



1773 "T" Street, NW
Washington, DC 20009

Chief Executive Officer:
William E. Arnold

Phone: (202) 588-1775

Fax: (202) 588-8868

Web: www.tiicann.org

Email: weaids@tiicann.org

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Medicaid Watch: State Medicaid and Health Cuts & Expansions

March 1, 2010: See pp 13-14 for updated sources & resources on state health programs

National Snapshot Summary

States made or are considering cuts or expansions in **AL, AZ, AR, CA, CO, CT, FL, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NY, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI & WY.**

Almost all states already pay far-too-low fees to MDs, DDSs, hospitals & nursing homes **and now almost all states are lowering those rates even more.**

Some states have monthly numerical limits on Medicaid Rx's—with very strict & low monthly caps in **AL, AR, GA, KY, LA, MS, OK, SC, TN, TX & WV.**

More & more states deny adults non-emergency dental care & even dentures.

There are ADAP waiting lists in **AR, ID, IA, KY, MT, NE, NC, SD, TN, UT & WY** & waiting lists or other cuts may be needed in **AZ, CA, HI, IN & ME** State Pharm. Asst. Progs. (SPAPs) in **AK, IN, NC, NY, PA, SC & WI** exclude the disabled; **HI, IL, MD, MO, MT, RI & TN** don't give them full benefits.

15 of the 35 state-subsidized health insurance high risk pools—still fail to fund extra-subsidized, discounted premiums for lower income patients.

14 states--AL, AR, CO, CT, IL, MA, MI, MO, MT OH, PA, SC, UT & WA—cut breast/cervical cancer screening budgets; some others just turn patients away

Alabama--has no spend down; an aged/disabled level of \$674/mo (the SSI rate), a parent level of 11%/ 24% if working (2009) & an ADAP level of 250%; it covers 12 MD visits & hospital days/yr & 5 brand Rx's/mo; and **has an ADAP "enrollment cap"**. The deficit is **\$784 million** & Gov. Riley (R) got the legislature (D) to cut CHIP \$5 million+ & HIV care \$2 million+ but it over-rode his veto of a bill raising the 200% CHIP level to 300%. The risk pool is now adding a low income premium discount but has no Medicare supplement. **The Medicaid Director proposed a 5 Rx's/mo limit--with only 2 brand name Rx's allowed.**

Alaska---this Title XVI state has no spend down, an aged/disabled level of \$1,252 (its SSI/SSP rate), a parent level of 77/81% if wkng (2009), a 300% ADAP level, a risk pool with a Medicare supplement but no low income premium discount & a token SPAP for those under 175% **that excludes the disabled.** Ex-Gov. Palin, Gov. Parnell (both R) & the legislature (R House; tied Senate) raised the CHIP level to 175% & again offer home care.

Arizona--has no spend down or risk pool & covers parents & childless-even non-disabled-adults under 100%/106% if wkng; CHIP's level is 200%;ADAP's is 300%. The legislature (R) killed a program giving temporary coverage to those with serious health problems, cut MD fees & personal care funds & **dropped 10,000 CHIP parents.** Gov. Brewer (R), with a **\$3 billion 2011 deficit**; **cut the formulary & may impose an ADAP waiting list & co-pays**; cut the mental health budget 15%; shifted 35,000 state CMI clients to AHCCCS without funding their care; **and is dropping 310,000 more adults & 47,000 CHIP patients.** The state **dropped hospice coverage, then mistakenly paid some hospice bills & now wants refunds.**

Thomas P. McCormack
Editor, MEDICAID WATCH

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Arkansas—has an aged/disabled level of \$674 (the SSI rate), a parent level of 13%/17% if working (2009), a numerical Rx limit, but subsidizes insurance for workers below 200% in participating small firms. Gov. Beebe & the legislature (both D) covered adult dentistry & raised the CHIP level from 200 to 250% (but a \$400 million Medicaid deficit bars implementation). The risk pool bans Medicare clients but seeks US funds for a low income premium discount. AR may cut covered MD visits & Rx's & slashed ADAP's 500% level to 200%, cut its formulary & started a waiting list (13 are on it).

California--The under-funded risk pool (often closed to new patients) has no low income premium discount & bans non-renewal Medicare eligibles. Public Citizen says MD fees are the US' 10th lowest. The state covers the aged/disabled under 100% (with a disregard of \$230, not just \$20), parents below 100%/106% if wking & prostate cancer patients under 200%. Its ADAP level is 400% and CHIP's is 250%. With a \$26 billion deficit, Gov. Schwarzenegger (R) & the legislature (D) raised premiums; capped child dental care at \$1,500-\$1,800/yr; dropped adult dental & some optometric, podiatry & psychiatric benefits; ended non-emergency care for legal aliens; cut provider fees; and slashed HIV services \$85 million (\$12 million for ADAP); and may impose ADAP co-pays. He & both parties in the legislature agreed on a \$100 million insurance tax to keep funding CHIP; but \$2.75 billion in Medicaid cuts caused 3 million adults to lose coverage and he proposed ending personal aide services for the disabled & adult day health care services (but a US court forbade the latter).

Colorado---has no spend down. The parent level is 60%/66% if wking (2009) & that for those over age 60 is \$699 (their SSI+ SSP rate)---but only \$674/mo (the SSI-only rate) for the younger disabled. The ADAP level is 400%. The Denver Med. Ctr. & the U. of Col. Hosp. cut their indigent care programs and they & the state indigent medical plan (for the childless poor awaiting SSA disability awards) raised co-pays. The risk pool has a low income premium discount for those below \$50,000 & Medicare supplement. Gov. Ritter (D) started a formulary, made private plans cover PTSD, anorexia, substance abuse & colorectal screening, but proposed defunding 79 mental health facility beds, cutting low income clinic funding \$32.9 million & is reducing the ADAP formulary. With a \$2.1 billion deficit, Ritter proposed a 3rd round of provider fee cuts & delaying their payments. Yet he & the legislature (now D) enacted a hospital tax to raise \$600 million more for Medicaid, CHIP & CO's indigent health plan to raise hospital rates, double uncompensated care funding & cover 100,000 more persons (raising all adult levels to 100%, only as funds are available & phased-in by 2012). They applied COBRA rights to small firms & raised CHIP's 205% level to 250%; covered the working disabled under 450%, widened CHIP psychiatric care, started a SPAP for HIV patients, covered legal aliens, let HMOs sell cheap, barebones policies to the uninsured & unemployed but cut funding for DD & other disabled clients' employment, transportation & personal aide programs. An avalanche of new cases has caused a large, growing Medicaid eligibility determination backlog.

Commonwealth of the Northern Marianas—federal law caps its matching rate far below what states get & it can't even fully fund its share of Medicaid even though 37% of residents are poor enough for Medicaid. Its low fees attract few MDs & DDSs (only public clinics), but it enrolled some off-island specialists by agreeing to pay Hawaii's higher Medicaid fees

Connecticut—a 209(b) state; its 2 zone aged/disabled levels are \$784.22 & \$888.61 (its maximum shelter cost SSI/SSP rates + a \$278 disregard), its parent level is 185%/191% if wking & its ADAP level is 400%; its CHIP level is 300% and its risk pool has a low income premium discount for those under 200% and a Medicare supplement. Gov. Rell (R) raised SPAP premiums, co-pays & asset levels (its income levels are \$25,100 for 1 & \$32,900 for 2); limited adult chiropractor, naturopath, psychologist and occupational, physical & speech therapy coverage to clinics; but offers hospice care to all Medicaid patients. Provider fees are too low. Rell moved to cut HIV services \$2.7 million, delay starting an HIV HCB waiver, raise some CHIP & Medicaid premiums & co-pays, drop most adult dentistry & eyeglasses and OTC dug coverage, end legal alien cover-age & cut SPAP coverage. The legislature (D) covered the working disabled & made private plans let children stay covered to age 26. Rell wants to force patients back into contract HMOs to fund her skimpy, state-subsidized insurance plan for those under 300%. With \$93-\$296 premiums, it has high co-pays, limited psychiatric care, low Rx & medical equipment yearly cost caps, a \$100,000/yr cap on all care & a \$1 million lifetime cap---and rising costs may require an enrollment freeze. Her veto of a bill authorizing a state "universal" plan was over-ridden & the state dropped QI's asset test & raised QMB's income level to 207%, SLMB's to 227% & QI's to 242%--giving most SPAP clients full Pt D Extra Help too. The deficit's \$8.7 billion; Medicaid's caseload rose 18% in 2009 (and it's up 33% over 5 years).

Delaware---has no spend down or risk pool; covers all adults under 100%, 121% if wkng parents & 110% for childless, non-disabled wkng adults; it has a 500% ADAP level & 200% CHIP & SPAP levels. Gov. Markell & the legislature (both D) fund a cancer care plan for those under 650% & state medical assistance for others under 200% & covered the working disabled. The legislature may let over-income children buy into CHIP, but may cut Rx fees to meet **an \$800 million deficit**

District of Columbia---has no risk pool. Income levels are 200%/207% if wkng for parents, 100% for childless aged & disabled, 300% for CHIP & 400% for ADAP. DC's non-federal health program covers others under 200%/211% if wkng. Mayor Fenty & the Council (both D) covered adult dentistry; boosted the aged/disabled asset level by \$2,000, raised the QMB income level to 300% & dropped its asset test (qualifying many DC Medicare patients for Pt D full Extra Help); and passed a bill to subsidize insurance for those under 300%. **The next 3 years' shortfalls total \$700 million** & required tax raises & program cuts. DC had to postpone plans for provider fee raises & implementation of its subsidized insurance plan & is replacing its public detox facility & mental health clinic care with private contractor services. **The Post is running investigatory stories on millions wasted on fraud & ineptitude in DC's HIV programs. The safety net United Med. Ctr. (formerly Greater SE Hosp), with a \$20 million shortfall even after getting \$79 million in DC funds, is facing possible closure (to avert that, DC raised the hospital's Medicaid reimbursement to 100% of its overhead costs & gave it \$6 million more).**

Florida---Ex-Gov. Bush & the legislature (both R) got a waiver to privatize Medicaid, using premium support & managed care, starting in a few counties (a court order does let patients opt out). **The legislature will likely herd patients in 19 more counties into HMOs, hoping to save \$58 million.** The under-funded risk pool—long closed to new patients---has a Medicare supplement but no low income premium discount. The state cut the aged/disabled level from 88% to the \$674/mo SSI rate, but covers those under 88% in HCB care or not (yet) on Medicare. The parent level is 21%/ 53% if working (2009) & ADAP's is 300%. The state covers dentures (but little *other* adult dentistry) & hearing aids. Gov. Crist (R) dropped Zyprexa & Invesa Sustena from the formulary; wants to let children over the 200% CHIP level buy in at cost; signed bills to make private plans cover autism care; let children stay covered in private plans until age 30; gut the insurance minimum benefits law; sponsor barebones policies for the uninsured (see www.coverfloridahealthcare.com & ask BC/BS & local health depts. about the subsidized "Miami-Dade Blue" plans—which don't cover brand name Rx's); drop hospice & cut dialysis care; cut mental health & addiction funds & MD fees. **With a \$2.6 billion 2010-11 Medicaid shortfall**, he cut it \$803 million. See "*FL Medicaid Waiver ..*" at www.kff.org & "*New ..FL. Health Plans*" at www.cbpp.org Home care & HCB care waiting lists are long, but to settle a suit the state will spend \$27 million more on HCB waiver care. Crist restored \$22 million for care of the aged & disabled, medical care for 900 special needs children and mental health & substance abuse care; and raised cigarette taxes \$1 to yield \$1 billion (partly for Medicaid). The legislature required that Medigap policies be sold as fairly to the disabled as to the aged; **but the House is considering a 29% cut in mental health funding. Miami's Jackson Mem. Hosp's 2010 deficit will be \$229-\$291 million—so it's closing 2 O/P care clinics & 2 transplant units & ending dialysis care for 175 (mostly illegal) indigents. The HIV health insurance payment program, with 2,600 clients—short \$1.5 million even after a \$1 million transfer from other HIV programs—has a 143-person waiting list. A class action suit alleging sub-par EPSDT & far too low children's MD & DDS fees is now being tried and the state will get back an unexpected \$282 million federal refund of Part D/dual eligible "clawback" funds.**

Georgia---has no risk pool. Its aged/disabled level is only \$674/mo (the SSI rate), its parent level is 28%/50% if working (2009), ADAP's is 300% & CHIP's is 235%. It has a monthly numerical limit on Rx's; ended CHIP's dental surgery coverage & raised its premiums; ended coverage of adult emergency dentistry & artificial limbs and nursing home spend downs; and narrowed Katie Beckett waiver admission rules. Gov. Perdue & the legislature (both R) herded patients into HMOs (but permit opt outs). Added red tape cut child enrollment 100,000 (yet enrollment then still grew 7.7% from 2009 to 2010) & provider fees are too low. Atlanta's Grady Hosp. & Savannah's Mem. Health Univ. Hosp. are short millions due to indigent care costs. Grady's current shortfall is \$36 million---which closed its dialysis clinic (but it will keep paying for dialysis with other providers for its indigent ex-patients—including many illegals—**only if they've proved, by Feb. 12, that they're pursuing other coverage**) & 3 of its 9 O/P clinics and cutting its free indigent care level from 250 to 125%, with partial discounts up to 200%. **With a \$2.6 billion deficit & a \$506 million 2011 Medicaid shortfall** Perdue dropped planned provider fee raises; may cut ADAP \$1.2 million; called for a \$186 million hospital rate cut and \$345 million in hospital & insurance taxes & fines to meet health costs, closed a large mid-state mental hospital building; and may

privatize much of public mental health care; but signed a bill subsidizing insurance for low wage small firm workers. (Discounted but still-high premiums will buy only “basic”, high deductible policies *requiring* HSA deposits; see “New GA ..Health Plans..” at www.cbpp.org.) GOP legislators may partially repeal the mandated minimum benefits law for private plans. Macon Co.’s \$3 million cut for the Med. Ctr of Central GA will reduce clinic hours, services & Rx benefits

Guam—this territory’s matching funds are capped by law far below what states get. Its local medically indigent program (MIP) pays even less than Medicaid & has almost no private providers. Scanty funding for off-island specialty care & air transport to it runs out quickly. Provider fees are too low & paid too late. Only 1 dentist takes Medicaid & CHIP patients

Hawaii—a 209(b) state with *no* risk pool. Limited medical assistance covers all adults (even childless & non-disabled) below 200% but *full* Medicaid (which has a 100% income level) is closed to childless, non-aged, non-disabled ones. The aged/disabled level is 100% & ADAP’s is 400%. The state covers the working disabled & has a SPAP for Medicare patients under 100%. Gov. Lingle (R) & the legislature (D) raised CHIP’s level to 300%; ended CHIP premiums; but **with a big deficit** dropped *premium-free* CHIP for over-income children. She proposed ending “free Medicaid” for some poor adults. The legislature dropped plans to raise MD fees to Medicare’s rate; **cut HIV services \$300,000; and may adopt an ADAP waiting list**. US Courts are hearing 3 suits to block plans to herd 37,000 aged & disabled into sub-par HMOs. **The state cut case management fees for the aged & disabled and proposed again ending coverage of dental services for adults.**

Idaho---a Title XVI state, with *no* spend down, an aged/disabled level of \$707 (the SSI/SSP rate), a parent level of 21%/27% if wking (2009), an ADAP level of 200% & a risk pool with *no* Medicare supplement *or* low income premium discount. The GOP legislature raised the CHIP level from 150% to 185%; funds an under-used pilot plan for any adults (even childless & non-disabled) under 185% working in participating small firms, covered the working disabled and got CMS to agree to putting patients in 3 groups: Parents & children; the disabled & chronic cases; and the aged. The 3 groups may get differing benefits or more co-pays but also more preventive care. Gov. Otter (R) covered adult dentistry, but with enrollment up 13% since 2007, **a \$387 million Medicaid shortfall** forced him to charge premiums of 4% of income to Katie Becket cases **(and the legislature is even considering imposing special extra premiums for Medicaid on families with disabled children)** and cut hospital, rehabilitation facility & DD agency fees 55% (which a court then barred), plus occupational & speech therapy and mental health funds. He’ll shift \$71 million in state tobacco settlement funds to Medicaid if Congress doesn’t further extend the enhanced federal Medicaid matching rate. **The deficit required the state to start an ADAP waiting list (with 7 on it)**. He & the legislature may cut provider fees & drop non-emergency transport.

Illinois---this 209(b) state’s aged/disabled level is 100% (with a \$25, not just \$20, disregard) but its main SPAP *excludes* those disabled not yet on Medicare, who get **only a limited formulary from a 2nd, SPAP**. The 2 SPAPs’ income levels were raised to \$27,600 for 1, \$36,635 for 2 & \$45,667 for 3 **(but the influential Chicago Tribune has called for abolishing the SPAPs)**. The state raised the parent level to 185%, fixed the ADAP level at 400%, accepted a court order to raise pediatric fees (yet *other* state fees are too low & paid *very* late: **there’s a \$4 billion unpaid claims backlog**), offered subsidized insurance to veterans left uncovered by VA cuts and raised the CHIP level from 200 to 300%. The under-funded risk pool, often closed to new patients, *has* a Medicare supplement but *no* low income premium discount. **The state is now forcing 40,000 subur- ban Chicago aged & disabled into HMOs**. It raised the working disabled level to 350%, made private plans let children stay covered to age 26, required that Medigap policies be sold almost as fairly to the disabled as to the aged & boosted pediatric specialist fees. A big Cook Co. Hosp. system shortfall that threatened service cuts was averted by raising the county sales tax **(but the Co. Board later repealed the increase, which may again require such cuts)**. The U of Chicago Med. Ctr had to close its women’s & dental clinics; and the U of IL at Chicago had to close a clinic too. The state found \$640 million to subsidize safety net hospitals, made hospitals give discounts to the uninsured & funded a hospital “assessment” plan to attract \$450 million more in US matching. **Quinn plans to adopt case management for the aged & disabled, saying it will save Medicaid \$400 million (there are now 38,000 disabled on waiting lists for HCB waiver & other special care)**. **With a staggeringly huge deficit, the state’s budget made big health cuts**. Although HIV funding was cut by only 3 to 4% (and small sums were taken from other HIV services to meet rising Rx costs) **the ADAP shortfall is still \$10 million**

Indiana---this 209(b) state's token SPAP for those under 150% *excludes the disabled*; and it has a much-stricter-than-SSI "209(b)" Medicaid disability rule (one must be *fatally or incurably ill*). The aged/disabled level is \$674 (the SSI rate) and the regular Medicaid parent level is 19%/25% if wkng (2009). Gov. Daniels (R) & the old all-GOP legislature raised CHIP premiums. The risk pool *has* a Medicare supplement *and* a low income premium discount. The ACLU sued to void a once-every-6-yrs denture & re-linings limit. The House (now D) opposes Daniels' now-cancelled, troubled IBM eligibility privatization contract (but he's still using some sub-contractors for similar tasks). A federal class action suit was filed to correct improper case closings, appeals & other contractor errors. **The state ADAP** (with a 300% level) **may have to start a waiting list**. The state raised the CHIP level from 200 to 300%. A waiver subsidizes insurance for parents below 200%--and it *even* has 42,000 slots for childless, non-disabled adults under 65 (**for which 100,000+ had already applied before enrollment was closed to new patients**). The insurance offers HMOs, preventive care, few co-pays; yet no dental or vision care. Patients *must* put 2%-4% of income in HSAs. "Richer" non-Medicare adults can buy in with full-price premiums. See <http://www.cbpp.org/1-24-08health.htm>, "Healthy IN..." at www.kff.org & "Profiles: Healthy IN..." at www.statecoverage.net. **The deficit is \$763 million**. Daniels plans to cut provider fees by 5%, but let more providers screen for breast & cervical cancer, so more uninsured women under 65 who screen positive can now get Medicaid.

Iowa---A waiver with limited Rx benefits covers care for non-Medicare adults—even if childless & non-disabled—under 200%/250% if wkng, **but only at 2 public hospitals (yet the state is now considering seeking extra US funds to offer the waiver services throughout its borders)**. The aged/disabled level is \$674/mo (the SSI rate), the parent level is 28%/83% if wkng (2009) & ADAP's is 200%. The risk pool *has* a Medicare supplement but *no* low income premium discount. **The deficit is \$565 million**. Gov. Culver & the legislature (both D) made private plans let children stay enrolled to 25, covered disabled children under 300% via the FOA, raised CHIP's level from 200 to 300% & let children without dental coverage buy into CHIP dentistry only. He favored bills to let localities & non-profits join the state worker health plan. **Iowa hospitals are proposing a plan to tax themselves \$40 million, thus generating enough added US matching funds to raise their rates & fund other Medicaid costs. There's a 47-person, growing ADAP waiting list & the ADAP formulary was cut**

Kansas---this Title XVI state has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 26%/32% if working (2009), a 200% CHIP level & a 300% ADAP level. The legislature (R) passed a bill promoting HSAs. Blue Cross & a foundation subsidize insurance for KC-area families under \$30,000. The risk pool has *no* low income premium discount & *bans* Medicare eligibles. Ex-Gov. Sibelius (D) covered the working disabled, offered state mini-COBRA rights, raised low income clinic subsidies and signed a bill to cover parents under 50% by 2009 & *all adults* under 100% by 2012. The legislature raised the CHIP level to 250%, but wouldn't fund the parent & adult expansions or hire enough workers to cut a 12,000 application backlog. **It cut funds for the Medicaid call-in center & eligibility staffing. 5,700 persons are on wait lists for services for the physically & developmentally disabled. With a \$238 million deficit, Gov. Parkinson (D) seeks a 1 cent sales tax raise--and the state's hospitals favor a tobacco tax boost--to avert those and other cuts---such as even deeper provider fee cuts; more use of pre-authorization; charging co-pays for un-needed ER visits; raising CHIP premiums \$10 to \$20; starting an "Rx management program" for mental health Rx's; and reducing patient admissions to state DD facilities**

Kentucky--- has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 36%/62% if working (2009), a 200% CHIP level & a 300% ADAP level. The legislature (R Sen.; D House) dropped tough, yet unworkable, nursing home & HCB medical admission rules; capped Rx's at only 4/mo, limited occupational, physical & speech therapy, x-rays & MRIs; raised co-pays; and divided Medicaid into 4 different groups: "healthy" adults; children; aged & disabled; and MR & DD patients: See <http://www.kff.org/7530.cfm>. The risk pool has *no* low income premium discount *or* Medicare supplement. Gov. Brashear (D) faces **a 2010-12 deficit of \$888 million to \$1.4 billion, including a \$242.5 million rise in 2010's Medicaid/CHIP costs** but claims he'll save Medicaid \$108 million in 2010-11 with more efficiencies & a new anti-smoking benefit, with no service or coverage cuts. He expanded CHIP outreach, enrolled 22,000 more children & **dropped the \$20 CHIP premium**. There's a **157-person ADAP waiting list & client co-pays & a formulary cut may also be needed**.

Louisiana---has an aged/disabled level of only \$674/mo (the SSI rate), a parent level of 11%/25% if working (2009) & a 300% ADAP level. Its risk pool has *no* low income discount & bans Medicare eligibles. The legislature (D) voted to raise CHIP's 250% level to 300% but can't afford to. Gov. Jindal (R) urged CMS to forgive a \$771 million overpayment (but

then settled with it on a state \$266 million refund over 10 years) & had sought a waiver to subsidize insurance for parents under 50% in N.O., Baton Rouge & Shreveport plus all adults under 200% in Lake Charles. See “LA’s Med. Waiver..” at www.cbpp.org He proposed \$531 million in health cuts: **reducing covered Rx’s from 8 to 5/mo** (unless more are “medically justified”) & lowering MD & hospital rates. **The matching rate falls 9% by 2011 (a loss of \$700 million in US funds); 2010’s deficit will be \$1.7 billion; and the state plans \$340 million more in provider fee cuts.** FEMA agreed to offer \$478 million to re-build the N. O. State Charity Hosp.& the state will add \$300 million more & issue bonds for remaining costs.

Maine---Gov. Baldacci & the legislature (both D) set these income levels: subsidized health insurance, 300%; the aged & disabled, 100% (with a \$75, not just a \$20, disregard); childless, non-disabled adults, 100% (once closed to new clients; **but 2,000 more can soon enroll**); parents, 200%/206% if wkng; ADAP, 500%; CHIP, 200%; the SPAP, \$1,604/mo for 1 & \$2,159/mo for 2; and 250% for O/P-only waiver care for HIV+ (even “pre-disabled”) patients. There’s no risk pool. Baldacci favors an employer play or pay rule, reforming hospital funding & starting risk pool & reinsurance plans. Adult dentistry is skimpy (but dentures are covered). There are no MSP asset tests & the QMB income level is 150%, SLMB’s is 170% & QI’s is 185%. Baldacci raised cost-sharing for those over 150% & cut podiatry care. **With a \$438 million deficit, he sought \$68 million in health & welfare cuts & slashing provider (esp.LTC) fees & may start an ADAP waiting list**

Maryland---has an aged/disabled level of only \$674/mo (the SSI rate), a parent level of 116%, a CHIP level of 300% (with a 6 month waiting period for some new applicants) & an ADAP level of 500%. An appeals court upheld an AARP/ Legal Aid suit to widen the state’s too-strict nursing home, HCB waiver & at-home care medical qualification & appeal rules. A waiver merged the main SPAP & a state low income clinic program into one O/P-only primary clinic care & Rx pro-gram for all non-Medicare adults (even childless & non-disabled) under 116%. A state-sponsored, Blue Cross-run 2nd SPAP (with a 300% level) covers some Pt D donut hole & premium costs, **but seems to exclude the disabled**. A child’s untreated tooth infection spread to his brain & killed him, so UnitedHealth funded an indigent child dentistry program. The risk pool liberalized its low income premium discounts for those under 200%, yet has no Medicare supplement. The state covers the working disabled. Gov. O’Malley & the legislature (both D) made private plans let children stay covered to age 26; raised the income level to 116% for full Medicaid for parents; and subsidize insurance for some low paid small firm workers. He cut Medicaid by \$82+ million, including nursing home, home health aide, private RN & HMO fees; and slashed hospital rates to 80% of private insurers’. **Then a \$2 billion (and growing) deficit** forced him to scrap a planned expansion of full Medicaid to childless (even non-disabled) adults under 116% and cut \$90 million more in health funding for fees to providers, HMOs, HCB programs & community care services for the disabled (cutting their personal care aides’ pay 2%). Now he plans another \$300 million in health cuts--including closure of a state psychiatric hospital. He is funding a \$42 million child dental fee raise; is carving child dentistry out of HMO contracts for direct state managing; and signed a bill making hospitals give free care to those under 150%. There’s a backlog of 1,800 unpaid nursing home claims

Massachusetts---has no risk pool. Ex-Gov. Romney (R) signed the legislature’s (D) bill to expand Medicaid; require everyone to have insurance; subsidize it for those under 300%; boost the CHIP level from 200 to 400%; and raise the parent & childless disabled Medicaid levels—but not the childless aged level, which is only 100%--to 133%. The ADAP level is 488% & the SPAP’s is 188% (but up to 500% for Pt D patients). Gov. Patrick (D), with a **deficit of \$1.2 billion & a \$200-\$300 million Medicaid shortfall in 2009 (plus even bigger ones for 2010 & 2011)**, boosted Medicaid & subsidized insurance premiums & co-payments; raised SPAP cost-sharing; proposed freezing MD & hospital fees; and cut \$74 million for substance abuse, tobacco cessation & school RNs, plus \$20 million for pregnancy prevention. The legislature voted to drop coverage of 31,000 legal aliens, but Patrick merely restricted them to limited I/P hospital & low income clinic care, but he now seeks \$75 million more for the rising costs of even those skimpy benefits. **With the rising deficit now \$575 million higher, he proposed \$100 million in new taxes & fees and a \$265 million Medicaid cut: confining adult denture & root canal services to community health centers; raising MD & Rx co-pays (even for generics); prior approval for costlier psychiatric Rx’s; ending personal attendant care for those getting it less than 15 hrs/wk; and cutting hospital fees.** The Boston Medical Center & other hospitals, facing losses due to low state fees, filed suit against the state. A state program to pay COBRA premiums for the unemployed exhausted its funding in 1/10; so Patrick seeks to double employer taxes to keep funding it. He also proposed requiring (without offering any state funding) college students to be insured.

Michigan---has no risk pool; an aged/disabled level of 100%, a parent level of 37%/64% if working (2009), a CHIP level of 200% & a 450% ADAP level. It ended adult dental, hearing aid, podiatry & chiropractic coverage & briefly ceased enrolling new cases in its O/P care-only waiver for childless, non-disabled adults under 35%/45% if wkng. Gov. Granholm (D) & the old GOP legislature raised co-pays, restored adult dentistry & raised child wellness, dental & adult preventive fees. Counties containing Flint, Lansing, Muskegon & Detroit offer coverage to those under 200%---and **the state is even considering facilitating an Oakland County plan to cover its uninsured residents at county hospitals. With a \$2.8 billion deficit & ½ million more patients in 2009, the House (now D) & Senate (still R) cut Medicaid MD, hospital & mental health fees by \$165 million; again ended adult podiatry, chiropractic & dentistry (after an untreated tooth infection killed a patient, a suit was filed by patient advocates); and dropped adult vision care. The Senate killed Granholm's 3% MD tax; and its GOP majority leader favors another \$160 to \$500 million Medicaid cut that would end some mental health coverage and/or some other "optional" services & restrict eligibility (e.g., coverage of childless, non-disabled 18-to-21-yr-olds).**

Minnesota---this 209(b) state has an aged/disabled level of 100%, a regular, *full* Medicaid parent level of 215%/ 219% if wkng (2009), a CHIP level of 275%, an ADAP level of 300% & a risk pool *with* low income premium discounts for those under 200% & a Medicare supplement. It raised premiums & co-pays for Medicaid, CHIP & MinnesotaCare (subsidized insurance for parents under 275% & childless, non-disabled adults below 250%) and denied Medicaid & CHIP to *legal* aliens. Gov. Pawlenty (R) ended ADAP co-pays; and covered the working disabled. **With a \$4.63 billion deficit, he cut hospital rates \$90 million & capped enrollment in HCB care for the disabled. He proposed cutting funding for personal aides for the disabled and tightening medical qualifications & hours of coverage for personal attendant, nursing home & HCB waiver care; reducing community support services; raising some client premiums; ending coverage of occupational & speech therapy and audiology; dropping adult dentistry & dental critical access payments, dropping 20,000+ childless adults from MinnesotaCare; ending parents' MinnesotaCare (they'd instead have to meet Medicaid's *much* lower income levels); and cutting parent asset levels. The legislature's (D) budget bills would cover 20,000 more children & reject or cancel his cuts; but he then proposed \$236 million *more* in health (including nursing home) cuts, and vetoed *all* funds for state Gen. Med. Assist. (effective April, 2010) saying its thousands of patients could enroll in MinnesotaCare instead---yet admits that such an influx to it would also be unfunded. So both Houses voted to extend it for 16 more months (and the heavily Democratic Senate further voted to over-ride Pawlenty's subsequent veto, but an over-ride in the less Democratic House is more doubtful).** He also proposed letting Minnesotans buy insurance from out-of-state insurers; **introducing provider fee & patient co-pay "tiering" based on quality & cost in Medicaid & MinnesotaCare; requiring deductibles & HSAs in MinnesotaCare; and limiting Medicaid & MinnesotaCare patients to public clinics. Hennepin Co.'s Med. Center can no longer afford to care for other counties' indigents (which they won't pay for) & it had to cut mental health, dental & HIV services. The MN Children's Hosp, where 40% of funds come from Medicaid & CHIP, is curtailing some services**

Mississippi---has no spend down; its risk pool has no low income premium discounts & no Medicare supplement. Gov. Barbour (R) cut the aged/disabled level from over \$1,000+ to 80% (\$724; but with a \$50, not just a \$20, disregard). The parent level is 24%/44% if working (2009), CHIP's is 200% & ADAP's is 400%. Only 2 brand Rx's & 3 generics are allowed monthly (HIV patients get 5 brand Rx's & there's a suit against the limits). Barbour cut Rx fees & physical, speech & occupational. therapy benefits. An in-person re-application rule limits enrollment. He & the Senate (D) won't drop it (except maybe for LTC clients), but the House (also D) wants to. **With a budget shortfall, Medicaid needs \$268 million more in 2010.** Barbour is cutting provider fees 5%, may add premiums & raise co-pays too and sought new cigarette & hospital taxes. He vetoed \$7 million to pay Medicaid fees to community mental health centers for care *already* given; may not have funded the state share of Medicaid fees for their ongoing care either; and **even proposed closing 4 mental health clinics.** A tobacco tax passed & the hospitals agreed to a \$60 million/yr tax (rising to \$90 million) to bolster Medicaid.

Missouri---is a 209(b) state. Its risk pool has no Medicare supplement but *has* a low income premium discount (the pool director has called for even more affordable premiums). The GOP legislature cut the aged/disabled level from 100 to 85%; ended medical assistance for those awaiting SSA disability awards; dropped the working disabled; cut the parent level to 19%/ 25% if wkng (2009); ended adult dental, podiatry, hearing aid & vision benefits; raised CHIP premiums; denied CHIP to those whose job plans cost under 5% of income (with exceptions); raised & more strictly enforced co-pays; but kept the ADAP & CHIP levels at 300% & raised the SPAP (which now covers the disabled on Medicare) level to 150%.

Blue Cross & a foundation subsidize insurance for KC-area families under \$30,000. The state uses “premium support” to pay clients’ job plan premiums rather than give them secondary Medicaid; restored hospice & working disabled coverage (but the latter covers only those with low SSDI awards); gave birth control & screenings to women under 185%; restored adult vision (except for the aged in nursing homes), hearing aid & podiatry benefits; and let the aged & disabled opt out of HMOs. A court made the state widen notice & hearing rights before CHIP terminations; and the state lets clinics enroll children. Gov. Nixon (D) asked the legislature (still R) to partially restore the parent level (to 50%; but it refused); cover all adult dental, hearing & vision care (also rejected); liberalize CHIP premiums & coverage (killed too) and let over-income children buy into CHIP (response unknown). **A big deficit & a caseload up 40,000 since 1/09, caused Nixon to drop plans to restore the 100% aged/disabled level & do more enrollment outreach (in fact, new red tape actually delays enrollment).** He’s seeking a \$139 million cut in hospital rates & \$32 million in other health cuts (i.e., in MD & DDS fees, mental health, other hospital & lower public clinic subsidy cuts); **and may cut the ADAP formulary cut & impose co-pays.** **The House & Senate are nearing agreement on requiring private plans to cover \$36 to \$55 thousand a year in autism care.**

Montana---has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 32%/56% if working (2009) & an ADAP level of 330%. Its risk pool has low income premium discounts for those under 150% & a Medicare supplement. The state raised cost-sharing, cut LTC & hospice benefits & access and aged/disabled MD visits to 10/yr. Gov. Schweitzer (D) & the legislature (R Sen; tied House) ended a CHIP waiting list (**but ADAP now has one with 16 on it**); seek a waiver to cover 3,000 more (maybe even childless non-disabled) adults; raised the family asset level; began a SPAP for Medicare patients under 200%; widened CHIP dental & preventive care; and made private plans offer vaccines & well-child care up to age 7 & let children stay covered to 25. A referendum approved \$20 million to raise the CHIP level (for a 2nd time) to 250% & merge it into Medicaid, but **an eligibility processing backlog has greatly slowed child enrollments since 9/09.**

Nebraska---is a Title XVI state with a one-house “non-partisan” legislature. Its aged/disabled level is 100%, its parent level is 47%/58% if working (2009), its CHIP level is 185% & its ADAP level is 200%. It ended Medicaid for many parents who leave welfare to work (but a court barred denying Medicaid to those who don’t meet go-to-work rules). The risk pool has a Medicare supplement but no low income premium discount. Gov. Heineman (R) covered Pt. D co-pays for HCB & board & care clients and signed bills letting children remain dependents on private plans until 30 & raising the 185% CHIP level to 200%. **With a \$334 million deficit,** he’s considering provider fee cuts, limiting dental care to \$1,000 yearly, hearing aids to 1 each 4 yrs, eyeglasses to 1 pair each 2 yrs, and adults to 12 chiropractic visits and 60 sessions of occupational, speech & physical therapy per year. **There’s a 24 person waiting list for ADAP & its formulary was cut; and the state & CMS face several vexing questions & issues about eligibility for fetuses & newborns of illegal alien mothers.**

Nevada---a Title XVI state with no spend down & no risk pool; its disabled level is \$674/mo (the SSI rate), while the aged-only level is \$710.40 (their SSI/SSP rate); its regular Medicaid parent level is 25%/88% if working (2009); its CHIP level is 200%; its ADAP level is 400%. It subsidizes insurance for parents under 200% working for participating small firms and covers the working disabled. Its SPAP, with a 225% level, covers the disabled & even offers a *vision* benefit; but it raised CHIP premiums. **A \$2.8 billion deficit** moved Gov. Gibbons (R) got the legislature (D) to cap CHIP dentistry at \$600/yr, end CHIP orthodontia & vision care, tighten SNF, ICF, HCB waiver & at-home care medical qualification rules, reduce pregnancy coverage, cut hospital rates 5% to 14% (closing the U. NV at LV Hosp.’s dialysis & oncology clinics) and slash HCB waiver fees. **He proposes to drop coverage of adult dentistry, dentures, hearing aids, adult day care, brain trauma programs & adult diapers; and did cut personal aide funds for the disabled; limit non-emergency transport; and cut hospital neo-natal rates 24% & pediatric specialist fees 41%. High costs forced the HIV agency to cut LV-area services \$1 million and Gibbons just proposed further deep cuts to programs & benefits for the mentally ill & seniors.**

New Hampshire---a 209(b) state; its risk pool has no Medicare supplement but recently added low income premium discounts for those under 250%. Its aged/disabled level is \$714 (the SSI/SSP rate; the disregard is \$13, not \$20/mo), its parent level is 39%/49% if wkng (2009), and the CHIP & ADAP levels are 300%. **The state has a much-stricter-than-SSI “209(b)” Medicaid disability rule (inability to work for over 4 years)** & doesn’t cover hospices. Gov. Lynch & the legislature (both D) shifted some state LTC costs to counties & ended a DD care waiting list. He & the legislature made—and will make more--deep cuts in hospital, MD, LTC & **mental health fees.** **The deficit’s \$75 million;** US auditors seek a re-

fund of \$35 million in DSH costs NH over-claimed & FY 09 Medicaid costs ran \$7.6+ million over budget (FY10's shortfall is \$43 million) The state made private plans let children stay covered to age 26 & lets 19-to-26-yr-olds buy into CHIP

New Jersey---has no risk pool, an aged/disabled level of 100%; an ADAP level of 500%, and SPAP levels of \$31,850 for 1 & \$36,791 for 2.; A waiver covers others (even childless & non-disabled) under 100%. Ex-Gov. Corzine & the legislature (both D) required coverage of all children, made insurers let them stay on parent plans to age 31 & raised the parent level to 200%. Public Citizen said NJ provider fees were the US' lowest, so the state raised many pediatric rates. One audit questions \$52 million in school health costs, a 2nd said hospital indigency programs fail to collect millions from other liable payers & a 3rd said 75,000 clients have 2 or more Medicaid I.D. numbers. Some assisted living facilities won't let patients stay using Medicaid when their funds run out. **With a \$8 to \$11 billion 2011 deficit**, Corzine's budget cut hospital charity & teaching & adult day health center fees, ended CHIP premiums for those under 200%, began enrolling newborns upon hospital discharge, cut the SPAP formulary & raised its co-pays but boosted MD fees & low income clinic funding. **Gov. Christie (R) seeks to end coverage of adult legal aliens & to freeze Medicaid enrollment for all adults**

New Mexico---has no spend down, but has a risk pool with a Medicare supplement & low income premium discounts for those under 400%. Its aged/disabled level is only \$674/mo (the SSI rate), its parent level is 29%/67% if working (2009), CHIP's is 235% & ADAP's is 400%. A waiver---**just closed a 2nd time to new individual (but not small employer groups) applicants**---heavily subsidizes insurance of any adult (even if childless or non-disabled) under 200%/250% if working. Gov. Richardson (D) had proposed raising the waiver level to 300 or 400%; and the CHIP level to 300%. **But Medicaid's shortfall will be \$300 million by 1/1/11 (it's \$40 million now)**, so he & the legislature (D) dropped expansion plans; **and may end adult dental, vision, hearing aid & hospice coverage; slash physical, occupational & speech therapy; cut mental health/substance abuse benefits & provider fees; and cut or even totally drop coverage of Rx's and HCB waiver services.**

New York---has no risk pool. A "FamilyHealth" waiver covers parents & all couples under 150%, and childless (even non-disabled) single adults under 65 below 100% (but the level is only \$767/mo for childless aged singles). ADAP's level is 431%. The state subsidizes insurance for workers under 250%, but caps plan Rx benefits at \$3,000/yr. The legislature (with both Houses now D) **still excludes the disabled from the SPAP** (which has a 350%+ level); won't cover digital mammograms; raised Rx & MD co-pays (capping them at \$200/yr); adopted a loose formulary; covers assisted living, chore aide & adult day care; makes counties pay 1/2 of state Medicaid costs (but caps their cost increases at 3.5%/yr); lets providers deny services to those who don't meet co-pays; funded HIV day health care; covered colon & prostate cancer patients and the working disabled under 250%; required hospital bill discounts for those under 300% & banned taking debtors' homes; passed mental health parity; and raised the CHIP level from 250 to 400%. Public Citizen said MD fees are the US' 2nd lowest, so NY began to raise its fees to 70% of Medicare's. Ex-Gov. Spitzer (D) planned to let small firms that can't afford insurance buy into FamilyHealth at low rates. **With a \$15+ billion deficit**, Gov. Paterson (D) signed a \$1 billion hospital & nursing home fee cut; started a discount Rx plan for the near-poor disabled; raised asset levels for all clients (\$13,050 for 1, \$19,200 for 2, etc); **ended MSP & SPAP asset tests; extended all COBRA rights to 36 months; but seeks \$471 million more in Medicaid & mental health cuts, to slash HIV care \$6 million and to force NYC HIV & all dually-eligible patients into HMOs.** He wants to make private plans let children stay covered to age 29 and raise the level for all adults to 200% (only if & as funds permit); **but proposed a \$65 million group home funding cut & another round (\$1 billion) of hospital & nursing home fee cuts.** Short \$316 million, NYC's city hospitals plan to cut child mental health & O/P Rx benefits & close some clinics. NYC proposed to end its school dental program & **cut HIV services \$22 million.** Its safety net St. Vincent Hosp., \$700 million short, isn't taking new patients for its HIV & other clinics, even though it got \$11 million from the state & creditors to avert closure (which Mayor Bloomberg is resigned to). Paterson proposed **cutting state subsidies to NYC municipal hospitals by \$370 million & higher business payroll & wine taxes to avert more Medicaid cuts; and will use a \$22+ million settlement from Rx firms for Medicaid, ADAP, the SPAP & mental health**

North Carolina---covers the working disabled, but allows only 8 Rx's a month (plus another 3 or more on an exception basis). Its aged/disabled level is 100%; its parent level is 36%/49% if working (2009); its CHIP level is 200% (the deficit derailed plans to raise it) & ADAP's is 300%. The SPAP- **which excludes the disabled**---subsidizes Pt. D premiums for those under 175% not on full Extra Help. The UNC Hosp. eased its indigent care rules. Ex-Gov. Easley & the legislature

(both D) set up a 2nd SPAP for ADAP clients on Medicare who are *not* eligible for Pt D's *full* Extra Help, passed limited mental health parity & started a risk pool that *excludes* Medicare patients, requires pre-authorization + a \$250 co-pay for "specialty" Rx's, has a \$100,000/yr out-of-pocket maximum but now offers low income premium discounts. **A \$2 billion deficit moved** Gov. Perdue (D) to propose closing 50 state mental hospital beds. **With \$500 million less**, the Medicaid budget **cuts MD & hospital fees \$76 million; home personal care \$55 million (with an 18 hr/wk limit); adult dentistry 50%; community mental health \$250 million; care for the uninsured \$40 million; and mental health fees 5%. It slashes audiology, speech, phys & occup therapy, hospice funding & ADAP (by \$3 million, causing an enrollment freeze, a 55-person waiting list & a formulary cut); ends Medicaid's HIV case manager program, community-based rehab services & coverage of many child dental X-rays & sealants; limits diabetic supplies to one provider; and requires prior approval for X-rays, MRIs, MRAs, PET scans, ultrasounds & some EPSDT services. Medicaid is already \$100+ million over budget.**

North Dakota---this 209(b) state has a risk pool *with* a Medicare supplement but *no* low income premium discount. Its aged/disabled level is \$750, its parent level is 34%/59% if working (2009) & ADAP's is 400%. Gov. Hoeven (R) signed bills to cover disabled children via the FOA (only up to 200%), boost the CHIP level from 140 to 150% & raise the one person Medicaid medically needy/spend down level from \$500/mo to \$750/mo. The GOP legislature refused to again raise the CHIP level (to 200%) and **may cut the ADAP formulary & cap ADAP costs and did limit access to Fuzeon Rx's.**

Ohio---this 209(b) state with *no* risk pool cut the parent level from 100% to 90% and has a 500% ADAP level. It slashed adult dental funds 50%; cut secondary fees for dual eligibles & medical aid for those awaiting SSA disability awards; moved most patients into HMOs (some with too few specialists); let providers turn away those who don't meet co-pays; passed mental health parity; but has an **aged/disabled level of only \$589/mo (the US' very lowest)**. Gov. Strickland (D) & the legislature (R-Sen; D House) raised the CHIP level from 200 to 300% (to be effective only when a lawsuit is decided) & covered disabled children under 500% via the FOA. He got a waiver to cover assisted living, lets over-income children buy into CHIP, but cut funds for local eligibility work & nursing home fees (the legislature then partially restored those fees and bolstered home care programs). **With a big deficit, Strickland cut funds for community mental health; imposed Rx co-pays & a generics preference rule (which he says can save \$243 million);** delayed MD, DDS & hospital fee raises & fully restoring adult dentistry, **may cut the ADAP level & impose co-pays**, forced nursing homes to pay for their patients' physical therapy, wheelchairs & medical equipment, **found funds to accommodate 592 persons on a HCB waiver waiting list**, signed a bill imposing \$718 million in hospital "fees" (which he says can attract even more in added federal funds); **made private plans let children stay covered to age 28**; and proposed extending mini-COBRA rights to small firms

Oklahoma---this 209(b) state has a risk pool with *no* Medicare supplement *or* low income premium discount. It cut the aged/disabled level from 100% to \$718 (the SSI/SSP rate). The parent level is 31%/47% if working (2009) & ADAP's is 200%. It abolished its parents & children spend down, has a 3-Rx's/mo limit & doesn't cover hospices. Gov. Henry (D) covered the breast/cervical cancer & working disabled groups, and got a waiver to subsidize insurance for students, the unemployed and workers & spouses in small firms under 200%. Employer eligibility was later widened & the GOP legislature lowered plan premiums—but cut its benefits. It also authorized Medicaid coverage of assisted living; raised the CHIP level from 185 to 300%; fosters HSAs in employer plans (and maybe even in Medicaid); and gutted the insurance minimum benefits law. **The deficit is \$612 million & the ADAP had to adopt economies. With a \$26.6 million Medicaid budget cut, the state may drop coverage of dental care for pregnant women, durable medical equipment, nebulizers & blood glucose monitors; cut hospital, MD & other provider fees 3.5%; and raise co-pays. It seeks to limit ER visits to 3/yr and make \$16 million in mental health cuts (affecting 55,000 patients & eliminated about 200 state mental hospital beds). It also cut covered brand name Rx's from 3 to 2 monthly;** and ended coverage of speech, physical & other O/P therapies.

Oregon---this Title XVI state's risk pool has no Medicare supplement but *has* low income premium discounts for those under 185%. Its income levels are \$674/mo for the aged & disabled (the SSI rate), a 32%/40% if wkng regular Medicaid parent level (2009) & a non-Medicare adult insurance subsidy (**with enrollment now closed**) & 200% for ADAP. An anti-tax referendum cut eligibility, limited adult dentistry & ended adult vision care. The OR Health Plan waiver--with limited benefits for non-Medicare parents & childless (even non-disabled) adults under 100% began again-- but then stopped--taking applications (yet it enrolled only those found eligible who then *also* won a lottery). ADAP has cost-sharing. **With a**

\$4.2 billion 2010-11 deficit, Gov. Kungoloski & the legislature (both D) took the FOA option & passed insurer & hospital taxes to cover 80,000 more children (raising CHIP's level to 300%) & 35,000 more adults, plus expanded in-home care.

Pennsylvania---has no risk pool, an aged/disabled level of 100%, a parent level of 26%/34% if working (2009), a CHIP level of 300% & an ADAP level of 350%. It subsidizes "AdultBasic" insurance (with no mental health or Rx benefits, a **waiting list of 353,000; rising costs just required imposition of a \$20 MD visit co-pay & a \$1,000/yr hospital care cap**) for non-Medicare adults under 208%/213% if working. Gov. Rendell (D) covered the working disabled for Medicaid; raised the SPAP levels to \$23,500 for 1 & \$31,500 for 2, enough to cover 90,000 more seniors (**but not the disabled**); made private plans let children stay covered to 30; applied 9 month state mini-COBRA rights to small firms; and called for hospital rate cuts of \$75 million (**and later \$31.9 million more**). But Senate (R) leaders want deeper cuts & proposed freezing CHIP funding. Public Citizen says PA MD fees are the US' 5th lowest. **The deficit is \$3.2 billion+**. A shortfall forced Philadelphia city clinics to charge \$5-\$20 fees & close some sites. The House (D) twice voted to expand Adult Basic (to cover 85,000 more persons and add Rx & mental health benefits) but **Senate (R) leaders oppose the slightly higher taxes on the rich & business that Rendell sought to fund the AdultBasic expansions and rising CHIP, Medicaid & SPAP costs**. He then proposed that the state somehow tap private health insurance profits to fund AdultBasic's expansion.

Puerto Rico---its matching rate is capped below what states get. Its ADAP income level is 200%. ADAP reviews & audits report inadequacies in care & fiscal irregularities. **One key advocate claims there's a 526-person ADAP waiting list**.

Rhode Island---has no risk pool, an aged/disabled level of 100%, a parent level cut from 185 to 175%/181% if wkng, a CHIP level of 250% & an ADAP level of 400%. It covers the working disabled & its **limited formulary** SPAP covers the aged **but only those disabled over 55** (its levels are \$37,167 for 1 & \$42,476 for 2). Gov. Carcieri (R) signed bills to require free & discounted hospital care for those under 200% & 300%; and ban taking homes from hospital debtors. Public Citizen says MD fees are the US' 3rd lowest. **Big deficits (\$660 million in FY10)** moved him to get a CMS waiver with extra up-front federal funding that in exchange requires the state to divert 12% of nursing home cases to cheaper home care & accept a cap on future US funds. See www.povertyinstitute.org & "*RI's Medicaid Proposal...*" at www.cbpp.org & email lkatz@ric.edu for more. The legislature (D) raised adult daycare co-pays, dropped legal alien children & 7,400 adults, agreed to the waiver & **is now considering bills to widen chronic care case management & drop primary care co-pays**. Carcieri proposed abolishing the SPAP for those over 65, ending parents' dentistry & cutting nursing home fees 5%

South Carolina---has no spend down. Its aged/disabled level is 100%, its parent level is 48%/89% if working (2009) & its ADAP level is 300%. Its risk pool has a Medicare supplement but no low income premium discount. Gov. Sanford & the legislature (both R) limited Rx's to 4/mo, are moving clients into HMOs & raised the CHIP level to 200% (**but he then proposed freezing enrollment in it**). The SPAP level is 200%, **but it excludes the disabled**. **The deficit is \$500+ million**. The legislature cut Medicaid mental health benefits; **closed an HIV program to new clients**; slashed home health, hospital & nursing home funding & SPAP benefits; **is considering a \$48 million cut in housing, casework and work support programs for 30,000 disabled children & adults**; yet passed a mental health & substance abuse parity law for private plans

South Dakota---has no spend down & a risk pool with no low income premium discount that excludes Medicare patients. Its aged/disabled level is \$674/mo (the SSI rate), its parent level is 52% (2009) & ADAP's is 300%. Rejecting a health panel's call for eligibility expansion, Gov. Rounds & the legislature (both R) refused to raise the pregnant woman level to 200% or CHIP's 200% level to 250% or boost provider fees (but a legislative board is studying Medicaid rates) and ended adult dentistry. **2010's deficit will be \$81 million; 2012's will be \$200 million; and there's a 24-person ADAP waiting list**

Tennessee---Gov. Bredeson (D) & the legislature (R) dropped 191,000 when they ended the TennCare waiver expansion. The aged/disabled level is now \$674/mo (the SSI rate), the parent level is 70%/129% if working (2009) & the ADAP (**with a waiting list of 64**) has a 300% level. Except for pregnant women, children & HIV+ patients, MD visits were cut to 10/yr; hospital days to 20/yr; and Rx's to 2 brand name drugs + 3 generics/mo, except for some grave conditions. There's a 250% CHIP level (**enrollment, closed since 11/09, re-opens 3/1/10**), a risk pool (with no Medicare supplement, but with a premium discount for those below 250%) & a SPAP (**with a waiting list too**) covering up to 5 generics/mo (with a low

benefits cap) for non-Medicare patients under 250% and state-subsidized barebones insurance for non-Medicare adults under \$55,000 (**enrollment in it is closed**). Besides also covering diabetic items & more psychiatric Rx's, CHIP uses Medicaid Rx rules. The spend down was revived, but Bredeson cut the spend down, home care & medical equipment budgets, plus benefits promised to the disabled who lost TennCare. **The deficit's \$1.25+ billion, bringing closure of 600+ mental hosp beds, big mental health cuts & hospital rate cuts of \$500 million (which means shortfalls of \$10.5 million at Nashville Gen. Hosp. & \$50 million at Memphis Reg Med Ctr** **The state hospital association favors a hospital tax & CMS is awarding the state an extra \$120 million)** but Bredeson may cap hosp coverage at \$10,000/yr, end occup, speech & phys therapy benefits; and cap covered MD, X-ray & lab services and ADAP costs. A court dropped a 1987 order grandfathering-in 150,000 ex-SSI clients to Medicaid (most ineligible under today's rules); see "Daniels Case" at www.tnjustice.org

Texas—has a risk pool *with* a Medicare supplement & but *no* low income premium discount. The aged/disabled level is \$674/mo (the SSI rate), the parent level is 12%/26% if working (2009) & the ADAP & CHIP levels are 200%. Gov. Perry & the legislature (both R) dropped coverage of CHIP prostheses, physical therapy & private duty nursing; raised CHIP co-pays & premiums; cut Medicaid home health; ended adult chiropractic & podiatry care; capped the number of Medicaid Rx's monthly; moved patients into HMOs (but, after many quality of care questions, dropped a big HMO contract for the aged & disabled); contracted-out eligibility work and restored Medicaid mental health, vision & hearing aid coverage and CHIP mental health & dentistry (limited *adult* dentistry is covered, but dentures & multiple extractions need pre-authorization); required some mental health parity in private plans; and has a SPAP for HIV clients. **A non-profit agency (www.TexHealthCoalition.org) fosters subsidized discount health plans (\$40-\$120/mo premiums) for workers (but not spouses) under 300% in small firms in the Brazos Valley, Dallas, El Paso, Ft. Worth, Galveston & Houston areas.** A court order to improve children's care requires higher MD & DDS fees. **The \$3.1 billion deficit includes a \$1 billion rise in Medicaid costs.** State-funded, privatized mental health costs rose 17%, yet the contractor cut its budget \$10 million.

Utah—a Title XVI state with a risk pool--*with* a low income premium discount, but *no* Medicare supplement. Its aged/disabled level is 100%, its parent level is 38%/44% if working (2008), CHIP's is 200% & ADAP's is 400%. A waiver—**now closed to new enrollees**--gives limited O/P care, with *big* co-pays, to non-Medicare adults (even if childless or non-disabled) under 150%. The legislature (R) ended coverage of podiatry, audiology & speech therapy, chiropractic, outdoor wheelchairs & adult eye-glasses & dentistry; cut hospital & child DDS fees 25%; and may cut CHIP dentistry more. Ex-Gov. Huntsman (R) began a subsidized premium program for small firm workers under 150% (see "*New CHIP /UPP Waiver.*" at www.healthpolicyproject.org) A legislative reform panel would gut the minimum benefits law; ban preexisting condition rules; and urge employers to offer workers HSAs over regular insurance (also, its suggestion that the state let insurers sell cheaper-than-COBRA policies was already enacted). **The deficit is \$272 million. Gov. Herbert (R) restored dental benefits for children & pregnant women and some physical & occupational therapy. Yet he & the legislature cut DDS fees 28.8% (but CMS disapproved the cuts because they reduce access to care); started an ADAP waiting list (with 64 on it), and cut ADAP's income level & formulary. They may slash the disabled's Medicaid level (from 100 to 74%), cut school health funds, cut the pregnant woman asset level & drop the spend down. 2010's budget cut Medicaid \$51 million even as the caseload rose 30% since 2007. Legislators want the hospitals to agree to a \$23 million tax to attract \$50 million more in US matching (which is enough to return the tax to them in higher fees & pay other rising costs).**

Vermont—Its income levels are: aged/disabled, 100% & 110% (2 zones), parents, 185%/191% if wkng, childless, non-disabled adults, 150% /160%, if wkng, CHIP, 300%, ADAP, 200% & the SPAP, 175%. The state subsidizes insurance for others under 300%. The legislature (D) voided Gov. Douglas' (R) adult dental cuts (but dentures still aren't covered & there's a \$495/yr cap on per-patient benefits costs). A waiver, in return for more US funds, puts patients into HMOs & favors HCB care over nursing homes--but caps future US matching funds. There's *no* risk pool. The deficit's **\$100 million & 2011's health & human services shortfall is \$53 million.** He pledged to not cut eligibility, yet raised SPAP co-pays & seeks more cost-sharing (the legislature won't raise CHIP premiums), **a cap on ER visits** & provider & pharmacy fee cuts

Virginia---a 209(b) state with *no* risk pool. Its aged/disabled level is 80%, its parent level is 23/29% if working (2009), CHIP's is 200% & ADAP's is 400%. The state covers the working disabled & has a SPAP for HIV+ Pt. D patients under 300%. The legislature (D-Sen; R-House) killed a pilot subsidized insurance plan. **With a \$2.2 billion deficit & Medicaid**

costs up \$777 million in 2 yrs, ex-Gov. Kaine (D) proposed a \$416 million Medicaid cut—reducing community care for the mentally disabled by \$270 million & a freeze on HCB waiver enrollment (which already has a growing 6,000-person waiting list). **Gov. McDonnell (R) seeks at least \$300+ million in Medicaid eligibility cuts**, including in nursing home patient eligibility and in provider fee cuts, the community care cut & HCB waiver freeze, a 5% cut for local mental health & substance abuse agencies & a **CHIP enrollment freeze** (which would turn away 28,000 children & pregnant women).

Virgin Islands—its matching rate is far below what states get. Some say its ADAP (with a 400% level) has a waiting list.

Washington—its risk pool *has* a supplement open to some, but not all, Medicare patients & a low income premium discount for those under 300%. Its aged/disabled level is \$720 (the SSI/SSP rate), its parent level is 37%/74% if working (2009) & ADAP's is 300%. Gov. Gregoire & the legislature (both D) passed mental health parity & made private plans let children stay covered to 25. Facilities evicted 75+ assisted living clients due to low state fees. **A \$9 billion deficit** didn't stop CHIP's 250% level from rising to 300%. The state raised Basic Health (state-subsidized insurance for non-Medicare adults under 200%, **with a waiting list of 78,400**) premiums & co-pays; cut Gen. Med. Assist. \$190 million (**dropping 3,000** patients), DSH payments \$107 million & nursing home rates \$38 million; and limited drug, DME, imaging, denture, diabetic supplies, personal assistance & in-home care hours, adult day care, maternity & infant case management & incontinence benefits and cut druggist, pediatric, HMO & adult day health center fees. **It may drop adult eyeglasses, dentistry & colorectal cancer screening.** The Legislature may authorize a referendum to raise the sales tax \$381 million to avert health cuts; liberalize CHIP; and let over-income children buy into a CHIP-like plan. **ADAP's formulary was cut & cost-sharing was imposed and Gregoire proposed a 25% cut in other HIV services. Basic Health will shut down by July unless \$160 million more is found to fund it.** The state is seeking insurer bids to offer the uninsured a barebones plan for \$100/mo.

West Virginia—has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 17%/33% if working (2009) & an ADAP level of 250%. It covers only 4 brand Rx's/mo (+6 generics). Its risk pool has *no* Medicare supplement but now is authorized to give low income premium discounts. It denies all *adult* dental care but extractions; and didn't properly adopt nursing home & HCB medical admission rules (which *still* impede access). Gov. Manchin & the legislature (both D) started an Rx aid plan for non-Medicare adults under 200%; and give clients more mental health care & Rx's to sign personal responsibility pledges. See "Mountain Health..." at www.familiesusa.org Manchin raised the CHIP level to 250% & may raise child dental fees. **A \$200 million deficit and a FY 13 Medicaid shortfall of \$95 million** bars action on plans Manchin had been considering to widen adult coverage and **some legislators' hopes of funding more substance abuse services.**

Wisconsin—has an aged/disabled level of about \$757.78/mo (the SSI/SSP rate), a 200% parent level & a 300% ADAP level. The SPAP has a 240% level & CMS still lets it *exclude the disabled*. The risk pool *has* a Medicare supplement & premium discounts for those under \$33,000. Gov. Doyle (D) got the legislature (now D) to raise the CHIP (185 to 300%) & parent (185 to 200%) levels, make private plans cover child hearing aids & cochlear implants and give "Basic Care" (**but not brand Rx's**, home health, LTC or medical equipt.) to a projected 54,000 non-Medicare childless adults under 200% (see "WI's Badger Care Plus...Expansion" at www.rwjf.org). **But with a \$700 million deficit, medical aid programs \$150 million over budget, Medicaid staff now making \$600+ million in cuts, a need to cut \$1 billion+ by mid-2011 & Basic Care enrollment already over its funding capacity (plus 21,000 more on its waiting list, with 30,000 more applications yet to be processed),** he closed Basic Care enrollment and **proposed a skimpier non-federal plan with \$50-\$100 /mo premiums for remaining childless, non-Medicare adults** as well as a \$900 million hospital tax to raise hospital rates.

Wyoming—has *no* spend down; an aged/disabled level of either \$674 (the SSI rate) or \$699 (the SSI/SSP rate), a parent level of 40%/52% if working (2009), a CHIP level of 200% & an ADAP level of 332%. Its SPAP covers non-Medicare clients below 100%. The legislature (R) added mental health, vision & dentistry to CHIP. Gov. Freudenthal (D) *added* a low income premium discount for those under 250% to the risk pool (which has a Medicare supplement) & **favours a pilot insurance subsidy program (now nearing passage in the legislature) for limited income workers** but called for freezing CHIP enrollment. **Unemployment is raising 2010's state Medicaid costs \$100 million+**, so he and the legislature plan to cut most provider fees by \$25.6 million, the DD HCB waiver budget by \$3.6 million (freezing-in a waiting list) and the state kidney dialysis program by \$250,000. **The ADAP has a 14-person waiting list & cost-sharing may also be imposed.**

SOURCES AND RESOURCES:

For the 48 states & DC, the 2009 federal poverty level (FPL) is \$10,830 yearly (\$902.50/ mo) for one plus \$3740 yearly (\$311.67/mo) more for each add'l person; see the Assist. Sec for Plan. & Eval. pages at www.dhhs.gov for AK & HI. The 2010 SSI rates (not including state supplementary payments, or SSPs) are the same as 2009's: \$674/mo for 1 & \$1,011 for 2. Email sherry.barber@ssa.gov for "State Asst. Programs for SSI Recips, 1/09" (the latest tabulation) on state Medicaid rules for SSI recipients, state supplement (SSP) amounts & state Sec.1616, 1634 & 209(b) arrangements

This report's sources for states' adult medical assistance levels are "Where Are States Today? Medicaid & State-Funded Coverage Elig. Levels For ...Adults" [pub. # 7993, Tables 1, 2 & 3, 12/09] in the Medicaid pages at www.kff.org, a 2009-10 survey by the Medicare Rights Center's Kim Glaun & this writer's own files.

See "The State of the States, Jan. 2010" at www.statecoverage.org for a summary of coverage changes in state Medicaid, CHIP, non-federal medical assistance, insurance subsidy programs & insurance regulations. See the 50 state survey of Medicaid spending, coverage & policy in 2009 & 2010 (Document #7985) at www.kff.org. State action on MSP (QMB, SLMB & QI) reforms is studied at www.medicarerights.org/pdf/Warning-Signs-MIPPA.pdf.

Additional federal Medicaid funds now available to states as a result of HHS' re-calculations of "clawback" payments for Rx costs of Part D/Medicaid dual eligibles are listed at <http://www.hhs.gov/news/press/2010pres/02/20100218c.html>

www.kff.org/medicaidbenefits/ lists state chiropractor, podiatry, eyeglasses, optometry, hearing aid, hospice, psychologist, prosthetics, home health, medical equip, dental, Rx's, OTC drugs & phys, occup & speech therapy coverage, 2003-8

See various guides on how to block bad state plan amendments at www.healthlaw.org. and <http://www.nachc.com>.

The "National ADAP Monitoring Report, 2009" at www.kff.org, lists state income & asset levels in Table XIX and their policies to coordinate with Part D in Table XXVI. The Report also covers state cost sharing rules & medical criteria and/or prior authorization for special or costly drugs. State formularies are listed in a 2nd adjacent document. See "ADAP Watch" at www.NASTAD.org for news of state waiting lists, cost containment measures & state websites

State Rx co-pay data is in "State Medicaid Drug Reimburse." at www.ascp.com. See "Pharm. Benefits [in] State [Medicaid]" at www.npcnow.org on formularies, fees, OTC items, prior auth., prescribing/dispensing limits & co-pays.

Email [jacoburn@hdadvocates.org](mailto:jcoburn@hdadvocates.org) for chart on how drug maker PAPs mesh with Pt D. States can cover the 6 drug classes excluded by Pt D with their own funds; see chart at www.medicareadvocacy.org (12/1/05 report at "News" icon)

See "Individual...Models of LTC" at www.statehealthfacts.org for state coverage of HCB waivers, home health, personal aides & related care & "Money Follows the Person 101" at www.nsclc.org. Email lsmetanka@nccnhr.org for 2006 state personal needs allowances (PNAs) for SNF & ICF patients and those in SSP-funded board & care homes.

See www.naschip.org on state risk pools & order "Comprehensive Health Ins. for High Risk Individuals: A State-by-State Analysis" on funding, eligibility, benefits, Medicare supplements, premiums & low income premium discounts

See the "Directory of...[the 27]..State Kidney Programs" with contact, eligibility & benefit data under "publications" at <http://som.missouri.edu/MOKP/>. FL, MI, NJ & TX health depts. also have epilepsy and/or hemophilia aid programs

See "From CANN" in "Other Organizations' Materials" under "Medicaid" at www.healthlaw.org for "Painless Ways To Deal With..Medicaid Budget Shortfalls" to avoid eligibility & benefits cuts; "State..Aged/Disabled...Income Levels" & "State..Parent..Income Levels"; a health/Medicaid "Glossary"; and "2010 VA Health..Benefits"