



Issue Brief

Health Policy Studies Division

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MCH Update 2002: State Health Coverage for Low-Income Pregnant Women, Children, and Parents

Summary

Despite the dire fiscal situation faced by states, Medicaid eligibility for both children and pregnant women remained stable, as did State Children's Health Insurance Program (SCHIP) eligibility, in October 2002. In a few cases, states expanded SCHIP eligibility to pregnant women. Medicaid births continued to remain steady at about one third of total births. An analysis of 2000 data shows that Medicaid births as a percentage of total births have remained steady at approximately 37 percent since 1993. Efforts to streamline the eligibility process to remove administrative barriers to enrollment have also remained consistent since the NGA Center for Best Practices last surveyed the states in 2000. In addition, states are still exploring the options that allow them to expand Medicaid eligibility to parents of Medicaid and SCHIP children.

Background

Since 1990, the NGA Center has reported on the status of state Medicaid coverage of children and pregnant women and innovative maternal and child health initiatives. This has served as the definitive report documenting changes in Medicaid eligibility to pregnant women, infants, and children across the nation. More recently, NGA has collected data on births paid for by Medicaid and state initiatives to improve the health status of pregnant women and children. This report has also changed with the times, adding coverage under SCHIP, and state efforts to provide coverage for entire families. This report on maternal and child health, the *MCH Update*, is produced once a year, reflecting the changes states have made to Medicaid coverage for these two groups. This latest update uses information available through October 2002, unless otherwise noted.

According to a recent survey¹ of Medicaid directors conducted by the Kaiser Commission on Medicaid and the Uninsured, more than half of the states expect their Medicaid budget shortfall to be greater than expected when the fiscal year began. States now expect a 9 percent growth in Medicaid expenditures in Fiscal Year² (FY) 2003, and an enrollment growth of 7.7 percent. The combination of rising, unpredictable costs and increased eligibility forces states to reexamine all health-care programs, with an emphasis on Medicaid. Although we did not find major changes in 2002, in 2003 states began considering proposals to eliminate presumptive eligibility, continuous eligibility, and self-declaration of income, as well as reinstating assets tests for pregnant women and children as cost-saving measures. States also looked at reducing expansions to nonmandatory groups as another way of saving money, or exploring ways in which to maximize the use of federal waiver authority to cover more nonmandatory populations, such as parents.

Medicaid Covers over One Third of U.S. Births

Medicaid continues to cover almost 37 percent of all U.S. births. In 2000, Medicaid paid for approximately 1.4 million births, which represents almost 36.5 percent of all births. The number of

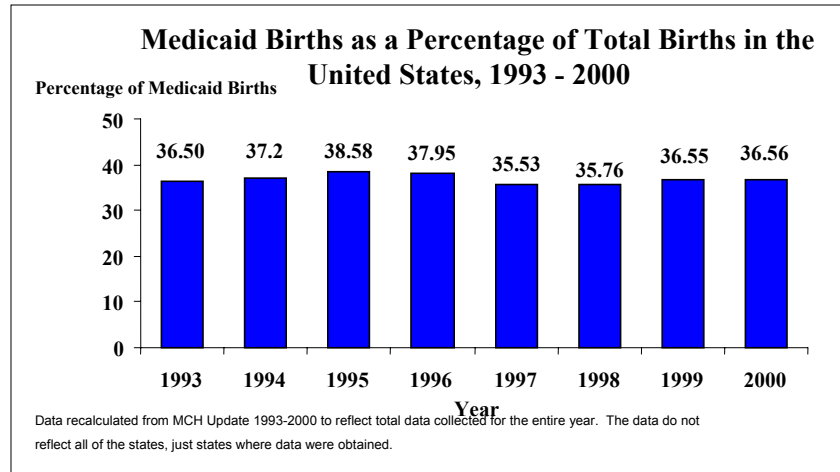
¹ Kaiser Commission on Medicaid and the Uninsured *Issue Paper* "Medicaid Spending Growth: A 50 State Update for Fiscal Year 2003" January 2003.

² Fiscal Year refers to the Federal Fiscal Year time period beginning October 1st and ending September 30th.

Medicaid births is virtually unchanged from 1999. The Medicaid birth rate as a percentage of total births has remained steady since 1993, when NGA began tracking data.

Low-income Pregnant Women and Children are Covered by Medicaid and SCHIP

Medicaid and SCHIP provide health insurance to the bulk of low-income women and children. In FY 2003, Medicaid will cover 47 million people—24 million children, seven million disabled, six million elderly, and over 10 million adults, primarily low-income parents and pregnant women.



Three quarters of Medicaid enrollees are low-income adults—primarily parents and pregnant women—and low-income children. The bulk of health coverage for low-income children, defined as at or below 200 percent of the Federal Poverty Level (FPL), comes from state-run programs. Medicaid covers 51 percent of low-income children and the State Children’s Health Insurance Program covers

and estimated 5.3 million children, a 15 percent increase from the previous year.³

Medicaid and SCHIP Coverage of Pregnant Women and Children

Since the 1980s, Congress has enacted numerous laws concerning Medicaid eligibility for children and pregnant women. Federal law mandates state Medicaid programs cover (as a percentage of the FPL):

- pregnant women at 133 percent;
- infants at 133 percent;
- children ages 1 to 6 at 133 percent; and
- children ages 6 to 18 at 100 percent.

Through the 1980s and 1990s, many states expanded beyond the federally mandated levels. With the inception of SCHIP in 1997, states received the flexibility and funding to expand even further. In the face of the budget crises in FY 2002, for the most part states maintained eligibility levels in Medicaid and SCHIP for both children and pregnant women.

Pregnant Women and Medicaid

Medicaid is one of the largest providers of prenatal coverage for pregnant women, covering almost 37 percent of the nation’s births (see Table 1). Medicaid covers one in 10 women and more than half of poor pregnant women. All pregnant women are eligible for Medicaid at or below 133 percent of the FPL. Many states have expanded eligibility for pregnant women beyond this federal mandate, in some states to as high as 300 percent of the FPL. Pregnant women who meet income guidelines are eligible for Medicaid throughout their pregnancies and for 60 days postpartum. In October 2002 (Table 8):

- 39 states covered pregnant women at or above the federal mandate of 133 percent of the FPL;
- 12 states expanded Medicaid eligibility beyond federal minimums to 200 percent of the FPL or above; and
- 15 states raised their Medicaid or SCHIP eligibility for pregnant women to match the eligibility level for infants.

³ U.S. Department of Health and Human Services Press Release “SCHIP Enrollment Climbs to 5.3 Million Children In 2002” (February 5, 2003); and Cindy Mann “The Flexibility Factor: Finding the Right Balance” *Health Affairs*, Vol. 22 (no.1) January/February 2003.

Pregnant Women and SCHIP

States now have the option of covering pregnant women in the SCHIP program and receiving the SCHIP enhanced match from the federal government. In October 2002, the Department of Health and Human Services (HHS) published a final rule in the Federal Register allowing states to provide prenatal care using SCHIP funds. The rule permits states to file plan amendments that would cover children from conception to birth and up to age 19, regardless of the mother's immigration status. Now that the rule is final, states can provide prenatal coverage to mothers of potentially SCHIP-eligible children without a waiver.

Three states—**Colorado, New Jersey, and Rhode Island**—have already obtained waivers to cover pregnant women using SCHIP funds. The new rule is intended to give states "a speedy new option" to ensure women access to prenatal care. **Wisconsin** expanded coverage to families, including pregnant women, through an SCHIP 1115 waiver. The **District of Columbia** also expanded coverage to families, including pregnant women, through the Medicaid 1931 option. For a detailed explanation of state options to expand coverage to parents and families see the NGA *Issue Brief* "[MCH Update 2001: Trends in State Health Insurance Coverage of Pregnant Women, Children, and Parents.](#)"

Medicaid and SCHIP Coverage of Children

States have been steadily expanding eligibility for children in public health insurance programs since the early 1990s. With the advent of the State Children's Health Insurance Program in 1997, states have rapidly increased eligibility to children through Medicaid expansions or through new state-designed health insurance programs.

In 1990, 30 states covered infants and 12 states covered children through age 6 at the federal minimum mandate of 100 percent of the FPL. The federal minimum mandate has since been raised for both categories to 133 percent of the FPL. In addition states were federally mandated to begin to phase-in Medicaid coverage of children born after September 30, 1983, up to age 19 to 100 percent of the FPL. In 1990, only children up to age 6 were covered to 100 percent, and the upper age limit was to be reached in October 2002. The advent of SCHIP allowed states to accelerate the phase-in process and to cover this category at much higher income level.

In October 2002, either through Medicaid or SCHIP (Tables 6 and Table 7):

- 10 states covered infants and children up to age 19 at 133 percent of FPL but below 200 percent of the FPL;
- 27 states covered infants and children up to age 19 at 200 percent of the FPL; and
- 14 states covered infants and children up to age 19 above 200 percent of the FPL.

Eligibility Streamlining Efforts

Since 1985, states have implemented measures to streamline the eligibility process and remove administrative barriers to enrollment. The NGA Center last surveyed states on eligibility streamlining measures in October 2000. As of October 2002, few states had changed these efforts. However, these streamlining policies are once again under review in FY 2003 and FY 2004, and states may look to these same measures as a way to save money and cut costs. The 2003 MCH Update will have a more accurate picture of what measures were instituted in 2002.

Presumptive Eligibility

States have the option of providing presumptive eligibility to children and pregnant women in Medicaid and SCHIP. This allows a state to give temporary coverage, typically at the provider site, until a formal eligibility determination can be made. In October 2002 (Table 2):

- 32 states reported they provided presumptive eligibility for pregnant women in Medicaid, up from 30 states in 2000;
- 10 states provided presumptive eligibility for children in Medicaid, up from nine states in 2000;
- seven states provided presumptive SCHIP eligibility for children, up from six in 2000; and
- three states provided presumptive SCHIP eligibility for pregnant women, up from none in 2000.

Continuous Eligibility

States are required to provide pregnant women and infants up to the age of 1 continuous eligibility in Medicaid regardless of fluctuations in income that might make them otherwise ineligible. Some states have also adopted this practice for older children and in SCHIP programs. In October 2002, (Table 3):

- 15 states provided continuous eligibility for pregnant women in Medicaid past the 60-day postpartum federally mandated requirement, many for family planning services only;
- 38 states provided continuous eligibility for children in Medicaid; and
- 34 states provided continuous eligibility for children enrolled in SCHIP.

Assets Test

States have the option to disregard assets when determining Medicaid eligibility for pregnant women and children. In 1997, NGA surveyed state Medicaid programs and found that 10 states still required an assets test in determining eligibility. In October 2002, only six states required an assets test. See Table 4.

Self-Declaration of Income

States may allow families to self-declare their income. Self-declaration of income means that a family does not need to provide verification of income, such as pay stubs or tax returns. Instead, the state uses state and federal data systems to verify income. In October 2002 (Table 5):

- 11 states allowed pregnant women to self-declare income in Medicaid;
- 14 states allowed families to self-declare for children enrolling in Medicaid;
- two states allowed pregnant women to self-declare income in SCHIP; and
- 14 states allowed families to self-declare income for children enrolling in SCHIP.

Health Insurance Coverage for Parents and Adults

States have been exploring ways in which they can expand health coverage to low-income parents and adults. Some states have taken advantage of the state-federal partnership of Medicaid and SCHIP, while others have used state-only funds. For a detailed explanation of state options to expand coverage to parents and families, see the NGA *Issue Brief* "[MCH Update 2001: Trends in State Health Insurance Coverage of Pregnant Women, Children, and Parents](#)," Table 9.

Conclusion

Public health insurance coverage for children and pregnant women survived the budget axe in 2002. However, a bleaker the fiscal outlook for 2003 and 2004 will represent a third year of tough budget decisions for most states. Pregnant women and children, typically protected populations, may be the next groups to feel the effects of the unavoidable budget cuts.

History of Medicaid and SCHIP Eligibility for Pregnant Women and Children

Beginning in late 1980s and continuing throughout the 1990s, Congress passed a series of laws of both optional authority and mandates 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 for 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 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 5 to 100 percent of the federal poverty level. 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, providing continuous eligibility for pregnant women and through the 60-day postpartum period.
- **1987 – Omnibus Reconciliation Act (OBRA 87)** gave states the option of rising 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.
- **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 all states, beginning April 1, 1990, cover children up to age 6 at 133 percent of the FPL.
- **1990 – Omnibus Reconciliation Act (OBRA 90)** mandated that states beginning on July 1, 1991, 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. 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 federal poverty level. 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.

Table 1: Medicaid Births as a Percentage of Total Births, 1999 and 2000

State	1999		2000	
	<i>Number of Medicaid Births</i>	<i>Percentage of Total Births</i>	<i>Number of Medicaid Births</i>	<i>Percentage of Total Births</i>
Alabama	26,693	44.40	27,911	45.00
Alaska	4,740	47.50	5,190	52.00
American Samoa	N/A	N/A	0	N/A
Arizona	33,796	43.40	37,566	44.00
Arkansas	16,047	43.54	16,289	43.68
California	218,317	42.4	224,405	42.36
Colorado	20,036	32.00	0	N/A
Connecticut ^a	10,240	23.65	11,504	26.70
Delaware	3,519	33.00	4,521	41.00
District of Columbia	N/A	N/A	0	N/A
Florida	78,545	43.00	82,346	44.00
Georgia	55,124	44.00	57,985	44.00
Guam	N/A	N/A	0	N/A
Hawaii	1,498	8.80	4,192	25.00
Idaho	6,001	30.20	6,986	34.20
Illinois ^{+,b}	72,161	39.60	68,905	37.20
Indiana	35,019	41.00	36,857	42.00
Iowa	7,900	21.00	8,784	22.95
Kansas	7,718	N/A	13,254	N/A
Kentucky	21,152	39.00	21,700	38.8
Louisiana	42,190	63.00	28,143	41.00
Maine	4,206	30.90	0	N/A
Maryland [*]	19,219	27.00	21,840	29.00
Massachusetts	19,046	23.60	19,141	24.20
Michigan	36,170	27.1	37,708	27.70
Minnesota	19,776	29.98	21,161	31.33
Mississippi	22,283	52.00	23,675	53.70
Missouri ⁺	29,161	40.00	30,029	39.00
Montana	3,861	36.00	4,200	40.00
Nebraska	7,076	29.60	7,106	28.80
Nevada ^c	8,886	35.00	8,308	27.57
New Hampshire	2,583	21.00	2,642	20.8
New Jersey	N/A	N/A	0	N/A
New Mexico	15,271	56.00	13,603	49.60
New York	109,107	42.80	106,223	41.10
North Carolina	46,500	40.90	48,690	40.50
North Dakota	2,877	37.70	2,154	28.00
N. Mariana Islands	N/A	N/A	0	N/A
Ohio [*]	48,018	33.1	50,359	33.10
Oklahoma	21,084	48.00	23,020	46.00
Oregon ^d	14,364	31.80	14,761	32.20
Pennsylvania ^e	43,900	30.00	36,655	25
Puerto Rico	N/A	N/A	0	N/A
Rhode Island	3,554	29.70	4,483	35.40
South Carolina	23,177	42.00	26,332	47
South Dakota	3,310	31.80	3,398	32.80
Tennessee	32,341	41.60	31,222	37.30
Texas	152,801	43.76	163,874	45.10
Utah	13,398	28.60	12,378	25.8
Vermont	1,509	23	1,584	23.00
Virgin Islands	N/A	N/A	0	N/A
Virginia ^f	N/A	N/A	22,427	22.70
Washington	32,017	41.00	33,913	42.50
West Virginia	10,088	51.64	10,365	55.2
Wisconsin	23,787	34.90	24,587	35.50
Wyoming	2,352	38.00	2,366	38.00
Total	1,432,857	—	1,464,742	—
Average	—	36.55	—	36.56

Notes for Table 1:

N/A = not available. In some cases, the state is unable to generate data in time for publication or data are unavailable because the state cannot calculate the number of births paid for by Medicaid among women enrolled in managed health care plans.

* State fiscal data

+ Estimates

^a Connecticut: Based on a new methodology, which we believe to be more complete and accurate.

^b Determined through Medicaid/birth file match: estimated at 72,161 Medicaid births/182,027 total Illinois births in calendar year; 39.6 percent of total births.

^c The 2000 figures for Nevada were estimated by matching Medicaid mother/baby information with birth weight data provided by Nevada Vital Statistics 2000 Center for Health Data and Research, Bureau of Health Planning and Statistics. The total number of Nevada resident births in 2000 was 30,130. The apparent decline in the number of Medicaid births between 1999 and 2000 may not reflect an actual decline in births but rather may reflect difficulties in gathering accurate Medicaid Fee for Service birth information from the current data system. Implementation of the new Medicaid Management Information System in 2003 should help ensure more accurate compilation and reporting of data.

^d The birth figures are from the Oregon Vital Statistics Vol. 1. The Office of Medical Assistance Programs 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 the insurance status at the time of birth. Medicaid eligibility may have been retroactively assigned.

^e Data for the year 2000 for Pennsylvania do not distinguish between live births versus nonlive births.

^f For Virginia, the figure for Medicaid births does not reflect all births for recipients paid for by health maintenance organizations.

Sources: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division, in January and February 2003. Figures for calendar 1999 and 2000 were reported by states. Figures for 1999 were cross-checked with numbers cited in National Center for Health Statistics, *National Vital Statistics Report* (Vol. 49, No. 1, April 17, 2001). Figures for calendar year 2000 were cross-checked with numbers cited in the National Center for Health Statistics, *National Vital Statistics Report* (Vol.50, No.10, June 6, 2000).

Table 2. Presumptive Eligibility for Pregnant Women and Children in Medicaid and SCHIP; October 1, 2002

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama				
Alaska				
American Samoa				
Arizona				
Arkansas	✓			
California	✓	✓		
Colorado	✓		✓	
Connecticut		✓		✓
Delaware	✓			
District of Columbia	✓			
Florida	✓	✓		
Georgia	✓			
Guam				
Hawaii				
Idaho	✓			
Illinois	✓			
Indiana				
Iowa	✓			
Kansas	✓			
Kentucky	✓			
Louisiana	✓			
Maine	✓			
Maryland				
Massachusetts	✓	✓		✓
Michigan ^a	✓	✓	✓	✓
Minnesota				
Mississippi				
Missouri	✓			
Montana	✓			
Nebraska	✓	✓		✓
Nevada				
New Hampshire	✓	✓		
New Jersey ^b	✓	✓	✓	✓
New Mexico	✓	✓		✓
New York	✓			✓
North Carolina	✓			
North Dakota				
N. Mariana Islands	✓	✓		
Ohio				
Oklahoma	✓			
Oregon				
Pennsylvania	✓			
Puerto Rico				
Rhode Island				
South Carolina				
South Dakota				
Tennessee	✓			
Texas	✓			
Utah	✓			
Vermont				
Virgin Islands				
Virginia				
Washington				
West Virginia				
Wisconsin	✓			
Wyoming	✓			
Totals	32	10	3	7

Notes for Table 2:

* Pregnant women 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. States may now provide SCHIP coverage for pregnant women over the age of 19 for prenatal care only.

^a In Michigan, Medicaid has presumptive eligibility for children using e-applications. Also, there will be presumptive eligibility for SCHIP pregnant women once the State plan amendment is approved (to be retroactive to October 1, 2002.)

^b In New Jersey, presumptive eligibility for children is 200 percent FPL, however Family Care covers children up to 350 percent FPL.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division, in January 2003.

Table 3. Continuous Eligibility (in months) for Pregnant Women and Children in Medicaid and SCHIP, October 1, 2002

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Alabama	✓		✓	12	✓	12
Alaska			✓	6	✓	6
American Samoa						
Arizona ^a	✓	24	✓	6	✓	12
Arkansas ^b	✓		✓	12	✓	12
California ^c			✓	12	✓	12
Colorado					✓	12
Connecticut			✓	12	✓	12
Delaware ^d			✓	12	✓	12
District of Columbia	✓	12	✓	12	✓	12
Florida ^e	✓	24	✓	12/6	✓	6
Georgia						
Guam						
Hawaii						
Idaho			✓	12	✓	12
Illinois			✓	12	✓	12
Indiana ^f						
Iowa ^g	✓		✓	12	✓	12
Kansas			✓	12	✓	12
Kentucky ^h			✓	12		
Louisiana			✓	12		
Maine ⁱ			✓	12	✓	12
Maryland ^j	✓	60	✓	12/6		
Massachusetts ^k			✓	12		
Michigan ^l			✓	12	✓	12
Minnesota ^m			✓	12	✓	24
Mississippi			✓	12	✓	12
Missouri ⁿ		24	✓	12		
Montana					✓	12
Nebraska ^o			✓	12/6	✓	12/6
Nevada ^p						
New Hampshire						
New Jersey ^q	✓		✓	12	✓	12
New Mexico ^r	✓	24	✓	12	✓	12
New York ^s	✓	22	✓	12	✓	12
North Carolina			✓	12	✓	12
North Dakota					✓	12
N. Mariana Islands						
Ohio ^t			✓	12		
Oklahoma						
Oregon			✓	6	✓	6
Pennsylvania ^u			✓	12	✓	12
Puerto Rico						
Rhode Island						
South Carolina ^v			✓	12		
South Dakota						
Tennessee ^w	✓				✓	12
Texas ^x	✓		✓	6	✓	12
Utah ^y	✓	60	✓	12	✓	12
Vermont			✓	12	✓	12
Virgin Islands						
Virginia ^z	✓					
Washington ^{aa}	✓		✓	12	✓	12
West Virginia			✓	12	✓	12
Wisconsin ^{bb}			✓	12		
Wyoming ^{cc}			✓	12	✓	12
Totals	15	—	38	—	34	—

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in January 2003.

Notes for Table 3:

* 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 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. States may now provide SCHIP coverage for pregnant women over the age of 19 for prenatal care only.

^a Arizona offers SOBRA women, after delivery, 24 months of continuous eligibility for family planning services only. The duration is from the initial eligibility date through end of postpartum (which could be up to 12 months).

^b 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."

^c California provides continuous eligibility for pregnant women through the 60th day postpartum period and has just enacted legislation to implement 12-month continuous eligibility for children up to age 19.

^d Delaware Medicaid provides infants 12 months of continuous eligibility, however it no longer has guaranteed eligibility for all other children six months as of February 2002.

^e 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 5, and six months of continuous eligibility for children ages 5 to 19. The Florida SCHIP program provides continuous eligibility for six months for children ages 1 to 19.

^f Indiana no longer offers continuous eligibility to Medicaid and SCHIP kids as of July 1, 2002..

^g Iowa provides continuous eligibility for infants only and for women while pregnant and postpartum.

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

ⁱ Maine provides continuous eligibility 60 days past the date pregnancy ends.

^j Maryland provides continuous eligibility for family planning services only for five years (60 months). Maryland Medicaid provides infants 12 months of age continuous eligibility, and all other children are guaranteed at least six months' coverage under a section 1115 waiver.

^k 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.

^l In Michigan, children with Medicaid will have continuous eligibility effective January 1, 2003..

^m 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 2 (the extension to age 2 achieved through a section 1115 waiver). The MinnesotaCare program uses an annual renewal period, which has the effect of providing continuous coverage for a 12-month period for children under age 21. In Minnesota's Medical Assistance program and MinnesotaCare program, the period of eligibility for newborns is 24 months. In MinnesotaCare, as noted above, the continuous eligibility is 12 months for children under age 21. However, during the 12 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 2). Minnesota's SCHIP program is a Medicaid expansion for children under age 2. Newborn infants in this group who are automatically eligible would have continuous coverage for a 24-month period.

ⁿ Missouri offers full coverage 60 days after delivery, then 24 months of family planning, testing, and treatment of sexually transmitted diseases only. Missouri Medicaid provides 12 months of continuous eligibility for newborns only.

^o Beginning November 1, 2002, Nebraska reduced continuous eligibility for children from 12 months to six months for the initial eligibility period. Eligibility after the initial six-month period monthly.

^p In Nevada, a pregnant woman who is determined Medicaid eligible remains eligible through the end of the administrative month that includes the 60th 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 19th birthday.

^q 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 (Medicaid and SCHIP) get a guarantee eligibility period of 12 months

^r New Mexico Medicaid provides 24 months of family planning following the 60 days postpartum, under a section 1115 waiver.

^s 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 60th 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.

^t Ohio Medicaid provides 12 months of continuous eligibility for all newborns (0-200 percent of the FPL).

^u Continuous eligibility is not available for pregnant women over age 19 in SCHIP.

^v South Carolina Medicaid provides continuous eligibility for pregnant women until 60 days postpartum. Newborns born to Medicaid-eligible pregnant women who live with their mother are continuously eligible for one year. Also, 22 months of Family Planning coverage is provided for 60 days postpartum.

^w 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.

^x Texas offers continuous eligibility through the second month after the pregnancy terminates, regardless of income changes.

^y Utah Medicaid provides continuous eligibility for pregnant women until 60 days postpartum

^z 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.

^{aa} Washington provides 10 months of family planning coverage only following the 60 days postpartum

^{bb} Wisconsin Medicaid provides 12 months of continuous eligibility for newborns only and, beginning on January 1, 2003, 12 months of family planning coverage only following the 60-day end of pregnancy extension.

^{cc} Wyoming provides 12 months of eligibility for newborns who are born to a Medicaid-eligible woman.

Table 4: Assets Test for Pregnant Women and Children in Medicaid and SCHIP; October 1, 2002

State	Medicaid		SCHIP	
	Pregnant women	Children	Pregnant Women*	Children
Alabama				
Alaska				
American Samoa				
Arizona				
Arkansas ^a	✓			
California				
Colorado		✓		
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Guam				
Hawaii				
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa	✓			
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan ^b				
Minnesota				
Mississippi				
Missouri				
Montana	✓	✓		
Nebraska				
Nevada ^c	✓	✓		
New Hampshire				
New Jersey				
New Mexico				
New York ^d				
North Carolina				
North Dakota				
N. Mariana Islands				
Ohio				
Oklahoma				
Oregon				✓
Pennsylvania ^e				
Puerto Rico				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas ^f		✓		
Utah ^g	✓	✓		
Vermont				
Virgin Islands				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Totals	6	6	—	2

Notes for Table 4:

*Pregnant women 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. States may now provide SCHIP coverage for pregnant women over age 19 for prenatal care only.

^a Arkansas dropped the assets test for Medicaid children effective August 2001.

^b Michigan does not apply an assets test for pregnant women or children in either program.

^c The 2002 Nevada Legislature authorized elimination of the Medicaid Assets Test to become effective on October 1, 2002. However, due to the economic downturn in Nevada and the fiscal impact this proposal would have had upon the state budget, the proposal was not implemented.

^d New York has dropped the assets test for children under age 19.

^e This option is not available in the SCHIP program women over the age 19 in Pennsylvania.

^f Texas has dropped the assets test for pregnant women only.

^g In Utah, Medicaid requires an assets test for children over age six.

Source: National Governors' Association Center for Best Practices, January 2003.

Table 5: States that Allow Self-Declaration of Income for Pregnant Women and Children in Medicaid and SCHIP; October 1, 2002

State	Medicaid		SCHIP	
	<i>Pregnant Women</i>	<i>Children</i>	<i>Pregnant Women*</i>	<i>Children</i>
Alabama				✓
Alaska				
American Samoa				
Arizona				
Arkansas		✓		✓
California				
Colorado ^a				
Connecticut				
Delaware				
District of Columbia				
Florida		✓		✓
Georgia	✓	✓		✓
Guam				
Hawaii ^b	✓	✓		✓
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky		✓		
Louisiana				
Maine				
Maryland	✓	✓		✓
Massachusetts ^c	✓	✓		✓
Michigan ^d	✓	✓	✓	✓
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
N. Mariana Islands				
Ohio				
Oklahoma	✓	✓		✓
Oregon				
Pennsylvania ^e				
Puerto Rico				
Rhode Island				
South Carolina				
South Dakota				
Tennessee	✓			
Texas				
Utah				
Vermont	✓	✓		✓
Virgin Islands				
Virginia				
Washington		✓		✓
West Virginia				
Wisconsin	✓	✓	✓	✓
Wyoming	✓	✓		✓
Totals	11	14	2	14

Notes for table 5:

* Pregnant women 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. States may now provide SCHIP coverage for pregnant women over age 19 for prenatal care only.

^a Colorado allows self-declaration of income for pregnant women under presumptive eligibility only.

^b Hawaii allows self-declaration of income only at the point of application.

^c Massachusetts allows self-declaration in order to get presumptive eligibility. The individual must provide proof of income within 60 days.

^d In Michigan, pregnant women will be covered if a plan amendment is approved (retroactive to October 1, 2002).

^e Self-declaration of income for pregnant women is not available in the SCHIP program women over age 19 in Pennsylvania.

Table 6: Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Infants and Children below Age Six; October 1, 2002

State	Infants		Children Below Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133%	200%	133%	200%
Alaska	133	200 ^a	133	200 ^a
American Samoa	N/R	N/R	N/R	N/R
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	200	133	200
District of Columbia	185	200	133	200
Florida	200		133	200
Georgia	185	235	133	235
Guam	N/R	100	N/R	100
Hawaii	185	200	133	200
Idaho	133	150	133	150
Illinois	133/200 ^b	185	133	185
Indiana	150	200	133	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	275 ^c	280 ^c	275	
Mississippi	185	200	133	200
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 ^d	185	235	185	235
New York	200	250 ^d	133	250 ^e
North Carolina	185	200	133	200
North Dakota ^f	133	140	133	140
N. Mariana Islands	N/R	N/R	N/R	N/R
Ohio	150	200	150	200
Oklahoma	185	185	185	185
Oregon	133	170	133	170
Pennsylvania	185	235	133	235
Puerto Rico	N/R	N/R	N/R	N/R
Rhode Island	250		250	
South Carolina ^g	185		133	150
South Dakota	140	200	140	200
Tennessee ^h	185	200	133	200
Texas	185	200	133	200
Utah	133	200	133	200
Vermont	225	300	225	300
Virginia	133	200	133	200
Virgin Islands	N/R	N/R	N/R	N/R
Washington	200	250	200	250
West Virginia	150	200	133	200
Wisconsin	185	200	185	200
Wyoming	133	133	133	133

Notes for Table 6:

N/R = not reported.

Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), states must provide Medicaid coverage to children ages 6 and older born after September 30, 1983, and living in families with incomes at or below 100 percent of the federal poverty level (FPL). Since 1989, states have been required to cover all pregnant women, as well as children below age six, living in families with incomes at or below 133 percent of the federal poverty level.

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

^a 150 percent for children with other insurance.

^b Infants born to women who were eligible for and receiving Medicaid at the time of birth are eligible up to age 1 at 200 percent of the FPL. All other infants are eligible up to 133 percent of FPL.

^c The category “infants” includes children up to age 2 for Minnesota.

^d 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.

^e In New York, 250 percent represents gross FPL.

^f North Dakota’s amendment began enrolling children in their state-designed program at 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.

^g South Carolina expanded Medicaid eligibility for children ages 1 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.

^h There is an income limit of 100 percent 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.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division, in January and February 2003.

Table 7: Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Children Ages 6 through 18; October 1, 2002

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility [†]
Alabama	100%	200%
Alaska	100	200 ^a
American Samoa	N/R	N/R
Arizona	100	200 ^b
Arkansas	200	200
California	100	250
Colorado	100	185
Connecticut ^d	185	300
Delaware	100	200
District of Columbia	100	200
Florida	100	200
Georgia	100	235
Guam	N/R	100
Hawaii	100	200
Idaho	100	150
Illinois	133	185
Indiana	100	200
Iowa	133	200
Kansas	100	200
Kentucky	100	200
Louisiana	100	200
Maine	150	200
Maryland	100	300
Massachusetts ^e	150	200
Michigan ^f	150	200
Minnesota	275 ^g	
Mississippi	100	200
Missouri ⁱ	100	300
Montana	100	150
Nebraska	100	185
Nevada	100	200
New Hampshire	185	300
New Jersey	100	350 ^j
New Mexico	185	235
New York	133	250
North Carolina	100	200
North Dakota	100	140
N. Mariana Islands	N/R	N/R
Ohio	150	200
Oklahoma	185	185
Oregon	100	170
Pennsylvania	100	235
Puerto Rico	N/R	N/R
Rhode Island	250	250
South Carolina	100	150
South Dakota	140	200
Tennessee ^l	100	200
Texas	100	200
Utah	100	200
Vermont	225	300
Virginia	133	200
Virgin Islands	N/R	N/R
Washington	200	250
West Virginia	100	200
Wisconsin	100	200
Wyoming	100	133

Notes for table 7:

N/R = not reported.

* This age group represents children ages 6 through age 18 (until their 19th birthday). Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), states are required to phase in coverage for children ages 6 and older born after September 30, 1983, and living in families with incomes up to 100 percent of the FPL until all children through age 18 (until the 19th birthday) are covered; the upper age limit will be reached in October 2002.

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

‡ Medicaid coverage for children ages 19 to 21 is an optional category; states are not mandated to cover this population. However, if a state does provide coverage to this population, the state 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.

^a 150 percent for children with other insurance.

^b For children ages 6 through 18.

^c For children through age 18.

^d Connecticut's pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 16 up to 185 percent of the FPL.

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

^f 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 1 through 15 only up to 150 percent of the FPL.

^g 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 6 through 18 born after September 30, 1983, is 100 percent of the FPL.

^h 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 approximately 65 percent of the FPL, which is the medically needy income level.

ⁱ Missouri's FPLs are for children up to age 19.

^j New Jersey's SCHIP eligibility covers children up to 350 percent of the FPL through age 18. Medicaid-eligible children ages 6 through 18 at 133 percent of the FPL must be uninsured.

^k New Mexico covers children for Medicaid and SCHIP up to age 19.

^l 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.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division, in January and February 2003.

Table 8: Medicaid and SCHIP Eligibility for Pregnant Women as of October 1, 2002

State	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133%	
Alaska	200	
American Samoa	N/R	
Arizona	140	
Arkansas	200	
California ^a	300	
Colorado	133	185 ^b
Connecticut	185	
Delaware	200 ^c	
District of Columbia	185	200
Florida	185	
Georgia	235	
Guam	100	
Hawaii	185	
Idaho	133	
Illinois	200	
Indiana	150	
Iowa	200	
Kansas	150	
Kentucky	185	
Louisiana	133	
Maine	200	
Maryland	250	
Massachusetts	200	
Michigan	185	
Minnesota	275	
Mississippi	185	
Missouri	185	
Montana	133	
Nebraska	185	
Nevada	133	
New Hampshire	185	
New Jersey ^d	185	200
New Mexico	185	
New York ^e	200	
North Carolina	185	
North Dakota	133	
N. Mariana Islands	133	
Ohio	150	
Oklahoma	185	
Oregon	170	
Pennsylvania	185	
Puerto Rico	N/R	
Rhode Island	185	250
South Carolina	185	
South Dakota	133	
Tennessee	185	
Texas	185	
Utah	133	
Vermont	200	
Virgin Islands	N/R	
Virginia	133	
Washington	185	
West Virginia	150	
Wisconsin	185	200
Wyoming	133	

Notes for table 8:

N/R = not reported.

* Pregnant women 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. In October 2002, states could provide SCHIP coverage for pregnant women over age 19 for prenatal care only by filing a plan amendment with HHS.

^a 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.

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

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

^d In New Jersey, pregnant women between 185 to 200 percent of the FPL must be uninsured

^e 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 60th 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.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division, in January and February 2003.

Table 9: Programs that Provide Health Coverage to Adults with Children; October 1, 2002[†]

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level
Alabama	Plan First	Medicaid 1115 Waiver for Family Planning Services	Females ages 19-44	133
Arizona ^a	AHCCCS	Medicaid 1115	Adults and families with children	100
	Medicaid and SCHIP	HIFA Waiver	Adults with children Adults without children	100-200 100
Arkansas ^b	Medicaid	Medicaid 1115 demonstration for family planning	Females ages 19-44	133
California	MediCal	Medicaid 1931 & Medically Needy	Adults with children	100
	Healthy Families ^c	HIFA Waiver	Parents of SCHIP eligible children	200
Colorado	Child Health Plus	<i>HIFA Waiver^d</i>	<i>Pregnant women</i>	<i>185</i>
	Medicaid ^e	<i>Medicaid 1931</i>	<i>Adults with children</i>	<i>133</i>
Connecticut	HUSKY	Medicaid 1931	Adults with children	150
Delaware	Diamond State Health Plan	Medicaid 1115	Adults	100
	Delaware Healthy Children	<i>HIFA Waiver^f</i>	<i>Adults</i> <i>Pregnant women</i>	<i>100</i> <i>200</i>
District of Columbia	DC Healthy Families	Medicaid 1931	Adults with children	200
Guam	Medicaid	Medicaid 1931/ SCHIP/ Categorically Needy Expansion	Aged, disabled, pregnant women, children, and caretaker relatives	100
Hawaii	Hawaii QUEST (QUEST)	Medicaid 1115	Adults	100
Maine	Medicaid	Medicaid 1931	Adults of Medicaid- and SCHIP-eligible children	150
	MaineCare for Childless Adults	HIFA Waiver	Childless adults	100
Massachusetts	MassHealth Standard	Medicaid 1115	Parents, disabled adults, and unemployed adults	133
	MassHealth Family Assistance	Medicaid 1115	Custodial families and uninsured adults	200
Michigan	Low Income Families	Medicaid 1931	Adults with children	133
Minnesota	MinnesotaCare	Medicaid 1115 & SCHIP 1115 ^g	Adults with children	275
		State-funded	Adults without children	175
Mississippi	MS Health Benefits	SCHIP	Children and adults with employer-sponsored coverage*	200 ^h
Missouri	MC+	Medicaid 1115	Single custodial parents	300
			Other parents	100
New Jersey	NJ FamilyCare	SCHIP 1115	Parents/caregivers of Medicaid- and SCHIP-eligible children	200
New Mexico	New Mexico State Coverage Initiative	HIFA Waiver	Parents and childless adults	200
New York	Family Health Plus ⁱ	Medicaid 1115	Adults with children	150
			Adults without children	100
Ohio	Healthy Families	Medicaid 1931	Adults with children	100
Oregon	Oregon Health Plan	Medicaid 1115	Adults	100
	Oregon Health Plan 2	HIFA Waiver ^j	Adults	185
Pennsylvania	Adult Basic Coverage	State-funded ^k	Uninsured adults	200
Rhode Island	RIteCare and RI Share	Medicaid/ SCHIP 1115 & Medicaid 1931	Adults with children	185
Tennessee	TennCare	Medicaid 1115	Uninsured adults	100 ^l
Utah	Medicaid	Medicaid 1115	Uninsured adults	150
Vermont	Vermont Health Access Plan	Medicaid 1115	Uninsured adults	150-185

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level
Virginia	Family Access to Medical Insurance Security Plan	SCHIP	Children and adults with employer-sponsored coverage*	200
Washington	Basic Health Plan	State-funded ^m	Adults and children	200 ⁿ
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

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 Initiative (HIFA) waivers.

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 providing coverage through SCHIP program; receiving SCHIP match rate.

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

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

Italicized print = State has proposal pending to expand to this group and has not formally implemented expansion.

Sources:

Data updated by state officials in January and February 2003. Melora Krebs-Carter and John Holahan, State Strategies for Covering Uninsured Adults (Washington, D.C.: The Urban Institute, February 2000). Academy for Health Services Research and Health Policy, State Coverage Matrix only available at <http://www.statecoverage.net/matrix-intro.htm> (Washington, D.C.: Academy for Health Services Research and Policy).

Notes for Table 9:

† 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.

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

^b Arkansas's Medicaid program increased eligibility level to 200 percent FPL to provide health coverage to Adults with Children, on February 1, 2003.

^c California submitted a HIFA waiver to HCFA on December 20, 2000. The waiver request was approved in January 2002.

^d 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 to 185 percent of the FPL.

^e Colorado's Medicaid 1931 covers adults with children with household incomes based on the old AFDC need standard.

^f Delaware submitted a HIFA waiver in May 2002 to use Title XXI funds under their SCHIP program, Delaware Healthy Children Program, for adults in transitional Medicaid who are currently covered through a TANF waiver that expires in September 2002. It also proposes to shift coverage from Medicaid to SCHIP for pregnant women between 133 and 200 percent of the FPL; uninsured adults at or below 100 percent of the FPL; and section 1931 eligible adults between 65 and 75 percent of the FPL.

^g MinnesotaCare parents and caretakers with incomes between 100 and 200 percent of the FPL are covered by an SCHIP-enhanced match under an 1115 SCHIP waiver approved June 13, 2001. Other MinnesotaCare parents and caretakers 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.

^h Mississippi received approval for its employer buy-in program; however, implementation has been put on hold indefinitely.

ⁱ New York's Family Health Plus program covers parents who are not eligible under medically needy programs.

^j Oregon received approval for a HIFA waiver on October 15, 2002. Under the HIFA waiver, Oregon received CMS approval to use SCHIP funds and Medicaid funds to expand health insurance coverage to children, pregnant women, 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.

^k Pennsylvania's Adult Basic Coverage is funded through tobacco settlement funds.

^l Above 100 percent of the FPL, enrollees must pay premiums, deductibles, and copayments.

^m 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 through state-only dollars.

ⁿ Incomes below 200 percent of the FPL are subsidized; enrollees with incomes above 200 percent of the FPL must pay the full premium.