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## MCH Update: States Protect Health Care Coverage during Recent Fiscal Downturn

### Summary

Medicaid is the nation's largest health insurance program for low-income persons. The data in this report show state efforts around health care coverage for low-income women and children during the fiscal downturn of 2003. Perhaps the most significant finding is that during the states' budget difficulties in 2003, many still managed to preserve and protect health care coverage for these populations. Other major findings of this study include these:

- Medicaid covered over one-third of all U.S. births to low-income pregnant women—a proportion that has remained stable since the National Governors Association (NGA) began collecting data in 1993.
- Many states have been preserving eligibility levels and enrollment policies under Medicaid and the State Children's Health Insurance Program (SCHIP) for maternal and child health (MCH) populations, despite significant budget deficits.
- Some states were able to achieve modest eligibility expansions and policy advances.

The data in this report are largely from 2003, which is the most recent year for which data are available in some categories.

### Background

Medicaid is the single largest health insurance program and provides coverage for low-income pregnant women, children, parents of dependent children, the disabled, and the elderly. Low-income children and families make up the largest proportion of Medicaid enrollees, but the elderly and disabled account for the bulk of program spending. In 2003, Medicaid provided health insurance coverage to 52 million enrollees.<sup>a</sup> SCHIP, a companion program to Medicaid, covered 3.9 million low-income children in 2003.<sup>b</sup> Under SCHIP states can provide health care coverage for low-income children whose family income makes them ineligible for Medicaid but who lack private health insurance.

The NGA Center for Best Practices has collected information on Medicaid coverage of children and pregnant women since 1990 and more recently on SCHIP coverage of children and families. *MCH Update* is produced annually and documents state coverage of MCH populations under the two programs. In addition, the report highlights state policies to streamline program eligibility and enrollment. The present *Update* is based on data as of October 2003, the most recent that is available for that time period for all states.

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<sup>a</sup> *Medicaid Program at a Glance* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, January 2005).

<sup>b</sup> *SCHIP Program Enrollment: June 2003 Update* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, December 2003).

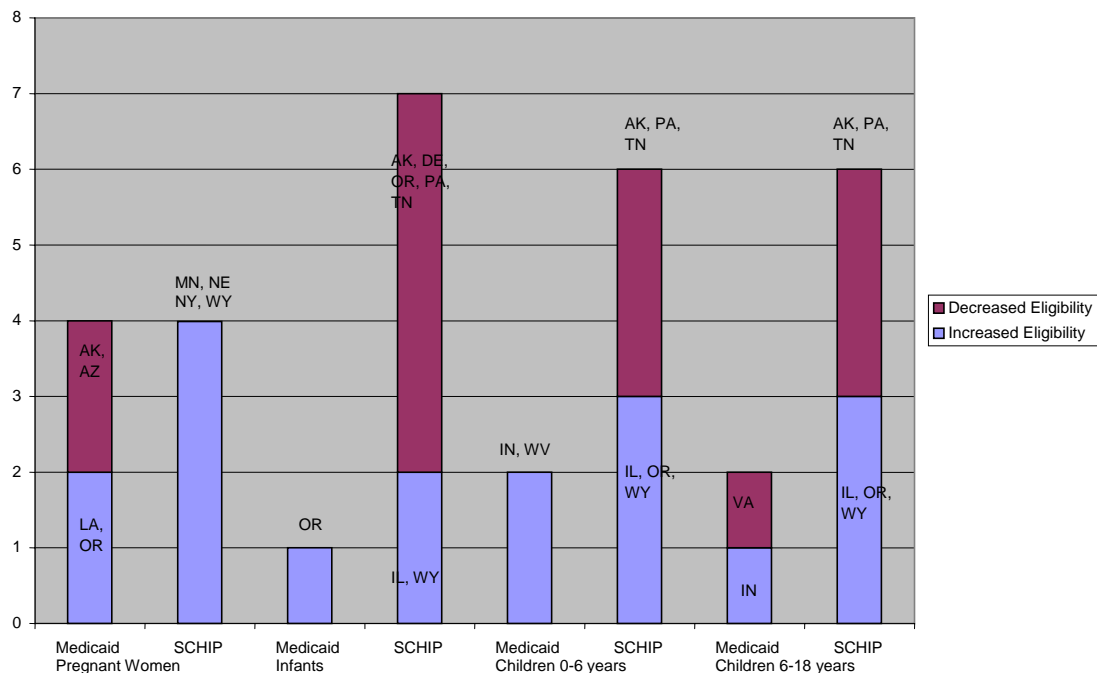
### The Proportion of U.S. Births Covered by Medicaid Remains Steady

Medicaid covered over 1.5 million births in the United States in 2001 (see Table 1), or over one-third of all births nationwide,<sup>c</sup> a trend that has remained consistent since 1993, when NGA began tracking Medicaid birth data. Medicaid coverage of total births in 2001 experienced a slight increase (3 percent) as compared to 2000 births.

### Most States Preserved Eligibility Levels and Enrollment Policies for Pregnant Women and Children

Medicaid and SCHIP provide a critical source of health insurance coverage to low-income pregnant women, infants, and children. Recognizing the importance of health insurance coverage for MCH populations, numerous federal health insurance policy reforms have been implemented over the past two decades (see Appendix A). Under federal Medicaid law, states are required to provide coverage to pregnant women, infants, and children based on Federal Poverty Level (FPL) categories.<sup>d</sup> States have extended program eligibility levels beyond these federally mandated requirements, as well as implemented state health reforms and created special program initiatives targeted to MCH populations. Furthermore, a 2002 federal rule enables states to extend prenatal coverage to pregnant women under SCHIP.

State Changes to Medicaid and SCHIP Eligibility Requirements for Pregnant Women, Infants and Children, as of October 1, 2003



<sup>c</sup> The total number of births to all U.S. women in 2001 was 4,025,933. Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports 51, no. 12, August 4, 2003.

<sup>d</sup> Under Medicaid, federally mandated minimum eligibility levels for MCH populations, as percentages of the Federal Poverty Level, are as follows: pregnant women, 133 percent; infants, 133 percent; children ages 1 through 6, 133 percent; and children ages 6 through 18, 100 percent. States have the option of expanding these eligibility levels. Medicaid must cover women who are pregnant and for 60 days following delivery in households with incomes up to 133 percent FPL and have the option of extending eligibility to 185 percent of FPL and above, under Section 1902(r)(2).

In 2003, budget shortfalls were severe enough to affect even priority programs traditionally spared budget cuts. States collectively cut \$11.8 billion from their budgets – the second largest budget shortfall since 2002, when 38 states cut their budgets by nearly \$13.7 billion.<sup>e</sup> Even so, few states reduced eligibility levels under Medicaid or SCHIP for MCH populations (see Tables 6-8 for eligibility levels). In fact, nearly as many states made policy changes to expand eligibility threshold levels as acted to limit eligibility for these two programs. Twelve states now extend eligibility to pregnant women under SCHIP (see Table 8).

### ***Streamlined Eligibility and Enrollment Policies under Medicaid and SCHIP***

States have made significant strides to streamline enrollment and eligibility processes under Medicaid and SCHIP, and state officials have expressed a commitment to maintaining this progress.<sup>f</sup> Given the significant budget shortfalls in the states, many of these policies appeared ripe for elimination or restriction in order to cut costs and achieve savings. However, the policies survived dramatic changes in most states. With some exceptions, most states maintained existing Medicaid and SCHIP policies for presumptive eligibility, continuous eligibility, assets tests, and self-declaration of income (see Tables 2-5). **Illinois** enhanced its enrollment policies and expanded eligibility for pregnant women and children.

#### ***Presumptive Eligibility***

Presumptive eligibility enables states to provide temporary coverage to pregnant women and children under Medicaid and SCHIP until a formal eligibility determination can be made. In 2003, presumptive eligibility policies generally remained consistent, with changes in only a few states:

- Three states (**Colorado, Connecticut, and New Mexico**) eliminated presumptive eligibility policies for pregnant women or children under Medicaid. In **Connecticut**, the policy was eliminated for children under both Medicaid and SCHIP.
- **Missouri** implemented a presumptive eligibility policy for children under Medicaid.
- **Illinois** implemented presumptive eligibility for children under Medicaid and SCHIP. Presumptive eligibility for pregnant women has been available in Illinois since 1989.

#### ***Continuous Eligibility***

Continuous eligibility enables states to ensure continuity of care by providing continuous enrollment to Medicaid and SCHIP enrollees for 12 months instead of on a month-to-month basis. Under Medicaid, states are required to provide continuous eligibility to pregnant women and infants up to the age of one year, regardless of changes in income that would otherwise make them ineligible. Continuous eligibility policies under Medicaid and SCHIP were preserved in many states. Highlights of some of the changes include the following:

- **Kansas** and **Nebraska** enhanced existing continuous eligibility policies for pregnant women under Medicaid.
- Two states (**Connecticut** and **New Mexico**) eliminated continuous eligibility policies for children under both Medicaid and SCHIP.
- Several states, including **Minnesota, Nebraska, Texas, and Washington**, reduced the number of months for which children will have continuous eligibility under Medicaid and/or SCHIP.

#### ***Assets Test and Self-Declaration of Income***

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<sup>e</sup> *Fiscal Survey of the States* (Washington, D.C.: National Association of State Budget Officers and National Governors Association, December 2003). Available at: <<http://www.nasbo.org/publications.php>>.

<sup>f</sup> *Squeezing SCHIP: States Use Flexibility to Respond to the Ongoing Budget Crisis* (Washington, D.C.: Urban Institute, June 2004).

States can elect to disregard assets when determining Medicaid eligibility and allow families to self-declare their income, without the need for verification in the form of pay stubs or tax returns. As with other eligibility policies, few states made changes to these two policies in 2003. Only **South Dakota** implemented a new assets test policy for Medicaid that year. Two states, **Connecticut and Montana**, implemented self-declaration of income either for children or for pregnant women under Medicaid and SCHIP. **Illinois** reduced the number of pay stubs needed for income verification to one.

### **Health Insurance Coverage for Parents and Adults**

States continue to examine ways to expand health insurance coverage to low-income parents of dependent children and to adults without children through various waiver options under Medicaid and SCHIP. Through a Health Insurance Flexibility and Accountability (HIFA) waiver, **Illinois** extended health insurance coverage to adults up to 133 percent of the FPL. Overall, advances in these areas were modest in 2003. Table 9 highlights state policies that cover adults with children.

### **Conclusion**

States continue to struggle to provide health care coverage to low-income pregnant women, infants, and children while managing escalating health care costs. In an environment of significant fiscal constraints, most states were able to avoid significant changes to eligibility and enrollment policies for pregnant women, infants and children under Medicaid and SCHIP in FY 2003. Future issues of *MCH Update* will determine whether states are able to maintain or even expand this level of commitment to low-income pregnant women and children.

NOTE: This *MCH Update* was researched and written for the NGA Center for Best Practices by Karen VanLandeghem, an independent consultant, with funding from the federal Maternal and Child Health Bureau (MCHB).



**Table 1. Medicaid Births as a Percentage of Total U.S. Births, 2000 and 2001 (as of October 2003)**

State	2000		2001	
	Number of Medicaid Births	Percentage of Total Births	Number of Medicaid Births	Percentage of Total Births
Alabama	27,911	45.00	N/R	N/R
Alaska	5,190	52.00	5,266	52.63
Arizona	37,566	44.00	38,678	45.40
Arkansas	16,289	43.68	18,034	51.00
California	224,405	42.36	229,884	43.71
Colorado	20,893	32.07	21,159	31.58
Connecticut <sup>a</sup>	11,504	26.70	11,651	27.97
Delaware	4,521	41.00	4,563	42.00
District of Columbia	6,740	N/A	6,372	N/A
Florida	82,346	44.00	94,624	46.20
Georgia	57,985	44.00	61,898	46.37
Hawaii	4,192	25.00	5,647	33.00
Idaho	6,986	34.20	7,533	36.42
Illinois <sup>b</sup>	68,905	37.20	69,863	37.96
Indiana	36,857	42.00	36,089	41.90
Iowa	8,784	22.95	8,080	21.50
Kansas	13,254	N/A	13,662	35.20
Kentucky	21,700	38.80	21,041	38.90
Louisiana	28,143	41.00	36,659	56.20
Maine	4,333	31.90	4,590	33.40
Maryland	21,840	29.00	21,853	29.87
Massachusetts	19,141	24.20	19,465	24.03
Michigan <sup>c</sup>	37,708	27.70	43,979	33.00
Minnesota	21,161	31.33	22,457	33.71
Mississippi	23,675	53.70	N/R	N/R
Missouri <sup>+</sup>	30,029	39.00	30,515	40.52
Montana	4,200	40.00	4,055	37.09
Nebraska	7,106	28.80	7,242	29.30
Nevada	8,308	27.57	6,567	21.00
New Hampshire <sup>d</sup>	2,623	20.70	2,507	19.70
New Jersey <sup>e</sup>	32,399	24.20	33,624	24.20
New Mexico	13,603	49.60	13,426	51.70
New York	101,853	39.40	102,269	40.50
North Carolina	48,690	40.50	50,828	43.03
North Dakota	2,154	28.00	1,752	22.90
Ohio <sup>*</sup>	50,359	33.10	46,867	30.40
Oklahoma	23,020	46.00	23,761	47.50
Oregon <sup>f</sup>	14,761	32.20	15,589	34.40
Pennsylvania <sup>g</sup>	36,655	25.00	37,797	26.40
Rhode Island	4,483	35.40	4,533	37.20
South Carolina <sup>h</sup>	23,703	46.50	23,221	45.20
South Dakota	3,398	32.80	3,572	34.10
Tennessee <sup>i</sup>	31,222	37.30	28,858	36.85

<sup>a</sup> Connecticut data based on new methodology believed to be more complete and accurate.

<sup>b</sup> Illinois data determined through Medicaid/birth file match.

<sup>c</sup> In Michigan, more accurate HMO data became available in 2001.

<sup>d</sup> New Hampshire birth data based on known birth certificate information within vital records.

<sup>e</sup> In New Jersey, 2000 estimates are based on 2001 data. HMO reporting improved in 2001.

<sup>f</sup> The birth figures for Oregon are from *Oregon Vital Statistics*, vol. 1. The Office of Medical Assistance Programs (OMAP) has also calculated the number of births paid for by Medicaid for both years and estimated a higher number of births than recorded in *Vital Statistics*. The probable reason for this is that *Vital Statistics* collects information based on insurance status at the time of birth. Medicaid eligibility may have been retroactively assigned.

<sup>g</sup> Data for the year 2001 for Pennsylvania do not distinguish between live births and non-live births.

<sup>h</sup> South Carolina source: Budget and Control Board UB92 data.

State	2000		2001	
	Number of Medicaid Births	Percentage of Total Births	Number of Medicaid Births	Percentage of Total Births
Texas	163,874	45.10	173,471	47.60
Utah	12,378	25.60	13,039	26.60
Vermont	1,584	23.00	2,754	43.20
Virginia <sup>j</sup>	22,427	22.70	30,861	31.10
Washington	33,913	42.50	34,257	42.70
West Virginia	10,365	55.20	10,522	49.30
Wisconsin	24,587	35.50	26,406	38.30
Wyoming	2,366	38.00	2,766	45.00
<b>Total</b>	<b>1,522,089</b>	<b>—</b>	<b>1,534,106</b>	<b>—</b>
<b>Average</b>	<b>—</b>	<b>36.07</b>	<b>—</b>	<b>37.24</b>

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division, July – December 2004.

**Notes:** N/A = not available. Some states were unable to generate data in time for publication; some cannot calculate the number of births paid for by Medicaid among women enrolled in managed health care plans.

**NR = not reported by the state.**

\* State fiscal data

+ Estimates

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<sup>i</sup> For Tennessee, the total number of live births in 2001 was 78,318. There were 28,858 births to Medicaid-eligible females and 10,078 births to TennCare-enrolled women in the expansion population. The overall percentage of Medicaid births is 36.85 percent, but the overall percentage of TennCare births is 49.72 percent.

<sup>j</sup> For Virginia, the figure for 2000 Medicaid births does not reflect all births for recipients paid for by health maintenance organizations. The figure for 2001 does represent all births covered by Medicaid for state fiscal year 2002.

**Table 2. Presumptive Eligibility for Pregnant Women and Children in Medicaid and SCHIP (as of October 1, 2003)**

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama				
Alaska				
Arizona				
Arkansas	✓			
California	✓	✓		
Colorado <sup>a</sup>			✓	
Connecticut <sup>b</sup>				
Delaware	✓			
District of Columbia	✓			
Florida	✓	✓		
Georgia	✓			
Hawaii				
Idaho	✓			
Illinois <sup>c</sup>	✓	✓	✓	✓
Indiana				
Iowa	✓			
Kansas	✓			
Kentucky	✓			
Louisiana	✓			
Maine	✓			
Maryland				
Massachusetts	✓	✓		✓
Michigan <sup>d</sup>	✓	✓	✓	✓
Minnesota				
Mississippi	NR	NR	NR	NR
Missouri	✓	✓		
Montana	✓			
Nebraska	✓	✓	✓	✓
Nevada				
New Hampshire	✓	✓		
New Jersey <sup>e</sup>	✓	✓	✓	✓
New Mexico		✓		✓
New York	✓			✓
North Carolina	✓			
North Dakota				
Ohio				
Oklahoma	✓			
Oregon				
Pennsylvania	✓			
Rhode Island				
South Carolina				
South Dakota				
Tennessee	✓			
Texas	✓			
Utah	✓			
Vermont				
Virginia				
Washington				
West Virginia				

<sup>a</sup> Colorado's presumptive eligibility for pregnant women under Medicaid ended September 1, 2004.

<sup>b</sup> Connecticut offers expedited eligibility for pregnant women, which does not meet the federal definition of presumptive eligibility; it waives certain verifications normally required in the eligibility process.

<sup>c</sup> In Illinois, presumptive eligibility for Medicaid and SCHIP children became effective May 2004. Children who would ordinarily be eligible for SCHIP if applying when pregnant are instead eligible for Medicaid and receive presumptive eligibility through the Medicaid program.

<sup>d</sup> In Michigan, Medicaid has presumptive eligibility for children using e-applications. Age is not a factor for presumptive eligibility for pregnant women.

<sup>e</sup> In New Jersey, presumptive eligibility for children is 200 percent of the FPL; however, New Jersey's Family Care covers children up to 350 percent FPL.



DRAFT: 8/11/2005

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Wisconsin	✓			
Wyoming	✓			
<b>Totals</b>	<b>29</b>	<b>10</b>	<b>5</b>	<b>7</b>

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004

**Notes: NR = not reported by the state.**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

**Table 3. Continuous Eligibility (in months) for Pregnant Women and Children in Medicaid and SCHIP (as of October 1, 2003)**

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Alabama	✓		✓	12	✓	12
Alaska			✓	6	✓	6
Arizona <sup>a</sup>	✓	24	✓	12	✓	12
Arkansas <sup>b</sup>	✓		✓	12	✓	12
California <sup>c</sup>			✓	12	✓	12
Colorado					✓	12
Connecticut						
Delaware <sup>d</sup>			✓	12	✓	12
District of Columbia	✓	12	✓	12	✓	12
Florida <sup>e</sup>	✓	24	✓	12/6	✓	6
Georgia						
Hawaii						
Idaho			✓	12	✓	12
Illinois <sup>f</sup>	✓	12	✓	12	✓	12
Indiana						
Iowa <sup>g</sup>	✓		✓	12	✓	12
Kansas	✓	60	✓	12	✓	12
Kentucky <sup>h</sup>			✓	12		
Louisiana			✓	12	✓	12
Maine <sup>i</sup>			✓	12	✓	12
Maryland <sup>j</sup>	✓	60	✓	12/6		
Massachusetts <sup>k</sup>			✓	12		
Michigan			✓	12	✓	12
Minnesota <sup>l</sup>			✓	12/6	✓	12

<sup>a</sup> Arizona offers SOBRA women 24 months of continuous eligibility for family planning services only following the 60-day postpartum period. Infants have 12 months of continuous eligibility.

<sup>b</sup> In Arkansas, eligibility is continuous through the last day of the month in which the 60th postpartum day falls. Arkansas's 1115 demonstration provides continuous eligibility for 12 months. The demonstration is called "ARKids First-B."

<sup>c</sup> California provides continuous eligibility for pregnant women through the 60<sup>th</sup> day postpartum period and has 12-month continuous eligibility for children up to age 19.

<sup>d</sup> Delaware Medicaid provides infants 12 months of continuous eligibility.

<sup>e</sup> Florida offers pregnant women 24 months of continuous eligibility for family planning for postpartum coverage. Medicaid provides 12 months of continuous eligibility for children under age five, and six months of continuous eligibility for children ages five to 19. The Florida SCHIP program provides continuous eligibility for six months for children ages 1 to 19.

<sup>f</sup> Illinois offers pregnant women 12 months' continuous eligibility for family planning if the pregnant woman loses eligibility after the postpartum period. The same family planning coverage is offered to non-pregnant women who are losing eligibility for other reasons, including aging out of children's coverage.

<sup>g</sup> Iowa provides continuous eligibility for infants only and for women while pregnant and postpartum.

<sup>h</sup> Kentucky Medicaid provides 12 months' deemed eligibility for infants when the mother is eligible at the infant's birth. Pregnant women are eligible until 60 days postpartum. Recipients in Passport Region have 12 months' guaranteed eligibility.

<sup>i</sup> Maine provides continuous eligibility for 60 days past the date pregnancy ends.

<sup>j</sup> Maryland provides continuous eligibility for family planning services only for five years (60 months). Maryland Medicaid provides infants 12 months of continuous eligibility. All other children were guaranteed at least six months' coverage under a section 1115 waiver as of October 2003; however, as of July 2004 the six-month eligibility guarantee was discontinued and is no longer in effect.

<sup>k</sup> In Massachusetts, newborns are eligible for 12 months if they are born to Medicaid-eligible mothers. Pregnant women are eligible for the duration of their pregnancy and for two months following the calendar month of the end of the pregnancy.

<sup>l</sup> Minnesota provides Medicaid coverage under two programs: the Medical Assistance program (MA) which is regular Medicaid, and MinnesotaCare, which is a section 1115 waiver demonstration project. The MA program provides automatic eligibility for newborns up to age one. Effective October 1, 2004, the MinnesotaCare program uses a six-month renewal period, which has the effect of providing continuous coverage for a six-month period for

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Mississippi	NR	NR	NR	NR	NR	NR
Missouri <sup>m</sup>	✓	12	✓	12		
Montana					✓	12
Nebraska <sup>n</sup>	✓	12	✓	6	✓	6
Nevada <sup>o</sup>					✓	12
New Hampshire						
New Jersey <sup>p</sup>	✓					
New Mexico <sup>q</sup>	✓	24				
New York <sup>r</sup>	✓	22	✓	12	✓	12
North Carolina			✓	12	✓	12
North Dakota <sup>s</sup>	✓	60			✓	12
Ohio <sup>t</sup>			✓	12		
Oklahoma						
Oregon <sup>u</sup>			✓	6	✓	6
Pennsylvania <sup>v</sup>			✓	12	✓	12
Rhode Island						
South Carolina <sup>w</sup>			✓	12		
South Dakota						
Tennessee <sup>x</sup>	✓	60				
Texas <sup>y</sup>	✓		✓	6	✓	6

children under age 21. In Minnesota's Medical Assistance program and MinnesotaCare program, the period of eligibility for newborns is 12 months. In MinnesotaCare, as noted above, the continuous eligibility is six months for children under age 21. However, during the 6 months of MinnesotaCare coverage, nonpayment of premiums could result in disenrollment and a four-month penalty period before reinstatement (except for pregnant women and children under age two). Minnesota's SCHIP program is a Medicaid expansion for children under age two. Newborn infants in this group who are automatically eligible would have continuous coverage for a 12-month period.

<sup>m</sup> Missouri offers full coverage for 60 days after delivery, then 12 months of family planning, testing, and treatment of sexually transmitted diseases only. Missouri Medicaid provides 12 months of continuous eligibility for newborns if they are born to Medicaid-eligible mothers.

<sup>n</sup> Nebraska offers continuous eligibility for children for 6 months for the initial eligibility period. Eligibility after the initial six-month period is monthly.

<sup>o</sup> In Nevada, a pregnant woman who is determined Medicaid eligible remains eligible through the end of the administrative month that includes the 60<sup>th</sup> day after the end of pregnancy. In the Nevada SCHIP program, a pregnant minor remains eligible as long as she resides in the covered home and has not yet reached her 19<sup>th</sup> birthday.

<sup>p</sup> New Jersey guarantees eligibility without regard to changes in the household unit's income for the term of the pregnancy, including a 60-day period beginning with the last day of the pregnancy. This applies to Medicaid and SCHIP women. Additionally, children under age one (Medicaid and SCHIP) receive a guaranteed eligibility period of 12 months.

<sup>q</sup> New Mexico Medicaid provides 24 months of family planning services following the 60 days postpartum, under a section 1115 waiver.

<sup>r</sup> Under the New York Family Planning Extension Program, New York provides family planning services only for 22 months (up to a total of 24 months) for women losing Medicaid coverage postpartum. Continuous eligibility for pregnant women is calculated until the end of the month in which the 60<sup>th</sup> day occurs following the end of the pregnancy. Under Medicaid, families are required to report a change in residency that could affect their insurance status. Under SCHIP, families are required to report a change in residency or income which could affect their insurance status.

<sup>s</sup> North Dakota provides continuous eligibility for pregnant women until the end of the month that is 60 days postpartum.

<sup>t</sup> Ohio Medicaid provides 12 months of continuous eligibility for all newborns (up to 200 percent of the FPL).

<sup>u</sup> Oregon Medicaid provides 12 months of continuous eligibility for all newborns (up to 185 percent of FPL) and for pregnant women through the end of the month following 60 days postpartum.

<sup>v</sup> In Pennsylvania, continuous eligibility is not available for pregnant women over age 19 in SCHIP.

<sup>w</sup> South Carolina Medicaid provides continuous eligibility for pregnant women until 60 days postpartum. Newborns born to Medicaid eligible pregnant women who continue to live with those women are continuously eligible for one year. Also, 22 months of Family Planning coverage is provided for 60 days postpartum.

<sup>x</sup> In Tennessee, pregnant women eligible for TennCare as uninsured can continue on TennCare after the postpartum coverage period if they elect to pay the calculated premium based on their income.

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Utah <sup>z</sup>	✓	60	✓	12	✓	12
Vermont			✓	12	✓	12
Virginia <sup>aa</sup>	✓				✓	12
Washington <sup>bb</sup>	✓		✓	12		
West Virginia			✓	12	✓	12
Wisconsin <sup>cc</sup>			✓	12		
Wyoming <sup>dd</sup>			✓	12	✓	12
Totals	20	—	35	—	32	—

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004.

**Note:** NR = not reported by the state.

\* Under Medicaid, all states are required to fund pregnancy-related care, including family planning services, for 60 days postpartum to women with incomes up to 133 percent of the FPL; newborns are provided continuous eligibility for up to one year.

Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

<sup>y</sup> Texas offers continuous eligibility through the second month after the pregnancy ends, regardless of income changes.

<sup>z</sup> Utah Medicaid provides continuous eligibility for pregnant women until 60 days postpartum. Coverage begins with the verified pregnancy. Coverage can begin 90 days retroactive from the date of the application when eligibility is met for that period.

<sup>aa</sup> Virginia provides pregnant women continuous eligibility with full Medicaid coverage until 60 days postpartum. Twenty-two months of family planning services are available only for women losing Medicaid coverage postpartum. As of August 2003, Virginia's separate SCHIP program provides for 12 months continuous eligibility unless the family income exceeds 200 percent of the FPL or the child moves out of state.

<sup>bb</sup> Washington provides 10 months of family planning coverage only following the 60 days postpartum.

<sup>cc</sup> Wisconsin Medicaid provides 12 months of continuous eligibility for newborns only and 12 months of family planning coverage only following the 60-day end of pregnancy extension.

<sup>dd</sup> Wyoming provides 12 months of eligibility for newborns who are born to Medicaid eligible women.

**Table 4. Assets Test for Pregnant Women and Children in Medicaid and SCHIP (as of October 1, 2003)**

State	Medicaid		SCHIP	
	Pregnant women	Children	Pregnant Women*	Children
Alabama				
Alaska				
Arizona				
Arkansas	✓			
California				
Colorado		✓		
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa	✓			
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan <sup>a</sup>				
Minnesota				
Mississippi	NR	NR	NR	NR
Missouri				
Montana	✓	✓		
Nebraska				
Nevada	✓	✓		
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				✓
Pennsylvania <sup>b</sup>				
Rhode Island				
South Carolina				
South Dakota	✓			
Tennessee				
Texas <sup>c</sup>		✓		
Utah <sup>d</sup>	✓	✓		
Vermont				
Virginia				
Washington				
West Virginia				

<sup>a</sup> Michigan does not apply an assets test for pregnant women or children in either program.

<sup>b</sup> In Pennsylvania this option is not available in the SCHIP program for women over the age of 19.

<sup>c</sup> Texas has dropped the assets test for pregnant women only.

<sup>d</sup> Utah Medicaid requires an assets test for children over age six.

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Wisconsin				
Wyoming				
<b>Totals</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>2</b>

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004.

**Notes: NR = not reported by the state.**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

**Table 5. States That Allow Self-Declaration of Income for Pregnant Women and Children in Medicaid and SCHIP (as of October 1, 2003)**

State	Medicaid		SCHIP	
	Pregnant women	Children	Pregnant Women*	Children
Alabama				✓
Alaska				
Arizona				
Arkansas		✓		✓
California				
Colorado <sup>a</sup>				
Connecticut	✓	✓		✓
Delaware <sup>b</sup>				
District of Columbia				
Florida		✓		✓
Georgia	✓	✓		✓
Hawaii <sup>c</sup>	✓	✓		✓
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	✓	✓		✓
Massachusetts <sup>d</sup>	✓	✓		✓
Michigan <sup>e</sup>	✓	✓	✓	✓
Minnesota				
Mississippi	NR	NR	NR	NR
Missouri				
Montana				✓
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				✓
North Carolina				
North Dakota				
Ohio				
Oklahoma	✓	✓		✓
Oregon				
Pennsylvania <sup>f</sup>				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont	✓	✓		✓

<sup>a</sup> Colorado allows self-declaration of income for pregnant women under presumptive eligibility only.

<sup>b</sup> Delaware allows self-declaration of income for pregnant women under presumptive eligibility only.

<sup>c</sup> Hawaii allows self-declaration of income only at the point of application and eligibility renewal.

<sup>d</sup> Massachusetts allows self-declaration for presumptive eligibility. The individual must provide proof of income within 60 days.

<sup>e</sup> Age is not a factor in Michigan.

<sup>f</sup> Self-declaration of income for pregnant women is not available in the SCHIP program for women over age 19 in Pennsylvania.

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Virginia				
Washington				
West Virginia				
Wisconsin <sup>§</sup>	✓	✓		
Wyoming	✓	✓		✓
<b>Totals</b>	<b>11</b>	<b>13</b>	<b>1</b>	<b>15</b>

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004.

**Notes: NR = not reported by the state.**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

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<sup>§</sup> As of May 14, 2004, Wisconsin requires that employers verify the earnings of adult applicants and recipients in the state's BadgerCare program. BadgerCare is the Medicaid expansion under SCHIP that covers uninsured parents and children under age 19.



**Table 6. Medicaid and SCHIP Eligibility Levels in Percentages of the Federal Poverty Level (FPL) for Infants and Children under Age Six (as of October 1, 2003)**

State	Infants		Children under Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	200	133	200
Alaska	133	175 <sup>a</sup>	133	175 <sup>a</sup>
Arizona	140	200	133	200
Arkansas	200	200	200	200
California	200	250	133	250
Colorado	133	185	133	185
Connecticut	185	300	185	300
Delaware	200	0	133	200
District of Columbia	185	200	133	200
Florida	200		133	200
Georgia	185	235	133	235
Hawaii	185	200	133	200
Idaho <sup>b</sup>	133	150	133	150
Illinois	133/200 <sup>c</sup>	200	133	200
Indiana	150	200	150	200
Iowa	200	200	133	200
Kansas	150	200	133	200
Kentucky	185	200	133	200
Louisiana	133	200	133	200
Maine	185	200	150	200
Maryland	185	300	133	300
Massachusetts	200		150	200
Michigan	185	200	150	200
Minnesota <sup>d</sup>	275	280	275	
Mississippi	NR	NR	NR	NR
Missouri	185	300	133	300
Montana	133	150	133	150
Nebraska	150	185	133	185
Nevada	133	200	133	200
New Hampshire	300		185	300
New Jersey	185	350	133	350
New Mexico	185	235	185	235
New York	200	250 <sup>e</sup>	133	250 <sup>f</sup>
North Carolina	185	200	133	200
North Dakota <sup>g</sup>	133	140	133	140
Ohio	150	200	150	200
Oklahoma	185	185	185	185
Oregon	185	-	133	185
Pennsylvania <sup>h</sup>	185	200	133	200
Rhode Island	250		250	
South Carolina <sup>i</sup>	185		133	150

<sup>a</sup> 150 percent for children with other insurance.

<sup>b</sup> In July 2004, Idaho implemented a separate SCHIP program for children age 0-19 at 150 percent to 185 percent of the FPL.

<sup>c</sup> Infants born to women who were eligible for and receiving Medicaid at the time of birth are eligible up to age one at 200 percent of the FPL. All other infants are eligible up to 133 percent of FPL.

<sup>d</sup> The category "infants" includes children up to age two in Minnesota. Effective July 1, 2004, the Medicaid income limit for children under age six was lowered from 170 percent of the FPL to 150 percent; the income limit for children in MinnesotaCare remains at 275 percent of the FPL.

<sup>e</sup> Infants born to mothers on Medicaid are eligible under "Medicaid for Newborns." Infants who are not Medicaid eligible are covered per the figures on the table.

<sup>f</sup> In New York, 250 percent represents gross FPL. Infants and children below age six may be eligible for SCHIP above 250 percent of FPL (at full premium cost) if other eligibility criteria are met.

<sup>g</sup> North Dakota's amendment began enrolling children in its state-designed program up to 140 percent of the FPL on October 1, 1999, even though it was still pending approval. The amendment was approved on November 12, 1999.

<sup>h</sup> In Pennsylvania, a state-funded program covers infants and children up to 235 percent of the FPL.

State	Infants		Children under Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
South Dakota	140	200	140	200
Tennessee <sup>j</sup>	185		133	
Texas	185	200	133	200
Utah	133	200	133	200
Vermont	225	300	225	300
Virginia	133	200	133	200
Washington	200	250	200	250
West Virginia	150	200	150	200
Wisconsin	185	200	185	200
Wyoming	133	185	133	185

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004

**Notes:** Under the Omnibus Budget Reconciliation Act of 1990, states are required to provide Medicaid coverage to children ages six and older born after September 30, 1983, living in families with incomes below 100 percent of the federal poverty level (FPL). Since 1989 states have been required to cover all pregnant women, as well as children under age six, living in families with incomes at or below 133 percent of the FPL.

**NR = not reported by the state.**

\* SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program.

<sup>i</sup> South Carolina expanded Medicaid eligibility for children ages one through 18 in families with incomes up to 150 percent of the FPL on August 1, 1997, but did not claim the enhanced match rate until October 1, 1997.

<sup>j</sup> There is an income limit of 100 percent of the FPL, with no access to health insurance, for uninsured children under TennCare. Children must meet established medically eligible criteria to be enrolled in the uninsurable category.

**Table 7. Medicaid and SCHIP Eligibility Levels in Percentages of the Federal Poverty Level (FPL) for Children Ages 6 through 18 (as of October 1, 2003)**

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility <sup>†</sup>
Alabama	100	200
Alaska	100	175 <sup>a</sup>
Arizona	100	200 <sup>b</sup>
Arkansas	200	200
California	100	250
Colorado	100	185
Connecticut <sup>c</sup>	185	300
Delaware	100	200
District of Columbia	100	200
Florida	100	200
Georgia	100	235
Hawaii	100	200
Idaho <sup>d</sup>	100	150
Illinois	133	200
Indiana	150	200
Iowa	133	200
Kansas	100	200
Kentucky	100	200
Louisiana	100	200
Maine	150	200
Maryland	100	300
Massachusetts <sup>e</sup>	150	200
Michigan <sup>f</sup>	150	200
Minnesota	275 <sup>g, h</sup>	
Mississippi	NR	NR
Missouri <sup>i</sup>	100	300
Montana	100	150
Nebraska	100	185
Nevada	100	200
New Hampshire	185	300
New Jersey	100	350 <sup>j</sup>
New Mexico <sup>k</sup>	185	235
New York <sup>l</sup>	133	250
North Carolina	100	200
North Dakota	100	140

<sup>a</sup> 150 percent FPL for children with other insurance.

<sup>b</sup> For children ages six through 18.

<sup>c</sup> Connecticut's pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 16 up to 185 percent of the FPL.

<sup>d</sup> In July 2004, Idaho implemented a separate SCHIP program for children ages 0-19 at 150 percent to 185 percent of the FPL.

<sup>e</sup> Massachusetts' pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 17 up to 133 percent of the FPL.

<sup>f</sup> Michigan's pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered newborns to age one up to 185 percent of the FPL and children ages one through 15 only up to 150 percent of the FPL.

<sup>g</sup> The MinnesotaCare program has a gross income level for families of 275 percent of the FPL; this program also has premium payments and barriers for some children who have insurance or access to insurance. Minnesota's income level in its Medicaid State Plan for children ages six through 18 is 150 percent of the FPL, effective July 1, 2004.

<sup>h</sup> Children under age 21 are eligible in the MinnesotaCare program up to 275 percent of the FPL. The highest income level in Minnesota's Medicaid plan for children ages 18 to 20 is 100 percent of the FPL.

<sup>i</sup> Missouri's FPLs are for children up to age 19.

<sup>j</sup> New Jersey's SCHIP eligibility covers children up to 350 percent of the FPL through age 18. Medicaid-eligible children ages six through 18 at 133 percent of the FPL must be uninsured.

<sup>k</sup> New Mexico covers children for Medicaid and SCHIP up to age 19.

<sup>l</sup> In New York, the 250 percent of the FPL represents gross FPL. Children ages six through 18 may be eligible for SCHIP above 250 percent of FPL (at full premium cost) if other eligibility criteria are met.

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility <sup>†</sup>
Ohio	150	200
Oklahoma	185	185
Oregon	100	185
Pennsylvania	100	200 <sup>m</sup>
Rhode Island	250	250
South Carolina	100	150
South Dakota	140	200
Tennessee <sup>n</sup>	100	
Texas	100	200
Utah	100	200
Vermont	225	300
Virginia	100	200
Washington	200	250
West Virginia	100	200
Wisconsin	100	200
Wyoming	100	185

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004.

**Notes:** This age group represents children ages six through 18 (until their 19<sup>th</sup> birthday). Under OBRA 1990, states are required to phase in coverage for children ages six and older born after September 30, 1983, living in families with incomes up to 100 percent of the FPL, until all children (until the 19<sup>th</sup> birthday) are covered; the upper age limit was reached in October 2002. <sup>†</sup> SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program. Medicaid coverage for children age 19 to 21 is an optional category; states are not mandated to cover this population. However, if a state does provide coverage, it is mandated to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. States are required to provide EPSDT services to all individuals under the age of 21 enrolled in Medicaid. NR = not reported by the state.

<sup>m</sup> In Pennsylvania, a state-funded program covers children up to 235 percent of the FPL.

<sup>n</sup> There is an income limit of 100 percent of FPL with no access to health insurance for uninsured children under TennCare. Children must meet established medically eligible criteria to be enrolled in the uninsurable category.

**Table 8. Medicaid and SCHIP Eligibility as a Percentage of the Federal Poverty Level (FPL) for Pregnant Women (as of October 1, 2003)**

State	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	
Alaska	175	
Arizona	133	
Arkansas	200	
California <sup>a</sup>	300	
Colorado	133	185 <sup>b</sup>
Connecticut	185	
Delaware	200 <sup>c</sup>	
District of Columbia	185	200
Florida	185	
Georgia	235	
Hawaii	185	
Idaho	133	
Illinois	200	
Indiana	150	
Iowa	200	
Kansas	150	
Kentucky	185	
Louisiana	200 <sup>d</sup>	
Maine	200	
Maryland	250	
Massachusetts	200	200
Michigan	185	185
Minnesota	275	275 <sup>e</sup>
Mississippi	NR	NR
Missouri	185	
Montana	133	
Nebraska	185	185
Nevada	133	
New Hampshire	185	
New Jersey <sup>f</sup>	185	200
New Mexico	N/A	
New York <sup>g</sup>	200	250 <sup>h</sup>
North Carolina	185	
North Dakota	133	
Ohio	150	
Oklahoma	185	
Oregon	185	

<sup>a</sup> California's Medicaid program covers pregnant women with incomes through 200 percent of the FPL. The Access for Infants and Mothers (AIM) program covers pregnant women with incomes between 200 percent and 300 percent of the FPL.

<sup>b</sup> Colorado received approval for a HIFA waiver to claim Title XXI funding to expand coverage to pregnant women with family incomes between 134 percent and 185 percent of the FPL under its SCHIP program.

<sup>c</sup> Maternity is a covered benefit under Delaware's SCHIP program, but the Medicaid FPL is the same as the SCHIP eligibility level. All births become Medicaid births.

<sup>d</sup> In Louisiana, eligibility was increased to 200 percent of FPL effective January 1, 2003.

<sup>e</sup> In Minnesota, a separate SCHIP program covers unborn children of non-citizen pregnant women ineligible for Medicaid and without other health insurance, effective November 1, 2002.

<sup>f</sup> In New Jersey, pregnant women with 185 percent to 200 percent of the FPL must be uninsured.

<sup>g</sup> New York provides family planning services only for 22 months (up to a total of 24 months) for women losing Medicaid coverage postpartum. Continuous eligibility for pregnant women is calculated until the end of the month in which the 60<sup>th</sup> day occurs following the end of the pregnancy. In New York, families are required to report a change in residency, which could affect their insurance status.

<sup>h</sup> In New York, the 250 percent represents gross FPL. Pregnant women up to age 19 may be eligible for Child Health Plus above 250 percent of FPL (at full premium cost) if other eligibility criteria are met.

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State	Medicaid Eligibility	SCHIP Eligibility*
Pennsylvania	185	
Rhode Island	185	250
South Carolina	185	
South Dakota	133	
Tennessee	185	
Texas	185	
Utah	133	
Vermont	200	
Virginia	133	
Washington	185	185
West Virginia	150	
Wisconsin	185	200
Wyoming	133	185

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division July – December 2004.

**Notes:** NR = not reported by the state.

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

**Table 9: Programs that Provide Health Coverage to Adults with Children (as of October 1, 2003)<sup>†</sup>**

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level (% FPL)
Alabama	Plan First	Medicaid 1115 Waiver for Family Planning Services	Females ages 19-44	133
Arizona <sup>a</sup>	AHCCCS	Medicaid 1115	Families with children	100
	Health Insurance for Parents	HIFA Waiver	Parents of children covered by SOBRA or SCHIP	200
Arkansas <sup>b</sup>	Medicaid	Medicaid 1115 demonstration for family planning	Females ages 14-44	200
California	MediCal	Medicaid 1931 & Medically Needy	Adults with children	100
Colorado	Child Health Plus	HIFA Waiver <sup>c</sup>	Pregnant women	185
	Medicaid	Medicaid 1931 <sup>d</sup>	Adults with children	
Connecticut	HUSKY	Medicaid 1931	Adults with children	100
Delaware	Diamond State Health Plan	Medicaid 1115	Adults	100
District of Columbia	DC Healthy Families	Medicaid 1931	Adults with children	200
Hawaii	Hawaii QUEST (QUEST)	Medicaid 1115	Adults	100
Illinois	Family Care <sup>e</sup> Illinois Healthy Women	Medicaid 1931	Adults with children	30
		Medically Needy	Adults with children	38
		HIFA Waiver	Adults with children	133
		Medicaid 1115 demonstration for family planning	Women age 19-44 who are losing their eligibility for Medicaid or SCHIP	200
Kansas	Medicaid	Medicaid 1931	Adults with children	32
Kentucky	Medicaid	Medicaid 1931	Adults with children	52
		Medically Needy	Adults with children	28
Louisiana	Low Income Families with Children	Medicaid 1931	Adults with children	13
Maine	Medicaid	Medicaid 1931	Adults of Medicaid- and SCHIP- eligible children	150
	MaineCare for Childless Adults	HIFA Waiver	Adults with no dependent children	100
Maryland	Medicaid	Medicaid 1931	Adults with children	40
Massachusetts	MassHealth Standard	Medicaid 1115	Parents, disabled adults, and unemployed adults	133
	MassHealth Family Assistance <sup>f</sup>	Medicaid 1115	Custodial families and uninsured adults	200

<sup>a</sup> Arizona's Medicaid program received a section 1115 Medicaid waiver in 1982 to place the entire Medicaid population into managed care.

<sup>b</sup> Arkansas' Medicaid program increased the eligibility level to 200 percent FPL to provide health coverage to adults with children on February 1, 2003.

<sup>c</sup> Colorado submitted a HIFA waiver in May 2002 to allow the state to claim Title XXI funding to expand coverage under their SCHIP program, Child Health Plus, to pregnant women with incomes between 134 percent to 185 percent of the FPL.

<sup>d</sup> Colorado's Medicaid 1931 covers adults with children with household incomes based on the old AFDC need standard.

<sup>e</sup> In Illinois, changes to Family Care were implemented as of September 2004.

<sup>f</sup> MassHealth Family Assistance only provides coverage to adults if their employers participate in the MassHealth Insurance Partnership.

Michigan	Medicaid	Medicaid 1931	Adults with children Medically needy caretaker relatives	35-40 <sup>g</sup> 35-45 <sup>h</sup>
	Adult Benefit Waiver	HIFA Waiver	Adults	35
Minnesota	MinnesotaCare	Medicaid 1115 & SCHIP 1115 <sup>i</sup>	Adults with children	275
		State-funded	Adults without children	175
Mississippi	MS Health Benefits	SCHIP	Children and adults with employer sponsored coverage*	200 <sup>j</sup>
Missouri	MAF	Medicaid 1931	Parents/Eligible Caretakers	77 <sup>k</sup>
	MC+	Medicaid 1115	Parents/Eligible Caretakers on Extended Transitional	100
Montana	Medicaid	Section 1931 Medicaid	Parents and other related adults with children	37 or less depending on family size
Nevada	Medicaid	Medicaid	Adults with children Children only	??
New Mexico	New Mexico State Coverage Initiative	HIFA Waiver	Parent and childless adults	200
New York	Family Health Plus <sup>l</sup>	Medicaid 1115	Adults with children Adults without children	150 100
New Jersey <sup>m</sup>	New Jersey FamilyCare	SCHIP 1115	Adults with children	200
North Dakota	Medicaid	Medicaid 1931	Families with children and underemployed families	40
		Medically Needy		55
Ohio	Healthy Families	Medicaid 1931	Adults with children	100
Oregon	Oregon Health Plan	Medicaid 1115	Adults	100
	Oregon Health Plan 2	HIFA Waiver <sup>n</sup>	Adults	185
Pennsylvania	Adult Basic Coverage	State-funded <sup>o</sup>	Uninsured adults	200
Rhode Island	RIteCare and RI Share	Medicaid/ SCHIP 1115 & Medicaid 1931	Adults with children	185
South Carolina	Low Income Families	Medicaid 1931	Low income families with dependent children	50
South Dakota	Low-Income Families	Medicaid 1931	Adults with children <sup>p</sup>	
Tennessee	TennCare	Medicaid 1115	Uninsurable adults	100

<sup>g</sup> Michigan – estimated percent of the FPL based upon a percent of the 1996 AFDC standard. Varies by geographic area.

<sup>h</sup> Michigan – estimated percent of the FPL. Varies by geographic area.

<sup>i</sup> MinnesotaCare parents and caretakers with incomes between 100 percent and 200 percent of the FPL will be covered by a SCHIP-enhanced match under an 1115 SCHIP waiver approved June 13, 2001. Other MinnesotaCare parents and caretakers will continue to receive the regular FMAP under a Medicaid 1115 waiver. MinnesotaCare coverage of adults without children is 100 percent state funded, and is not part of either the Medicaid or SCHIP 1115 waivers.

<sup>j</sup> Mississippi received approval for its employer buy-in program; however, implementation has been put on hold indefinitely.

<sup>k</sup> Missouri Medicaid reduced the percentage of FPL to 77 percent on July 1, 2004.

<sup>l</sup> New York's Family Health Plus program covers parents who are not eligible under medically needy programs.

<sup>m</sup> New Jersey's FamilyCare program has been closed to applicants effective June 2002; however, recipients prior to June 2002 still qualify.

<sup>n</sup> Oregon received approval for a HIFA waiver on October 15, 2002. Under the waiver, Oregon uses SCHIP funds and Medicaid funds to expand health insurance coverage to pregnant women, children and parents of Medicaid and SCHIP-eligible enrollees, childless adults, and individuals covered under the state's Family Health Insurance Assistance program up to 185 percent of the FPL.

<sup>o</sup> Pennsylvania's Adult Basic Coverage is funded with tobacco settlement funds.

<sup>p</sup> South Dakota's Medicaid 1931 covers adults with children with household incomes based on the old AFDC need standard.



Texas <sup>q</sup>	Medicaid	Medicaid 1931	Uninsured adults	
Utah <sup>r</sup>	Primary Care Network (PCN)	Medicaid 1115	Uninsured adults	150
	Medicaid	Medicaid 1931 and medically needy	Adults with children	
Vermont	Vermont Health Access Plan	Medicaid 1115	Uninsured adults	150-185
Virginia <sup>s</sup>	Medicaid	Medicaid	Adults with children	18.3 – 30.7
	HIPP/ESHI	Medicaid/SCHIP	Children and adults with employer sponsored coverage*	133/200
Washington	Basic Health Plan	State-funded <sup>t</sup>	Adults and children	200 <sup>u</sup>
	WA Medicaid Program	Medicaid 1931	Adults with children	40-50
West Virginia	WV Medicaid Program	Medicaid 1931	Adults with children	20
Wisconsin	BadgerCare	Combination 1931 amendment & T19 and SCHIP 1115(a) waivers	Adults with children	185-200
Wyoming	EqualityCare	Medicaid 1931	Adults with children	100

**Sources:**

Data updated by state officials July – December 2004. Melora Krebs-Carter and John Holahan, *State Strategies for Covering Uninsured Adults* (Washington, D.C.: Urban Institute, February 2000). AcademyHealth, *State Coverage Matrix* available at <http://www.statecoverage.net/matrix-intro.htm> (Washington, D.C.: AcademyHealth).

**Key:**

Eligibility Level = As a percentage of the federal poverty level (FPL).

AFDC Standard = Aid to Families with Dependent Children (AFDC) standard refers to the income and resource standards used by states to determine eligibility for old state AFDC programs. AFDC was replaced by Temporary Assistance to Needy Families (TANF).

HIFA waiver = Health Insurance Flexibility and Accountability (HIFA) waiver.

Medicaid 1115 = State providing coverage through a Medicaid Section 1115 research and demonstration waiver; receiving regular Medicaid match rate.

Medicaid 1931 = State providing coverage under Medicaid Section 1931; receiving regular Medicaid match rate.

SCHIP = State Children's Health Insurance Program (SCHIP); state providing coverage through SCHIP program; receiving SCHIP match rate.

SCHIP 1115 = State providing coverage through an 1115 waiver of SCHIP; receiving SCHIP match rate.

State-funded = State providing coverage using state dollars; receiving no match from the federal government.

†Not all states are listed in this chart. States not listed did not indicate that they sponsor a program that provides health coverage to adults with children.

\*SCHIP employer buy-in programs are initially intended to pay the employee's share of the premium for dependent children when the parents have access to employer-sponsored insurance. However, since few employers are able to carve out a premium just for a dependent child or children, it is often cost effective to cover the employee's share of the premium to cover the entire family.

<sup>q</sup> Texas Medicaid 1931 covers uninsured adults based on TANF income guidelines.

<sup>r</sup> Utah also provides Medicaid coverage under 1931 to adults with children at less than the medically needy (basic maintenance standard) level. Utah provides coverage to medically needy adults with income greater than the medically needy level, with spend down.

<sup>s</sup> Virginia provides premium assistance for employer sponsored insurance through both Medicaid and SCHIP. In the Medicaid HIPP program the entire premium may be covered, but in the SCHIP ESHI program the premium assistance is prorated for children only. The ESHI program has very low enrollment.

<sup>t</sup> Washington receives the Medicaid match rate for children under age 19 at or below 200 percent of the FPL and pregnant women at or below 185 percent of the FPL. Uninsured adults are funded with state-only dollars.

<sup>u</sup> Incomes below 200 percent of the FPL are subsidized; enrollees with incomes above 200 percent of the FPL must pay the full premium.

## **Appendix A. History of Medicaid and SCHIP Eligibility for Pregnant Women and Children**

Beginning in the late 1980s and continuing throughout the 1990s Congress passed a series of laws, both mandates and optional authorities, aimed at improving maternal and child health. States responded by developing ambitious programs to improve access and quality of care for pregnant women and children.

- 1984 – Deficit Reduction Act (DEFRA)** required states to provide Medicaid coverage for pregnant women who would qualify for Aid to Families with Dependent Children (AFDC) and Medicaid when their children were born to two-parent families where the primary wage earner was unemployed.
- 1985 – Consolidated Omnibus Budget Reconciliation Act (COBRA 85)** required states to provide Medicaid coverage to women in two-parent families who met AFDC income and resource standards, even when the primary wage earner was employed. COBRA also required an additional 60 days of coverage after delivery for women whose eligibility was determined based on pregnancy. The law allowed states to provide enriched services to pregnant women without also offering them to other Medicaid recipients, including health education, nutrition counseling, and case management services such as outreach, referral, and service coordination.
- 1986 – Omnibus Reconciliation Act (OBRA 86)** gave states the option to extend income eligibility to pregnant women and children up to age five to 100 percent of the FPL. OBRA 86 also gave states additional options to institute changes that would simplify the Medicaid eligibility process by dropping the asset test for pregnant women and children, providing presumptive eligibility to pregnant women, and providing continuous eligibility for pregnant women through the 60-day postpartum period.
- 1987 – Omnibus Reconciliation Act (OBRA 87)** gave states the option of raising income eligibility of pregnant women and infants to 185 percent of the FPL, along with an option to continue phasing in coverage of children to age eight living below poverty level.
- 1988 – Medicaid Catastrophic Coverage Act** mandated that states begin covering pregnant women and infants at 100 percent of the FPL under a two-year, phase-in process. States were so quick to adopt the optional phase-in expansions in OBRA 87 that only five states were affected by this new mandate.
- 1989 – Omnibus Reconciliation Act (OBRA 89)** mandated that beginning April 1, 1990, all states, cover children up to age six at 133 percent of the FPL.
- 1990 – Omnibus Reconciliation Act (OBRA 90)** mandated that beginning on July 1, 1991, states, phase in coverage of children living in poverty who were born after September 30, 1983. States were required to continue this phase-in until all children up to age 19 living below the poverty line were covered. The upper age limit was reached in October 2002. OBRA 90 included several provisions aimed at streamlining the Medicaid eligibility process. It mandated that states provide continuous eligibility for pregnant women through the 60-day postpartum period. Previously, this was a state option under OBRA 86. In addition, states were required to provide continuous eligibility for newborns for up to one year as long as the newborn remained in the mother's household. States were also required to ensure that pregnant women and children could apply for Medicaid benefits at sites other than welfare offices by outstationing eligibility workers at federally qualified health centers (FQHCs) and hospitals that serve disproportionate shares of Medicaid-eligible and low-income patients.
- 1997 – Balanced Budget Act of 1997 (BBA)** added Title XXI to the Social Security Act and created the State Children's Health Insurance Program (SCHIP). Title XXI provided states with \$24 billion in enhanced matching funds, starting October 1, 1997, to design comprehensive and meaningful health insurance coverage for uninsured children. States could use this new funding to expand Medicaid, develop a new program, or expand an existing program that provides health insurance, or use a combination of the two approaches. The BBA mandated that the funds be used to serve children below age 19 who live in families with incomes at or below 200 percent of the FPL. States were given the flexibility to accelerate the phase-in of adolescents in the OBRA 90 provisions in their new programs. The BBA gave states the ability to extend presumptive and 12-month continuous eligibility to all children. In addition, the BBA also expanded the definition of a "qualified health provider," increasing the entities able to grant presumptive eligibility.

Source: *MCH Update 2002: State Health Coverage for Low-Income Pregnant Women, Children, and Parents* (Washington, D.C.: National Governors Association, 2003).