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Medicaid Watch: State Medicaid and Health Cuts & Expansions

June 30, 2010: See p 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, DC, FL, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MT, NV, NJ, NM, NY, NC, OK, OR, PA, 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 **FL, GA, HI, ID, IA, KY, LA, MT, NC, SC, SD, UT & WY** with waiting lists & other cuts in force or expected elsewhere

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 all full benefits

15 of 35 state risk pools don't give discount premiums to low income persons & 19+ states won't take US health reform funds to run their own risk pools

Alabama--has no spend down, an aged/disabled level of \$674/mo (the SSI rate), a parent level of 11%/ 24% if wkg ('09), an ADAP level of 250%; it covers 12 MD visits & hospital days/yr & 5 brand Rx's/mo & **has an ADAP enrollment cap.** The 2010 deficit was \$784 million & Gov. Riley (R) & the legislature (D) cut HIV care \$2 million but it overrode his veto of a rise in CHIP's 200% level to 300%. The risk pool is adding low income premium discounts & has no Medicare supplement. AL won't run a health reform-funded risk pool.

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 wkg ('09), 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.** Gov. Parnell (R) & the legislature (R House; tied Senate) raised the 175% CHIP level to 200% & again offer in-home care services.

Arizona--has no spend down or risk pool & covers parents & childless-even non-disabled-adults under 100%/106% wkg. CHIP's level is 200% & ADAP's is 300%. The legislature (R) killed a program to cover the disabled during the 2 yr Medicare wait, cut MD fees & personal care funds and dropped 10,000 CHIP parents. Gov. Brewer (R), with a \$3 billion 2011 deficit; **reduced the ADAP formulary (and may start a waiting list & co-pays),** cut the mental health budget, left 35,000 CMI clients uncovered in a limbo with no way to pay for their care, won't run a US health reform-funded state risk pool & ended hospice & cut in-home care--**but gave up plans to drop 310,000 adults & abolish CHIP (yet retained a CHIP freeze that's cut enrollment from 45,800 to 33,700 since 1/10 with a waiting list of 40,000)**

Arkansas—has an aged/disabled level of \$674 (the SSI rate), a parent level of 13%/17%

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MedicaidWatch - supported by unrestricted educational grants from GlaxoSmithKlien, Abbott Laboratories, Amgen, Gilead Sciences, Merck & Co., Bristol Myers Squibb, Boehringer Ingelheim & Tibotec Therapeutics

if working ('09), a numerical Rx limit & subsidizes insurance for small firm workers below 200%. Gov. Beebe & the legislature (both D) covered adult dentistry & enacted an as-yet-unfunded bill to raise the CHIP level from 200 to 250%. The risk pool bans Medicare clients but seeks US funds for a low income premium discount. The state may cut the number of covered MD visits & Rx's. **It did cut ADAP's 500% level to 200%**, briefly had a waiting list & **cut its formulary**.

California--The under-funded, often closed risk pool (one private insurer does offer a "look-alike" plan for only slightly more than the pool) has no low income premium discount & bars non-renal Medicare eligibles. The state covers aged/disabled under 100% (with a \$230 disregard, not just \$20), parents below 100%/106% if wkg & prostate cancer patients under 200%. ADAP's level is 400% & 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 and some podiatry & psychiatric benefits; ended non-emergency care for legal aliens; cut provider fees; and **slashed HIV services \$85 million (\$12 million for ADAP)**. He & both parties in the legislature agreed on a \$100 million insurance tax to keep funding CHIP; but a \$2.75 billion Medicaid cut **caused 3 million adults to lose coverage**. He also proposed ending TANF and medical coverage of families, home health care & personal aides for the disabled, low income clinic funding, ADAP for county jail inmates, OTC Rx coverage & adult day health care; and limiting Rx's to 6/mo (except "lifesaving" Rx's) & MD visits to 6/yr; and requiring \$50 ER co-pays. US courts barred MD & hospital fee cuts, elimination of adult day care & optometry services, a 20% pay cut for the personal aides and the Gov's line item vetoes of HIV & other health assistance funding.

Colorado---has no spend down. The parent level is 60%/66% if wkg ('09) & for those over age 60 it's \$699 (their SSI+SSP rate)---but only \$674/mo (the SSI-only rate) for younger disabled. The ADAP level is 400%. The risk pool has a low income premium discount for those below \$50,000 & a Medicare supplement. Gov. Ritter (D) started a formulary, made private plans cover PTSD, anorexia, substance abuse & colorectal screening, but proposed de-funding 79 mental health facility beds & cutting low income clinic funding---and **did cut ADAP's formulary**. With a \$2.1 billion deficit, he favors more provider fee cuts & payment delays. Yet he & the legislature (also D) enacted a hospital tax to raise \$600 million more for Medicaid, CHIP & the state indigent medical plan to boost hospital rates, double uncompensated care funding & **cover 100,000 more persons by raising all adult levels to 100%--starting now--using newly-offered US health reform matching**); applied COBRA rights to small firms & raised the 205% CHIP level to 250%; covered the working disabled under 450%, widened CHIP psychiatric care; started a SPAP for HIV clients; covered legal aliens; and let HMOs sell cheap, barebones plans to the uninsured---but cut funds for DD & disabled clients' employment, transport & personal care aides

Commonwealth of the Northern Marianas---federal law caps its matching rate far below what states get & it can't even fully fund its own share of Medicaid even though 37% of residents are poor enough to get it. 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 SSI/SSP rates for those with maximum allowed shelter costs + a \$278 disregard), its parent level is 185%/191% if wkg; 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 (income levels are \$25,100 for 1 & \$32,900 for 2); limited adult chiropractor, naturopath, psychologist and occu, phys & speech therapy coverage to clinics; but extended hospice care to all Medicaid patients. She moved to cut HIV services \$2.7 million, delay starting an HIV HCB waiver, raise CHIP & Medicaid cost-sharing, drop most adult dental, eyeglasses, OTC drug & legal alien coverage & cut SPAP benefits. The legislature (D) covered the working disabled. Rell wants to force patients back into HMOs to fund her skimpy, subsidized insurance plan for those under 300%. With its **premiums up 72% since 1/1/10**, it has big co-pays, limited psychiatric care, low Rx & medical equipt yearly cost caps, a \$100,000/yr total care cap & a \$1 million lifetime cap and may have to freeze enrollment. **The state got US approval for newly-offered matching to expand Medicaid to childless & non-disabled adults under 56% who are on Gen. Med. Asst.(continuing its \$150/mo earnings disregard)**, lengthened COBRA coverage to 30 mos, ended 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 is \$8.7 billion and Medicaid's caseload rose 18% in 2009 & 33% since 2004

Delaware---has no spend down or risk pool; covers all adults under 100% (121% for wkg parents & 110% for childless, non-disabled wkg 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. It won't run its own US health reform-funded risk pool. The state may let over-income children buy into CHIP.

District of Columbia---has *no* risk pool. Income levels are 200%/207% if wkg for parents, 100% for childless aged/disabled, 300% for CHIP & 400% for ADAP. A local DC medical assistance program covers others under 200%/211% if wkg. Mayor Fenty & the Council (both D) covered adult dentistry; boosted the aged/disabled asset level \$2,000, raised the QMB income level to 300% & dropped its asset test (thus entitling many DC Medicare patients to Pt D's *full* Extra Help). The next 3 yrs' shortfalls total \$700 million, requiring tax increases & program cuts. DC is replacing public mental health clinic care with private contractor services. **Fenty proposes cutting funding for low income clinics & also slashed the only-just-raised MD fees.** DC is now expanding Medicaid to cover childless, non-disabled adults who'd been eligible for its local medical assistance program using newly-available US health reform matching. It will keep the safety net United Med Ctr (formerly Greater SE Hosp) open by getting control if not ownership of it at an impending auction for insolvency (it's run big deficits even while DC gave it \$70+million and also raised its Medicaid fees to 95%-100% of its overhead costs).

Florida---The GOP legislature got a waiver to shift patients into privatized managed care, and started doing so in a few counties (but a court order does let patients opt out). The under-funded, usually-closed risk pool *has* a Medicare supplement but *no* low income premium discount—and the state won't accept US funds to run its own health reform risk pool. It cut the aged/disabled level from 88% to the \$674 /mo SSI rate, but covers those under 88% in HCB care or in Medicare's 2 year disabled waiting period. The parent level is 21%/ 53% if wkg ('09) & 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 & favors letting children over its 200% level buy into CHIP. He made private plans cover autism care, gutted the insurance minimum benefits law & sponsored cheap barebones policies for the uninsured (see www.coverfloridahealthcare.com; the program's start-up is delayed to late 2010 & **now it appears it may not meet new US health reform insurance rules unless its gets an HHS waiver.** Blue Cross & local health departments also sponsor cheap "Miami-Dade Blue" plans with no brand name Rx coverage). He dropped hospice & cut dialysis care; cut mental health & substance abuse funds & MD fees; and with a \$2.6 billion 2010-11 Medicaid shortfall, he cut its budget \$803 million. In-home & HCB care waiting lists are long, but to settle a suit the state will spend \$27 million more on HCB waiver care. He restored \$22 million for care of the aged, disabled & special needs children & for mental health & substance abuse services; raised cigarette taxes \$1 to yield \$1 billion (partly for Medicaid); vetoed nursing home & DD care fee cuts; and made insurers sell Medigap policies almost as fairly to the disabled as to the aged. Even with a just-reported surplus instead of a once-projected big deficit--and the state being expected to give it \$50, or even \$100, million--Miami's Jackson Mem Hosp is still closing 2 O/P clinics & 2 transplant units; ending dialysis care for 175 indigents (many of them illegal) & may close its North satellite branch. **ADAP has a waiting list of 361, cut its formulary & revived a \$12,000 asset limit. The HIV insurance premium-pay program--short \$1.5 million even after getting \$1 million from other HIV accounts--has its own waiting list of 260.**

Georgia---has *no* risk pool. Its aged/disabled level is only \$674/mo (the SSI rate), its parent level is 28%/50% if working ('09), ADAP's is 300% & CHIP's is 235%. It has a monthly numerical limit on Rx's; dropped CHIP coverage of dental surgery & raised its premiums; ended adult emergency dentistry & artificial limb benefits and nursing home spend downs and narrowed Katie Beckett waiver admission rules. Gov. Perdue & the legislature (both R) herded patients into HMOs, but allow opt outs. Even with red tape, child enrollment grew 7.7% during 2009, but provider fees are too low. Atlanta's Grady Hosp, once short \$40+ million due to indigent care costs, closed its dialysis clinic (but still pays for dialysis for its indigent ex-patients) and 3 of its 9 O/P clinics and cut its free care income level from 250 to 125%; but the shortfall fell to \$4.4 million. With a \$2.6 billion deficit & \$506 million 2011 Medicaid shortfall Perdue dropped plans for provider fee raises & may cut ADAP \$1.2 mil-lion. He'll sign a 1.45% hospital bed tax (proceeds will attract more US funds to bolster Medicaid hospital fees), but MD & DDS fees will still be cut (again). He seeks insurance taxes & fines to meet health costs, closed a mental hospital building, **raised CHIP premiums, cut pregnancy & infant care funds; is starting an ADAP waiting list as of 7/1/10;** may privatize some mental health care and won't run a US health reform-funded state risk pool

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 (with a 100% level) is open only to parents and the aged & disabled, whose income 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 its premiums (but let over-income children buy in at full-price premiums) The state **cut HIV services \$300,000 & closed ADAP (with a waiting list of 9) to those with CD4 counts over 350**. Suits to block moving 37,000 aged & disabled into managed care plans failed. Lingle cut aged/disabled case management fees, ended non-emergency adult dental benefits & won’t run a US health reform-funded state risk pool

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 wkg (‘09), an ADAP level of 200% & a risk pool with no Medicare supplement *or* low income premium discount (and the state won’t run its own US health reform-funded risk pool). The GOP legislature raised the CHIP level from 150% to 185%; funds an under-used pilot plan for adults (even childless & non-disabled) under 185% working in participating small firms, covered the working disabled and categorizes clients 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 charges premiums of 4% of income to Katie Becket cases (**and the legislature may charge all disabled children *extra* premiums**) and cut hospital, rehab facility & DD agency fees 55% (which a court then barred), plus occup & speech therapy and mental health funds. **ADAP has a 26-person waiting list**. The House voted to cut MD & other fees, **end the state adult cystic fibrosis aid program** & drop coverage of 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 very limited formulary from a 2nd SPAP**. Both SPAPs’ income levels are \$27,600 for 1, \$36,635 for 2, etc. The legislature (D) raised the parent level to 185%, set ADAP’s at 400%, accepted a court order to raise pediatric fees (yet *other* fees are too low & paid *very* late, **with a \$4 billion unpaid claims backlog**), offered subsidized insurance to veterans left uncovered by VA cuts & raised the CHIP level from 200 to 300%. The often-closed risk pool *has* a Medicare supplement but no low income premium discount. **The state is forcing 40,000 aged & disabled into HMOs** but raised the working disabled level to 350% & required that Medigap policies be sold as fairly to the disabled as to the aged. The U of Chicago Med. Ctr closed its women’s & dental clinics & the U of IL at Chicago closed a clinic too. The state gave \$640 million to safety net hospitals, made hospitals give the uninsured discounts & funded a hospital assessment plan to raise enough to attract \$450 million more in US matching. **Still, the House had to make \$200 million in as-yet-unspecified Medicaid cuts**, while Gov. Quinn (D) hopes to save another \$400 million by providing case management to the aged & disabled (**38,000 of whom remain on HCB waiting lists**). **The ADAP shortfall is \$10 million, which may well require a waiting list, a formulary cut, cost & enrollment caps & a lower income level.**

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) & the regular Medicaid parent level is 19%/25% if wkg (‘09). Gov. Daniels (R) & the old all-GOP legislature raised CHIP premiums. The risk pool *has* a Medicare supplement *and* a low income premium discount (but the state won’t run its own US health reform-funded risk pool). The ACLU sued to void a once-every-6-yrs denture & re-linings limit. The House (now D) opposed Daniels’ troubled, now-canceled eligibility privatization contract. A class action suit was filed to correct improper case closings, appeals & other contractor errors. **The 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 (**100,000 had already applied for it before enrollment was closed**). The insurance offers HMOs, preventive care, few co-pays; yet no dental or vision care—and patients *must* put 2%-4% of income in HSAs. “Richer” non-Medicare adults can buy-in at full-price premiums. See “Healthy IN...” at www.kff.org & “Profiles: Healthy IN...” at www.statecoverage.net. The deficit is \$763 million & Daniels plans to cut provider fees 5%

Iowa---A waiver with limited Rx benefits covers care for non-Medicare adults—even if childless & non-disabled—under 200%/250% if wkg, but only at 2 public hospitals. The state is considering seeking CMS approval to expand waiver services to let patients get care at low income clinics and (at least) emergency care at any hospital throughout the state; but an attempt to raise the level to 300% failed. The aged/disabled level is \$674/mo (the SSI rate), the parent level is 28%/83% if wkg ('09) & the ADAP level 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) covered disabled children under 300% via the FOA, raised the CHIP level from 200 to 300% & let children without dental coverage buy into CHIP dental benefits only. Iowa hospitals are proposing a plan to tax themselves \$40 million to generate enough added US matching funds to raise their own rates & also fund other Medicaid costs. **There's a 97-person 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 ('09), a 200% CHIP level & a 300% ADAP level. 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. The legislature (R) covered the working disabled, offered state mini-COBRA rights, raised CHIP's level to 250%--but wouldn't fund already-authorized adult eligibility expansions, cut eligibility staff funds or hire enough workers to cut a 12,000-application backlog. **There are 5,700 on waiting lists for services for physically disabled & DD patients, yet the state cut in-home care funding for the aged & disabled; put 6,000 more on waiting lists for HCB & in-home care; cut MD fees & pay for disabled clients' caregivers 10%; ended welfare for 1,500 indigents awaiting SSA disability awards; and denied dental care to poor women** With a \$238 million deficit, Gov. Parkinson (D) seeks to start a case management plan for psychiatric Rx's & a 1 cent sales tax raise--and the state's hospitals favor a tobacco tax boost, while the nursing homes offered to tax themselves, with proceeds used to attract more US matching to raise their respective rates. The 3 taxes would avert more cuts now being considered such as **requiring more pre-authorization & co-pays for un-needed ER visits & cutting state DD facility admissions. The state raised CHIP premiums by \$10 to \$20/mo & froze admission to 3 now-over-crowded state mental hospitals**

Kentucky--- has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 36%/62% if working ('09), 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, with Medicaid & CHIP costs swollen \$242.5 million in 2010 but says 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 in it & dropped its \$20 premium. **There's a 189-person ADAP waiting list, client co-pays are now required & the formulary was reduced.**

Louisiana---has an aged/disabled level of only \$674/mo (the SSI rate), a parent level of 11%/25% if working ('09) & a 300% ADAP level. Its risk pool has no low income discount & bans Medicare eligibles (and the state won't run its own US health reform-funded risk pool). The legislature (D) voted to raise CHIP's 250% level to 300% but can't afford to. Gov. Jindal (R) **covered the working disabled**, got CMS to agree to the state refunding it only \$266 million (for even more in overpayments it received), sought a waiver to cover parents below 50% in N.O., B.R.& Shreveport plus all adults under 200% in Lake Chas. & **asked that the about-to-expire \$30 million/yr US primary clinic grants be continued.** He proposed cuts of \$531 million+ by **reducing covered Rx's from 8 to 5/mo** (unless more are "medically justified"), slashing MD & hospital rates, **cutting funding for & privatizing community services & HCB waiver care for aged, CMI, DD & physically disabled clients.** US matching will fall by \$700 million in 2011, 2010's deficit is \$1.7 billion & the state plans \$340 million more in provider fee cuts. FEMA will pay \$478 million to re-build the N. O. State Charity Hosp, to which the state will add \$300 million more. **But it also must find \$70-100 million more yearly to subsidize operations (even though it doesn't yet have any funds to keep 4 to 6 of the LSU & charity hospitals open). Also, ADAP faces an \$11.7 million shortfall, which required shifting \$2 million from other HIV programs to it (even so, it now has a 59-person waiting list).**

Maine---Gov. Baldacci & the legislature (both D) set these income levels: subsidized health insurance, 300% (with up to \$8 million in premium subsidies now available even for part-timers); the aged & disabled, 100% (with a \$75, not just \$20,

disregard); childless, non-disabled adults, 100% (once closed, it's now taking up to 2,000 new applicants); 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 covers little but dentures. There are no MSP asset tests & QMB's income level is 150%, SLMB's is 170% & QI's is 185%. He raised cost-sharing for those over 150%, cut podiatry care, **seeks \$108 million in health cuts & lowered provider 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 mo 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 O/P clinic program into one O/P-only primary clinic care & Rx program for any & all non-Medicare adults (even the 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. Gov. O'Malley & the legislature (both D) covered the working disabled, raised the parent income level to 116% for full Medicaid & 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 & slashed hospital rates to 80% of private plans'. A \$2.7 billion deficit at first forced him to delay a 2nd planned expansion of full Medicaid to childless (even non-disabled) adults under 116% (**but he'll now carry out that 2nd adult expansion with newly-available US health reform matching funds**) & to cut \$90 million more in health funding for provider fees, HMOs, HCB programs & personal aides for the disabled. He also plans \$300 million more in health cuts---including closure of a state mental hospital & a \$180 million nursing home fee cut (yet he & the homes hope to more than make that up with later rate increases that will be funded from a 2% tax they'll pay that will attract more US Medicaid matching money). He's funding a \$42 million child dental fee raise; is carving child dentistry out of HMO contracts for direct state managing; and made hospitals give free care to those under 150%

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%; raise the parent & childless disabled Medicaid levels to 133% but keep the childless aged's at only 100%. The ADAP level is 488% & the SPAP's is 188% (but up to 500% for Pt D patients). Gov. Patrick (D), with yearly deficits of \$1 billion+ & 2009, '10 & '11 Medicaid shortfalls of \$300 million+, boosted Medicaid & subsidized insurance premiums & co-pays and SPAP cost-sharing; proposed freezing MD & hospital fees; cut funds for substance abuse, tobacco cessation, school RNs & birth control and restricted legal aliens to limited I/P hospital & low income clinic care. With the deficit grown even more, he proposed a \$265 million Medicaid cut that would **confine adult denture & root canal service to community health centers; raise MD & Rx co-pays (even for generics); require prior approval of costly psychiatric Rx's; end personal aide care for those getting it under 15 hrs/wk; cut hospital fees; and require college students to be insured.** He seeks \$331 million in US funds to meet shortfalls at 7 safety net hospitals. **The legislature is considering forcing aged dual eligibles into HMOs**

Michigan---has no risk pool; an aged/disabled level of 100%, a parent level of 37%/64% if wkg ('09), a CHIP level of 200% & a 450% ADAP level. It ended adult dental (**but after an untreated tooth infection killed a patient, a suit was filed to bar the cut**), hearing aid, podiatry & chiropractic coverage & briefly stopped enrolling new cases in its O/P care-only waiver for childless, non-disabled adults under 35%/45% if wkg. The old GOP legislature raised co-pays but raised child wellness, dental & adult preventive fees. Counties containing Flint, Lansing, Muskegon & Detroit offer coverage to those under 200%---and Oakland Co. may do so too, with state facilitation. With a \$2.8 billion deficit & ½ million more clients in 2009, the House (now D) & Senate (still R) cut Medicaid MD, hospital & mental health fees \$165 million and **ended adult vision care**. The Senate (R) killed Gov. Granholm's (D) plans for a 3% MD & other minor taxes to avert cuts; and **its GOP leaders want to drop some mental health care & "optional" services and coverage of childless, non-disabled 18-to-21-year-olds.** **Advocates are demanding, and may sue to require, expanded autism coverage in Medicaid & private plans.**

Minnesota---this 209(b) state has an aged/disabled level of 100%, a regular, *full* Medicaid parent level of 215%/ 219% if wkg ('09), 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 (but it won't run its own US health reform-funded risk pool). Gov. Pawlenty (R) raised premiums & co-pays for Medicaid, CHIP & MinnesotaCare (state-subsidized insurance for parents under 275% & childless, non-disabled adults below 250%) and denied Medicaid & CHIP to *legal* aliens, although he did end ADAP co-pays & covered the working disabled. But with a \$4.63 billion deficit, he cut hospital rates \$90 million & **MD fees by 7%** and capped enrollment in HCB care for the disabled. He proposed tightening medical qualifications & cutting hours of coverage for home aides and nursing home & HCB waiver care; raising some client premiums; ending coverage of occupational & speech therapy & audiology; eliminating adult dentistry, and dropping 20,000 adults from MinnesotaCare. **He & the legislative majority (D) compromised to preserve a cheaper, barebones state General Medical Assistance (GMA) with stingy block grants totaling less than ½ GMA's previous budget for participating hospitals to care for its patients. Hennepin Co.'s Med Ctr faces deficits from the unpaid bills of other counties' indigents and had to cut mental health, dental & HIV services. At first, no non-Twin Cities hospitals would participate in the new GMA plan because the grant amounts are far below the cost of care. Then Pawlenty & the legislature (D) compromised again to authorize him or his successor, at his/her sole discretion, to move the GMA patients into US-matched Medicaid, as now allowed by the US health reform law (which he himself won't do). He tried to boost the appeal of the new GMA grants to the hospitals---but convinced only Hennepin & 3 others, but so far none outside the Twin Cities---by putting ceilings on the number of GMA patients each hospital must take.** MN Child Hosp, with 40% of its income from low Medicaid & CHIP fees, has to drop some services

Mississippi---has *no* spend down; its risk pool has *no* low income premium discounts & *no* Medicare supplement (and the state won't run its own US health reform-funded risk pool). Gov. Barbour (R) cut the aged/disabled level from over \$1,000/mo to \$724--but with a \$50, not just a \$20, disregard. The parent level is 24%/44% if wkg ('09), CHIP's is 200% & ADAP's is 400%. Only 2 brand Rx's & 3 generics are allowed monthly (but HIV patients get 5 brand Rx's). Barbour cut physical, speech & occupational therapy benefits. An in-person re-application rule limits enrollment, which Barbour. & the Senate (D) won't drop--except maybe for LTC clients—even though the House (also D) would do so. In spite of a budget shortfall (even after he secured new cigarette & hospital taxes), **Barbour dropped his earlier MD, DDS, druggist, nursing home & hospital fee cuts**, but he still may add premiums & raise co-pays. **He also cut subsidies for mental health centers, proposed closing 4 mental hospitals & 15 mental crisis centers & opposes using reserve funds to bolster Medicaid**

Missouri---is a 209(b) state. Its risk pool has *no* Medicare supplement but *has* a low income premium discount (and 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; cut the parent level to 19%/ 25% if wkg ('09); ended adult dental coverage; 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 covers those 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 full secondary Medicaid; restored hospice & working disabled coverage (but the latter covers only those with *very* 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 (only to 50%, but it refused even that); cover *all* adult dental, hearing & vision care (also rejected); and liberalize CHIP premiums & coverage (killed too). 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 instead *delays* enrollment). He sought cuts of \$139 million in hospital rates & \$32 million in MD & DDS fees, mental health & public clinic subsidy funding; **and he cut the ADAP formulary.** The legislature made private plans cover some autism care. CMS said the state's home health benefit is improperly limited only to homebound patients

Montana---has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 32%/56% if working ('09) & 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 has a 21-person one); 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 to age 7. A referendum raised the CHIP level (a 2nd time) to 250%, but systems and processing problems are slowing child enrollment

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 (‘09), its CHIP level is 185% & ADAP’s is 200%. It dropped many parents who left welfare to work (yet a court barred denying Medicaid to those who *don’t* meet work rules). The risk pool *has* a Medicare supplement but *no* low income premium discount (and the state won’t run its own US health reform-funded risk pool). Gov Heineman (R) covered Pt. D co-pays for HCB & group home clients & raised the CHIP 185% level to 200%. With a \$334 million deficit, he may cut provider fees, limit dental care to \$1,000/yr, hearing aids to 1 ea 4 yrs, eyeglasses to 1 pr ea 2 yrs & adults to 12 chiropractic visits & 60 occu, speech & phys therapy sessions/yr. **An ADAP waiting list ended but its formulary was cut. When NE Medicaid dropped pregnant aliens (even legal ones) & their fetuses, the U of NE Med Ctr covered them in *its* indigent program. The state widened school-based health services & reversed 79 service denials to the disabled**

Nevada---a Title XVI state with *no* spend down & *no* risk pool (and the state won’t run its own US health reform-funded 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 wkg (‘09); 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 and even offers a *vision* benefit; but the state raised CHIP premiums---**which Gov. Gibbons (R) now wants to triple**. He also rejected US funds for a state-run health reform risk pool. With a \$2.8 billion deficit he & legislature (D) capped CHIP dentistry at \$600/yr, ended CHIP orthodontia & vision care, tightened SNF, ICF, HCB waiver & at-home care medical qualification rules, reduced pregnancy coverage, cut hospital rates 5% to 14% (closing the U of NV at Las Vegas Hospital’s dialysis & oncology clinics), slashed HCB waiver fees, **cut attendant funds for the disabled; limited non-emergency transportation** and cut hospital neonatal & pediatric specialist fees. **The HIV agency cut its Las Vegas-area budget \$1 million & rising numbers of indigent, non-paying patients is saddling the state’s low income clinics with big budget shortfalls**. The legislature set up a preferred list of anti-psychotic, anti-convulsant & diabetic Rx’s

New Hampshire---a 209(b) state; its a 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 wkg (‘09), 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 LTC costs to counties, ended a DD care waiting list & let 19-to-26-yr-olds buy into CHIP. He & the legislature made--and will make--more cuts in hospital, MD, LTC & mental health fees. The deficit’s \$75 million; US auditors want \$35 million in over-claimed DSH funds back & FY 10 Medicaid costs are \$43 million over budget.

New Jersey---has *no* risk pool, an aged/disabled level of 100%; **an ADAP level that Gov. Christie (R) is lowering from 500% to 300% (ending Rx coverage for 957 clients)** and SPAP levels of \$31,850 for 1 & \$36,791 for 2.; A waiver covers others (even childless & *non*-disabled) under 100%. The legislature (D) required coverage of *all* children & 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 found 75,000 clients to have 2 or more Medicaid I.D. numbers. A court barred an assisted living facility chain from refusing to let patients remain using Medicaid when their funds run out (but the practice continues). With an \$11 billion deficit, the state cut hospital charity & teaching and day health center funding; cut the SPAP formulary & raised its co-pays---but boosted MD fees & low income clinic funding and ended CHIP premiums for those under 200%. **Christie also seeks to end coverage of adult *legal* aliens & freeze enrollment of parents, but the legislature (D) rejected his plans to raise SPAP brand name Rx co-pays from \$7 to \$15 & require \$310/yr deductibles---yet he *still* plans to cut funding for women’s & infants’ reproductive & health services funds (even for cervical & breast cancer screening)**

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 wkg ('09), CHIP's is 235% & ADAP's is 400%. A waiver—which is again closed to new individual applicants, but *not* to small employer groups—heavily subsidizes insurance of *any* adult (even if childless or non-disabled) under 200%/250% if wkg. **The state still refuses to process disability-based Medicaid-only applications from those whose disability hasn't yet been approved by SSA---contrary to what has long been federal policy---no matter how desperately they need medical care.** Medicaid's shortfall will be \$300 million by 1/11 (it's \$40 million now), so Gov. Richardson & the legislature (both D) dropped prior eligibility expansion plans; **and may end adult dental, vision, hearing aid & hospice coverage; slash phys, occu & speech therapy; cut mental health/substance abuse benefits & fees; and cut or even drop Rx coverage and HCB waiver services.**

New York---has *no* risk pool. A waiver covers parents & *all* couples (even childless) under 150%, and childless (even *non*-disabled) single adults under 65 below 100% (but the level's only \$767/mo for childless aged singles). ADAP's level is 431%. The state subsidizes insurance for workers under 250%, but it caps Rx benefits at \$3,000/yr. The legislature (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 & working disabled under 250%; required hospital discounts for those under 300% & forbade taking debtor 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. With a \$15+ billion deficit, Gov. Paterson (D) signed a \$1 billion hospital & nursing home fee cut; started a discount Rx plan for near-poor disabled; raised *all* Medicaid asset levels (\$13,050 for 1, \$19,200 for 2, etc); *ended* MSP & SPAP asset tests; extended COBRA rights to 36 mos; proposed raising *all* adult levels to 200% when it's affordable; but sought to cut Medicaid & mental health \$471 million more, **slash HIV care \$6 million, *force* NYC HIV patients & *all* dual-eligibles into HMOs**, proposed a \$65 million group home cut (yet a US judge then ordered the state to move 4,300 mentally ill into smaller, better group homes) and signed a bill with \$775 million in health cuts (it also requires saving \$300 million more in *each* coming year in “waste, fraud & abuse”; **pares \$72 million from low income health programs & makes big hospital fee cuts; but it did drop the first-proposed SPAP cuts**). Short \$316 million, NYC's public 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 \$17 million**. The safety net St. Vincent's Hosp had to close. Paterson earlier had also proposed **to cut NYC public hospital subsidies \$370 million & Mayor Bloomberg proposes eliminating 146 to 182 school nurse jobs**. Paterson & the legislature agreed to pass a tobacco tax increase (\$1.60-a-pack more for cigarettes) to be used to meet health costs and enacted a law making private insurance policies cover autism screening, diagnosis & treatment

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 ('09) & its CHIP level is 200% (the deficit barred plans to raise it). The SPAP— **which *excludes* the disabled**—subsidizes Pt. D premiums for those under 175% who aren't 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 and has a \$250 co-pay for “specialty” Rx's & a \$100,000/yr out-of-pocket maximum—but has low income premium discounts. A \$2 billion deficit moved Gov. Perdue (D) to seek \$30 million in manufacturer rebates by adopting a preferred drug list; to propose closing 50 state mental hospital beds and cutting MD & hospital fees \$76 million; **home personal care \$55 million (with an 18 hr/wk limit); adult dentistry 50%; community mental health \$250 million (but later called for restoring \$40 million of it); care for the uninsured \$40 million; & mental health fees 5%.** The budget cuts audiology, speech, phys & occup therapy & hospice funding, **ADAP by \$3 million (causing an enrollment freeze, a 769-person waiting list, a formulary cut limiting coverage to Tier 1 Rx's & a reduction of the ADAP level from 300 to 125%);** ends a Medicaid HIV case manager program, community-based rehabilitation services & coverage of many child dental X-rays & sealants; limits diabetic supplies to 1 provider; and requires prior approval of X-rays, MRIs, MRAs, PET scans, ultra-sounds & some EPSDT services. With 2011's Medicaid shortfall projected to be \$475 million, **legislators may pass a hospital tax to bridge the gap—with proceeds attracting 3-to-1 US matching, enough to do so while more than compensating hospitals for the tax with higher fees.**

North Dakota---this 209(b) state has a risk pool *with* a Medicare supplement but *no* low income premium discount but won't take US funds to run its own health reform risk pool. Its aged/disabled level is \$750, its parent level is 34%/59% if working ('09) & ADAP's is 400%. Gov. Hoeven (R) covered disabled children under 200% via the FOA, boosted CHIP's level to 150% & raised the medically needy level, but the legislature (R) refused to *again* raise the CHIP level (to 200%), and **may cut the ADAP formulary, cap its costs & enrollment and start a waiting list (it did limit access to Fuzeon Rx's).**

Ohio---this 209(b) state with *no* risk pool cut the parent level from 100 to 90% & 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 its **aged/disabled level is only \$589/mo (the US' lowest).** Gov. Strickland (D) & the legislature (R-Sen; D House) raised the CHIP level from 200 to 300% (only effective 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, **with an \$8 billion deficit**, cut eligibility work funding & nursing home fees (the legislature then partially restored the fees & bolstered home care benefits); **can't cover adult digital hearing aids until 6/11**; cut Rx fees & community mental health funds; required Rx co-pays & a generics preference rule; delayed MD, DDS & hospital fee raises & fully restoring adult dental coverage, may cut **the ADAP level & require co-pays**, and told nursing homes to pay for patients' phys therapy, wheelchairs & medical equipment (**which some homes can't or won't provide, so some patients don't get needed care or equipment**). Yet he moved 592 from a waiting list into HCB waiver care and signed bills imposing \$718 million in "fees" on hospitals (to attract more US matching, with which to then raise rates) & 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 ('09) & 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 cut plan premiums—but also its benefits. It also authorized Medicaid coverage of assisted living; raised the CHIP level from 185 to 300%; encourage HSAs in employer plans (and maybe even in Medicaid); and gutted the insurance minimum benefits law. The deficit is \$612 million & **the ADAP adopted economies**. With a \$26.6 million Medicaid budget cut, **the state may drop coverage of pregnant women's dentistry, durable medical equip & nebulizers. It slashed dialysis & diabetic supply fees**; cut hospital, MD & nursing home fees 3.5%; and **raised co-pays. It seeks to limit ER visits to 3/yr & make \$16 million in mental health cuts (affecting 55,000 patients) and is closing 200 state mental hospital beds It did cut covered brand name Rx's from 3 to only 2/ mo**; ended coverage of speech, physical & other O/P therapies but hasn't yet passed a planned 1% paid health claims tax to attract added 3-to-1 US matching funds to meet rising Medicaid costs

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 Medicaid parent level ('09), 185% for a non-Medicare adult insurance subsidy (**with closed enrollment**) & 200% for ADAP. An anti-tax referendum cut coverage & adult dentistry & ended adult vision care. The OR Health Plan waiver--with limited benefits for non-Medicare (even non-disabled or childless) adults under 100%--began again, but then stopped, taking applications. ADAP has cost-sharing **& a waiting list & formulary cut may be needed**. Short \$4.2 billion, Gov Kungoloski & the legislature (both D) took the FOA option and passed insurer & hospital taxes--**later upheld in a referendum that raised taxes on the wealthy too--to cover 80,000 more children (raising CHIP's level to 300%), 35,000 more adults & more in-home care**

Pennsylvania---has *no* risk pool, an aged/disabled level of 100%, a parent level of 26%/34% if wkg ('09), a CHIP level of 300% & an ADAP level of 350%. It subsidizes a barebones "AdultBasic" insurance (it has *no* mental health or Rx benefits; **the 390,000 on its waiting list can buy similar coverage for a \$600/mo premium; but AdultBasic's own increasingly ill clientele & rising costs required \$20 MD visit co-pays & a \$1,000/yr hospital care cap**) for non-Medicare adults under 208%/213% if wkg. Gov. Rendell (D) covered the working disabled, raised the SPAP levels (to \$23,500 for 1 & \$31,500 for 2, enough to cover 90,000 more seniors, **but still not the disabled**), applied 9 month state mini-COBRA rights to small

firms & sought a \$106 million hospital rate cut. But Senate (R) leaders want much deeper cuts & even proposed freezing CHIP funding. Public Citizen says PA MD fees are the US' 5th lowest. The deficit is \$3.2 billion+. A shortfall forced Phila. city clinics to start charging fees of \$5 to \$20 & close some sites. The House (D) *twice* voted to widen AdultBasic (to cover 85,000 more persons and add Rx & mental health benefits) **but Senate leaders have been blocking the expansion.** **The state plans to offer a \$300/mo premium discount to those under 200% in its new US health reform-funded risk pool.**

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. A key advocate has said there's a 526-person ADAP waiting list

Rhode Island---has *no* risk pool & income levels of: aged/disabled, 100%, parents, 175%/181% if wkg, CHIP, 250% & ADAP, 400%. It covers the working disabled & its **limited formulary** SPAP covers the aged **but only those disabled over age 55** (with levels of \$37,167 for 1 & \$42,476 for 2). Gov. Carcieri (R) required free & discounted hospital care for those under 200% & 300% & banned taking debtors' homes. Public Citizen says MD fees are the US' 3rd lowest. Big deficits (\$660 million in FY10) moved him to get a waiver with extra up-front US funding that in exchange requires the state to divert 12% of nursing home cases to cheaper home care & puts a cap on future US funds. See "*RI's Medicaid Proposal...*" at www.cbpp.org. The legislature (D) raised adult daycare co-pays and also dropped *legal* alien children & 7,400 parents.

South Carolina---has *no* spend down. Its aged/disabled level is 100%, its parent level is 48%/89% if wkg ('09) & its ADAP level is 300%. Its risk pool *has* a Medicare supplement but *no* low income premium discount (and the state won't run its own risk pool with US health reform funding). Gov. Sanford & the legislature (both R) limited Rx's to 4/mo & raised the CHIP level to 200% (**but he then proposed closing enrollment**). The SPAP level is 200%, **but it *excludes* the disabled**. The legislature cut Medicaid mental health benefits, **closed an HIV program to new clients** & slashed home health, hospital & nursing home fees. Yet it passed private plan mental health parity & **a tobacco tax increase to bolster Medicaid that led to a Sanford veto, which the House, but not yet the Senate, voted to override (but it also voted to cut SPAP funds).** **The state is ending all its own ADAP funding (in spite of a waiting list of 175) & it cut home care of the disabled, slashed covered Rx's from 4 to 3/mo & discontinued all state cancer screening funding.**

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% ('09) & ADAP's is 300%. Rejecting a call for expansion, Gov. Rounds & the legislature (both R) refused to raise the pregnant woman & CHIP levels to 250% or provider fees and ended adult dentistry. The deficit's \$81 million & **there's an ADAP waiting list of 21 & its formulary may be cut**

Tennessee---Gov. Bredeson (D) & the legislature (R) dropped 191,000 when ending the TennCare waiver expansion. The aged/disabled level is now \$674/mo (the SSI rate), the parent level is 70%/129% if working ('09) & ADAP (**which now has no waiting list**) has a 300% level. Except for pregnant women, children & HIV+ patients, MD visits were cut to 10/yr, hosp days to 20/yr & Rx's to 2 brand name drugs + 3 generics/mo, *except* for some grave conditions. There's a 250% CHIP level (**enrollment in it was to have re-opened 3/1/10**), a risk pool (with *no* Medicare supplement but *with* a premium discount for those below 250%, for which the state won't take US health reform risk pool funding), a SPAP (**with a waiting list**) covering up to 5 generics/mo (with a low benefits cap) for non-Medicare patients under 250% & state-subsidized barebones insurance for non-Medicare adults under \$55,000 (**enrollment is closed**). Besides also covering diabetic items & more psychiatric Rx's, CHIP uses Medicaid Rx rules. The spend down was revived, but Bredeson cut its (plus the home care & medical equip) budget & benefits promised to the disabled who lost TennCare. The deficit is \$1.25+ billion, forcing closure of 600+ mental hosp. beds, big mental health cuts & hosp rate cuts of \$500 million—causing shortfalls at Nashville Gen. Hosp (which had to deny non-emergency care to indigent illegals) & Memphis Reg Med Ctr Bredeson deferred caps on MD visits, transport & transplant care, **but kept a \$10,000/yr benefits cap; ended occup, speech & phys therapy benefits and capped X-ray & lab usage & ADAP costs.** A court voided its 1987 order grandfathering-in 150,000 ex-SSI recipients to Medicaid (almost all ineligible under 2010 rules); see "Daniels Case" at www.tnjustice.org

Texas---has a risk pool *with* a Medicare supplement & but *no* low income premium discount (and the state won't take US US health reform funds to run its own risk pool). The aged/disabled level is \$674/mo (the SSI rate), the parent level is

12%/26% if wkg ('09) & 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 Rx's covered/mo; moved patients into HMOs; contracted-out eligibility work to what some say are sub par contractors--but restored Medicaid mental health, vision & hearing aid coverage and CHIP mental health & dentistry (Medicaid covers limited *adult* dentistry too); required some mental health parity in private plans; and set up a SPAP for HIV clients. A non-profit agency (www.TexHealthCoalition.org) fosters subsidized discount health plans for workers under 300% in small firms in the Brazos Valley, El Paso, Ft. Worth, Galveston & Houston areas. A court order to improve children's care requires raising MD & DDS fees (even though budget shortages now compel all provider fees to be cut); the 2011-12 deficit is \$15 to \$18 billion (due, in part, to 350,000 new Medicaid enrollees in 2009-10); and **the legislature cut the Children with Special Health Care Needs program--and a cystic fibrosis assistance program for patients of all ages--by \$3.5 million (in spite of a waiting list of 950 children).**

Utah—a Title XVI state with a risk pool--*with* a low income premium discount, but *no* Medicare supplement—and *it will accept US health reform funds to run its own risk pool*. Its aged/ disabled level is 100%, its parent level is 38%/44% if wkg ('08) & CHIP's is 200%. A waiver—**now closed to new enrollees**--gives limited O/P care, with *big* co-pays, to non-Medicare adults (even if childless & non-disabled) under 150%. The legislature (R) stopped covering podiatry, audiology, speech therapy, chiropractic, outdoor wheelchairs, adult eyeglasses & dentistry (one patient died from an untreated tooth infection); cut hospital & DDS fees 25%; may cut CHIP dentistry more; but subsidizes insurance premiums for small firm workers under 150% (see “*New CHIP /UPP Waiver..*” at www.healthpolicyproject.org) A legislative reform panel called for gutting the minimum benefits law & banning preexisting condition rules; and urging employers to offer workers HSAs over regular insurance—and the legislature enacted its suggestion to let insurers sell cheaper-than-COBRA policies. Gov. Herbert (R) restored dental benefits for children & pregnant women and some physical & occupational therapy. Yet he & the legislature cut DDS fees another 28.8% (which CMS disapproved); **have an ADAP waiting list of 112 and cut its formulary & income level (to 250%); closed enrollment in General Assistance welfare for those awaiting SSA disability awards (which then impedes access to already-hard-to-get General Medical Assistance); and may cut the disabled income level from 100 to 74%, cut school health funds, reduce the pregnant woman asset level; and even drop the spend down.** Legislators are considering a \$23 million hospital tax to attract \$50 million more in US Medicaid matching funds.

Vermont—Its income levels are: aged/disabled, 100% & 110% (2 zones), parents, 185%/191% if wkg, childless, non-disabled adults, 150% /160% if wkg, 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 each patient's costs). A waiver, in return for more US funds, puts patients into HMOs & favors HCB care over nursing homes--but also caps future US matching funds. There's *no* risk pool. The deficit is \$100 million & 2011's health/human services shortfall is \$53 million+. Douglas pledged to not cut eligibility, yet raised SPAP co-pays & seeks more cost-sharing (but the legislature won't raise CHIP premiums), a cap on ER visits and provider & Rx fee cuts

Virginia---a 209(b) state with *no* risk pool (and the state won't run its own US health reform-funded risk pool). Its aged/disabled level is 80%, its parent level is 23/29% if wkg ('09), CHIP's is 200% & ADAP's is 400%. It covers the working disabled & has a SPAP for HIV+ Pt. D patients under 300%. With a \$2.7 billion deficit & Medicaid costs up \$777 million in 2 yrs **Gov. McDonnell & the House (both R) ignored less stringent Senate (D) ideas & cut Medicaid provider fees & mental health community care, slashed the \$2,200/mo HCB waiver income level to \$1685/mo (even with an HCB waiting list of 6,000), cut 5% in local mental health & substance abuse funds and reduced CHIP's 200% level to 175% (which can bar 28,000 children & pregnant women) and the 80% aged/disabled level to 75%.**

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 ('09) & ADAP's is 300%. Gov. Gregoire & the legislature (both D) passed mental health parity. Facilities evicted 75+ assisted living clients due to too-low state fees. A \$9 billion deficit didn't stop the state from raising the CHIP 250% level

to 300%. The state raised BasicHealth (state-subsidized insurance for non-Medicare adults under 200%, with a waiting list of 100,000) premiums & co-pays; cut General Medical Asst (by \$190 million, dropping 3,000 patients), DSH payments & nursing home fees; and limited drug, DME, imaging, denture, diabetic supplies, personal assistant & in-home care hours, adult day care, maternity & infant case management & incontinence benefits and cut druggist, pediatric, HMO & day health center fees. It may drop adult eyeglasses, dentistry & colorectal cancer screening. Yet the Legislature may let over-income children buy into a CHIP-like plan. ADAP's formulary was cut, cost-sharing was imposed & the Gov. proposed a 25% cut in other HIV services. The state was seeking insurer bids to offer the uninsured a barebones policy at \$100/mo & is now exploring using newly-available US health reform matching to fund the merging of BasicHealth into Medicaid

West Virginia---has an aged/disabled level of \$674/mo (the SSI rate), a parent level of 17%/33% if wkg ('09) & a 250% ADAP level. It covers only 4 brand Rx's/mo (+6 generics). Its risk pool has no Medicare supplement but low income premium discounts are now authorized. It denies all *adult* dental care but extractions & 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%; but CMS is trying, over state objections, to halt a waiver giving clients more mental health care & Rx's but only in exchange for "personal responsibility" pledges. Manchin raised CHIP's level to 250%, may raise child dental fees but plans to herd the disabled into physical & mental health managed care programs.

Wisconsin---has an aged/disabled level of about \$757.78/mo (the SSI/SSP rate) & a 300% ADAP level. The SPAP has a 240% level but excludes the disabled. The risk pool has a Medicare supplement & premium discounts for those under \$33,000. Gov. Doyle & the legislature (both D) raised the CHIP (185 to 300%) & parent (185 to 200%) levels, made private plans cover child hearing aids & cochlear implants and funded "Basic Care" (with no brand name Rx coverage) for up to 54,000 non-Medicare childless adults under 200% With a \$700 million deficit, medical assistance programs \$150 million over budget, Medicaid staff now making \$600 million in cuts & needing to cut \$1 billion more in 2011 and Basic Care enrollment already over its funding capacity (plus 51,000 more on a waiting list or with applications yet to be processed), he closed Basic Care enrollment & proposed a skimpier, low premium plan for the rest (which the legislature is expected to authorize; also, one news story suggests he may seek US health reform matching to merge Basic Care & the new overflow plan into Medicaid) and a \$900 million hospital tax to raise their rates by attracting more US matching.

Wyoming---has no spend down; an aged/disabled level of \$699 (the SSI/SSP rate), a parent level of 40%/52% if working ('09) & a CHIP level of 200%. Its SPAP covers all 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, but the state won't run its own US health reform-funded risk pool) yet wants to freeze CHIP enrollment. Medicaid's 2010 costs rose \$100 million, so he and the legislature plan to cut most provider fees \$25.6 million, the DD HCB waiver budget \$3.6 million (freezing-in a waiting list) & the kidney dialysis program \$250,000. ADAP's 332% income level was cut, it recently had a waiting list of 17 & program costs may be capped

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. Secy. for Plan.& Eval. pages at www.dhhs.gov for AK & HI. Congress extended the 2009 FPL figures until at least May 31, 2010. 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 Assistance Programs for SSI Recips. 1/09"(the latest issue) on state Medicaid eligibility rules for SSI & SSP recipients, state supplementary payment (SSP) figures and state Section 1616, 1634 & 209(b) eligibility arrangements

The best source for state adult income levels is "Where Are States Today? Medicaid & State-Funded Coverage Elig. Levels For...Adults" [pub. # 7993, Tables 1, 2 & 3] in the Medicaid pages at www.kff.org . 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, eligibility & benefits policy in 2009-10 (Doc. #7985) at www.kff.org.

See a good, new survey of state eligibility & enrollment policies implementing recent reforms of the Medicare Savings Programs, or MSPs (QMB, SLMB & QI), at www.medicarerights.org/pdf/Warning-Signs-MIPPA.pdf.

“Medicaid Expansion Now Could Save Some States Money” at www.KHN.org (4/1/10) points out that many states can add huge windfalls to their health assistance budgets by now being able to claim their regular federal Medicaid matching rates for heretofore fully state-funded medical assistance for childless, non-disabled, non-aged persons under 133% FPL. For policy & details on how states can do so, see CMS’ State Med. Dir. Letter # 10-005, “New Options for Coverage of Individuals Under Medicaid” (4/10/10) at <http://www.cms.gov/smdl/downloads/SMD10005.PDF>.

“Medicaid Coverage & Spending in Health Reform: [State Costs & Patient Numbers] For Adults ..Below 133% FPL” at www.kff.org projects the numbers of new Medicaid patients & states’ tiny ongoing share of costs [under10%] & “Federal Government Will Pick Up Nearly All Costs...” at www.CBPP.org also confirms the ongoing 90%+ match

A study at <http://enhp.harford.edu/ctphp/index.asp> says 36% of CT Medicaid clients smoke; so states covering tobacco cessation not only improve patient health: by doing so they’ll also cut Medicaid smoking-related costs

The “2010 Pickle Instructions” at www.healthlaw.org shows how to calculate a restoration of Medicaid for many persons who were formerly on both Social Security & SSI even if their income has since risen over current SSI levels.

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 and 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. Check www.ADAPAdvocacyAssociation.org for more ADAP news & data and for the “ADAP Pill Box” periodical.

See “Pharm. Benefits [in] State [Medicaid]” at www.npcnow.org on formularies, fees, prior auth, prescribing/dispensing limits & co-pays. JCoburn@hdadvocates.org has chart on how drug maker PAPs mesh with Pt D. States can cover Pt-D-excluded Rx’s with their own funds: see chart at www.medicareadvocacy.org (12/1/05 report at “News” icon).

See “Indiv...Models of LTC” at www.statehealthfacts.org for state coverage of HCB waivers, home health, personal aides, etc. & “Money Follows the Person 101” at www.nslc.org. See www.healthlaw.org for amounts of 2009 state Personal Needs Allowances (PNAs) for SNF & ICF patients & residents of SSP-funded, licensed 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”, below “Issues” at www.healthlaw.org for “Painless Ways To Deal With..Medicaid Budget Shortfalls” to avoid eligibility & benefits cuts; “State..Aged/ Disabled...Levels” & “State..Parent... Levels”; a health/Medicaid “Glossary”; and “2010 VA Health..Benefits”