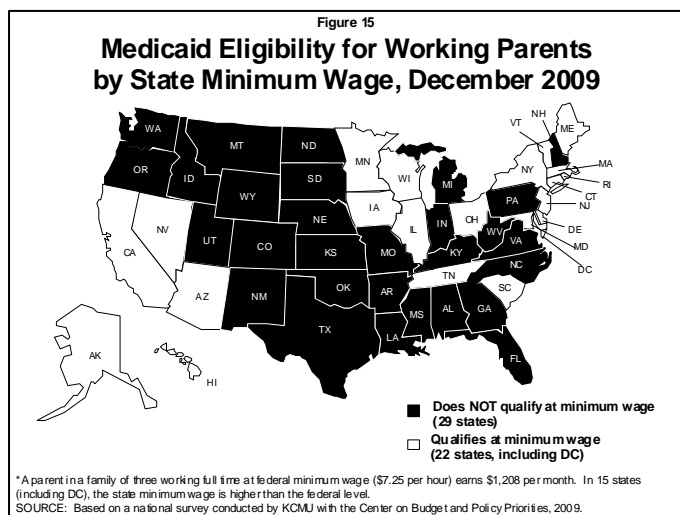
As of December 2009, the status of health coverage for parents is as follows:

Eligibility

- 17 states, including DC, cover working parents in families with income at 100 percent of the federal poverty line or higher under Medicaid or CHIP (\$18,310 for a family of three in 2009) (Figure 14).



- 24 states, including DC, disregard assets in determining Medicaid eligibility for parents.
- In 17 states, family income must be less than half the federal poverty line for a working parent to qualify for Medicaid (\$9,155 for a family of three in 2009.)
- In 29 states, a parent in a family of three working full-time at the minimum wage, with median earnings of \$1,208 per month or \$14,500 per year, earns too much to qualify for Medicaid (Figure 15).
- In 30 states, family income must be less than half the federal poverty line for a jobless parent to qualify for Medicaid (\$9,155 for a family of three in 2009) (Figure 16).



Simplified Procedures

- 27 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.
- 43 states, including DC, allow parents to renew coverage annually, as opposed to more often.

V. Discussion

In 2009, health coverage programs for low-income children and parents managed not only to survive the tumultuous economic environment, but also to expand and improve access. The stabilizing force of ARRA's fiscal relief, along with the stipulations preventing states from paring back eligibility or erecting enrollment barriers in Medicaid, has meant that, overall, states were able to avoid significant cuts to these aspects of health coverage programs. In addition, with these buffers in place, states were able to move forward, making use of the new resources and opportunities in CHIPRA.

More than half the states managed to secure improvements in Medicaid and CHIP in 2009, with 19 states expanding access to health coverage for children. Their actions included increasing income eligibility and adopting the CHIPRA option to provide coverage for

immigrant children and/or pregnant women who have been legally residing in the U.S. for less than five years. Many states also took affirmative steps to streamline enrollment and renewal procedures, utilizing tools for enrolling eligible, uninsured children. However, some states did respond to severe budget pressures by making program cutbacks in CHIP, which was not protected by the ARRA provisions. These actions included freezing enrollment in CHIP for at least some period during 2009 and raising CHIP premiums. Even with those premium increases, however, in most states CHIP premiums remain modest, with the median premium payment at \$480 annually for two children, or 1.3 percent of income, for a family of three with income at 200 percent of the federal poverty line.

While this survey found that significant advancements were secured for children's coverage in 2009, it also found that pronounced disparities continue to exist. Income eligibility limits and enrollment procedures can vary substantially from state to state. As a result, individuals with identical family situations may be covered in one state but remain uninsured if they live in another. Further, low-income parents continue to be at a great disadvantage as compared to their children when it comes to eligibility for public coverage. The income level at which a parent qualifies is so low that in more than half the states parents working full-time at minimum wage jobs earn too much to qualify for coverage. Such workers are unlikely to be offered employer-based coverage and they have no affordable options in the private market. These conditions strongly suggest that comprehensive health reform is needed to provide affordable coverage to individuals who do not have access to it through their jobs or through public programs as they now exist.

The positive actions that state officials took to help families facing tough times — even as those officials wrestled with serious state budgetary concerns — attest to their strong and abiding commitment to covering children and reflect priorities outlined in CHIPRA. Still, eight million children remain uninsured, and additional efforts are needed to further reduce this number by expanding coverage in states that lag behind and by enrolling more of the five million uninsured children who already qualify for Medicaid and CHIP.

States' commitment to children will continue to be tested in 2010, however, as dismal state budget circumstances persist. Recent forecasts indicate that in the upcoming fiscal year, states will be facing even larger budget shortfalls than they experienced in the past year and the struggle to keep essential public programs intact will be even more difficult.⁹ At the same time states are being challenged by deepening budget holes, the federal assistance they were relying upon under ARRA — along with the corresponding requirement for states to maintain eligibility levels and refrain from imposing enrollment barriers — is scheduled to expire at the end of calendar year 2010. If fiscal relief is not replenished and Medicaid eligibility is not protected as under ARRA, many states are unlikely to be able to withstand the pressure to make substantial cuts in programs like Medicaid and CHIP. Such actions could reverse recent expansions and undermine the programs' ability to provide basic protections for families hurt by the recession. This will not only jeopardize the health of low-income families, but will weaken the base upon which broader health reform efforts will seek to build.

A key goal for the health reform efforts underway is to ensure health coverage for millions of people who are currently uninsured. In the current reform proposals, this would be

accomplished, in large measure, by expanding and building upon Medicaid for low-income families and individuals. The bills being debated in Congress all contain significant Medicaid expansions, but they differ in the size of those expansions, how additional federal support to the states for such expansions will be provided, and how children with CHIP coverage will be treated.¹⁰ The extent to which children's eligibility levels will be preserved, as well as questions about appropriate benefits and cost-sharing protections, are the subject of intense debate.

These survey findings on current Medicaid and CHIP coverage provide a baseline against which future progress in expanding coverage can be measured. In addition, policymakers will need to consider the important lessons learned over time in Medicaid and CHIP about the value of streamlined enrollment and renewal strategies. The simple and coordinated procedures that have helped assure that eligible children and parents secure and retain coverage, and that have enabled families to transition smoothly between programs when family circumstances change, will be essential in a new health insurance system. For example, reducing documentation requirements and using electronic data matching to substantiate income and other eligibility information will help reduce unnecessary paperwork and administrative workloads. Coordinating eligibility rules can facilitate transfers between Medicaid and subsidy programs when a family gains or loses income or if household members change. However, to support development of these systems, states will need adequate administrative support. Health reform efforts will need to address all these issues and they will need to emulate or adapt best practices from the Medicaid and CHIP experience. The status of Medicaid and CHIP today, and their ability to continue to maintain and advance coverage in the coming year, will have important implications going forward.

ENDNOTES

¹ Holahan, J. and A. Cook, *Changes in Health Insurance Coverage, 2007-2008: Early Impact of the Recession*, Kaiser Commission on Medicaid and the Uninsured, October 2009.

² Ibid.

³ Letter from Dennis Smith, Director of Medicaid and State Operations at the Centers for Medicare and Medicaid Services to State Health Officials, August 17, 2007.

⁴ Ross, D.C. and L. Cox, *Out in the Cold: Enrollment Freezes in Six State Children's Health Insurance Programs Withhold Coverage from Eligible Children*, Kaiser Commission on Medicaid and the Uninsured, December 2003.

⁵ By increasing documentation requirements in its CHIP program, Montana made access to health coverage more difficult for some eligible children. Given the other actions Montana took in 2009 the overall effect may, in fact, be positive with respect to streamlining enrollment. For example, the state also removed its asset test in Medicaid for children and created a joint application for Medicaid and CHIP. Taken together, these actions result in Medicaid and CHIP programs that are more closely coordinated, usually a positive feature. It should be noted, however, that coordination between two programs can be achieved without reducing access to coverage in one program. For example, rather than imposing income documentation requirements on children applying for CHIP, the state could have removed such requirements from Medicaid, as 12 other states have done.

⁶ Baumrucker, E.P., *Status of SCHIP Adult Coverage Waivers As of August 18, 2008*, Congressional Research Service, September 17, 2008. NOTE: Illinois, Oregon, and Rhode Island also switched the financing of parent coverage from CHIP to Medicaid; their parent coverage waivers expired prior to the enactment of CHIPRA.

⁷ Institute of Medicine, *Health Insurance is a Family Matter*, Washington, DC, 2002; Ku, L., and M. Broaddus, *The Importance of Family-based Insurance Expansions: New Research Findings about State Health Reforms*, Center on Budget and Policy Priorities, September 2000; Dubay, L. and G. Kenney, *Expanding Public Health Insurance to Parents: Effects on Children's Coverage Under Medicaid*, Health Services Research, 38(5): 1283-1301, 2003; Guendelman, S., et al, *The Effects of Child-only Insurance Coverage and Family Coverage on Health Care Access and Use: Recent Findings Among Low-Income Children in California*, Health Services Research 41(1): 125-147, February 2006; Sommers, B., *Insuring Children or Insuring Families: Do Parental and Sibling Coverage Lead to Improved Retention of Children in Medicaid and CHIP*, Journal of Health Economics 25(6):1154-1169, 2006; Ku, L. and M. Broaddus, *Coverage of Parents Helps Children, Too*, Center on Budget and Policy Priorities, October 2006; Dubay, L. and G. Kenney, *Covering Parents through Medicaid and SCHIP, Potential Benefits to Low-Income Parents and Children*, Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, October 2001; Aizer, A. and J. Grogger, *Parental Medicaid Expansions and Health Insurance Coverage*, NBER Working Paper 9907, August 2003.

⁸ Ku, L. and M. Broaddus, *Coverage of Parents Helps Children, Too*, op cit.; Davidoff, A., et al, *The Effects of Parents' Insurance Coverage on Access to Care for Low-Income Children*, Inquiry, 40: 254-268, Fall 2003; and Gifford, E.J., Weech-Maldonado, R., and P. Farley-Short, *Low-income Children's Preventive Service Use: Implications of Parents' Medicaid Status*, Health Care Financing Review, 26(4): 81-94, Summer 2005.

⁹ Lav, I.J., Johnson, N., and E.McNichol, *Additional Federal Fiscal Relief Needed to Help State's Address Recession's Impact*, Center on Budget and Policy Priorities, November 11, 2009.

¹⁰ *Medicaid and Children's Health Insurance Program Provisions in Health Reform Bills: Affordable Health Care for America Act & The Patient Protection and Affordable Care Act*, Kaiser Family Foundation, December 2, 2009.

VI. List of Tables

Table A:	Expanding Eligibility and Simplifying Enrollment: Trends in Children’s Health Coverage Programs (July 1997 to December 2009)
Table B:	Expanding Eligibility and Simplifying Enrollment: Trends in Health Coverage for Parents (January 2002 to December 2009)
Table 1:	State Income Eligibility Guidelines for Children’s Regular Medicaid, Children’s CHIP-funded Medicaid Expansions and Separate CHIP Programs
Table 1A:	Income Eligibility for Children’s Coverage, by Funding Source
Table 1B:	State Income Eligibility Guidelines and Premiums for Buy-in Programs for Children’s Coverage
Table 2:	Length of Time a Child is Required to be Uninsured Prior to Enrolling in Children’s Health Coverage
Table 3:	Income Thresholds for Jobless and Working Parents Applying for Medicaid
Table 3A:	Income Thresholds for Working Parents Applying for and Receiving Medicaid
Table 4:	Selected Criteria Related to Health Coverage of Pregnant Women
Table 5:	Enrollment: Selected Simplified Procedures in Children’s Regular Medicaid, Children’s CHIP-funded Medicaid Expansions and Separate CHIP Programs
Table 6:	Administrative Verification of Income: Families are Not Required to Provide Documentation of Income in Children’s Regular Medicaid, Children’s CHIP-funded Medicaid Expansions and Separate CHIP Programs
Table 7:	Renewal: Selected Simplified Procedures in Children’s Regular Medicaid, Children’s CHIP-funded Medicaid Expansions and Separate CHIP Programs
Table 8:	Enrollment: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
Table 9:	Renewal: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
Table 10:	Premium Payments for Two Children in a Family of Three at Selected Income Levels
Table 10A:	Effective Annual Premium Payments for Two Children in a Family of Three at Selected Income Levels
Table 11:	Co-payments for Specific Services in Children’s Health Coverage Programs at Selected Income Levels
Table 12:	Co-payments for Specific Services in Health Coverage Programs for Parents
Table 13:	Co-payments for Prescriptions in Children’s and Parents’ Health Coverage Programs

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

No. of States Implementing Strategy	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	Dec 2009 ²
Total number of children's health coverage programs	51 MCD	51 MCD 19 CHIP	51 MCD 32 CHIP	51 MCD 35 CHIP	51 MCD 35 CHIP	51 MCD 36 CHIP	51 MCD 36 CHIP	51 MCD 36 CHIP	51 MCD ¹⁰ 37 CHIP	51 MCD 39 CHIP	51 MCD 39 CHIP
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	47
Joint application for Medicaid and CHIP	N/A	not collected	28	33	34	34	34	33	33	35	36
Eliminated asset test	36	40 (M) 17 (C)	42 (M) 31 (C)	45 (M) 34 (C)	45 (M) 34 (C)	46 (M) 33 (C)	47 (M) 33 (C)	47 (M) 34 (C)	47 (M) 35 (C)	47 (M) 36 (C)	48 (M) 37 (C)
Eliminated face-to-face interview at enrollment	22 ⁴	33 ⁵ (M) not collected (C)	40 (M) 31 (C)	47 (M) 34 (C)	46 (M) 33 (C)	45 (M) 33 (C)	45 (M) 33 (C)	46 (M) 33 (C)	46 (M) 34 (C)	48 (M) 38 (C)	48 (M) 38 (C)
Adopted presumptive eligibility for children	option not available	6 (M)	8 (M) 4 (C)	9 (M) 5 (C)	7 (M) 4 (C)	8 (M) 6 (C)	9 (M) 6 (C)	9 (M) 6 (C)	14 (M) 9 (C)	14 (M) 9 (C)	14 (M) 9 (C)

No. of States Implementing Strategy	July 1997	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	Dec 2009 ²
Family not required to verify income at enrollment	not collected	not collected	10 (M) 7 (C)	13 (M) 11 (C)	12 (M) 11 (C)	10 (M) 10 (C)	9 (M) 9 (C)	9 (M) 9 (C)	10 (M) 8 (C)	11 (M) 10 (C)	12 (M) 10 (C)
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 (C)	11(M) 9 (C)	12 (M) 11 (C)	16 (M) 15 (C)
Eliminated face-to-face interview at renewal	not collected	not collected	43 (M) 32 (C)	48 (M) 34 (C)	49 (M) 35 (C)	48 (M) 35 (C)	48 (M) 35 (C)	48 (M) 35 (C)	48 (M) 36 (C)	49 (M) 38 (C)	50 (M) 38 (C)
Adopted 12-month continuous eligibility for children	option not available	10 (M) not collected (C)	14 (M) 22 (C)	18 (M) 23 (C)	15 (M) 21 (C)	15 (M) 21 (C)	17 (M) 24 (C)	16 (M) 25 (C)	16 (M) 27 (C)	18 (M) 30 (C)	22 (M) 30 (C)
Implemented enrollment freeze	not collected	not collected	not collected	3 (C)	1 (M) ⁶ 2 (C)	1 (M) ⁷ 7 (C)	1 (M) 3 (C) ⁸	1 (M) 1 (C) ⁹	1 (M) 2 (C) ⁹	1(M) ⁶ 0 (C)	1 (M) ⁶ 2 (C) ¹¹

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

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; (C) indicates CHIP.

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 CHIP-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/CHIP application to apply for coverage. No data was collected specifically about separate CHIP 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 CHIP at some time between July 2004 and July 2005 had all reopened enrollment by July 2005.
9. **Utah** froze enrollment in CHIP as of September 2006. The state reopened enrollment in CHIP in July 2007. **Georgia** stopped enrolling eligible children in its CHIP program in March 2007. The state reopened enrollment in July 2007.
10. **Tennessee** and **Missouri** created separate CHIP-funded programs. **Maryland** replaced its separate CHIP program with an CHIP-funded Medicaid expansion.
11. **California** froze enrollment in CHIP as of July 17, 2009, and reopened enrollment in CHIP on September 16, 2009. Tennessee plans to freeze enrollment in CHIP effective Dec. 1, 2009.

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

No. of States Implementing Strategy	January 2002	April 2003	July 2004	July 2005	July 2006	January 2008	January 2009	December 2009
Total number of health coverage programs for parents	51	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	17
Family application	23	25	27	27	27	28	31	27
Eliminated asset test	19	21	22	22	21	22	23	24
Eliminated face-to-face interview at enrollment	35	36	36	36	39	40	41	41
12-month eligibility period	38	38	36	36	39	40	40	43
Eliminated face-to-face interview at renewal	35	42	42	43	45	46	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	3 (Medicaid) ⁶ 2 (state-funded program) ⁵

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

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.
6. 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 to new applicants in **Tennessee's** Medicaid expansion program.

Table 1
State Income Eligibility Guidelines for Children's Regular Medicaid,
Children's CHIP-funded Medicaid Expansions and Separate CHIP Programs¹
(Percent of the Federal Poverty Line)
December 2009

		Medicaid/CHIP Expansion Infants (0-1) ²	Medicaid/CHIP Expansion Children (1-5) ²	Medicaid/CHIP Expansion Children (6-19) ²	Separate State Program (0-19) ³	Legal Immigrants Covered w/o 5-Year Wait ⁴	Foster Children 18+ ⁵	Enrollment Freeze In 2009 ⁶
Alabama ^{5,7}	▲	133	133	100	300			
Alaska		175	175	175				
Arizona		140	133	100	200		Y	
Arkansas ^{5,8}		200	200	200				
California ^{6,9}	▼	200	133	100	250	Y	Y	Y
Colorado ¹⁰		133	133	100	205		Y	
Connecticut ¹¹		185	185	185	300	Y	Y	
Delaware		200	133	100	200			
District of Columbia		300	300	300		Y		
Florida ^{11,12}		200	133	100	200		Y	
Georgia ^{5,13}		200	133	100	235		Y	
Hawaii ⁵		300	300	300		Y		
Idaho		133	133	133	185			
Illinois ^{11,13,14}		200	133	133	200 (No limit)	Y		
Indiana		200	150	150	250		Y	
Iowa ¹⁵	▲	300	133	133	300	Y	Y	
Kansas ¹⁶	▲	150	133	100	241		Y	
Kentucky		185	150	150	200			
Louisiana ^{5,17}	▲	200	200	200	250		Y	
Maine ^{5,11,13}		200	150	150	200	Y		
Maryland ⁵	▲	300	300	300		Y	Y	
Massachusetts ¹⁴		200	150	150	300 (400)	Y	Y	
Michigan		185	150	150	200		Y	
Minnesota ^{11,18}		280	275	275				
Mississippi		185	133	100	200		Y	
Missouri		185	150	150	300		Y	
Montana ¹⁹	▲	133	133	133	250			
Nebraska ^{5,20}	▲	200	200	200				
Nevada		133	133	100	200		Y	
New Hampshire ¹¹		300	185	185	300			
New Jersey ^{11,13}		200	133	133	350	Y	Y	
New Mexico ²¹	▲	235	235	235		Y	Y	
New York ^{11,22}		200	133	100	400	Y	Y	
North Carolina ¹¹		200	200	100	200		Y	
North Dakota ²³	▲	133	133	100	160			
Ohio ^{11,24}		200	200	200			Y	
Oklahoma ²⁵		185	185	185			Y	
Oregon ^{11,26}	▲	133	133	100	300	Y		
Pennsylvania ¹¹		185	133	100	300	Y		
Rhode Island ²⁷	▲	250	250	250		Y	Y	
South Carolina		185	150	150	200		Y	
South Dakota		140	140	140	200		Y	
Tennessee ^{6,11,28}	▼	185	133	100	250			Y
Texas		185	133	100	200		Y	
Utah		133	133	100	200		Y	
Vermont ²⁹		300	300	300	300			
Virginia ³⁰		133	133	133	200	Y		
Washington ³¹	▲	200	200	200	300	Y	Y	
West Virginia ³²	▲	150	133	100	250		Y	
Wisconsin ^{11,33}		300	300	300			Y	
Wyoming		133	133	100	200		Y	

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

Notes for Table 1

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

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

Table presents rules in effect as of December 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 CHIP-funded Medicaid expansion program where the state receives the enhanced CHIP 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 CHIP 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 has submitted a State Plan Amendment to adopt the new option to cover immigrant children who have been legally residing in the U.S. for less than five years.
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 **Alabama**, children in state custody can receive Medicaid up to age 21. 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 **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. In **Hawaii**, children aging out of foster care may be eligible under the state's coverage for childless adults and for those under age 21, EPSDT services are available. **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. **Nebraska** has "former ward" coverage for children that continue to finish schooling that extends up to age 21. **Louisiana** adopted this option in March 2009, and **Maryland** adopted this option in October 2009.
6. This column indicates whether the state froze enrollment of eligible children in CHIP at any time between January 2009 and December 2009. **California** froze enrollment in CHIP as of July 17, 2009, and the state reopened enrollment on September 16, 2009. **Tennessee** froze enrollment in CHIP effective December 1, 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 CHIP 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.
7. **Alabama** expanded CHIP eligibility from 200 to 300 percent of the federal poverty line in October 2009.
8. **Arkansas** plans to expand income eligibility in CHIP-funded Medicaid coverage from 200 to 250 percent of the federal poverty line.
9. In **California**, infants born to women on the Access for Infants and Mothers (AIM) program are automatically enrolled in CHIP 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.
10. **Colorado** enacted legislation that expands income eligibility in CHIP to 250 percent of the federal poverty line, and the state plans to implement this expansion in early 2010.
11. **Connecticut, Florida, Illinois, Maine, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, and Wisconsin** all operate a buy-in program in which children with family incomes above CHIP levels can purchase coverage. See **Table 1B** for income eligibility guidelines and premiums for these buy-in programs.
12. **Florida** operates two CHIP-funded separate programs. Healthy Kids covers children ages 5 through 19, as well as younger siblings in some locations. MediKids covers children ages 1 through 4.
13. **Georgia, Illinois, Maine, 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, Maine, 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.
14. **Illinois** and **Massachusetts** provide state-financed coverage to children with incomes above CHIP levels. Eligibility is shown in parentheses.
15. **Iowa** expanded eligibility for children ages 0 to 1 in Medicaid from 200 to 300 percent of the federal poverty level in July 2009. The state also expanded eligibility for CHIP from 200 to 300 percent of the federal poverty level in July 2009. **Iowa** adopted the new option to expand coverage to immigrant children who have been legally residing in the U.S. for less than five years.

16. **Kansas** plans to expand CHIP eligibility from 200 percent of the federal poverty line to 241 percent of the federal poverty starting January 2010. The state legislature authorized eligibility at 250 percent of the 2008 federal poverty line. There will be an 8-month waiting period for the expansion population.
17. **Louisiana** passed legislation in June 2008 to expand to 300 percent of the federal poverty line, but has currently implemented up to 250 percent of the federal poverty line.
18. 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 CHIP, 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.
19. **Montana** expanded income eligibility in CHIP from 175 to 250 percent of the federal poverty line, and expanded income eligibility for children ages 6 to 19 in Medicaid from 100 to 133 percent of the federal poverty line, in October 2009.
20. **Nebraska** expanded eligibility in CHIP-funded Medicaid coverage from 185 to 200 percent of the federal poverty line in September 2009.
21. **New Mexico** adopted the new option to expand coverage to immigrant children who have been legally residing in the U.S. for less than five years.
22. **New York** previously provided state-funded coverage for children in families with incomes between 250 percent and 400 percent of the federal poverty line. The state now receives federal matching funds up to 400 percent of the federal poverty line, retroactive to September 1, 2008.
23. **North Dakota** expanded income eligibility in CHIP from 150 to 160 percent of the federal poverty level in July 2009.
24. **Ohio** submitted a state plan amendment to expand their CHIP-funded Medicaid coverage to children in families with incomes up to 300 percent of the federal poverty line. However, implementation of this expansion has been delayed due to litigation.
25. **Oklahoma** submitted a state plan amendment to create a stand-alone premium assistance program for children in families with incomes between 186 and 300 percent of the federal poverty level.
26. **Oregon** expanded income eligibility in CHIP from 185 to 200 percent of the federal poverty line in October 2009. Starting in January 2010, the state plans to implement a program in which children in families with incomes between 200 percent and 300 percent of the federal poverty line will be connected with private coverage. The state will use CHIP funding to provide subsidies for between 80 and 90 percent of the cost of this private coverage to families with incomes between 200 percent and 300 percent of the federal poverty line, and families with incomes greater than 300 percent of the federal poverty line can buy-in at the full cost. **Oregon** adopted the new option to expand coverage to immigrant children who have been legally residing in the U.S. for less than five years.
27. **Rhode Island** adopted the new option to expand coverage to immigrant children who have been legally residing in the U.S. for less than five years.
28. 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 6). In 2007 the state created a separate CHIP 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 CHIP income guidelines can enroll in the separate CHIP program.
29. 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 CHIP 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.
30. **Virginia** provides coverage to legal immigrant children without requiring a five-year wait for families with incomes up to 133 percent of the federal poverty line.
31. **Washington** expanded income eligibility in CHIP from 250 to 300 percent of the federal poverty line in January 2009.
32. **West Virginia** expanded income eligibility in CHIP from 220 to 250 percent of the federal poverty line in January 2009.
33. In **Wisconsin**, the state receives 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. **Wisconsin** has submitted a state plan amendment to receive federal matching funds (retroactive to July 1, 2008) for children in families with income up to 300 percent of the federal poverty line.

Table 1A
Income Eligibility for Children's Coverage, by Funding Source (Title 19 or Title 21)
December 2009

	Medicaid for Infants (Ages 0-1)		Medicaid for Children (Ages 1-5)		Medicaid for Children (Ages 6-19)		CHIP (Ages 0-19)
	Title 19 Funding	Title 21 Funding	Title 19 Funding	Title 21 Funding	Title 19 Funding	Title 21 Funding	Separate CHIP Title 21 Funding
Alabama	133		133		100		300
Alaska	150	175	150	175	150	175	
Arizona	140		133		100		200
Arkansas	133	200	133	200	100	200	
California ¹	200		133		100		250
Colorado	133		133		100		205
Connecticut	185		185		185		300
Delaware	185	200	133		100		200
District of Columbia	185	300	133	300	100	300	
Florida ²	185	200	133		100		200
Georgia ³	200		133		100		235
Hawaii	133	300	133	300	100	300	
Idaho	133		133		100	133	185
Illinois ^{3,4}	133	200	133		100	133	200 (No limit)
Indiana	133	200	133	150	100	150	250
Iowa	133	300	133		133		300
Kansas	150		133		100		241
Kentucky	185		133	150	100	150	200
Louisiana	133	200	133	200	100	200	250
Maine ³	133	200	133	150	125	150	200
Maryland	185	300	185	300	185	300	
Massachusetts ⁴	185	200	133	150	114	150	300 (400)
Michigan ⁵	185		150		150		200
Minnesota ⁶	275	280	275		275		
Mississippi	185		133		100		200
Missouri	185		133	150	100	150	300
Montana	133		133		100	133	250
Nebraska	133	200	133	200	100	200	
Nevada	133		133		100		200
New Hampshire	185	300	185		185		300
New Jersey ³	200		133		100	133	350
New Mexico	185	235	185	235	185	235	
New York	200		133		100		400
North Carolina	200		200		100		200
North Dakota ⁷	133		133		100		160
Ohio	150	200	150	200	150	200	
Oklahoma	133	185	133	185	100	185	
Oregon ⁸	133		133		100		300
Pennsylvania	185		133		100		300
Rhode Island ⁹	185	250	133	250	100	250	
South Carolina	150	185	150		150		200
South Dakota	133	140	133	140	100	140	200
Tennessee ¹⁰	185		133		100		250
Texas	185		133		100		200
Utah	133		133		100		200
Vermont ¹¹	300		300		300		300
Virginia	133		133		100	133	200
Washington	200		200		200		300
West Virginia	150		133		100		250
Wisconsin ¹²	300		185	300	100	300	
Wyoming	133		133		100		200

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

Notes for Table 1A

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

1. In **California**, infants born to women on the Access for Infants and Mothers (AIM) program are automatically enrolled in CHIP 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. **California** uses Title 21 funds to finance the elimination of the asset test in Medicaid for children, meaning Title 21 covers the cost of Medicaid coverage for children who are income-eligible for Medicaid but whose families' assets would have been over the Medicaid limit. Prior to eliminating the Medicaid asset test such children would have been enrolled in the state's separate CHIP program.
2. **Florida** operates two CHIP-funded separate programs. Healthy Kids covers children ages 5 through 19, as well as younger siblings in some locations. MediKids covers children ages 1 through 4.
3. **Georgia, Illinois, Maine, 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, Maine, 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.
4. **Illinois and Massachusetts** provide state-financed coverage to children with incomes above CHIP levels. Eligibility is shown in parentheses. In **Massachusetts**, children ages 18-19 with family income up to 150 percent of the federal poverty level are covered under Medicaid using Title 21 funding.
5. In **Michigan**, children in Medicaid ages 16 through their 19th birthday with family incomes between 100 and 150 percent of the federal poverty line are covered via Title 21 funding.
6. 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 CHIP, 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.
7. **North Dakota** uses Title 21 funds to finance the elimination of the asset test in Medicaid for children, meaning Title 21 covers the cost of Medicaid coverage for children who are income-eligible for Medicaid but whose families' assets would have been over the Medicaid limit. Prior to eliminating the Medicaid asset test such children would have been enrolled in the state's separate CHIP program.
8. **Oregon** expanded income eligibility in CHIP from 185 to 200 percent of the federal poverty line in October 2009. Starting in January 2010, the state plans to implement a program in which children in families with incomes between 200 percent and 300 percent of the federal poverty line will be connected with private coverage. The state will use CHIP funding to provide subsidies for between 80 and 90 percent of the cost of this private coverage to families with incomes between 200 percent and 300 percent of the federal poverty line.
9. **Rhode Island** covers children ages 1 to 7 with family incomes up to 133 percent of the federal poverty line with Title 19 funding, and covers children ages 8 through their 19th birthday with incomes up to 100 percent of the federal poverty line with Title 19 funding.
10. **Tennessee** uses Title 21 funding to provide coverage to children in the state's waiver program called TennCare Standard. Enrollment in TennCare Standard is currently closed to new applicants. The only children who can enroll in TennCare Standard are children who become ineligible for Medicaid coverage, have no access to insurance, and have family income below 200 percent of the federal poverty line.
11. In **Vermont**, Title 19 funding 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 via Title 21 funding under a separate CHIP program. Underinsured children are covered in Medicaid via Title 19 funding 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.
12. In **Wisconsin**, the state receives federal 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. **Wisconsin** has submitted a state plan amendment to receive federal matching funds (retroactive to July 1, 2008) for children in families with income up to 300 percent of the federal poverty line. **Wisconsin's** state plan indicates that Title 21 funds are used to cover children ages 1 to 5 with incomes between 185 and 300 percent of the federal poverty line, and children ages 6 to 19 with incomes between 150 and 300 percent of the federal poverty line. However, the state does not differ in the way it administers Medicaid and CHIP; therefore, CHIP is not classified as a separate program in this table.

Table 1B
State Income Eligibility Guidelines and Premiums for Buy-in Programs for Children's Coverage
(Percent of the Federal Poverty Line)
December 2009

	Buy-In Program for Children	Income Eligibility Guideline (Percent of the Federal Poverty Line)	Waiting Period	Monthly Premium for 2 Children in a Family of 3	Effective Annual Premium for 2 Children in a Family of 3	Benefit Package Provided
Total	14					
Alabama						
Alaska						
Arizona						
Arkansas						
California						
Colorado	Y	>300	2 months	\$390	\$4,680	CHIP
Connecticut						
Delaware ¹						
District of Columbia						
Florida ² ▼	Y	>200	None	\$266/\$318	\$3,192/\$3,816	CHIP
Georgia						
Hawaii						
Idaho						
Illinois ³	Y	>300	12 months	\$140 -- \$600	\$1,680 -- \$7,200	CHIP
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine ⁴ ▼	Y	>200	None	\$500	\$6,000	CHIP
Maryland						
Massachusetts ⁵						
Michigan						
Minnesota ⁶	Y	>275	None	\$822	\$9,864	Medicaid
Mississippi						
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire ⁷ ▼	Y	>300 -- 400	3 months	\$396	\$4,752	More limited
New Jersey ⁸	Y	>350	6 months	\$286	\$3,432	CHIP
New Mexico						
New York ⁹ ▼	Y	>400	None	\$324	\$3,888	CHIP
North Carolina ¹⁰ ▼	Y	>200 -- 225	None	\$361	\$4,338	CHIP
North Dakota						
Ohio ¹¹ ▲	Y	>300	3 months	\$500 -- \$1,000	\$6,000 -- \$12,000	More limited
Oklahoma						
Oregon ¹² ▲	Y	>300	2 months	TBA		CHIP
Pennsylvania ¹³ ▼	Y	>300	6 months	\$404	\$4,848	CHIP
Rhode Island						
South Carolina						
South Dakota						
Tennessee ¹⁴ ▼	Y	>250	3 months	\$478	\$5,736	CHIP
Texas						
Utah						
Vermont						
Virginia						
Washington ¹⁵						
West Virginia						
Wisconsin ¹⁶ ▼	Y	≥300	3 months	\$195	\$2,341	More limited
Wyoming						

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

Notes for Table 1B

▲ Indicates that a state has expanded eligibility in its buy-in program between January 2009 and December 2009, unless noted otherwise.

▼ Indicates that a state has reduced eligibility or increased premiums in its buy-in program between January 2009 and December 2009, unless noted otherwise.

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

1. **Delaware** enacted legislation to allow families with incomes greater than 200 percent of the federal poverty line to buy-in to CHIP at full cost for children's coverage. The state is exploring options regarding implementation of the program.
2. In **Florida**, families can buy-in for coverage for children ages 1 through 19. The first amount listed is for Healthy Kids coverage, for children ages 5 to 19. The second amount is for MediKids coverage, for children ages 1 to 4. The state increased premiums to buy-in to Healthy Kids in October 2009.
3. **Illinois** requires families with incomes greater than 200 percent of the federal poverty level to pay premiums for state-financed CHIP coverage. There is no upper limit on family income for this coverage. The state considers families with incomes greater than 300 percent of the federal poverty line to be paying the full cost. Premiums families are required to pay for 2 children range from \$140 per month to \$600 per month, depending on family income.
4. In **Maine**, families whose income exceeds CHIP eligibility guidelines at renewal can buy-in at the full cost for children's coverage for up to 18 months. The premium for this full-cost buy-in increased in October 2009.
5. In **Massachusetts**, families with incomes greater than 150 percent of the federal poverty line can buy-in to Medicaid for coverage of children with disabilities.
6. In **Minnesota**, some children who have been enrolled in the state's Section 1115 waiver coverage whose family incomes exceed the income eligibility guidelines can retain coverage by paying a "maximum premium." The "maximum premium" varies by family size. In order to buy-in, 10 percent of the family's income must be less than the cost of a premium under the state's high risk pool coverage (with a \$500 deductible). **Minnesota** plans to implement a new full-cost buy-in program for families with incomes greater than 275 percent of the federal poverty line, pending CMS approval.
7. **New Hampshire** increased premiums for its full-cost buy-in program in October 2009.
8. In **New Jersey**, premiums in the full-cost buy-in increased according to inflation.
9. **New York** increased premiums in its full-cost buy-in program in July 2009.
10. In **North Carolina**, families whose incomes exceed CHIP eligibility guidelines at renewal, but is not greater than 225 percent of the federal poverty line, can buy-in at the full cost for children's coverage for up to 12 months. **North Carolina** increased premiums in the full-cost buy-in program in July 2009.
11. In **Ohio**, uninsured children with special needs in families with incomes greater than 300 percent of the federal poverty line can buy-in to coverage. The premiums for 2 children range from \$500 per month for families with incomes up to 400 percent of the federal poverty line to \$1,000 per month for families with incomes equal to or greater than 500 percent of the federal poverty line. Ohio's biennial budget bill, included changes to Ohio's Children's Buy-In program, including shortening the waiting period from six months to three months. This change is slated to go into effect January 2010, dependent upon finalization of implementing rules.
12. **Oregon** plans to implement a full-cost buy-in for private health insurance for families with incomes greater than 300 percent of the federal poverty line, starting January 2010.
13. **Pennsylvania** increased premiums in its full-cost buy-in program in December 2009.
14. **Tennessee** increased premiums in its full-cost buy-in program in January 2009.
15. **Washington** plans to implement a full-cost buy-in program for children's coverage for families with incomes greater than 300 percent of the federal poverty level. The benefits package for the buy-in program would be more limited than Medicaid or CHIP.
16. **Wisconsin** increased premiums in its full-cost buy-in program.

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

	At Implementation	As of December 2009	For Children At 200% FPL or higher December 2009
Total	41	35	8
Alabama ¹	3	3	
Alaska ² ▲	12	None	
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 ⁴ ▲	None	2	
Georgia	3	6	
Hawaii	None	None	
Idaho	6	6	
Illinois	3	None	12 (state funded expansion)
Indiana	3	3	
Iowa ⁵	6	None	1
Kansas ⁶	6	None	8 (greater than 200%)
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 ⁷	6	6	
Montana ⁸ ▼	3	3	
Nebraska	None	None	
Nevada	6	6	
New Hampshire	6	6	
New Jersey	12	3	
New Mexico ⁹	12	6	
New York	None	None	6 (251-400%)
North Carolina	6	None	
North Dakota	6	6	
Ohio	None	None	
Oklahoma	None	None	
Oregon ¹⁰ ▲	6	2	
Pennsylvania ¹¹	None	None	6
Rhode Island ¹²	4	None	
South Carolina	None	3	
South Dakota	3	3	
Tennessee	3	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 Kaiser Commission on Medicaid and the Uninsured with the Center on Budget and Policy Priorities, 2009.

Notes for Table 2

- ▲ Indicates that a state has shortened this period between January 2009 and December 2009, unless noted otherwise.
- ▼ Indicates that a state has lengthened this period between January 2009 and December 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,” which is measured in months. Exceptions to the waiting periods vary by state – for example, waiting periods may be 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 CHIP program only, unless noted otherwise. States are not permitted to have a waiting period in CHIP-funded Medicaid expansions without a waiver. **For states represented in the table not in bold**, the waiting period applies to CHIP-funded Medicaid expansions.

Table presents rules in effect as of December 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. **Alaska** eliminated the waiting period to enroll in CHIP-funded Medicaid coverage in October 2009.
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 CHIP-funded Medicaid expansion.
4. **Florida** reduced the waiting period to enroll in CHIP from six months to two months in July 2009.
5. **Iowa** plans to implement a waiting period of one month for coverage in CHIP for children in families with incomes greater than 200 percent of the federal poverty line, beginning January 2010.
6. **Kansas** plans to implement a waiting period of 8 months for coverage in CHIP for children in families with incomes greater than 200 percent of the federal poverty line, beginning January 2010.
7. In **Missouri** the waiting period applies only for children in families with incomes of greater than or equal to 150 percent of the federal poverty line.
8. **Montana** increased the waiting period to enroll in CHIP coverage from one month to three months in October 2009.
9. In **New Mexico**, the waiting period applies only for children in families with incomes equal to or greater than 185 percent of the federal poverty line.
10. **Oregon** plans to reduce the waiting period to enroll in CHIP from six months to two months, pending CMS approval.
11. In **Pennsylvania**, children younger than 2 years old are exempt from the six-month waiting period.
12. In **Rhode Island**, there is no waiting period, but the state requires participation in the premium assistance program if other insurance is available to the family.

Table 3
Income Thresholds for Jobless and Working Parents Applying for Medicaid
Based on a Family of Three¹
December 2009

STATE	Jobless Parents at Application				Working Parents at Application					Eliminated TMA '3 of 6' Rule ²
	Income Threshold for Medicaid			Income threshold for more limited waiver or state-funded coverage ³	Income Threshold for Medicaid			Income threshold for: More limited waiver or state-funded coverage ³		
	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 #	\$583	\$6,996	38%		\$978	\$11,736	64%			
Alabama	\$164	\$1,968	11%		\$366	\$4,392	24%			
Alaska	\$1,464	\$17,568	77%		\$1,554	\$18,648	81%			
Arizona ⁴ ▼	\$1,525	\$18,310	106%		\$1,615	\$19,380	106%			
Arkansas	\$204	\$2,448	13%		\$255	\$3,060	17%		200%	
California	\$1,525	\$18,310	100%		\$1,615	\$19,380	106%			
Colorado	\$915	\$10,986	60%		\$1,005	\$12,060	66%			
Connecticut ⁵	\$2,822	\$33,874	185%	300%	\$2,912	\$34,944	191%	300%		
Delaware ⁴	\$1,526	\$18,312	100%		\$1,836	\$22,032	121%			
District of Columbia	\$3,051	\$36,620	200%		\$3,151	\$37,812	207%			
Florida	\$303	\$3,636	20%		\$806	\$9,672	53%			
Georgia	\$424	\$5,088	28%		\$756	\$9,072	50%			
Hawaii ^{4,6}	\$1,755	\$21,060	100%	200%	\$1,755	\$21,060	100%	200%		185%
Idaho	\$317	\$3,804	21%		\$407	\$4,884	27%			
Illinois	\$2,822	\$33,874	185%		\$2,822	\$33,874	185%			
Indiana	\$288	\$3,456	19%	200%	\$378	\$4,536	25%	200%		
Iowa	\$426	\$5,112	28%	200%	\$1,267	\$15,204	83%	250%		
Kansas	\$403	\$4,836	26%		\$493	\$5,916	32%			
Kentucky	\$549	\$6,588	36%		\$943	\$11,316	62%			
Louisiana	\$174	\$2,088	11%		\$381	\$4,572	25%			
Maine ⁵	\$3,051	\$36,620	200%	300%	\$3,141	\$37,692	206%	300%		
Maryland	\$1,769	\$21,228	116%		\$1,769	\$21,228	116%			
Massachusetts ⁴	\$2,029	\$24,352	133%	300%	\$2,029	\$24,348	133%	300%		
Michigan	\$572	\$6,866	37%		\$978	\$11,736	64%			
Minnesota ⁴	\$3,281	\$39,367	215%	275%	\$3,281	\$39,367	215%	275%		
Mississippi	\$368	\$4,416	24%		\$672	\$8,064	44%			
Missouri	\$292	\$3,504	19%		\$382	\$4,584	25%			
Montana	\$491	\$5,892	32%		\$854	\$10,248	56%			
Nebraska	\$710	\$8,520	47%		\$887	\$10,644	58%			
Nevada	\$383	\$4,596	25%		\$1,341	\$16,092	88%		200%	
New Hampshire	\$600	\$7,200	39%		\$750	\$9,000	49%			
New Jersey ⁴	\$3,051	\$36,620	200%		\$3,051	\$36,612	200%			
New Mexico ^{7,8}	\$447	\$5,364	29%	200%	\$1,019	\$12,228	67%	250%	250%	
New York ⁴	\$2,288	\$27,465	150%		\$2,288	\$27,456	150%			
North Carolina	\$544	\$6,528	36%		\$750	\$9,000	49%			
North Dakota	\$523	\$6,276	34%		\$904	\$10,848	59%			
Ohio	\$1,373	\$16,479	90%		\$1,373	\$16,476	90%			
Oklahoma ⁹	\$471	\$5,652	31%		\$711	\$8,532	47%		200%	
Oregon ^{2,7,10} ▲	\$485	\$5,820	32%	100%/185%	\$616	\$7,392	40%	100%/185%	185%	Y
Pennsylvania ^{5,7}	\$403	\$4,836	26%	200%	\$523	\$6,276	34%	208%		
Rhode Island ⁴	\$2,670	\$32,043	175%		\$2,760	\$33,120	181%			
South Carolina ² ▲	\$734	\$8,808	48%		\$1,357	\$16,284	89%			Y
South Dakota	\$796	\$9,552	52%		\$796	\$9,552	52%			
Tennessee ¹¹	\$1,066	\$12,792	70%		\$1,969	\$23,628	129%			
Texas ¹²	\$188	\$2,256	12%		\$402	\$4,824	26%			
Utah ⁷	\$583	\$6,996	38%	150%	\$673	\$8,076	44%	150%	150%	
Vermont ⁴	\$2,822	\$33,874	185%	300%	\$2,912	\$34,944	191%	300%		
Virginia	\$356	\$4,272	23%		\$446	\$5,352	29%			
Washington ^{5,7}	\$562	\$6,744	37%	200%	\$1,124	\$13,488	74%	200%		
West Virginia	\$253	\$3,036	17%		\$499	\$5,988	33%			
Wisconsin ⁴	\$3,051	\$36,620	200%		\$3,051	\$36,612	200%			
Wyoming ¹³	\$590	\$7,080	39%		\$790	\$9,480	52%			

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

Notes for 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 January 2009 and December 2009, unless noted otherwise.

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

Table presents rules in effect as of December 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. 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 3b for an illustration of the impact of time limited disregards.

2. This column indicates whether a state eliminated the requirement that families must have been covered by Medicaid for at least 3 of the preceding 6 months in order to be eligible for Transitional Medical Assistance (TMA). **Oregon** eliminated the requirement in October 2009. **South Carolina** eliminated the requirement in July 2009.

3. The state provides health care coverage to low-income parents that is significantly more limited in scope than the Medicaid benefit.

4. **Arizona, Delaware, Hawaii, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, Vermont, and Wisconsin** have all expanded comprehensive Medicaid coverage to parents through waivers. **Arizona** eliminated waiver coverage for parents with incomes between 101 and 200 percent of the federal poverty line in October 2009. In **Minnesota**, parents with incomes greater than 215 percent of the federal poverty line are subject to a \$10,000 annual cap on inpatient hospital care; as such, coverage above this level is classified as more limited.

5. The more limited coverage provided in **Connecticut, Maine, Pennsylvania, and Washington** is financed solely with state funds.

6. 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.

7. Indicates the state was not enrolling some parents eligible for coverage at any time between January 2009 and December 2009.

8. **New Mexico** offers a premium assistance program for uninsured low-income individuals, self-employed individuals, and workers in small businesses. As of 2009, enrollment is closed except for employees of qualified small businesses.

9. The premium assistance in **Oklahoma** is targeted at parents who work for certain qualified employers; however, individuals who do not work for qualifying employers can still obtain coverage by meeting certain other requirements.

10. **Oregon** offers limited waiver coverage to parents with incomes up to 100 percent of the federal poverty line and a premium assistance program to parents up to 185 percent of the federal poverty line that is available to people with access to employer-sponsored insurance or to individuals purchasing coverage through the individual market. Individual enrollment is currently closed; enrollment for people with access to employer-sponsored insurance remains open.

11. **Tennessee** offers a fully state-funded premium subsidy program, called CoverTN, to workers of qualified businesses, self-employed individuals, and recently unemployed workers earning (or who earned) up to \$55,000 per year.

12. 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's 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.

13. 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 earner.

Table 3A
Income Threshold for Working Parents Applying For and Receiving Medicaid¹
December 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 #	\$978	\$11,736	64%	\$1,005	\$12,060	66%	\$978	\$11,736	64%
Alabama	\$366	\$4,392	24%	\$366	\$4,392	24%	\$366	\$4,392	24%
Alaska	\$1,554	\$18,648	81%	\$2,346	\$28,152	123%	\$2,346	\$28,152	123%
Arizona ²	\$1,615	\$19,380	106%	\$1,615	\$19,380	106%	\$1,615	\$19,380	106%
Arkansas ³	\$255	\$3,060	17%	\$637	\$7,644	42%	\$637	\$7,644	42%
California	\$1,615	\$19,380	106%	\$1,856	\$22,272	122%	\$1,856	\$22,272	122%
Colorado	\$1,005	\$12,060	66%	\$1,005	\$12,060	66%	\$1,005	\$12,060	66%
Connecticut ³	\$2,912	\$34,944	191%	\$2,912	\$34,944	191%	\$2,912	\$34,944	191%
Delaware ²	\$1,836	\$22,032	121%	\$1,836	\$22,032	121%	\$1,836	\$22,032	121%
District of Columbia	\$3,151	\$37,812	207%	\$3,151	\$37,812	207%	\$3,151	\$37,812	207%
Florida	\$806	\$9,672	53%	\$806	\$9,672	53%	\$806	\$9,672	53%
Georgia	\$756	\$9,072	50%	\$756	\$9,072	50%	\$544	\$6,528	36%
Hawaii ^{2,3}	\$1,755	\$21,060	100%	\$1,755	\$21,060	100%	\$1,755	\$21,060	100%
Idaho ³	\$407	\$4,884	27%	\$595	\$7,140	39%	\$437	\$5,244	29%
Illinois	\$2,822	\$33,874	185%	\$2,822	\$33,874	185%	\$2,822	\$33,874	185%
Indiana ³	\$378	\$4,536	25%	\$552	\$6,624	36%	\$408	\$4,896	27%
Iowa ³	\$1,267	\$15,204	83%	\$1,267	\$15,204	83%	\$1,267	\$15,204	83%
Kansas	\$493	\$5,916	32%	\$493	\$5,916	32%	\$493	\$5,916	32%
Kentucky	\$943	\$11,316	62%	\$943	\$11,316	62%	\$669	\$8,028	44%
Louisiana	\$381	\$4,572	25%	\$381	\$4,572	25%	\$294	\$3,528	19%
Maine ³	\$3,141	\$37,692	206%	\$3,141	\$37,692	206%	\$3,141	\$37,692	206%
Maryland	\$1,769	\$21,228	116%	\$1,769	\$21,228	116%	\$1,769	\$21,228	116%
Massachusetts ^{2,3}	\$2,029	\$24,348	133%	\$2,029	\$24,348	133%	\$2,029	\$24,348	133%
Michigan	\$978	\$11,736	64%	\$978	\$11,736	64%	\$978	\$11,736	64%
Minnesota ^{2,3}	\$3,281	\$39,367	215%	\$3,281	\$39,367	215%	\$3,281	\$39,367	215%
Mississippi	\$672	\$8,064	44%	\$672	\$8,064	44%	\$488	\$5,856	32%
Missouri	\$382	\$4,584	25%	\$558	\$6,696	37%	\$412	\$4,944	27%
Montana	\$854	\$10,248	56%	\$854	\$10,248	56%	\$854	\$10,248	56%
Nebraska	\$887	\$10,644	58%	\$887	\$10,644	58%	\$887	\$10,644	58%
Nevada ³	\$1,341	\$16,092	88%	\$1,341	\$16,092	88%	\$1,341	\$16,092	88%
New Hampshire	\$750	\$9,000	49%	\$1,200	\$14,400	79%	\$1,200	\$14,400	79%
New Jersey ²	\$3,051	\$36,612	200%	\$3,051	\$36,612	200%	\$3,051	\$36,612	200%
New Mexico ³	\$1,019	\$12,228	67%	\$1,019	\$12,228	67%	\$1,019	\$12,228	67%
New York ²	\$2,288	\$27,456	150%	\$2,288	\$27,456	150%	\$2,288	\$27,456	150%
North Carolina	\$750	\$9,000	49%	\$750	\$9,000	49%	\$750	\$9,000	49%
North Dakota	\$904	\$10,848	59%	\$904	\$10,848	59%	\$904	\$10,848	59%
Ohio	\$1,373	\$16,476	90%	\$1,373	\$16,476	90%	\$1,373	\$16,476	90%
Oklahoma ³	\$711	\$8,532	47%	\$711	\$8,532	47%	\$711	\$8,532	47%
Oregon ³	\$616	\$7,392	40%	\$616	\$7,392	40%	\$616	\$7,392	40%
Pennsylvania ³	\$523	\$6,276	34%	\$926	\$11,112	61%	\$926	\$11,112	61%
Rhode Island ²	\$2,760	\$33,120	181%	\$2,760	\$33,120	181%	\$2,760	\$33,120	181%
South Carolina	\$1,357	\$16,284	89%	\$1,357	\$16,284	89%	\$834	\$10,008	55%
South Dakota	\$796	\$9,552	52%	\$796	\$9,552	52%	\$796	\$9,552	52%
Tennessee	\$1,969	\$23,628	129%	\$1,969	\$23,628	129%	\$1,969	\$23,628	129%
Texas ⁴	\$402	\$4,824	26%	\$402	\$4,824	26%	\$402	\$4,824	26%
Utah ³	\$673	\$8,076	44%	\$994	\$11,928	65%	\$703	\$8,436	46%
Vermont ^{2,3}	\$2,912	\$34,944	191%	\$2,912	\$34,944	191%	\$2,912	\$34,944	191%
Virginia	\$446	\$5,352	29%	\$654	\$7,848	43%	\$446	\$5,352	29%
Washington ³	\$1,124	\$13,488	74%	\$1,124	\$13,488	74%	\$1,124	\$13,488	74%
West Virginia	\$499	\$5,988	33%	\$499	\$5,988	33%	\$373	\$4,476	24%
Wisconsin ²	\$3,051	\$36,612	200%	\$3,051	\$36,612	200%	\$3,051	\$36,612	200%
Wyoming ⁵	\$790	\$9,480	52%	\$790	\$9,480	52%	\$790	\$9,480	52%

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

Notes for 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 January 2009 and December 2009, unless noted otherwise.

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

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

1. This table includes eligibility thresholds for Medicaid and waiver programs that have expanded comprehensive Medicaid coverage to parents. **Time limited disregards:** In some states, the earnings disregards used to determine eligibility are applied only for the first few months of coverage. This table illustrates the impact of time limited disregards.

2. **Arizona, Delaware, Hawaii, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, Vermont, and Wisconsin** have all expanded comprehensive Medicaid coverage to parents through waivers. The eligibility thresholds are listed for these programs. **Arizona** eliminated waiver coverage for parents with incomes between 100 and 200 percent of the federal poverty line in October 2009. In **Minnesota**, parents with incomes between 215 and 275 percent of the federal poverty line also are eligible for waiver coverage; however, they receive more limited coverage that includes a \$10,000 annual cap on inpatient hospital care; this eligibility is not reflected in the table.

3. **Arkansas, Connecticut, Hawaii, Idaho, Indiana, Iowa, Maine, Massachusetts, Minnesota, Nevada, New Mexico, Oklahoma, Oregon, Pennsylvania, Utah, Vermont, and Washington** all provide more limited waiver or state-funded coverage to parents at higher income levels than those identified in the table. Information about these programs is not included in the table.

4. 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.

5. 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
December 2009

	Income Eligibility Level (Percent of Federal Poverty Line)	No Asset Test ¹	Presumptive Eligibility	Unborn Child Option ²	Legal Immigrants Covered w/o 5-Year Wait ³
Total	N/A	44	30	15	14
Alabama	133	Y			
Alaska	175	Y			
Arizona	150	Y			
Arkansas ¹	200	(\$3,100)	Y	Y	
California ⁴	200 (300)	Y	Y	Y	Y
Colorado ⁵	200	Y	Y		Y
Connecticut ⁶	250	Y			Y
Delaware	200	Y	Y		
District of Columbia	300	Y	Y		Y
Florida	185	Y	Y		
Georgia	200	Y	Y		
Hawaii ⁷	185	Y			Y
Idaho	133	(\$5,000)	Y		
Illinois	200	Y	Y	Y	Y
Indiana ⁸ ▲	200	Y	Y		
Iowa ⁹ ▲	300	(\$10,000)	Y		
Kansas	150	Y			
Kentucky	185	Y	Y		
Louisiana ^{6,10}	200	Y		Y	
Maine	200	Y	Y		Y
Maryland ⁶	250	Y			Y
Massachusetts	200	Y	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 ¹¹	185	Y			
New Hampshire	185	Y	Y		
New Jersey ¹²	200	Y	Y		Y
New Mexico ¹³ ▲	235	Y	Y		Y
New York ¹⁴	200	Y	Y		Y
North Carolina	185	Y	Y		
North Dakota	133	Y			
Ohio ⁶	200	Y			
Oklahoma	185	Y	Y	Y	
Oregon ¹⁵	185	Y		Y	
Pennsylvania ¹⁶	185	Y	Y		Y
Rhode Island ¹⁷	250 (350)	Y		Y	
South Carolina ⁶	185	(\$30,000)			
South Dakota	133	(\$7,500)			
Tennessee ¹⁸	250	Y	Y	Y	
Texas	185	Y	Y	Y	
Utah ¹⁹	133	(\$5,000)	Y		
Vermont ²⁰	200	Y			
Virginia ²¹ ▲	200	Y			
Washington	185	Y		Y	Y
West Virginia	150	Y			
Wisconsin ²²	300	Y	Y	Y	
Wyoming	133	Y	Y		

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

Notes for Table 4

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

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

Table presents rules in effect as of December 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 consider the fetus a “targeted low-income child” for CHIP coverage.
3. This column indicates whether the state has submitted a State Plan Amendment to adopt the new option to cover immigrant pregnant women who have been legally residing in the U.S. for less than five years.
4. 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 21 (Unborn Child Amendment).
5. In **Colorado**, coverage for pregnant women with income between 134 and 200 percent of the federal poverty line is provided under a HIFA waiver. The state adopted the option to cover immigrant pregnant women with incomes up to 133 percent of the federal poverty line who have been legally residing in the U.S. for less than five years. **Colorado** plans to expand income eligibility for pregnant women to 250 percent of the federal poverty line in 2010.
6. **Connecticut, Louisiana, Maryland, Ohio, and South Carolina** do not have presumptive eligibility, but all have presumptive eligibility-like processes. **Connecticut** has a process for pregnant women, known as expedited eligibility. The state plans to implement presumptive eligibility for pregnant women, although no implementation date is planned. **Louisiana** has an expedited enrollment process in which the state can enroll a pregnant woman in 3 calendar days. **Maryland** has 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. **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. **South Carolina** has an “assumptive” eligibility process through which pregnant women can obtain 30 days of coverage pending documentation of eligibility factors.
7. 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.
8. **Indiana** implemented presumptive eligibility for pregnant women in July 2009.
9. In **Iowa**, the asset limit only applies to “regular” Medicaid and only considers liquid assets. The state expanded income eligibility for pregnant women from 200 to 300 percent of the federal poverty line in July 2009.
10. In **Louisiana**, the income eligibility guideline is 185 percent of the federal poverty line, but the state disregards income between 185 and 200 percent of the federal poverty line.
11. In **Nevada**, pregnant women with incomes between 134 and 185 percent of the federal poverty line are covered under a HIFA waiver.
12. 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.
13. In **New Mexico**, the income eligibility guideline is 185 percent of the federal poverty line, but the state disregards any income between 185 and 235 percent of the federal poverty line. **New Mexico** adopted the new option to cover immigrant pregnant women who have been legally residing in the U.S. for less than five years.
14. In **New York**, pregnant women with incomes between 100 and 200 percent of the federal poverty line receive less comprehensive benefits than they would receive in Medicaid.
15. In **Oregon**, pregnant teenagers covered through CHIP who become ineligible for coverage due to an increase in their family incomes can receive coverage through the CHIP unborn child option. The state implemented this change in October 2009.
16. 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.
17. 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.
18. In **Tennessee**, women with incomes up to 185 percent of the federal poverty line are covered under Medicaid, and women with incomes between 185 and 250 percent of the federal poverty line are covered under CHIP.
19. 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.
20. In **Vermont**, women with income above 185 percent of the federal poverty line are required to pay a premium.
21. **Virginia** expanded income eligibility for pregnant women from 185 to 200 percent of the federal poverty line in July 2009.
22. **Wisconsin** uses state funds to provide coverage for women with income between 251 and 300 percent of the federal poverty line. The state has submitted a state plan amendment to receive federal matching funds to cover pregnant women with incomes up to 300 percent of the federal poverty line.

Table 5
Enrollment: Selected Simplified Procedures in Children’s Regular Medicaid,
Children’s CHIP-funded Medicaid Expansions and Separate CHIP Programs¹
December 2009

State	Program	Joint Application	No Face-to-Face Interview	No Asset Test ²	Presumptive Eligibility ³
Total	Medicaid (51)*	N/A	48	48	14
	CHIP (39) **	N/A	38	37	9
	Aligned Medicaid and Separate CHIP ***	36	48	48	11
Alabama	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Alaska	Medicaid for Children	N/A	Y	Y	
Arizona	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Arkansas	Medicaid for Children	N/A	Y	Y	
California³	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Colorado	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Connecticut	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	
Delaware	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
District of Columbia	Medicaid for Children	N/A	Y	Y	
Florida³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Georgia	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Hawaii	Medicaid for Children	N/A	Y	Y	
Idaho	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Illinois³	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Indiana⁴	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Iowa³ ▲	Medicaid for Children		Y	Y	Y
	Separate CHIP		Y	Y	Y
Kansas³	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Kentucky	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Louisiana³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Maine	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Maryland³	Medicaid for Children	N/A	Y	Y	
Massachusetts	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Michigan⁵	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
Minnesota	Medicaid for Children	N/A	Y	Y	
Mississippi	Medicaid for Children	Y		Y	
	Separate CHIP			Y	
Missouri^{3,6}	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	
Montana⁷ ▲	Medicaid for Children	Y	Y	Y	
	Separate CHIP		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 ⁸	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
New Hampshire	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	
New Jersey	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	Y
New Mexico	Medicaid for Children	N/A	Y	Y	Y
New York ⁹	Medicaid for Children	Y		Y	Y
	Separate CHIP		Y	Y	Y
North Carolina	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
North Dakota	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Ohio	Medicaid for Children	N/A	Y	Y	
Oklahoma	Medicaid for Children	N/A	Y	Y	
Oregon ¹⁰	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Pennsylvania ¹¹	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Rhode Island	Medicaid for Children	N/A	Y	Y	
South Carolina ¹²	Medicaid for Children	Y	Y	(\$30,000)	
	Separate CHIP		Y	(\$30,000)	
South Dakota	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Tennessee ¹³	Medicaid for Children			Y	
	Separate CHIP		Y	Y	
Texas ¹⁴	Medicaid for Children	Y	Y	(\$2,000)	
	Separate CHIP		Y	(\$10,000)	
Utah ¹⁵	Medicaid for Children	Y	Y	(\$3,025)	
	Separate CHIP		Y	Y	
Vermont ¹⁶	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Virginia	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Washington	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
West Virginia	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
Wisconsin ³	Medicaid for Children	N/A	Y	Y	Y
Wyoming	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	

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

Notes for Table 5

- ▲ Indicates that a state has simplified one or more of its procedures between January 2009 and December 2009, unless noted otherwise.
- ▼ Indicates that a state has rescinded one or more simplified procedures between January 2009 and December 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 CHIP” indicates number of states that have adopted a particular enrollment simplification strategy for their CHIP-funded separate program. 39 states operate such programs. The remaining 11 states and the District of Columbia used their CHIP funds to expand Medicaid, exclusively.

*** “Aligned Medicaid and Separate CHIP” 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 CHIP-funded separate program. States that have used CHIP funds to expand Medicaid exclusively are considered “aligned” if the simplified procedure applies to children in the “regular” Medicaid program and the CHIP-funded expansion program.

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

1. “Regular” Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to CHIP; states receive “regular” Medicaid matching payments as opposed to enhanced CHIP 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 CHIP. In **California**, the CHIP 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. In **Illinois**, presumptive eligibility is available in children’s Medicaid and CHIP but not in the state-funded expansion program. **Iowa** plans to implement a presumptive eligibility process for children’s Medicaid and CHIP, starting in January 2010. In **Kansas**, presumptive eligibility is being piloted at four entities. **Louisiana** has legislative authority to implement presumptive eligibility, but has not implemented it in either Medicaid or CHIP. 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**, children eligible for presumptive eligibility must have a gross family income of 150 percent of the federal poverty line or less. In **Wisconsin**, presumptive eligibility is available for children in families with income up to 150 percent of the federal poverty line.
4. In **Indiana**, county offices may require telephone interviews but not face-to-face interviews.
5. In **Michigan**, presumptive eligibility is available through the electronic application only, and applicants have to be assisted by a trained or qualified entity.
6. In **Missouri**, children in families with income greater than 150 percent of the federal poverty line are subject to a “net worth” test of \$250,000.
7. **Montana** implemented a joint application for Medicaid and CHIP, and eliminated the asset test for children’s Medicaid, in October 2009. The state plans to implement a presumptive eligibility process for children by October 2010.
8. In **Nevada**, families that use the CHIP application but are found to be eligible for Medicaid must complete a Medicaid addendum before eligibility can be determined.
9. In **New York**, a contact with a community-based “facilitated enroller” meets the face-to-face interview requirement for Medicaid. The state plans to eliminate the interview requirement in April 2010.
10. **Oregon** eliminated the asset test for CHIP in October 2009.
11. **Pennsylvania** uses Medicaid and CHIP applications that solicit “common data elements” in collecting information for Medicaid and CHIP, thus making Medicaid and CHIP applications interchangeable.
12. In **South Carolina**, families do not need to present proof of assets.
13. In **Tennessee**, a face-to-face or telephone interview is required in children’s Medicaid.
14. In **Texas**, the CHIP asset test applies only to families with income above 150 percent of the federal poverty line.
15. **Utah** counts assets in determining Medicaid eligibility for children older than age 6.
16. In **Vermont**, there is an asset test for children’s Medicaid and CHIP, however if the countable assets exceed the asset limit the children are eligible under the 1115 waiver, which has no asset test.

Table 6
Administrative Verification of Income: Families are Not Required to Provide Documentation of
Income in Children’s Regular Medicaid, Children’s CHIP-funded
Medicaid Expansions and Separate CHIP Programs¹
December 2009

State	Program	Administrative Verification at Enrollment ² (No Income Documentation Required)	Administrative Renewal ² (No Income Documentation Required)	Administrative Renewal Unless Income has Changed ²
Total	Medicaid (51)*	12	16	1
	CHIP (39) **	10	15	3
	Aligned Medicaid and Separate CHIP ***	12	16	1
Alabama⁴	Medicaid for Children			
	Separate CHIP	Y	Y	
Alaska	Medicaid for Children			
Arizona³	Medicaid for Children			
	Separate CHIP			
Arkansas	Medicaid for Children	Y	Y	
California	Medicaid for Children			
	Separate CHIP			
Colorado^{3,5}	Medicaid for Children		Y	
	Separate CHIP		Y	
Connecticut³	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Delaware	Medicaid for Children			
	Separate CHIP			
District of Columbia	Medicaid for Children			
Florida^{3,6}	▲ Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Georgia	Medicaid for Children			
	Separate CHIP			
Hawaii⁷	Medicaid for Children	Y	Y	
Idaho	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Illinois	Medicaid for Children		Y	Y
	Separate CHIP		Y	Y
Indiana	Medicaid for Children			
	Separate CHIP			
Iowa	Medicaid for Children			
	Separate CHIP			
Kansas	Medicaid for Children			
	Separate CHIP			
Kentucky	Medicaid for Children			
	Separate CHIP			
Louisiana	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Maine	Medicaid for Children			
	Separate CHIP			
Maryland³	Medicaid for Children	Y	Y	
Massachusetts	Medicaid for Children			
	Separate CHIP			
Michigan³	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Minnesota	Medicaid for Children			
Mississippi	Medicaid for Children			
	Separate CHIP			
Missouri	Medicaid for Children			
	Separate CHIP			

State	Program	Administrative Verification at Enrollment ² (No Income Documentation Required)	Administrative Renewal ² (No Income Documentation Required)	Administrative Renewal Unless Income has Changed ²
Montana	Medicaid for Children			
	Separate CHIP			
Nebraska	Medicaid for Children			
Nevada	Medicaid for Children			
	Separate CHIP			
New Hampshire	Medicaid for Children			
	Separate CHIP			
New Jersey	Medicaid for Children			
	Separate CHIP			
New Mexico ³	Medicaid for Children		Y	
New York ^{3,8}	Medicaid for Children		Y	
	Separate CHIP		Y	
North Carolina	Medicaid for Children			
	Separate CHIP			
North Dakota	Medicaid for Children			
	Separate CHIP			
Ohio	Medicaid for Children			
Oklahoma ³	Medicaid for Children	Y	Y	
Oregon	Medicaid for Children			
	Separate CHIP			
Pennsylvania	Medicaid for Children			
	Separate CHIP			
Rhode Island	Medicaid for Children			
South Carolina	Medicaid for Children			
	Separate CHIP			
South Dakota	Medicaid for Children			
	Separate CHIP			
Tennessee ⁴	Medicaid for Children			
	Separate CHIP	Y	Y	
Texas	Medicaid for Children			
	Separate CHIP			
Utah ⁹	Medicaid for Children			
	Separate CHIP		Y	Y
Vermont ³	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
Virginia	Medicaid for Children			
	Separate CHIP			
Washington ³	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	
West Virginia ¹⁰	Medicaid for Children			
	Separate CHIP		Y	Y
Wisconsin ¹¹	Medicaid for Children			
Wyoming ³	Medicaid for Children	Y	Y	
	Separate CHIP	Y	Y	

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

Notes for Table 6

- ▲ Indicates that a state has eliminated an income verification requirement between January 2009 and December 2009, unless noted otherwise.
- ▼ Indicates that a state has instituted an income verification requirement between January 2009 and December 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 CHIP” indicates number of states that do not ask for verification of income for their CHIP-funded separate program. 39 states operate such programs. The remaining 11 states and the District of Columbia used their CHIP funds to expand Medicaid, exclusively.

*** “Aligned Medicaid and Separate CHIP” 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 CHIP-funded separate program. States that have used CHIP funds to expand Medicaid exclusively are considered “aligned” if the simplified procedure applies to children in the “regular” Medicaid program and the CHIP-funded expansion program.

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

1. “Regular” Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to CHIP; states receive “regular” Medicaid matching payments as opposed to enhanced CHIP matching payments for these children.
2. In states that do not require families to provide documentation of income (states noted), 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 have to provide documentation of income if self-employed or if income is questionable.
3. **Arizona, Colorado, Connecticut, Florida, Maryland, Michigan, New Mexico, New York, Oklahoma, Vermont, Washington, and Wyoming** require families to complete a renewal form for children’s coverage, but do not require them to provide verification of income.
4. **Alabama and Tennessee** require families renewing CHIP coverage to complete a renewal form, but do not require them to provide verification of income.
5. **Colorado** does not require income documentation from families in Medicaid and CHIP, effective February 2009.
6. **Florida** implemented administrative verification of income at enrollment and renewal in Medicaid and CHIP in July 2009.
7. **Hawaii** requires families to complete a renewal form if their information has changed, but does not require them to provide documentation of income.
8. In **New York**, income documentation is not required at renewal in CHIP renewal if a Social Security number(s) is provided for the parent(s).
9. In **Utah**, families with children on CHIP whose income has changed during the year receive a renewal form that must be returned with documentation of income.
10. In **West Virginia**, a simplified renewal form is used at every other CHIP renewal. The simplified renewal form requires families to provide documentation of income only if income has changed.
11. The **Wisconsin** application asks for income documentation, however, if it is not provided, the state will use databases to verify income administratively. The state implemented a pre-populated form at renewals, and coverage is renewed unless the family’s information has changed.

Table 7
Renewal: Selected Simplified Procedures in Children's Regular Medicaid,
Children's CHIP-funded Medicaid Expansions and Separate CHIP Programs¹
December 2009

State	Program	Joint Renewal Form++	Frequency+ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Renewals Completed Online	Renewals Completed via Phone
Total	Medicaid (51)*	N/A	47	22	50	8	7
	CHIP (39) **	N/A	39	30	38	11	4
	Aligned Medicaid and Separate CHIP ***	21	47	22	50	6	7
Alabama	Medicaid for Children		12	Y	Y	Y	
	Separate CHIP		12	Y	Y	Y	
Alaska ²	▲ Medicaid for Children	N/A	12	Y	Y		
Arizona ³	Medicaid for Children		12		Y	Y	
	Separate CHIP		12	Y	Y	Y	Y
Arkansas ⁴	Medicaid for Children	N/A	12		Y		
California ⁵	▲ Medicaid for Children		12	Y	Y		
	Separate CHIP		12	Y	Y		
Colorado	Medicaid for Children		12		Y		
	Separate CHIP	Y	12	Y	Y		
Connecticut	Medicaid for Children		12		Y		
	Separate CHIP		12		Y		
Delaware	Medicaid for Children		12		Y		
	Separate CHIP	Y	12	Y	Y		
District of Columbia	Medicaid for Children	N/A	12		Y		
Florida ⁶	Medicaid for Children		12		Y		
	Separate CHIP		12	Y	Y	Y	
Georgia	Medicaid for Children		6		Y		
	Separate CHIP		12		Y		
Hawaii	Medicaid for Children	N/A	12		Y		
Idaho	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Illinois ⁷	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Indiana ⁸	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Iowa	Medicaid for Children		12	Y	Y		
	Separate CHIP		12	Y	Y	Y	
Kansas	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Kentucky	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Louisiana	Medicaid for Children		12	Y	Y	Y	Y
	Separate CHIP	Y	12	Y	Y	Y	Y
Maine	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Maryland ⁹	Medicaid for Children	N/A	12		Y		
Massachusetts	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Michigan	Medicaid for Children		12	Y	Y	Y	
	Separate CHIP		12	Y	Y	Y	
Minnesota ⁴	Medicaid for Children	N/A	6/12 (12)		Y		
Mississippi	Medicaid for Children		12	Y			
	Separate CHIP	Y	12	Y			
Missouri	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Montana ¹⁰	▲ Medicaid for Children		12	Y	Y		
	Separate CHIP		12	Y	Y		

State	Program	Joint Renewal Form++	Frequency+ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Renewals Completed Online	Renewals Completed via Phone
Nebraska ¹¹	▲ Medicaid for Children	N/A	12		Y	Y	Y
Nevada	Medicaid for Children		12		Y		
	Separate CHIP		12	Y	Y		
New Hampshire	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
New Jersey ¹²	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
New Mexico ¹³	▲ Medicaid for Children	N/A	12	Y	Y		Y
New York	Medicaid for Children		12	Y	Y		
	Separate CHIP		12	Y	Y		
North Carolina	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
North Dakota	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Ohio	Medicaid for Children	N/A	12		Y		Y
Oklahoma	Medicaid for Children	N/A	12		Y		
Oregon ¹⁴	▲ Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
Pennsylvania	Medicaid for Children		6		Y	Y	
	Separate CHIP		12	Y	Y	Y	
Rhode Island	Medicaid for Children	N/A	12		Y		
South Carolina	Medicaid for Children		12	Y	Y		
	Separate CHIP	Y	12	Y	Y		
South Dakota	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Tennessee ¹⁵	▲ Medicaid for Children		12		Y		
	Separate CHIP		12	Y	Y	Y	
Texas ¹⁶	Medicaid for Children		6		Y		
	Separate CHIP		12	Y	Y	Y	
Utah	Medicaid for Children		12		Y		Y
	Separate CHIP		12	Y	Y	Y	Y
Vermont ¹⁷	Medicaid for Children		12		Y		
	Separate CHIP	Y	12		Y		
Virginia ¹⁸	Medicaid for Children		12		Y		
	Separate CHIP		12	Y	Y	Y	
Washington	Medicaid for Children		12	Y	Y		Y
	Separate CHIP	Y	12	Y	Y		Y
West Virginia ¹⁹	Medicaid for Children		12	Y	Y	Y	
	Separate CHIP		12	Y	Y		
Wisconsin	Medicaid for Children	N/A	12		Y	Y	Y
Wyoming ²⁰	Medicaid for Children		12	Y	Y		
	Separate CHIP		12	Y	Y		

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

Notes for Table 7

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

▼ Indicates that a state has rescinded one or more simplified procedures between January 2009 and December 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 CHIP” indicates number of states that have adopted a particular renewal simplification strategy for their CHIP-funded separate program. Thirty-nine states operate such programs. The remaining 11 states and the District of Columbia used their CHIP funds to expand Medicaid, exclusively.

*** “Aligned Medicaid and Separate CHIP” 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 CHIP-funded separate program. States that have used CHIP funds to expand Medicaid exclusively are considered “aligned” if the simplified procedure applies to children in the “regular” Medicaid program and the CHIP-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 CHIP. In a number of states, separate Medicaid and CHIP 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 December 2009, unless noted otherwise.

1. “Regular” Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to CHIP; states receive “regular” Medicaid matching payments as opposed to enhanced CHIP matching payments for these children.
2. **Alaska** implemented 12-month continuous eligibility for children in October 2009.
3. In **Arizona**, the 12-month continuous eligibility policy in CHIP only applies to the first 12 months of coverage.
4. 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 CHIP-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.
5. **California** reinstated 12-month continuous eligibility for children in Medicaid in order to receive federal stimulus funds. (The state had eliminated 12-month continuous eligibility and required a six-month renewal (mid-year status report) for children in Medicaid in January 2009.)
6. In **Florida**’s Medicaid program, children younger than age 5 receive 12 months of continuous eligibility and children ages 5 and older receive six months of continuous eligibility. In **Florida**’s CHIP program, online renewal was implemented in September 2009.
7. In **Illinois**, unborn children covered under CHIP receive 12-month continuous eligibility starting from the mother’s first prenatal visit. Therefore, these infants must undergo a renewal at age 6 months.
8. In **Indiana**’s Medicaid and CHIP programs, children up to age 3 receive 12 months of continuous eligibility.
9. In **Maryland**, newborns receive 12 months of continuous eligibility.
10. **Montana** implemented 12-month continuous eligibility for children in Medicaid in October 2009.
11. **Nebraska** decreased the frequency of renewal for children’s coverage from 6 months to 12 months in January 2009.
12. In **New Jersey**, families of children who have their Medicaid case maintained by the central CHIP 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/CHIP application as a renewal form.
13. **New Mexico** implemented 12-month continuous eligibility for children in October 2009.
14. **Oregon** implemented a 12-month renewal period for children covered in Medicaid in February 2009, and implemented 12-month continuous eligibility for children in Medicaid in October 2009. As of October 2009, children covered under CHIP receive 12 months of continuous coverage unless the family’s income exceeds the program’s income eligibility guideline, the family leaves the state, the child ages out, or the family chooses to end the coverage.
15. **Tennessee** eliminated the requirement for a face-to-face interview at renewal for children’s Medicaid in June 2009. Reviews remain suspended in **Tennessee**’s Section 1115 waiver program, although the state plans to start processing renewals within the next year.
16. In **Texas**, children covered under CHIP get 12 months of continuous coverage. However, the state will conduct administrative renewal for children in CHIP 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.
17. In **Vermont**, there is 12-month continuous eligibility only for newborns born to women covered under Medicaid.
18. In **Virginia**, children covered under CHIP get 12 months of continuous coverage unless the family’s income exceeds the program’s income eligibility guideline or the family leaves the state. **Virginia** uses the same two page form for new and renewing applications, but has a one-page renewal form that can be used for Medicaid. For CHIP, the joint form is pre-filled for renewals and a pre-filled on-line version will soon be available.
19. In **West Virginia**, a simplified renewal form is used at every other CHIP renewal. The joint application form, printed in a different color, is used for all other CHIP and Medicaid renewals.
20. **Wyoming** plans to implement a telephone renewal process for CHIP families in early 2010.

Table 8
Enrollment: Selected Simplified Procedures in Medicaid for Parents,
with Comparisons to Children
December 2009

State	Program	Family Application†	No Face-to-Face Interview	No Asset Test ¹ (or limit for a family of three)	Eliminated TMA Reporting ²
Total	Aligned Medicaid for Children and Separate CHIP *	27	48	48	7
	Total Medicaid for Parents (51)**		41	24	
Alabama	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Alaska ^{2,4}	▲ Medicaid for Children	Y	Y	Y	Y
	Medicaid for Parents			(\$2,000)	
Arizona ⁵	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	▼ Expanded Medicaid for Parents		N/A	N/A	
Arkansas ^{3,6}	Medicaid for Children		Y	Y	
	Medicaid for Parents			(\$1,000)	
	Expanded Medicaid for Parents		Y	Y	
California ⁷	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$3,150)	
Colorado	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Connecticut ^{2,3}	▲ Medicaid for Children		Y	Y	Y
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
Delaware ³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
District of Columbia ³	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 CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,000)	
Georgia ⁷	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$1,000)	
Hawaii ³	Medicaid for Children		Y	Y	
	Medicaid for Parents		Y	(\$3,250)	
	Expanded Medicaid for Parents		Y	(\$3,250)	
Idaho ^{2,7}	▲ Medicaid for Children		Y	Y	Y
	Separate CHIP		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)	Eliminated TMA Reporting ²
Illinois ³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
Indiana ^{3,7,9}	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$1,000)	
	Expanded Medicaid for Parents		Y	Y	
Iowa ^{3,7,10}	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,000)	
	Expanded Medicaid for Parents		Y	Y	
Kansas ¹¹	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Kentucky	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents			(\$2,000)	
Louisiana ¹²	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Maine ^{3,13}	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,000)	
	Expanded Medicaid for Parents		Y	(\$2,000)	
Maryland	Medicaid for Children	Y	Y	Y	
	Medicaid for Parents		Y	Y	
Massachusetts ³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
Michigan	Medicaid for Children	▲	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$3,000)	
Minnesota ^{3,14}	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 CHIP			Y	
	Medicaid for Parents			Y	
Missouri ¹⁵	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Montana ^{2,16}	Medicaid for Children	▲	Y	Y	Y
	Separate CHIP		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 CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,000)	
New Hampshire ¹⁷	Medicaid for Children		Y	Y	
	Separate CHIP		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)	Eliminated TMA Reporting ²
New Jersey ³	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
New Mexico ^{3,18}	Medicaid for Children		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
New York ^{2,3,19}	Medicaid for Children	Y		Y	Y
	Separate CHIP		Y	Y	
	Medicaid for Parents			Y	
	Expanded Medicaid for Parents			Y	
North Carolina ^{7,20}	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$3,000)	
North Dakota	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Ohio ²	Medicaid for Children	Y	Y	Y	Y
	Medicaid for Parents		Y	Y	
Oklahoma ^{3,7}	Medicaid for Children		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
Oregon ^{3,21}	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,500)	
	Expanded Medicaid for Parents		Y	(\$2,000)	
Pennsylvania ²²	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Coverage for Parents		Y	Y	
Rhode Island ³	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 CHIP		Y	(\$30,000)	
	Medicaid for Parents		Y	(\$30,000)	
South Dakota ^{2,7}	Medicaid for Children	Y	Y	Y	Y
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$2,000)	
Tennessee ²³	Medicaid for Children			Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents			(\$2,000)	
Texas ²⁴	Medicaid for Children		Y	(\$2,000)	
	Separate CHIP		Y	(\$10,000)	
	Medicaid for Parents			(\$2,000)	
Utah ^{3,25}	Medicaid for Children	Y	Y	(\$3,025)	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$3,025)	
	Expanded Medicaid for Parents		Y	Y	
Vermont ^{3,26}	Medicaid for Children	Y	Y	Y	
	Separate CHIP		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)	Eliminated TMA Reporting ²
Virginia	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	
Washington ²⁷	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	(\$1,000)	
	Expanded Coverage for Parents		Y	Y	
West Virginia	Medicaid for Children		Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents			(\$1,000)	
Wisconsin ³	Medicaid for Children	Y	Y	Y	
	Medicaid for Parents		Y	Y	
	Expanded Medicaid for Parents		Y	Y	
Wyoming	Medicaid for Children	Y	Y	Y	
	Separate CHIP		Y	Y	
	Medicaid for Parents		Y	Y	

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

Notes for Table 8

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

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

* “Aligned Medicaid for Children and Separate CHIP” 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 CHIP-funded separate program. States that have used CHIP funds to expand Medicaid exclusively are considered “aligned” if the simplified procedure applies to children in the “regular” Medicaid program and the CHIP-funded Medicaid expansion program. “Regular” Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to CHIP; states receive “regular” Medicaid matching payments as opposed to enhanced CHIP 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. 17 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 CHIP program.

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

1. In states with asset limits, the limit noted is for a family of three.
2. This column indicates whether the state eliminated the requirement that beneficiaries report their incomes on a quarterly basis in order to remain eligible for Transitional Medical Assistance (TMA). **Connecticut, Idaho, and New York** eliminated the quarterly reporting requirements as of July 2009. **Alaska, Montana, and South Dakota** eliminated the quarterly reporting requirements as of October 2009. **Ohio** plans to eliminate the quarterly reporting requirements in January 2010.
3. 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.
4. In **Alaska**, the asset limit for parents is \$3,000 if the household includes a person age 60 or older.
5. **Arizona** eliminated Section 1115 waiver coverage for parents with incomes between 101 and 200 percent of the federal poverty line, in October 2009.
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/CHIP 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**, interviews may be required if applications appear questionable.
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. **Louisiana's** Medicaid/CHIP application is not designed for use by parents but can be used in some circumstances to determine eligibility for a parent.
13. **Maine's** asset rules exempt \$8,000 for an individual and \$12,000 for a household of 2 or more of certain savings, including retirement savings.
14. In **Minnesota**, the asset limit is \$10,000 for a single-parent family, and \$20,000 for a two-parent family.
15. 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.
16. **Montana** eliminated the asset test for children's Medicaid in October 2009.
17. In **New Hampshire**, the asset limit for parent coverage at application is \$1,000. The asset limit for recipient families is \$2,000.
18. 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.
19. 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. The state's waiver program requires a separate application. A contact with a community-based "facilitated enroller" meets the Medicaid face-to-face interview requirement. **New York** plans to eliminate face-to-face interview requirements for children and parents in April 2010. The state is planning to eliminate the asset test for parent coverage as of January 1, 2010, pending CMS approval.
20. In **North Carolina**, the TANF application requires a face-to-face interview, and may be used to determine Medicaid eligibility, but Medicaid does not require an interview.
21. **Oregon** eliminated the asset test in CHIP in October 2009.
22. **Pennsylvania** uses Medicaid and CHIP applications that solicit "common data elements" in collecting information for Medicaid and CHIP, thus making Medicaid and CHIP applications interchangeable. **Pennsylvania's** expanded coverage for parents is state-funded.
23. In **Tennessee**, a face-to-face or telephone interview is required.
24. In **Texas**, the CHIP asset test only applies to families with income above 150 percent of the federal poverty line.
25. **Utah** counts assets in determining Medicaid eligibility for children age 6 and older.
26. In **Vermont**, there are two applications families may use to apply for health coverage for their children, one of which can also be used for parent applications. The state requires a medical support form, but this does not hold up eligibility. The state has an asset test for children's Medicaid and CHIP, however if the countable assets exceed the asset limit, the children are eligible under the 1115 waiver which has no asset test.
27. **Washington** only requires verification of assets for parent coverage at application if they are questionable. In **Washington**, expanded coverage for parents is state-funded.

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

State	Program	Frequency†	No Face-to-Face Interview
Total	Aligned Medicaid for Children and Separate CHIP *	47	50
	Total Medicaid for Parents (51)**	43	46
Alabama	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Alaska ²	▲ Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
Arizona ³	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	▼ Expanded Medicaid for Parents	N/A	N/A
Arkansas ^{1,4}	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
California ⁵	▲ Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y
Colorado	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Connecticut ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Delaware ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
District of Columbia ¹	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Florida ⁶	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Georgia	Medicaid for Children	6	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y
Hawaii ¹	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Idaho	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y

State	Program	Frequency+	No Face-to-Face Interview
Illinois ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Indiana ^{1,7}	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Iowa ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Kansas	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Kentucky	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	
Louisiana	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Maine ¹	Medicaid for Children	12	Y
	Separate CHIP	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 ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Michigan	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Minnesota ^{1,4}	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 CHIP	12	
	Medicaid for Parents	12	
Missouri	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Montana	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Nebraska ⁸	▲ Medicaid for Children	12	Y
	Medicaid for Parents	12	
Nevada	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
New Hampshire	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y

State	Program	Frequency+	No Face-to-Face Interview
New Jersey ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
New Mexico ^{1,9}	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
New York ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
North Carolina	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y
North Dakota ¹⁰	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Ohio ¹¹	Medicaid for Children	12	Y
	▲ Medicaid for Parents	12	Y
Oklahoma ¹	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Oregon ^{1,12}	▲ Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	6	Y
Pennsylvania ¹³	Medicaid for Children	6	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y
	Expanded Coverage for Parents	12	Y
Rhode Island ¹	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
South Carolina	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
South Dakota	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Tennessee ¹⁴	Medicaid for Children	12	Y
	▲ Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Texas ¹⁵	Medicaid for Children	6	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	
Utah ^{1,16}	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Vermont ¹	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y

State	Program	Frequency†	No Face-to-Face Interview
Virginia	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y
Washington ¹⁷	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	6	Y
	Expanded Coverage for Parents	12	Y
West Virginia	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	
Wisconsin ¹	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Wyoming	Medicaid for Children	12	Y
	Separate CHIP	12	Y
	Medicaid for Parents	12	Y

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

Notes for Table 9

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

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

* “Aligned Medicaid for Children and Separate CHIP” 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 CHIP-funded separate program. States that have used CHIP funds to expand Medicaid exclusively are considered “aligned” if the simplified procedure applies to children in the “regular” Medicaid program and the CHIP-funded Medicaid expansion program. “Regular” Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to CHIP; states receive “regular” Medicaid matching payments as opposed to enhanced CHIP 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. 17 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 December 2009, unless noted otherwise.

1. 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.
2. **Alaska** decreased the frequency of renewal for parents from 6 months to 12 months in October 2009. The state also implemented 12-month continuous eligibility for children in October 2009.
3. **Arizona** eliminated Section 1115 waiver coverage for parents with incomes between 101 and 200 percent of the federal poverty line, in October 2009.
4. 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 CHIP-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.
5. 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. The state reinstated 12-month continuous eligibility for children in Medicaid in order to receive federal stimulus funds.
6. 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 who 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.
7. In **Indiana**, county offices may require telephone interviews but not face-to-face interviews.

8. **Nebraska** decreased the frequency of renewal for children's and parents' coverage from 6 months to 12 months in January 2009.
9. Under **New Mexico's** expanded Medicaid for parents, parents receive a notice instructing them to call to obtain a renewal form, which is a new application.
10. In **North Dakota**, parents enrolled in Medicaid must report their income monthly. A full review of eligibility is done annually.
11. **Ohio** decreased the frequency of renewal for parents from 6 months to 12 months in October 2009.
12. In **Oregon**, interviews are not required of families receiving Section 1931 Medicaid. The renewal period for parents covered under Section 1931 is "up to 12 months" though most families not receiving other benefits have a six-month eligibility period. **Oregon** implemented 12-month continuous eligibility for children's Medicaid and CHIP in October 2009.
13. In **Pennsylvania**, expanded coverage for parents is state-funded.
14. **Tennessee** eliminated the requirement face-to-face or telephone interview is required at renewal for parents and children in Medicaid in June 2009.
15. In **Texas**, children covered under CHIP get 12 months of continuous coverage, and the state conducts 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.
16. In **Utah**, renewal periods for parent coverage are 12 months, but can be more frequent if income fluctuates.
17. 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 cannot 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 Levels¹
December 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		34	N/A	9	23	32	20	15	4
Alabama ⁴	Increase	Annually	101	\$100	\$200	\$200	\$200	\$200	N/A
Alaska		None	—	—	—	—	—	—	—
Arizona ⁵	Increase	Monthly	101	\$15	\$60	\$70 (200)	N/A	N/A	N/A
Arkansas		None	—	—	—	—	—	—	—
California ⁶	Increase	Monthly	101	\$8/\$14	\$26/\$32	\$42/\$48	\$42/\$48	N/A	N/A
Colorado		Annually	151	\$0	\$35	\$35	N/A	N/A	N/A
Connecticut ³		Monthly	235	\$0	\$0	\$0	\$50	\$50	N/A
Delaware		Monthly	101	\$10	\$15	\$25 (200)	N/A	N/A	N/A
District of Columbia		None	—	—	—	—	—	—	—
Florida ³		Monthly	101	\$15	\$20	\$20 (200)	N/A	N/A	N/A
Georgia ⁷		Monthly	101	\$15	\$40	\$58	N/A	N/A	N/A
Hawaii ⁸		None	—	—	—	—	—	—	—
Idaho		Monthly	133	\$0	\$30	N/A	N/A	N/A	N/A
Illinois ^{3,9}		Monthly	151	\$0	\$25	\$80	\$80	\$80	\$140
Indiana	Increase	Monthly	150	\$0	\$33	\$53	\$70	N/A	N/A
Iowa ¹⁰		Monthly	151	\$0	\$20	\$20	\$40	\$40	N/A
Kansas ¹¹		Monthly	151	\$0	\$20	\$30 (200)	N/A	N/A	N/A
Kentucky		Monthly	151	\$0	\$20	\$20 (200)	N/A	N/A	N/A
Louisiana		Monthly	201	\$0	\$0	\$50	\$50	N/A	N/A
Maine ³		Monthly	151	\$0	\$16	\$64 (200)	N/A	N/A	N/A
Maryland ^{1,12}	Increase	Monthly	200	\$0	\$0	\$48	\$48	\$60	N/A
Massachusetts ¹		Monthly	150	\$0	\$24	\$40	\$40	\$56	\$152
Michigan		Monthly	151	\$10	\$10	\$10	N/A	N/A	N/A
Minnesota ^{1,3,13}		Monthly	All waiver families	\$8	\$56	\$115	\$183	\$201(275)	N/A
Mississippi	Increase	None	—	—	—	—	—	—	—
Missouri ¹⁴		Monthly	151	\$0	\$21	\$70	\$172	\$172	N/A
Montana		None	—	—	—	—	—	—	—
Nebraska		None	—	—	—	—	—	—	—
Nevada ¹⁵	Increase	Quarterly	101	\$25	\$50	\$80 (200)	N/A	N/A	N/A
New Hampshire ^{3,16}		Monthly	185	\$0	\$0	\$64	\$108	\$108	N/A
New Jersey ^{3,17}	Decrease	Monthly	201	\$0	\$0	\$40	\$40	\$79	\$133
New Mexico		None	—	—	—	—	—	—	—
New York ^{3,18}	Increase	Monthly	160	\$0	\$0	\$18	\$30	\$60	\$90
North Carolina ^{3,19}		Annually	151	\$0	\$100	\$100 (200)	N/A	N/A	N/A
North Dakota		None	—	—	—	—	—	—	—
Ohio ³		None	—	—	—	—	—	—	—
Oklahoma		None	—	—	—	—	—	—	—
Oregon ^{3,20}		None	—	—	—	—	—	—	—
Pennsylvania ^{3,21}	Increase	Monthly	201	\$0	\$0	\$87	\$87	\$140	N/A
Rhode Island ^{1,22}		Monthly	150	\$0	\$61	\$92	\$92	N/A	N/A
South Carolina		None	—	—	—	—	—	—	—
South Dakota		None	—	—	—	—	—	—	—
Tennessee ³		None	—	—	—	—	—	—	—
Texas		Annually	151	\$0	\$35	\$50	N/A	N/A	N/A
Utah ²³	Increase	Quarterly	101	\$30	\$75	\$75 (200)	N/A	N/A	N/A
Vermont ¹		Monthly	186	\$0	\$0	\$15	\$20/\$60	\$20/\$60	N/A
Virginia	Increase	None	—	—	—	—	—	—	—
Washington ²⁴		Monthly	201	\$0	\$0	\$40	\$40	\$60	N/A
West Virginia ²⁵	Increase	Monthly	201	\$0	\$0	\$71	\$71	N/A	N/A
Wisconsin ^{1,3,26}		Monthly	200	\$0	\$0	\$20	\$68	\$164	N/A
Wyoming		None	—	—	—	—	—	—	—

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

Notes for Table 10

Table presents rules in effect as of December 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 CHIP. 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 CHIP program. All other states require premiums in their separate CHIP 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. **Connecticut, Florida, Illinois, Maine, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, and Wisconsin** allow families with incomes that exceed CHIP income eligibility guidelines to buy-in for children's coverage at the full cost of the premiums. For information about eligibility and premium amounts for these buy-in programs, see **Table 1B**.
4. **Alabama** instituted premiums for families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP eligibility expansion to 300 percent of the federal poverty line.
5. **Arizona** increased premiums for children in families with incomes greater than 150 percent of the federal poverty line in June 2009.
6. 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** increased premiums in February 2009, and again in November 2009.
7. In **Georgia**, premiums are required only of families with children age 6 and older.
8. In **Hawaii**, the state plan indicates that premiums are required for children in families with incomes greater than or equal to 250 percent of the federal poverty line; however, state funds are used to pay these premiums.
9. 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.
10. **Iowa** instituted premiums for families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP income eligibility expansion to 300 percent of the federal poverty line.
11. **Kansas** plans to institute premiums for children in families with incomes greater than 200 percent of the federal poverty line, when the state implements its planned CHIP eligibility expansion to 241 percent of the federal poverty line in January 2010.
12. **Maryland** increased premiums for children covered under the state's CHIP-funded Medicaid expansion coverage.
13. In **Minnesota**, the premiums noted apply only to children covered under the Section 1115 waiver program. All children with family income below 150 percent of the federal poverty line have premiums limited to \$4 per child per month. **Minnesota** has submitted a state plan amendment to implement a buy-in program and to eliminate premiums for children in families with income up to 200 percent of the federal poverty line.
14. **Missouri** increased premiums for children in families with incomes greater than or equal to 150 percent of the federal poverty line in July 2009.
15. 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 CHIP based on the source of income and family composition. Such families with income at 36 percent of the federal poverty line or higher are required to pay premiums.
16. **New Hampshire** increased premiums for CHIP for families with incomes greater than 200 percent of the federal poverty line in October 2009.
17. **New Jersey** eliminated premiums for children in families with incomes between 150 and 200 percent of the federal poverty line. For families with incomes greater than 200 percent of the federal poverty line, premiums increased according to inflation.
18. **New York** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line in July 2009.
19. **North Carolina** requires an annual enrollment fee for children with family income greater than 150 percent of the federal poverty line.
20. **Oregon** plans to implement a program in which children in families with incomes between 200 percent and 300 percent of the federal poverty line will be connected with private coverage, starting in January 2010. This expansion population will be subject to premiums, although the state will use CHIP funding to provide subsidies for between 80 and 90 percent of the cost of this private coverage.
21. In **Pennsylvania**, the premium varies by health plan. The amount noted is an average of the monthly premiums required by the various health plans. **Pennsylvania** increased premiums in December 2009.
22. **Rhode Island** rescinded premium increases that took effect in November 2008 for families with incomes of 133 percent of the federal poverty level or greater, in order to receive federal stimulus funds.

23. **Utah** increased premiums in July 2009.

24. In **Washington**, the premiums shifted in January 2009. For families with income between 201 percent 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.

25. 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.

26. **Wisconsin** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line. The premium shown for two children in a family of three with income at 300 percent of the federal poverty line denotes the maximum premium that a family in CHIP would pay. In **Wisconsin**, families with incomes up to but not including 300 percent of the federal poverty line are eligible for CHIP coverage, and families with incomes of 300 percent of the federal poverty line and greater are eligible to buy-in for children's coverage at the full cost of premiums. For more information about the buy-in program, see **Table 1B**.

Table 10A
Effective Annual Premium Payments for Two
Children in a Family of Three at Selected Income Levels¹
December 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	9	23	32	12
Alabama ³	\$100	\$200	\$200	
Alaska	—	—	—	
Arizona ⁴	\$180	\$720	\$840 (200)	
Arkansas	—	—	—	
California ⁵	\$96/\$168	\$312/\$384	\$504/\$576	
Colorado	\$0	\$35	\$35	
Connecticut ²	\$0	\$0	\$0	3 months
Delaware	\$120	\$180	\$300 (200)	
Dist. of Columbia	—	—	—	
Florida ²	\$180	\$240	N/A	30 days
Georgia ⁶	\$180	\$480	\$696	1 month
Hawaii	—	—	—	
Idaho	\$0	\$360	N/A	
Illinois ²	\$0	\$300	\$960	3 months
Indiana	\$0	\$396	\$636	
Iowa ⁷	\$0	\$240	\$240	
Kansas ⁸	\$0	\$240	\$360 (200)	
Kentucky	\$0	\$240	\$240 (200)	
Louisiana	\$0	\$0	\$600	
Maine ²	\$0	\$192	\$768 (200)	up to 3 months
Maryland ^{1,9}	\$0	\$0	\$576	
Massachusetts ¹	\$0	\$288	\$480	
Michigan	\$0	\$120	N/A	
Minnesota ^{1,2,10}	\$96	\$672	\$1,380	4 months
Mississippi	—	—	—	
Missouri ¹¹	\$0	\$252	\$816	6 months
Montana	—	—	—	
Nebraska	—	—	—	
Nevada ¹²	\$100	\$200	\$320 (200)	
New Hampshire ^{2,13}	\$0	\$0	\$768	3 months
New Jersey ^{2,14}	\$0	\$0	\$480	
New Mexico	—	—	—	
New York ^{2,15}	\$0	\$0	\$216	
North Carolina ^{2,16}	—	\$100	\$100 (200)	
North Dakota	—	—	—	
Ohio ²	—	—	—	
Oklahoma	—	—	—	
Oregon ²	—	—	—	
Pennsylvania ²	\$0	\$0	\$1,044	
Rhode Island ^{1,17}	\$0	\$732	\$1,104	4 months
South Carolina	—	—	—	
South Dakota	—	—	—	
Tennessee ^{2,18}	—	—	—	
Texas	\$0	\$35	\$50	
Utah ¹⁹	\$120	\$300	\$300 (200)	
Vermont ¹	\$0	\$0	\$180	
Virginia	—	—	—	
Washington	\$0	\$0	\$480	3 months
West Virginia ²⁰	\$0	\$0	\$852	6 months
Wisconsin ^{1,2,21}	\$0	\$0	\$240	6 months
Wyoming	—	—	—	

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

Notes for Table 10A

Table presents rules in effect as of December 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 CHIP. 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 CHIP program. All other states require premiums in their separate CHIP 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. **Connecticut, Florida, Illinois, Maine, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, and Wisconsin** allow families with incomes that exceed CHIP income eligibility guidelines to buy-in for children's coverage at the full cost of the premiums. For information about eligibility and premium amounts for these buy-in programs, see **Table 1B**.

3. **Alabama** instituted premiums for children in families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP expansion of income eligibility to 300 percent of the federal poverty line.

4. **Arizona** increased premiums for children in families with incomes greater than 150 percent of the federal poverty line in June 2009. In **Arizona**, beneficiaries must pay all outstanding premiums before they can re-enroll in the program.

5. 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** increased premiums in February 2009, and again in November 2009.

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

7. **Iowa** instituted premiums for families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP income eligibility expansion to 300 percent of the federal poverty line.

8. **Kansas** plans to institute premiums for children in families with incomes greater than 200 percent of the federal poverty line, when the state implements its planned CHIP eligibility expansion to 241 percent of the federal poverty line in January 2010.

9. **Maryland** increased premiums for children.

10. In **Minnesota**, premiums apply only to children covered under the Section 1115 waiver program. **Minnesota** has submitted a state plan amendment to eliminate premiums for children in families with incomes less than or equal to 200 percent of the federal poverty line.

11. **Missouri** increased premiums for children. 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.

12. 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 CHIP based on the source of income and family composition. Such families with income at 36 percent of the federal poverty line or higher are required to pay premiums.

13. **New Hampshire** increased premiums for CHIP for families with incomes greater than 200 percent of the federal poverty line in October 2009.

14. **New Jersey** eliminated premiums for children in families with incomes between 150 and 200 percent of the federal poverty line. For families with incomes greater than 200 percent of the federal poverty line, premiums increased according to inflation.

15. **New York** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line in July 2009.

16. **North Carolina** requires an annual enrollment fee for children with family income greater than 150 percent of the federal poverty line.

17. **Rhode Island** rescinded premium increases that took effect in November 2008 for families with incomes of 133 percent of the federal poverty level or greater, in order to receive federal stimulus funds.

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

19. **Utah** increased premiums in July 2009.

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

21. **Wisconsin** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line.

Table 11
Co-Payments for Specific Services in Children's
Health Coverage Programs at Selected Income Levels¹
December 2009

	Increase or decrease ²	Family Income is 151% of the Federal Poverty Line			Family Income is 200% of the Federal Poverty Line		
		Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit	Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit
Total	2 Increase/0 Decrease	17	14	12	20	15	12
Alabama ^{3,4}		\$5	\$15	\$10	\$5	\$15	\$10
Alaska ³		\$0	\$0	\$0	N/A	N/A	N/A
Arizona		\$0	\$0	\$0	\$0	\$0	\$0
Arkansas ^{1,3}		\$10	\$10	20% of the reimbursement rate for first day	\$10	\$10	20% of the reimbursement rate for first day
California ^{5,6}	Increase	\$10	\$15	\$0	\$10	\$15	\$0
Colorado		\$5	\$15	\$0	\$5	\$15	\$0
Connecticut ^{4,5}		\$0	\$0	\$0	\$5	\$0	\$0
Delaware ⁴		\$0	\$0	\$0	\$0	\$0	\$0
District of Columbia		\$0	\$0	\$0	\$0	\$0	\$0
Florida ^{4,7}		\$5	\$0	\$0	\$5	\$0	\$0
Georgia		\$0	\$0	\$0	\$0	\$0	\$0
Hawaii		\$0	\$0	\$0	\$0	\$0	\$0
Idaho ⁴		\$0	\$0	\$0	N/A	N/A	N/A
Illinois ⁴		\$5	\$5	\$5	\$5	\$5	\$5
Indiana		\$0	\$0	\$0	\$0	\$0	\$0
Iowa ⁴		\$0	\$0	\$0	\$0	\$0	\$0
Kansas		\$0	\$0	\$0	\$0	\$0	\$0
Kentucky ^{1,3,4}		\$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		\$0	\$0	\$0	\$0	\$0	\$0
Montana ⁸		\$3	\$5	\$25	\$3	\$5	\$25
Nebraska		\$0	\$0	\$0	\$0	\$0	\$0
Nevada		\$0	\$0	\$0	\$0	\$0	\$0
New Hampshire ⁵		\$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 ⁴		\$5	\$0	\$0	\$5	\$0	\$0
North Dakota ⁹		\$0	\$5	\$50	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	\$0	\$0	\$0
Pennsylvania ⁵		\$0	\$0	\$0	\$0	\$0	\$0
Rhode Island		\$0	\$0	\$0	\$0	\$0	\$0
South Carolina ¹⁰		\$0	\$0	\$0	\$0	\$0	\$0
South Dakota		\$0	\$0	\$0	\$0	\$0	\$0
Tennessee ^{1,5,11}		\$5/\$5	\$25/\$5	\$100/\$5	\$10/\$15	\$50/\$50	\$200/\$100
Texas		\$7	\$50	\$50	\$10	\$50	\$100
Utah ¹²		\$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 ⁴		\$5	\$0	\$25	\$5	\$0	\$25
Washington		\$0	\$0	\$0	\$0	\$0	\$0
West Virginia ^{5,13}		\$15	\$35	\$25	\$20	\$35	\$25
Wisconsin ^{1,14}		\$1-\$3	\$0	\$3	\$1-\$3	\$0	\$3
Wyoming ^{5,15}	Increase	\$5	\$5	\$30	\$10	\$25	\$50

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

Notes for Table 11

Table presents rules in effect as of December 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 CHIP-funded Medicaid expansion. **Kentucky** also requires cost-sharing in its separate CHIP program. All other states charge these co-payments in their separate CHIP programs only. Per federal law, no state can impose co-payments on Alaska Native or American Indian children.
2. “Increase” indicates that the state has increased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.
“Decrease” indicates that the state has decreased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.
3. 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.
4. 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 CHIP-funded Medicaid expansion and separate CHIP 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.
5. 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.
6. **California** increased co-payments for CHIP in November 2009.
7. In **Florida**, co-payments apply only to children age five and older.
8. **Montana** instituted co-payments of \$3 for a non-preventive physician visit, \$5 for an emergency room visit, and \$25 for an inpatient hospital visit for families with incomes greater than 175 percent of the federal poverty line, when the state implemented its CHIP eligibility expansion to 250 percent of the federal poverty line. These are the same co-payments required for all CHIP beneficiaries.
9. **North Dakota** instituted co-payments of \$5 for an emergency room visit and \$50 for an inpatient hospital visit for families with incomes greater than 150 percent of the federal poverty line, when the state implemented its CHIP eligibility expansion to 160 percent of the federal poverty line. These are the same co-payments required for all CHIP beneficiaries.
10. 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.
11. In **Tennessee** co-payments are required in the state’s waiver program, which is closed to new applicants and the separate CHIP program. The first amount noted is the premium required under the state’s waiver program and the second is for the separate CHIP program.
12. In **Utah** the co-payment for an emergency room visit is \$100 for a participating hospital and \$200 for a non-participating hospital.
13. In **West Virginia**, the co-payments for non-preventive physician visits are waived if the child goes to his or her medical home.
14. In **Wisconsin**, children under age 18 with family income below 100 percent of the federal poverty line do not have to pay co-payments.
15. **Wyoming** increased co-payments for CHIP; for families with incomes between 101 and 150 percent of the federal poverty line, there is now a co-payment of \$30 for an inpatient hospital visit. For families with incomes between 151 and 200 percent of the federal poverty line, there is now a co-payment of \$50 for an inpatient hospital visit, and co-payments for an emergency room visit or a non-preventive physician visit increased from \$5 to \$10.

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

	Cost-sharing Applies for Parents in a Family of 3 at or Below the Following Monthly Income Limits	Inpatient Hospital (Per admission unless otherwise noted)	Emergency Room Visit ¹
Total	N/A	27	10
State			
Alabama ¹	\$366	\$50	\$0
Alaska	\$1,554	\$50 per day for first four days	\$0
Arizona ¹	\$1,615	—	—
Arkansas	\$255	10 percent of reimbursement rate for first day/15 percent co-insurance	\$0/ 15% co-insurance
California	\$1,615	—	—
Colorado	\$1,005	\$10	\$0
Connecticut	\$2,912	—	—
Delaware	\$1,836	—	—
District of Columbia	\$3,151	—	—
Florida ¹	\$806	\$3	\$0
Georgia	\$756	\$12.50	\$0
Hawaii	\$1,755	—	—
Idaho	\$407	—	—
Illinois ^{1,3}	\$2,822	up to \$3	\$0
Indiana ¹	\$378	—	—
Iowa	\$1,267	—	—
Kansas	\$493	\$48	\$0
Kentucky ¹	\$943	\$50	\$0
Louisiana	\$381	—	—
Maine	\$3,141	\$3 per day	\$0
Maryland	\$1,769	—	—
Massachusetts	\$2,029	\$3	\$0
Michigan	\$915	—	—
Minnesota ¹	\$3,281	—	—
Mississippi	\$672	\$10	\$0
Missouri ¹	\$382	\$10	\$0
Montana ¹	\$854	\$100	\$0
Nebraska	\$887	—	—
Nevada	\$1,341	—	—
New Hampshire	\$750	—	—
New Jersey ⁴	\$3,051	\$0	\$0/\$35
New Mexico ⁵	\$1,019	\$0/ \$25 or \$30	\$0/\$15 or \$20
New York	\$2,288	\$25 per discharge	\$3
North Carolina	\$750	\$3 per day	\$0
North Dakota ¹	\$904	\$75	\$0
Ohio ¹	\$1,373	—	—
Oklahoma ⁶	\$711	\$3 per day/\$50	\$0/\$30
Oregon	\$616	—	—
Pennsylvania ^{1,2,7}	\$523	\$3 per day (maximum of \$21)/\$0	\$0/\$25
Rhode Island	\$2,760	—	—
South Carolina ¹	\$1,357	\$25	\$0
South Dakota ¹	\$796	\$50	\$0
Tennessee	\$1,969	—	—
Texas	\$402	—	—
Utah ¹	\$673	\$220/no coverage	\$0/\$30
Vermont	\$2,912	\$75/\$75	\$0/\$25
Virginia	\$446	\$100	\$0
Washington ^{2,8}	\$1,124	\$0/20% coinsurance	\$0/\$100
West Virginia	\$499	—	—
Wisconsin	\$3,051	\$3/\$100	\$3
Wyoming ¹	\$790	—	—

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

Notes for Table 12

“Increase” indicates that the state has increased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.

“Decrease” indicates that the state has decreased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.

A dash (—) indicates that no co-payments are required for either inpatient hospital care or for an emergency room visit in a program, and “\$0” indicates that no co-payment is required for a specific service.

Table presents rules in effect as of December 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.

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

	Prescription Co-payment for Children	Prescription Co-payment for Parents
Total	5 - Increase	24
		40
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)	\$5.00-\$3.00
Alaska ³		\$0 \$2.00
Arizona		\$0 \$0
Arkansas ^{1,2,3,5}	\$5.00	\$5.00 -\$3.00/\$5.00 (generic) \$15.00 (brand name) \$30 (non-formulary brand name)
California ⁶	Increase \$10.00 (generic) \$15.00 (brand name if generic unavailable)	\$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 \$5.00 -- \$3.00
District of Columbia		\$0
Florida ⁷	\$5.00	\$0 \$0
Georgia		\$0 \$5.00 -- \$3.00
Hawaii		\$0 \$0
Idaho		\$0 \$0
Illinois ^{4,8}	\$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 ⁹	Increase	\$0 \$1 -- \$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	up to \$50	\$5.00 -- \$3.00
Maine		\$0 \$3.00
Maryland ¹		\$0 \$0
Massachusetts		\$0 \$1.00 -- \$2.00 (generic) \$3.00 (brand name)
Michigan		\$0 \$1.00
Minnesota ^{2,10}		\$0 \$1.00 (generic) \$3.00 (brand name)/\$3.00
Mississippi		\$0 \$3.00
Missouri		\$0 \$5.00 -- \$2.00
Montana ¹¹	\$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	Increase \$2.00 (generic) \$5.00 or \$10.00 (brand name)	\$1.00 (generic) \$5.00 (brand name)
North Dakota ¹⁷	\$2.00	\$0 (generic) \$3.00 (brand name)
Ohio		\$0 \$2.00 preferred brand name \$3.00 non-preferred brand name
Oklahoma		\$0 \$1.00-\$2.00/\$5.00 (generic) \$10.00 (brand name)
Oregon ¹⁸		\$0 \$2.00 (generic) \$3.00 (brand name)
Pennsylvania ¹⁹	Increase \$6.00 (generic) \$9 (brand name)	\$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}	\$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 \$15 (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	\$0 (generic) \$5.00 or \$15.00 (brand name)	\$5.00-\$3.00
Wisconsin ^{3,21}	\$1 or \$5 generic; \$3 brand name	\$1/\$5.00 (generic) \$3.00 (brand name)
Wyoming ^{4,22}	Increase \$3.00 or \$5.00 (generic) \$5.00 or \$10 (brand name)	\$1.00 (generic) \$2.00 (preferred brand name) \$3 (non-preferred brand name)

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

Notes for Table 13

“Increase” indicates that the state has increased the co-payment for prescriptions between January 2009 and December 2009, unless noted otherwise.

“Decrease” indicates that the state has decreased the co-payment for prescriptions between January 2009 and December 2009, unless noted otherwise.

Table presents rules in effect as of December 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 CHIP-funded Medicaid expansion. **Kentucky** also requires cost-sharing in its separate CHIP program. All other states charge these co-payments in their separate CHIP 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 and 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, West Virginia, and Wyoming**, 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 CHIP 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.
- In **Wyoming**, families with children with income less than or equal to 150 percent of the federal poverty line pay \$3 for generic prescriptions and \$5 for brand name prescriptions. Families with income greater than 150 percent of the federal poverty line pay \$5 for generic prescriptions and \$10 for brand name 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 CHIP program.
6. **California** increased co-payments for children in families with incomes greater than 150 percent of the federal poverty line from \$5 to \$10 for generic drugs and \$15 for brand-name drugs if a generic is available, as of November 2009.
7. In **Florida**, co-payments apply only to children age five and older.
8. 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.
9. 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.
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. The state instituted these co-payments for children in families with incomes between 175 and 250 percent of the federal poverty line, due to the state's eligibility expansion.
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. **North Dakota** instituted a prescription drug co-payment of \$2 for children in families with incomes between 150 and 160 percent of the federal poverty line, due to the state's eligibility expansion.
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 **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.
22. **Wyoming** increased prescription drug co-payments for children in families with incomes greater than 150 percent of the federal poverty line from \$3 to \$5 for generic prescriptions and from \$5 to \$10 for brand-name prescriptions.

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1330 G STREET NW, WASHINGTON, DC 20005
PHONE: (202) 347-5270, FAX: (202) 347-5274
WEBSITE: WWW.KFF.ORG/KCMU

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