



Medicaid Watch: State Medicaid and Health Cuts & Expansions

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National Snapshot Summary

GOP Governors and/or legislatures in AL, AK, FL, GA, KS, LA, ME, MS, MT, NE, NH, NC, SC, SD, TN, TX, UT, VA and WY are still refusing to expand Medicaid.

Even the hesitantly pro-expansion FL Gov. (R) is prevented by his GOP legislature

Non-standard Medicaid expansion waivers are being sought by, or have even already been given to, AR, IN, IA, MI, OK, PA and WI. See pages 13 & 14 for details

Aged & disabled persons with incomes over state Medicaid levels but below 100%; parents over state Medicaid levels but below 100%; and almost all childless, non-disabled adults below 100% in AL, AK, FL, GA, ID, KS, LA, ME, MS, MO, MT, NE, NH, NC, SC, SD, PA, TN, TX, UT, VA & WY are stuck in a cruel Purgatory: "too rich" for Medicaid, yet "too poor" for subsidized private Exchange insurance.

More routine cuts or expansions were made or proposed in AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MS, MO, MN, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WI, WV & WY

States with Medicaid Rx numerical limits: AL (except for HIV), AR, CA (grave condition excep), GA, IL (except for HIV), KY, LA, MS (except for HIV), NC (except rule), OK, PA (except rule), SC, TN (grave cond. excep), TX (3 Rx's/mo cap to be lifted in new waiver) & WV.

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

ADAP waiting lists have for now been eliminated in all states.

State Pharmacy Assistance Programs (SPAPs) in AK, IN, NY, PA, SC & WI exclude the disabled; and SPAPs in HI, MD, MO, MT & RI give them lesser coverage.

Alabama--has no spend down, an aged/disabled level of \$721 (SSI's rate), a 10%/ 23% wkg ('12) parent level & a 250% ADAP level; it covers only 12 MD visits & hosp days/yr, but has no MSP asset test. It raised CHIP's level to 300%. 2,500 are on the HCB waiver waiting list. Gov Bentley & the legislature (both R) cut ADAP's funds & formulary; MD, DDS, lab & x-ray fees and Medicaid Rx funds \$30 million; **cut covered brand Rx's from 5 to 4/mo (but with no limits on generic, mental health & HIV Rx's); ended coverage of OTC Rx's, prosthetics, adult eyeglasses & orthotics;** is considering higher hosp & nursing home assessments, but not tobacco taxes. **The ADAP waiting list fell to zero.** Bentley raised MD & Rx co-pays, and created an advisory board to suggest ways to cut Rx costs.

Alaska---this Title XVI state has no spend down; income levels for the aged/disabled of \$1,083/mo (its est. SSI/ SSP rate), 74/78% wkg ('12) for parents, 300% for ADAP, 175% for CHIP, and 175% for the SPAP (**it excludes the disabled**) level..Gov Parnell (R) opposes Medicaid expansion.

Arizona--has an aged, disabled level of 100% and covers all other adults (even the childless, non-disabled) under 138%. CHIP's level is 200% & ADAP's is 300%. The legislature (R) cut MD & personal care fees. Gov Brewer (R) cut ADAP's formulary, and mental health & home care funds & ended hospice care; **has a CHIP freeze that cut enrollment to 18,000 (the waiting list is 100,000, but CMS lets hospitals & the state donate funds for 21,000 more); tried to start raise co-pays; ended spend downs & coverage of physicals, most adult podiatry & dentistry, transplants (then partially relented) med equip, insulin pumps, hearing aids, cochlear implants & some prostheses.**

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Arkansas—has an aged/disabled level of \$721 (the SSI rate), & a monthly limit on covered Rx's. Gov Beebe (D) & the legislature (R) passed an at-first unfunded bill to raise CHIP's level from 200 to 250% He may limit the number of covered MD visits & further cut the number of covered Rx's; and drop adult non-emergency dentistry & low level nursing home care. He cut ADAP's formulary & its level from 500 to 200% He & the legislature got a Medicaid waiver to give subsidized insurance to adult expansion eligibles (even the childless, non-disabled) under 138%--but not "Medicaid" itself--while protecting waiver patients with federal Medicaid cost-sharing limits, while including required Medicaid benefits, even if as wraparounds to private plan core benefits, as needed **See p. 13**

California-- covers the aged/disabled under 100% (with a \$241, not just a \$20, disregard) & parents below 100/106% wkg. ADAP's level is 400% & CHIP's is 250%. The legislature (D) raised premiums; capped child dentistry at \$1,800 yr; cut podiatry & psychiatric benefits; denied non-emergency care to *legal* aliens & ADAP to county jail inmates; and cut provider fees. Gov Brown (D) cut "non-life-saving" Rx's to 6/ mo, MD visits to 7/ yr & MD fees by 10%; and some personal aide care for the disabled. A \$300 million LA Co Health Dept deficit may cut patients seen by 25 to 50%. Brown widened autistic services but cut CHIP and home, mental health & DD care funds; added \$77 million to ADAP (yet imposed up to \$400/mo cost-sharing on the richest clients); and in 2011 covered all adults (even if childless/non-disabled) under county-set levels (up to 200% in almost all of them; but later figures from CMS & Kaiser say the new levels are only 138% e-mail adonnelly@projectinform.org for clarification & details). The Supreme Court remanded a suit to bar 10% fee cuts to the 9th Circuit, a US District Court settlement saved adult day care from some cuts & a another US District Court order reversed a state court & restored adult podiatric, dental, optometric & chiropractic care

Colorado---has *no* spend down. The level for those over 60 is \$746 (their est. SSI+ SSP rate), but it's only \$721/ mo (the SSI-only rate) for younger disabled. ADAP 's level is 400%. The state has a Medicaid formulary, made private health plans cover PTSD, anorexia, substance abuse & colorectal screening, and expanded ADAP's formulary. The legislature (first D, then R & now D again) passed a hosp tax to expand Medicaid (to all adults--even the childless, non-disabled--under 138% by 1/1/14.), CHIP & the state indigent health plan and boost hosp rates & un-compensated care funding; applied the mini-COBRA law to small firms; raised the CHIP level from 205 to 250% & widened its psychiatric care; offered Medicaid buy-ins to wkg disabled earning up to \$45,000 via sliding scale premiums; covered *legal* aliens; set a 300% level for nursing home & HCB waivers (with liberal HCB, personal aide & client control features & raised home care aide pay), and set up advocacy programs for SSA disability & Medicaid LTC applications. Advocates say the 300% FOA level is too low to cover enough disabled children & has excessive premiums; even though the state screening tool for approving children's home care was liberalized. While the state cut funds for DD & disabled clients' employment & transportation; it raised the pregnant woman level from 133 to 185%. Gov Hickenlooper (D) & legislative Democrats campaigned for *more* health coverage, yet then gave in to GOP demands to raise CHIP premiums & co-pays; even though they'll start covering a wide selection of adult dental care on 4/1/14. A Spinal Cord Injury waiver has 67 slots & offers chiropractic, acupuncture & massage therapy

Connecticut—a 209(b) state with 2-zone aged/disabled levels (\$797.22 & \$805.61, its est. SSI/SSP rates for those with over \$400/mo shelter costs & including a \$278/mo disregard). Its parent level had been 185%/191% wkg; ADAP's is 400%; and CHIP's is 300%. (rising to 323% on 1/1/14)- Ex-Gov Rell (R) ended coverage of legal aliens here under 5 yrs. There's no MSP asset test & the SPAP income levels are \$25,100 for 1 & \$33,800 for 2. She limited chiropractor, naturopath, psychologist and occu, phys & speech therapy care to clinics, but covered Medicaid hospice care. The legislature (D) covered the wkg disabled.. It extended COBRA to 30 mos, and raised QMB's level to \$1779.68/ mo, SLMB's to \$1,961.28 & QI's to \$2091.67 (thus giving their eligibles *full* Pt D Extra Help too & letting the state drop many on Medicare from the SPAP, while still covering the disabled during their 2 yr Medicare wait). Gov. Malloy (D) is moving 2,200 patients from nursing homes to home or HCB care and ending managed care contracts. He cut respite; adult dental & vision care; and community clinic funds; but raised the level for all adults (even the childless, non-disabled) to 201% on 1/1/14

Delaware---has *no* spend down; a waiver covers parents under 100%/106% wkg & all other adults (even the childless, non-disabled) under 100/110% wkg. ADAP's level is 500% and CHIP's & the SPAP's are 200%. Gov. Markell & the legislature (both D) run a state-funded cancer aid program for those under 650%, covered the wkg disabled; but ended adult vision care--and even considered dropping speech, phys & occu therapy

District of Columbia--has levels of 100% for aged/disabled, 300% for CHIP & 400% for ADAP. The Council (D) covered adult dentistry; raised QMB's level to 300%, (with no asset test, so many in DC on Medicare now get *full* Pt D Extra Help), but ex-Mayor Fenty (D) proposed replacing public mental health clinic care with private contractors; cut MD fees for dual & QMB eligibles and home care & personal aide funds. Mayor Gray (D) expanded Medicaid, early (in 2012) to *all other* adults --even the childless, non-disabled--under 200 and 206% to 211% wkg (any others under 200% can get on DC's non-federal Alliance HMO program).

Florida---The legislature (R) got a waiver to move patients (a court order had let them opt out) into managed care; and has been expanding it statewide-and will include the aged & disabled, as well as families & children. HHS approved the plan—but only with specific consumer protections. Email JWynn@MDEInc.org for details. The legislature & Gov. Scott (both R) planned to cut MD fees & the aged/disabled level from 88% to SSI's \$721 mo rate, except for those in HCB waiver care (with 300% levels), or in Medicare's 2 yr disabled waiting period (who seem to still be covered up to 88%). The parent level is 18%/ 56% wkg ('12) & CHIP's is 300%. The state covers dentures (but little *other* adult dentistry), hearing aids & some autism care. It dropped hospice care and cut dialysis, mental health & substance abuse funds and MD fees. There are 19,000 on HCB & home care waiting lists & advocates sued to force more HCB spending, yet GOP legislators refused \$37 million in US funds to open more slots. The state requires Medigap policies to be sold

nearly as fairly to the disabled as the aged. Jackson Mem.Hosp closed 2 O/P clinics & 2 transplant units and ended dialysis for 175 indigents (many are illegals). ADAP cut its formulary, but has a 400% income level & no asset test. Scott chose a panel to cut or end taxing by the 20 state hosp districts that pays part of the state Medicaid matching share, yet seeks big hosp rate cuts. He signed a law to shift up to \$325 million in Medicaid costs to the counties. A US Dist Ct told the state to cover more autism care, but it may appeal. Some say the state is cutting home care hours & ***its just-tightened income disregards are causing 45,000 parents to lose Medicaid***. Scott has now somewhat backed off his earlier support for Medicaid expansion--which the legislature's GOP majority continues to strongly oppose. See <http://tbo.com/news/politics/scott-doesnt-appear-eager-to-expand-medicaid-in-florida-20131211/>

Georgia--Its aged/disabled level is \$721/mo (the SSI rate), its parent level is 27%/48% wkg ('12), ADAP's is 300% & CHIP's is 235%. It has a monthly Rx numerical cap. It dropped CHIP dental surgery & raised its premiums; ended routine adult dental & artificial limb coverage and nursing home spend downs; and narrowed Katie Beckett waiver admission rules. Atlanta's Grady Hosp, with a big deficit from indigent care costs, closed its dialysis center & 3 of its O/P clinics and cut its free care level to 125% from 250%. The legislature (R) won't raise provider fees & cut ADAP \$1.2 million. MD & DDS fees were cut; it sought more insurance taxes & fines for health costs, closed a mental hosp building, cut pregnancy & infant care funds; imposed ADAP medical qualification rules; and proposed privatizing some mental health care. Gov Deal (R) proposed still more cuts (i.e., ending adult podiatry, vision services and emergency dentistry; although the House later voted to retain them); signed a bill requiring new hospital taxes to bolster Medicaid; sought to raise adult O/P co-pays to 15% of fees & their I/P hosp co-pays by 400%, and even charge children co-pays for the 1st time

Hawaii--this 209(b) state gives Medicaid to all adults below 138% (even the childless & non-disabled) but only parents, children, the aged & the disabled under 100% get a more fullsome Medicaid. Its ADAP level is 400%. It covers the wkg disabled. The legislature (D) raised CHIP's level to 300% & dropped its premiums. The state is moving 37,000 aged & disabled into managed care, ended non-emergency adult dentistry & planned even more cuts for non-pregnant & non-disabled adults. Gov Abercrombie (D) reluctantly sought to cut Medicaid \$50 million for FY '13; and limited non-disabled, non-aged adults to 20 MD visits/yr, 10 hosp days/yr (which CMS made him lengthen to 30, with full exemptions for children, the pregnant, the blind & cancer cases) & 3 O/P surgeries/yr.

Idaho--is a Title XVI state, with no spend down, an aged/disabled level of \$791 (the est. SSI/SSP rate), a parent level of 20%/ 37% wkg ('12) & a 200% ADAP level. The legislature (R) raised CHIP's level to 185%; covered the wkg disabled & sorted clients into 3 groups: Parents & children; disabled & chronic cases; and the aged. Each may get varying benefits or co-pays but also more preventive care. Gov Otter (R) charges premiums of up to 4% of income to Katie Beckett waiver families & may charge other disabled children extra premiums too; he cut hosp, MD, rehab facility & DD agency fees (which a court then barred at least temporarily), occu & speech therapy and autism funds. The ADAP waiting list fell to zero, although there's an enrollment cap. Otter plans Medicaid cuts of \$34 million: more & higher co-pays; lower Rx fees; audiology, vision, podiatry & mental health cuts; limiting adult dental care; more use of managed care; and levying a \$7.5 million hospital & nursing home "assessment"

Illinois--this 209(b) state's aged/disabled level is 100% (with a \$25, not just a \$20, disregard) and a now-statewide level of 138% for all other adults.. The legislature (D) agreed to a court order to raise pediatric fees. But other fees are too low & paid too late, with a big unpaid claims backlog. It raised CHIP's level from 200 to 300% & the wkg disabled level to 350% and required that Medigap policies be sold as fairly to the disabled as to the aged. The U of Chicago Med Ctr closed women's & dental clinics and the U of IL at Chicago closed a clinic too. The state made hospitals give the uninsured discounts & "assessed" them enough to attract more in matching. Gov Quinn (D) & the legislature raised taxes & require more client income verification; are forcing 1/2 of clients into managed care; and cut Rx fees. They limited adult Rx's to 4/mo (exempting HIV cases, but with a clunky exception process for others); required generics preference & pre-authorization for 17 costly psychiatric Rx's; and dropped benzodiazepines. Quinn is establishing case management for the aged & disabled (38,000 are on HCB waiting lists). He gave ADAP enough to cover 4,500 more clients (but with a \$2,000 /mo client cap). Yet budget cuts forced ADAP's income level to be cut from 500 to 300% (but current clients were grandfathered-in). while \$1.6 billion was cut from Medicaid. Two DD centers & two mental hospitals were closed; both SPAPs were abolished; coverage of chiropractic care, non-emergency adult dentistry, podiatry for non-diabetics & elective C-sections was ended; and non-MD provider fees were cut (sparing some safety net hospitals). But then \$3.5 million more was found for ADAP.

Indiana--this 209(b) state's SPAP (for which a 2011 state law now seeks US matching to help fund it as a waiver) covers those under 150% but excludes the disabled. The state also has so far had a much-stricter-than-SSI "209(b)" Medicaid disability rule (one had to be fatally or incurably ill). The aged/disabled level is \$721, (the SSI rate) & the regular Medicaid parent level is 18%/24% wkg ('12). Ex- Gov Daniels & the legislature (both R) raised CHIP premiums. The ACLU sued to void a once-ea-6-yrs denture replacement & re-lining limit & the legislature was considering a once-ea-5-yrs eyeglass replacing limit. ADAP has a 300% level & an enrollment cap; and 21,000 DD clients are already on a HCB waiver waiting list. Daniels raised CHIP's level from 200 to 300%. An Indiana Health Plan waiver covers a total of up to 45,000 adults below 200/250% wkg & within that total had a subsidiary capped quota of slots for the childless, non-disabled (with about 52,000 more on a waiting list when enrollment closed). The state sought US health reform matching to fund the waiver & cover all non-Medicare adults (even the childless, non-disabled), but only up to 100%--albeit only if HSA's & more cost-sharing are allowed. CMS at first rejected their proposals, but GOP legislators & Gov. Pence (R) insisted on having them approved as the only way they'll cover all adults under 100%. The waiver uses an HMO model with no dental, vision or maternity coverage. Patients must put 2%-5% of income into HSAs, pay steep premiums & meet \$1100/yr in cost-sharing. The

plant has \$300,000 yr & \$1 million/lifetime benefit caps. The state once planned to cut hospital, nursing home & other provider fees 5% and its Supreme Court rejected a suit to make the state consider more conditions in Medicaid disability eligibility decisions---but now Indiana is considering adopting the (more liberal) SSI disability definition, dropping the 209(b) option, signing a Section 1634 contract to have SSA automatically determine SSI recipients eligible for Medicaid too & adopting a medically needy spend down to replace that to be lost with the end of 209(b) status. Budget cuts will end or limit adult dental, vision, chiropractic & podiatry benefits. The state tightened its psychiatric Rx formulary; a US District Ct dismissed a suit to bar Rx fee cuts; and, the US 7th Circuit Ct upheld a District Ct order voiding the dental fee cap. **See p. 13 on the 9/3/13 CMS-state agreement to alter & extend the waiver through 12/31/14.**

Iowa--A waiver previously covered most O/P & I/P care for non-Medicare adults (even if childless & non-disabled) under 200 /250% wkg. The aged/disabled level is \$721/mo (the SSI rate), the level for other adults (even the childless, non-disabled) is 100%. ADAP's is 300%. The state covers disabled children under 300% via the FOA, raised CHIP's level from 200 to 300% & let children with no dental coverage buy CHIP into dental benefits. The hospitals proposed taxing themselves \$40 million to attract added US matching to raise their rates & pay other costs. Gov Branstad & the House (both R) **plan to cut Medicaid (e.g., ending chiropractic care, raising co-pays & requiring more pre-authorizations);** and the Senate (D) **even agreed to their budget** The state got an extra \$60 mil-lion US grant to expand HCB & other home care . **It secured a waiver to expand Medicaid via state-purchased health insurance for all those adults (even the childless, non-disabled) over the original regular state Medicaid levels but under 100%.** See p.13 for details.

Kansas---this Title XVI state has an aged/disabled level of \$721/mo (SSI's rate), a parent level of 25%/31 wkg ('12) & a 300% ADAP level. Its GOP legislature covered the wkg disabled, offered mini-COBRA rights & raised CHIP's level to 250%. About 3,000 physically disabled & DD clients are on waiting lists for services, yet the state cut home care funds for the aged & disabled, MD fees & the disabled's caregiver pay, denied dentistry to poor women; raised CHIP premiums to \$20/mo; and froze admission to state mental hospitals. **Gov. Brownback (R) cut mental health funds, proposed ending therapy for 850 ill children & told his Lt. Gov. to plan Medicaid cuts of \$200-\$400 million yr,** but public protests convinced him to delay forced HMO enrollment of DD clients for at least a yr.

Kentucky--- has an aged/disabled level of \$721/mo (the SSI rate), a level of 138% for all other adults and 200% CHIP & ADAP levels. The legislature (R Sen; D House) dropped tough, unworkable nursing home & HCB medical admission rules; **capped Rx's at 4/mo,** cut home teaching funds for blind children; limited occu, phys & speech therapy, x-rays & MRIs; and raised co-pays. Gov Beshear (D) enrolled 22,000 more children in CHIP & dropped its \$20/ mo premium. **ADAP has co-pays & its formulary was cut.** After **both** the Senate (R) **and** even the House (D) passed a GOP plan rather than his own Medicaid budget, he line-item vetoed theirs---and implemented his own to save \$375 million in state funds by moving 560,000 of 800,000 non-Louisville-area clients into 3 HMOs.

Louisiana---has an aged/disabled level of \$721/mo (the SSI rate), a parent level of 11%/24% wkg ('12) & a 300% ADAP level. The legislature (R) voted to raise CHIP's 250% level to 300% but can't afford to. Gov Jindal (R) covered the wkg disabled & CMS will make the state refund only \$266 million of past overpayments. He wants to save \$268 million by **cutting covered Rx's from 8 to 5/mo** (unless more are "medically justified"); MD & hospital rates and **privatizing community services & HCB care.** He plans to put almost all patients into 5 CCOs. **Jindal, the legislature & the Charity Hospital board cut \$859 million more of those Hospitals' funding and he wants to cut the LSU Hospital budget \$600 million more (even though the state already lacks enough funds to run 4 to 6 LSU & Charity Hospitals), but will retain hospice coverage, yet he did cut speech & phys therapy and other benefits. A waiver gives primary care to all adults under 200% (even the childless, non-disabled) in Orleans, Jefferson, St. Bernard & Plaquemines Parishes.**

Maine---until now, has had these income levels: subsidized insurance, 300% ; the aged & disabled, 100% (with a \$75, not just a \$20, disregard for both Medicaid & the MSPs); childless, non-disabled adults, 100% (via a waiver now closed to new applicants); parents, 200%/206% wkg ('12); ADAP, 500%; CHIP, 200%; the SPAP, \$1,604/ mo for 1 & \$2,159/ mo for 2; and 250% for an O/P-only waiver for HIV+ (even "pre-disabled") patients. Adults get dentures but little other dentistry. The QMB income level is 150%, SLMB's, is 170% & QI's is 185%--**all 3 of which Gov. LePage (R) proposes to cut.** He raised cost-sharing for those over 150%, and cut podiatry care & provider fees. He & the 2012 GOP legislature (it's again D in 2013) **surprisingly got HHS approval for the waiver to totally drop 16,000---even with 14,000 more on a waiting list---of the childless, non-disabled, plus 19 & 20-yr-olds' and to lower the 200% parent level to only 133%---all effective 1/1/14.** He plans cuts in cancer screening, covered hospital days & O/P care. He dropped coverage of **legal** aliens in the US under 5 yrs and gave a Medicaid patient transportation contracts to firms that many patients say offer substandard service. The hospitals are seeking payment of \$186 million they say is owed for care in 2009-13. Although he already vetoed a Medicaid expansion bill, **LePage now says he may reconsider an expansion bill if it can produce what he deems sufficient welfare & Medicaid savings--and if it includes mandatory workfare (he even chose a conservative contractor to plan how to do so).** See http://www.nytimes.com/news/affordable-care-act/2013/11/21/maine-hires-firm-to-study-medicaid-system-to-democrats-ire/?_r=0

Maryland---has an aged/disabled level of \$721/mo (the SSI rate), a 300% CHIP level, a 500% ADAP level & 116% for the main SPAP (which covers anyone). An appeals court upheld an AARP/Legal Aid suit to widen MD's nursing home, HCB waiver & home care medical qualification & appeal rules. The state's Blue Cross-run 2nd SPAP (with a 300% level) covers some Pt D donut hole & premium costs, **but seems to exclude the disabled.** Gov O'Malley & the legislature (both D) covered the wkg disabled & expanded Medicaid to all other adults (even the childless, non-disabled) under 138%. He cut \$82 million in nursing home, home health, private RN, other providers' & HMO fees and hosp rates to 80% of private plans'; and fees for the HCB programs & the disabled's personal

care aides. He & the nursing homes hope to more than make up their fee cuts with later raises funded by a 2% tax they'll pay (to be used to attract more matching). He's considering a \$150-\$264 million hosp assessment to get more matching to use to raise their rates too; is raising child dental fees & carving child dentistry out of HMO contracts; and made hospitals give free care to those under 150%

Massachusetts---In 2006, ex-Gov. Romney (R) & the legislature (D) required all adults to have insurance, subsidized it for those under 300% & boosted the CHIP level from 200 to 300% (and a state program started about 1990 also offers CHIP-like coverage to children under 400%). The levels for all adults (even the childless, non-disabled) were raised to 133%. ADAP's is 500% & the SPAP's is 188% (but up to 500% for Pt D patients). Gov. Patrick (D) raised MD visit & Rx co-pays from \$2 to \$3; boosted SPAP cost-sharing; and; froze MD & hospital fees. The state grandfathered-in those undocumented aliens covered since before 8/09, but only to limited benefits; and cut adults' Medicaid & subsidized insurance dentistry, ER & preventive coverage and reduced covered hosp days to 20/yr. Patrick favors Accountable Care Organizations (ACOs) to pay for wellness & treatment results rather than fee-for-service rates that now drive costs too high. The highest state court made legal aliens here under 5 yrs, Medicaid-eligible even with without US matching

Michigan---has a 100% aged/disabled level, a parent level of 37%/64% wkg ('12), a 200% CHIP level & a 450% ADAP level. The legislature ended adult hearing aid & chiropractic coverage and raised co-pays but boosted child wellness, dental & adult preventive fees. The House (then D, now R) & Senate (still R) restored adult dental, vision & podiatry (but not hearing aid or chiropractic) care. Gov Snyder (R) pledged to make no cuts but then slashed teaching hospital & Medicaid agency budgets. He's moving dual eligibles into HMOs and --say advocates--cut home chore aid so much as to undermine state de-institutionalization efforts. Moreover, he even dropped coverage of inpatient hospice room & board. The state may replace an HMO tax—which CMS disallowed --with a low tax on all health plan payers' claims to avert a \$400 million Medicaid loss. It will cover autism care and, as a waiver-added service, hearing aids. State law expands Medicaid (even for the childless, non-disabled) up to 138%--but 3 months late (on 4/1/14) See p 13.

Minnesota---this 209(b) state has an aged/disabled level of 100%, a level of 205% for all other adults (even the childless, non-disabled), a CHIP level of 275% & a 300% ADAP level. The state raised Medicaid & CHIP premiums & co-pays and denied such benefits to legal aliens. It capped enrollment in HCB care, tightened its medical qualifications for & slashed paid hours for home aides; cut nursing home & HCB waiver fees; and dropped speech & occu therapy, audiology and adult dentistry. Gov Dayton (D) & the outgoing 2012 GOP legislature (it became D in '13) compromised: He dropped proposed "millionaire", hosp & nursing home taxes and accepted repeal of certain provider taxes being spent on medical assistance; in return, they funded the Medicaid expansion for other adults (even the childless, non-disabled) to 205%. The old GOP legislature made \$400 million in provider fee & other cuts (e.g., MN now covers only ER & I/P hosp care for non-citizens & denies them dialysis, chemotherapy, O/P Rx's, dentistry & psychiatric care)

Mississippi---has no spend down. It cut the aged/disabled level from over \$1,000 to \$735/mo (with a \$50, not just a \$20, disregard), with no asset tests (including for MSPs). The parent level is 23%/29 wkg ('12), CHIP's is 200% & ADAP's is 400% Only 2 brand name Rx's/mo & 3 generics/mo are covered (but HIV patients get 5 brand name Rx's). It cut phys, speech & occu therapy benefits. An in-person re-application rule limits enrollment; the Senate (R) won't drop it, except maybe for LTC, but the House (also R) might. The state enacted new cigarette & hosp taxes; proposed DDS, nursing home & hospital--but not MD--fee cuts as well as patient premiums & higher co-pays; a 7% mental health budget cut, lower mental health center subsidies and closing 4 mental hospitals & 15 mental crisis centers. Some disabled children's parents complain that the state tightened Katie Becket waiver medical qualification rules. Gov. Bryant (R) plans to award contracts to what some advocates allege are favored, but sub-par, managed care firms

Missouri---is a 209(b) state. The GOP legislature cut the aged/disabled level from 100 to 85%; ended medical aid for those awaiting SSA disability awards; cut the 100% parent level to 18%/38% wkg ('12); raised CHIP premiums; denied CHIP to those whose job plans cost under 5% of income; raised & more strictly enforced co-pays; kept the ADAP & CHIP levels at 300% & raised the SPAP level (it's only for Medicare patients) to 150%. The state restored hospice & wkg disabled coverage (which covers only those with very low SSDI checks); gives birth control & screenings to women under 185%; restored adult vision (except for the nursing home aged), hearing aid & podiatry benefits; and let the aged & disabled opt out of HMOs. A court made the state widen notice & hearing rights before closing CHIP cases, and it now lets community health & rural clinics presumptively enroll children. Gov Nixon (D) sought big hospital rate, MD & DDS fee and mental health & public clinic funding. cuts. The state covers dental care only for children, the blind & the pregnant; but it made private plans cover some autism care. CMS said the state wrongly limits home health care to the homebound; and state & CMS staff learned that the spend down has been calculated too liberally (by letting clients deduct prohibited & written-off/uncollectible bills). A non-profit subsidizes O/P care & generic Rx's at low income clinics for all St. Louis City & County adults (even the childless, non-disabled) under 133%. This basic "Gateway" plan also pays for specialists' care at academic health centers if unavailable at the clinics & a "Silver" adjunct plan does so for other clinic clients up to 200%. I/P hospital bills are covered by hospitals' Hill-Burton or in-house charity programs, while drug makers' charity Patient Assistance Programs (PAPs) provide O/P brand name Rx's. It's unclear if this program will continue after 1/1/14 if the state is then still rejecting Medicaid expansion

Montana---has an aged/disabled level of \$721/mo (the SSI rate), a parent level of 31%/54% wkg ('12) & an ADAP level of 330%. It raised cost-sharing and cut LTC & hospice benefits & access—and even limited aged & disabled MD visits to 10/yr. But ex-Gov Schweitzer, Gov Bullock (both D) & the legislature (R) did end an ADAP waiting list; raised the family asset level; started a SPAP for aged (but not disabled) Medicare patients under 200%; widened CHIP dental & preventive care; made private plans cover vaccinations

& well-child care to age 7; raised CHIP's level to 250% yet cut provider fees 6%. **Bullock favors Medicaid expansion, but the GOP legislature rejected it; see <http://www.kansascity.com/2013/11/15/4624525/bullock-says-medicaid-expansion.html> for more. Yet advocates, in spite of the state Atty. Gen's obstruction efforts, are gathering signatures to put an expansion referendum on the 11/14 ballot**

Nebraska---is a Title XVI state with a one house, non-partisan, but conservative, legislature. Its aged/disabled level is 100%, its parent level is 47%/58% if wkg ('12) & ADAP's is 200%. It ended Medicaid for many parents who got off welfare to work, but then the state Supreme Ct barred doing so. Gov Heineman (R) raised CHIP's 185% level to 200% but **boosted co-pays; and may limit dental care to \$1,000/yr, hearing aids to 1 ea 4 yrs, eyeglasses to 1 ea 2 yrs and adults to 12 chiropractic visits & 60 occu, speech & phys therapy sessions/yr. ADAP's formulary was cut .The legislature reversed its earlier exclusion of all pregnant aliens from coverage, (over-riding a Heineman veto) & widened school health services. He even proposed dropping those who don't meet a new work rule.** The legislature also overrode his veto of a nursing homes-backed bill to tax themselves enough to attract more matching to then use to raise their rates. **He plans cuts in home care & private duty nursing funding, and also in the number of covered mental health visits.**

Nevada---a Title XVI state with no spend down; **its disabled level is only \$721/mo (the SSI-only rate)**, but the estimated aged level is \$757.40 (since they also get an added SSP); its level for all other adults (even the childless, non-disabled) is 138%; CHIP's is 200%, ADAP's is 400% & the SPAP's (which covers the disabled & even has a vision benefit) is 225%. The state covers the wkg disabled; but raised CHIP premiums, capped CHIP dental care at \$600/yr; ended **Medicaid** adult dental & vision care and CHIP orthodontia; tightened SNF, ICF, HCB waiver & home care medical qualifications; and cut pregnancy coverage, hosp rates (closing the U of NV at LV Hospital's dialysis & oncology units), HCB waiver fees & the disabled's attendant pay; and non-emergency transport, hospital neonatal, HCB waiver & pediatric fees; and set up a formulary for anti-psychotic, anti-convulsant & diabetic Rx's. **Gov Sandoval (R) sought a \$500 million Medicaid cut that would slash Rx costs \$104 million, mental health care \$60 million & other provider fees 15 to 43% and also impose many co-pays for the 1st time (such as on "unnecessary" ER visits).** Relevant units of the legislature (D) & the State Supreme Ct voided \$88 million of his SNF, ICF, hosp & MD fee cuts. **A private Access to Healthcare Network gives uninsured adults (even the childless, non-disabled) under 250% heavily discounted--yet not totally free-- hospital & MD, plus even some dental & vision, care; but clients must also pay \$35/mo dues. It is unclear if this program will continue after Medicaid expansion**

New Hampshire---is a 209(b) state with an aged/disabled level of \$748 (the est. SSI/SSP rate, with a disregard of only \$13/mo). The parent level is 38/47% wkg ('12); and CHIP's & ADAP's are 300%. **It has a stricter-than-SSI "209(b)" Medicaid disability rule (inability to work for over 4 years) & doesn't cover hospices.** The legislature (both Houses were R in 2012, but in 2013 the House is D) shifted nursing home costs to counties, but ended a DD care waiting list; yet plan more provider fee cuts. The state's moving more patients in-to HMOs and slashed aged/disabled board & care home casework funds \$1 million. **Gov Hassan (D) favors the current hospital assessments, which yield sufficient funds to attract enough added US matching to meet the hospitals' shortfalls from low fees, even though both the hospitals & others have begun to call for reducing or repealing them.. The GOP state Senate blocked Medicaid expansion; see <http://www.therepublic.com/view/story/d6493903f65340c9b4741a2e6daa80ed/NH-XGR--Medicaid-Expansion> , but also see <http://www.seacoastonline.com/articles/20131208-OPINION-312080327>.**

New Jersey---has an aged/disabled level of 100%; a 500% ADAP level & SPAP levels of \$31,850 for 1 & \$36,791 for 2. NJ has a 350% CHIP level. It cut hosp charity funding, raised the SPAP's co-pays & cut its formulary. Gov. Christie (R) sought to drop coverage of legal aliens & township indigent care funding. **The legislature (D) opposes his plans for \$3 adult daycare co-pays & ending the SPAP's Pt D wraparound & co-pay coverage. He still rejects US birth control, obstetrics & cervical breast cancer screening funds; vetoed a family planning bill; proposes more cost-sharing; and got a 2nd "comprehensive" waiver (Google "New Jersey Concept Paper" for details), to save \$300 million by moving the rest of the aged & disabled out of fee-for-service care & into managed care (even for LTC, Rx, home health & adult day health & personal aide care); and by cutting millions in women's & mental health. Nursing homes face 6%-8% cuts from his actions & he even considered limiting the number of covered Rx's. CMS says NJ owes it \$50-\$100 million for over-claimed matching for sub-par personal care. The state expanded Medicaid to 138% for all adults (even the childless, non-disabled)**

New Mexico---has no spend down. Its aged/disabled level is \$721/mo (the SSI rate) and it's 138% for all other adults (even the childless, non-disabled). CHIP's is 235% & ADAP's is 400%. It considered ending adult dental, vision, hearing aid & hospice coverage, plus phys, occu & speech therapy; cut mental health/substance abuse services & fees; and may cut HCB care. **Gov. Martinez (R) & the legislature (D) agreed to co-pays of \$3 per brand name Rx & \$3-\$50 for unneeded ER visits and even giving patients small gifts for seeing DDSs yearly; for getting testing for & managing diabetes; and/or for receiving pre-natal care**

New York--covers all disabled couples under 65 below 100%, **but the level is only \$811/mo (est.) for aged & disabled singles, while that for all other adults (even the childless, non-disabled) is 138%.** ADAP's level is 435% & CHIP's is 400%. The legislature (bipartisanly controlled-Sen; D-House) **funds a SPAP (which excludes the disabled) with a 313% level; it wraps around Pt D, helps with copays; provides do-not hole benefits & covers non-formulary/restricted Rx's once Pt D appeals are exhausted. Clients must have Pt D to get on the SPAP which has a Pt D premium subsidy for those under 180%. The state raised Rx & MD copays (but caps them at \$200 /yr); adopted a stricter formulary than advocates wanted (but Gov Cuomo [D] dropped plans to narrow that for birth control); & covers assisted living, chore aide & adult day care. Counties must pay 1/2 of the 50% state matching share of**

Medicaid claims (but increases are capped at 3.5 %/yr). The state funded HIV day health care; covered colon & prostate cancer patients & the wkg disabled below 250%; required hosp discounts for those under 300% & banned taking debtors' homes; required mental health parity in private plans; *dropped all non-long term care Medicaid, MSP & SPAP asset tests* and extended COBRA to 36 mos. NYC's public hospitals cut child mental health & Rx benefits and closed some clinics. The City proposed to end a school dental program, cut its HIV services \$17 million & de-funded an insurance advocacy office, Its Mayor proposed cutting 182 school nurse jobs. *The state cut Medicaid & EPIC \$1-\$2.8 billion; is forcing nursing home, HCB waiver & home care cases into managed care; may drop coverage of--or tighten medical admission rules & income levels for--at-home disabled children; and cutting the disabled's personal aide hours. It had also planned to drop coverage of child orthodontia in 2012.* Charts on the income & asset levels & disregards are at <http://nyhealthaccess.org> . *CMS & some GOP Congressmen say the state was overpaid billions for DD care. The state is assuming all Medicaid administrative tasks & costs (1/2 of the state's 50% share) that counties had previously borne & seeks a waiver (which CMS is questioning) to "re-invest" \$10 to \$17 billion of US Medicaid hospital funds in improved health care delivery; see <http://www.washingtonpost.com/blogs/govbeat/wp/2013/12/12/cuomo-spars-with-obama-administration-over-medicaid-exemption/>*

North Carolina---covers the wkg disabled, but allows only 8 Rx's/mo (plus another 3 or more on an exception basis).Its aged/disabled level is 100%; its parent level is 34%/47% if wkg ('12) & its CHIP level is 200% .The legislature (R) created a SPAP just for ADAP clients on Medicare under 175% who are *ineligible* for Pt D *full* Extra Help & passed limited mental health parity. The state has a preferred Rx list, proposed closing 50 mental hosp beds & cutting MD, hosp, personal aide, maternal care & community mental health funds; did cut audiology & hospice care and limited speech, occu & phys therapy visits to 3/yr. ADAP was cut \$3 million & has a limited formulary and its income level was cut from 300 to 125% The state ended Medicaid's HIV case manager program & coverage of community-based rehab care and many child dental X-rays & sealants; limits breast surgery; and requires prior approval of X-rays, MRIs, MRAs, PET scans, ultrasounds & some EPSDT services. *It may even require pre-authorization for Medicaid's HIV Rx's.* The hospitals got the legislature to tax them to attract more US matching with which to then raise their rates & meet other health costs; *but the state will limit or end coverage of adult insulin, eyeglasses, dentistry, podiatry & chiropractic care.* It had to submit a corrected waiver request to get US matching for board & care home care for 2,000 disabled clients; and offered state plan amendments to better mesh mental & primary care together; pay coordinators more to cut hospital re-admissions & ER visits, and better co-manage clinics', children's, the disabled's, the mentally ill's & HIV clients' care. Gov McCrory (R) *may dip into other accounts to meet some of Medicaid's deficit but cut ADAP's budget \$8 million.* A US Dist Ct order bars reductions in personal aide care for the disabled

North Dakota---this 209(b) state's aged/disabled level is \$750, its level for all other adults (even the childless, non-disabled) is 138% The legislature & Gov Dalrymple (both R) covered disabled children under only 200% via the FOA & boosted CHIP's level to 160% - *but cut ADAP's level to 300% & its formulary, capped its enrollment & costs and limited access to Fuzeon. He favors more cuts*

Ohio---this 209(b) state has a level of 138% for all adults (even the childless, non-disabled) , a 200% CHIP level, *but cut the ADAP level from 500 to 300% —a change a court delayed twice to allow more public input.* It cut secondary MD fees for dual eligibles & medical assistance for those awaiting SSA disability awards; moved most patients into HMOs (some with too few specialists); but required private insurance mental health parity. *Its aged/disabled level is only \$589/ mo (the US' very lowest).* It covered disabled children under 500% via the FOA; cut Rx fees & community mental health funds; and required Rx co-pays & a generics preference rule; restored adult dental & vision care; imposed \$718 million in fees on hospitals to be used to get more US matching to raise rates; and widened mini-COBRA rights. Gov Kasich & the legislature (both R) plan to put all the aged & disabled--even nursing home & HCB waiver patients and dual eligibles--into managed care; and cut nursing home fees (claiming they'll spend more on HCB care); hosp rates, managed care fees & psychiatric care. ADAP will prioritize client coverage by their health status acuteness if funds run short. *Kasich expanded Medicaid, with the consent of a state fiscal board and a suit to block that was dismissed by the State Supreme Ct. See <http://www.dispatch.com/content/stories/local/2013/12/21/supreme-court-approves-medicaid-expansion.html> for details.*

Oklahoma---this 209(b) state's aged/disabled level is \$763 (the est. SSI/SSP rate). The parent level is 36%/51% wkg ('12) & ADAP's is 200%. It doesn't cover hospices, but does cover the breast & cervical cancer and wkg disabled groups. *Funded with a Medicaid waiver, its Insure Oklahoma program has offered subsidized insurance for individuals & small firm workers under 200%.* The state even covers assisted living, but kept CHIP's level at only 185 % *Gov. Fallin (R) may drop pregnant women's dentistry, durable medical equip & nebulizers; cut dialysis, diabetic supply, hosp, MD & nursing home fees; raised some co-pays; seeks to limit ER visits to 3/yr; closed 200 mental hospital beds; dropped coverage of speech, occu & phys therapy; cut covered brand Rx's to only 2/mo; and chose a contractor to further restrain Rx costs* *CMS extended the Insure Oklahoma expansion waiver to 12/31/14 with some alterations. See p. 13*

Oregon---this Title XVI state's income levels are \$721/mo for aged/disabled (the SSI rate), 138% for all other adults & 200% for ADAP. A referendum ended adult dentistry & vision care. ADAP has cost-sharing. The state took the FOA option, raised CHIP's level to 300% and offered more home care (*but funding shortages later forced it to drop home care for hundreds of cases*). Gov Kitzhaber & the legislature (both D) passed a bill to use capitated coordinated care organizations that he said will save \$200 million/yr

Pennsylvania---has an aged/disabled level of 100%, a parent level of 25%/58% wkg ('12), a CHIP level of 200% & an ADAP level of 337%. It covers the wkg disabled, raised the SPAP level to \$23,500 for 1 & \$31,500 for 2, but *excludes the disabled.* *Gov Corbett & the legislature (both R) limited adult dentistry & Rx's to 6/mo (with an exception process), required co-pays from families of disabled*

children over 200% (then temporarily relented, but only to seek premiums for at least as much), and cut mental & women's health care. Case file reviews suggest that 1/2 of 150,000 (including 90,000 children) dropped from Medicaid may really be eligible. Phila city clinics must now bill even the poorest patients \$5-\$20 a visit. While all the children dropped from Medicaid still haven't been reinstated, 23,000 have been so far. Corbett is preparing to a Medicaid expansion waiver proposal. See p.13 for more

Rhode Island---has these levels: aged/disabled, 100%; all other adults, 138%; CHIP, 250%;and ADAP, 400%. The state covers the wkg disabled & its limited formulary SPAP covers the aged but only those disabled over 55 (with levels of \$37,167 for 1 & \$42,476 for 2); it requires free & discount hospital care for those under 200% & 300% and bans taking debt-or homes. A waiver granted more upfront US funds in exchange for shifting 12% of nursing home cases to cheaper home care & caps future US funds. Gov. Chaffee 's (D) was once considering ending the waiver as no longer advantageous to the state. The legislature (D) raised adult daycare co-pays & dropped coverage of legal alien children

South Carolina---has no spend down. Its aged/disabled level is 100% & its parent level is 50%/89% wkg ('12). It cut ADAP's level to 300% & the legislature (R) raised CHIP's level to 200%. The SPAP level is 200%, but it excludes the disabled. The state cut mental health benefits, home health, hosp & nursing home fees; closed an HIV program to new cases; passed private plan mental health parity; ended SPAP payment for Rx's not covered by Pt D & cut its budget; de-funded cancer screening; and, for Medicaid, cut personal aide & HCB care (the last 3 cuts face lawsuits), cut covered Rx's from 8 to 7/ mo & required a generics/"fail first" rule for mental health, oncology & HIV Rx's. Gov. Haley (R) tried to end hospice coverage (then relented) but did cut speech & occu therapy sessions from 225 to 75/yr. She favors "public-private care provider partnerships", reducing low-weight births, favoring HCB care over nursing homes, ending adult vision & dental care, raising co-pays and reducing C-sections & hospital re-admissions. She's cutting hosp, MD & DDS fees \$300 million, but is promoting enrollment of 65,000 more children in Medicaid and CHIP.

South Dakota---has no spend down. Its aged/disabled level is \$721/mo (SSI's rate), its parent level is 50% ('12) & ADAP's is 300% The legislature (R) wouldn't raise the 200 % pregnant women & CHIP levels to 250% or boost provider fees, and ended adult dental coverage. Gov. Dugaard (R) cut provider fees by 10%, but the legislature restored some of that cut. ADAP's waiting list fell to zero. While he at first opposed Medicaid expansion, Dugaard now says he may later re-consider it, as do legislators in both parties leaders; see http://www.argusleader.com/article/20131203/NEWS/312030007/Gov-Dugaard-Not-time-expand-Medicaid?nclick_check=1

Tennessee---The legislature (R) set the aged/disabled level at \$721/mo (the SSI rate), parents' at 67%/122% if wkg ('12) & ADAP's at 300%. Except for the pregnant, children & HIV+ patients, MD visits were cut to 10/yr, hosp days to 20/yr & Rx's to 2 brand drugs + 3 generics/mo, except for some grave conditions. There's a 250% CHIP level & a SPAP (with a waiting list) for up to 5 generics/mo for non-Medicare clients under 250%. CHIP uses Medicaid Rx rules, but also covers diabetic items & more psychiatric Rx's. Home care & medical equip benefits were cut, as were mental health care & hosp rates —forcing Nashville Gen Hosp to deny subsidized non-emergency care to poor illegals. The state delayed caps on MD visits, transportation & transplant care, but kept a \$10,000/yr total benefits cap; limited occu, speech & phys therapy; and capped X-ray, lab usage & ADAP costs. Gov Haslam (R) favors ending coverage of elective C-sections, hemophilia, detox ,Rx's for acne & some sedatives. The state periodically re-opens the spend down to only a limited quota of adults (see www.tnjustice.org for details); it extended & raised a hospital tax; and says it's diverting those who'd otherwise enter nursing homes into home care instead (but not necessarily full HCB care). Haslam said he may propose a non-stand-ard expansion plan using private insurance rather than Medicaid itself, but has not yet offered any details. See <http://www.nashvillescene.com/pitw/archives/2013/11/04/haslams-tennessee-plan-exists-only-in-his-mind>.

Texas---has an aged/disabled level is \$721/mo (the SSI rate), the parent level is 12%/25% wkg ('12); the ADAP & CHIP levels are 200%. Gov Perry & the legislature (both R) dropped CHIP prostheses, phys therapy & private duty nursing; raised CHIP cost-sharing; cut home health & ended adult chiropractic & podiatry care; but restored vision & hearing aid coverage and CHIP dentistry; required some mental health parity in private plans; and cut funds for the Children with Special Health Needs program & a cystic fibrosis program for all ages; wouldn't fund 13,000 HCB slots; or \$19 million that ADAP sorely needs; authorized cutting ADAP's level from 200 to 125% if necessary & even authorized a transfer of \$19 million from Medicaid's even more besieged budget to ADAP. A CMS waiver puts more patients in managed care; but drops the state 3 Rx's/mo limit for waiver patients (recovering costs with Rx dispensing fee cuts) and covers more child dentistry. CMS won't fund the state family planning/women's health programs because they exclude Planned Parenthood, so Perry will fund them with state money only. He stopped paying up to Medicare's full rate for dual eligibles' MD coinsurance, and now pays them only at Medicaid's lower rate (except for psychiatrist, psychologist & oncologist bills)

Utah---is a Title XVI state with aged & parent levels of 100% & a CHIP level of 200%. The GOP legislature cut coverage of some wheelchairs, chiropractic care, adult eyeglasses & dentistry; and reduced hosp & DDS fees 25%. Gov Herbert (R) restored child & pregnant women's dentistry & some phys & occu therapy, cut ADAP's formulary & income level to 250% and capped its enrollment at 450 clients. He cut the disabled level (from 100 to 74%), school health funds & the pregnant woman asset level; and ended spend downs. He signed a bill forcing some Medicaid patients to work, and seeks to run Medicaid with a 2nd managed care waiver in the 4 biggest counties (some say it has sub-par ACOs, with high Rx & child co-pays and \$40/mo premiums---cost sharing that CMS already found excessive). He required pre-authorization for 1 type of mental health drug, is considering higher smoker cost-sharing. yet began

offering autism care (but for only up to 200 clients). At first opposed Medicaid expansion, Herbert now says he will *almost certainly* propose some form of expansion (possibly with an Arkansas-type waiver) during the late winter, 2014 legislative session.

Vermont—Its levels are: aged/disabled (2 zones) 101% & 110%; all other adults, 138%; CHIP, 300%; ADAP, 200% & the SPAP, 175%. There are no MSP asset tests. Others (including the childless, non-disabled) under 300% previously got Medicaid waiver-funded insurance (which was to expire 1/1/14).. Dentures aren't covered & there's a \$495/yr adult dentistry cost cap. A 2nd waiver, in return for more US funds, moves patients into HMOs and favors home & HCB care over nursing homes—but also caps future matching funds. The state required more private plan autism coverage; plans to better limit fees on atypical anti-psychotics, Chantix & nicotine-replacing Rx's; to require \$3 co-pays for Medicaid & SPAP Rx's; to establish a formulary; and to reform Rx dispensing fees. Gov Shumlin & the legislature (both D) passed a law to establish a universal coverage health insurance which critics say will cost \$2 billion more in taxes; see <http://www.gmoutlook.com/news/2013/nov/18/vermont-needs-2-billion-new-taxes-fund-single-payee/>

Virginia—this 209(b) state's parent level is 25/30 % wkg ('12), the aged's & disabled's is 80%, CHIP's is 200% & ADAP's is 400%. It covers the wkg disabled. The House (R; the Senate was then tied, but is now D) cut provider fees and mental health, substance abuse & community care funds. The HCB waiver's waiting list numbered 6,000 before \$30 million more was found for it. Virtually all (except Hepatitis C) HIV-related Rx's are covered by ADAP. A law to make big firms' health plans cover some autism care was implemented too narrowly. The US & the state settled a suit to require it to open 4,000 more community-based mentally disabled facility slots (that it had said it can't afford to do). It covers legally residing pregnant & post-partum alien women & children even if they've been here *under 5 yrs.* The non-US-funded Univ. of VA Health System in Charlottesville offers free & discounted care to uncovered patients (even the childless, non-disabled) under 200% in west-central Virginia—and also at clinics in the far southwest. And the non-US-funded Coordinated Care Program at Richmond's VA Commonwealth Univ. Med. Center offers such care to uncovered adults (even the childless, non-disabled) under 200% in the Richmond metro area (and even as far east as Williamsburg). These programs will stay in effect until a state Medicaid expansion decision provides otherwise. *Gov. McAuliffe (D) favors expansion--which the GOP House majority opposes--even though estimates by staff of a legislator-led Medicaid reform board seeking economies are that expansion would save the state \$1 billion* See http://www.newsleader.com/article/20131204/NEWS01/312040018?nclink_check=1 and http://www.washingtonpost.com/opinions/in-virginia-ideology-trumps-facts-on-medicaid/2014/01/24/9e75ceb4-848b-11e3-bbe5-6a2a3141e3a9_story.html..

Washington—has an aged/disabled level of \$767 (the est. SSI/SSP rate), a level for all other adults of 138% & a 300% ADAP level. The legislature (D-House; bi-partisan-controlled Sen) enacted mental health parity. Funding shortages forced it to end to CHIP (with a 300% level) coverage of illegals. It limited coverage for "unnecessary" ER visits (but then partially relented), plus Rx, DME, imaging, denture, diabetic items, personal aide, home care, adult daycare, maternity, infant casework & incontinence benefits; cut Rx, pediatric MD & HMO fees; and ended coverage of adult hearing aids, podiatry, eyeglasses, dentistry & colorectal cancer screening. 3 non-HIV Rx's were cut from ADAP's formulary & cost-sharing was required for those over 100% or not on Medicare or Medicaid. It cut the provider budget \$4 billion over hospitals' & home care workers' opposition; passed a nursing home tax to be used to attract more US matching with which to raise rates & meet other costs. Gov Inslee (D) restored almost complete adult dental coverage on 1/1/14

West Virginia—has an aged/disabled level of \$721/mo (the SSI rate) & a level of 138% for all other adults (even the childless, non-disabled); covers only 4 brand name Rx's/mo (plus 6 generics); excludes all adult dentistry but extractions & pain emergencies; and didn't properly adopt nursing home & HCB medical admission rules. Gov Tomblin & the legislature (both D) raised CHIP's level to 300%, passed a hospital tax with proceeds to be used to attract more US Medicaid matching, but closed admission to HCB waiver slots. ADAP's formulary was widened to cover all Hepatitis C Rx's & other ancillary Rx's; and its income level was raised to 400%

Wisconsin—has an aged/disabled level of \$804.78/mo (the est. SSI/SSP rate), 300% for ADAP & 240% for the SPAP (which *excludes the disabled*). It raised the CHIP level to 300%; and has had a waiver for childless non-disabled adults under 200% (with new enrollment now barred). Gov Walker & the legislature (both R) raised premiums; required more & bigger co-pays; cut dialysis & Rx fees; and seek a waiver extension that'll cut the 200% parent & childless, non-disabled adult levels to 100% by 3/31/14 (with enrollment to be then open again), that will cause 77,000 to lose Medicaid (and instead be referred to the Exchange for subsidized insurance). See p. 14

Wyoming—has *no* spend down, an aged/disabled level of \$746 (est. SSI/SSP rate), a parent level of 37%/50% wkg ('12) & a 200% CHIP level. Its SPAP, with a 100% level, covers anyone not on Medicare. The legislature (R) widened CHIP dental, vision & mental health benefits Gov Mead (R) planned to cut provider fees, DD & HCB costs (freezing-in a waiting list) and a dialysis program's funding. ADAP's 332% level & its formulary were cut, client enrollment was capped at 135; and its cost-sharing was increased further.

SOURCES AND RESOURCES:

Email sherry.barber@ssa.gov for "State Asst. Progs. For SSI Recips., 1/11" (the *last-ever* update) on state Medicaid eligibility rules for SSI & SSP recipients, their independent-living and board & care home SSP figures & Sec. 1616, 1634 & 209(b) arrangements

For the 48 states & DC, 2014's just-announced federal poverty level (FPL) is \$11,670 yr (\$972.50 mo) for one person plus \$4,060 yr (\$338.03 mo) for each add'l person. 2013's FPL was \$11,490 yr (\$957.50 mo) for one plus \$4,020 yr (\$335 mo) for each add'l person, while . 2012's FPL was \$11,170 yr (\$930.83 mo) for one plus \$3960 yr (\$330 mo) for each add'l person; see the Assistant Secretary for Planning & Evaluation pages at www.dhhs.gov for earlier years' FPLs and AK's & HI's separate FPLs. The 2014 SSI rates (not including any additional state supplementary payments, or SSPs) are \$721 for one person & \$1082 per couple.

For the latest (Jan. 1, 2014) state parent & childless, non-disabled adult income levels see <http://kaiserfamilyfoundation.files.wordpress.com/2013/10/8497-medicaid-eligibility-for-adults-as-of-january-1-2014.pdf> Also see <http://www.kff.org/medicaid/upload/8105.pdf> for more detailed 2010-11 aged, disabled & MSP eligibility data (especially Appendix A4a) & "State General Asst. Programs, 2011" at www.cbpp.org on state Gen Asst welfare & medical assistance income levels.

See "Explaining: Benefits & Cost-Sharing..States Can Set For [New]..[Eligibles] .." (8/9/10) at www.kff.org. See CMS rules on covering the newly-eligible & their benefits in its State Med Dir Ltr #10-005 & "New Options.. [In] Med.." (4/10) at www.kff.org.

Problems with enrollment & provider access in the QMB program--and correcting them--is covered in a 12/15/11 "CMA Alert" at www.medicareadvocacy.org, an 11/11/11 "Issue Brief" at www.nslc.org, "The Med. Savings Programs [MSPs, Including QMB]: ...Increasing Enrollment", Report 12-871 of 08/13/12 at www.GAO.gov and <http://www.medicareadvocacy.org/medicare-general-enrollment-begins-january-1st-limited-opportunity-for-some-states-to-expand-cmb-coverage/>

See "Expanding MediCal; Profiles of Potential New Users" (8/11/12) questioning if previously-uncovered patients added by health reform expansions will cost any more than parents now; Google "Health Service Among the Previously Uninsured", in Health Economics (8/24/11), for similar findings for those uninsured first getting Medicare. See "Health Care Costs Decreased [by nearly half] For Newly Enrolled When [Poor] Uninsureds [128,000 study subjects with incomes under 200% from 2001 to 2007]...[Got]... Coverage" at www.today.uci.news (2/15/12). Another study at <http://www.anfammed.org/content/11/5/406.full> (possible fee) finds that new expansion eligibles may well be younger---and thus probably less costly---than first feared, unless substance abuse costs are high. See "Lessons From Early Medicaid Expansion..." , discussing substance abuse, & mental health costs of expansion eligibles, at http://www.cms.gov/mmrr/Articles/A2013/MMRR2013_003_04_a02.html

"Net Effects of the [PPACA] on State Budgets" at www.firstfocus.net sees state savings of \$40.6 to \$131.7 billion/yr in 2014-19; also see "Considerations in Assessing State-Specific Fiscal Effects of the ACA's Medicaid Expansion" (8/12) at www.ui.urban.org and "PPACA's State Savings & Costs.." in "publications" at www.ui.urban.org, projecting state savings of \$92-\$129 billion in 2014-19 & \$12-\$19 billion yearly later on.

The ACA has a 90% US match to set up & improve eligibility & enrollment systems, plus an ongoing 75% match to run them (the old Medicaid match for state eligibility, staff, management & claims-payment work was only 50%). Until 2/12/15 the 90% start-up funds are even available for some TANF & SNAP administrative & eligibility costs too. See <http://www.fns.usda.gov/snap/rules/Memo/2011/081011.pdf>. & the Seven Conditions and Standards

See http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf and especially the NHeLP's "Advocate's Guide to MAGI" at http://www.healthlaw.org/images/stories/2013_10_18_AGMAGI.pdf .

The "2013 National ADAP Monitoring Report (Module 1)" at www.nastad.org has state financial eligibility rules and application procedures in its text, plus various charts & tables. Its **Module 2 has enrollment & utilization data, data on ADAP coordination with Pt D, US-funded risk pools, Sec. 1115 waivers & coverage of hepatitis care & Rx's. www.nastad.org has the common application form for all HIV Rx makers' Patient Assistance Programs (PAPs), updated "ADAP Cost Containment Technical Assist. Briefs" and a handy "Co-ordination of Benefits" paper. See the study of PAP problems at http://www.nytimes.com/2013/12/19/business/shake-up-at-big-co-pay-fund-raises-scrutiny-on-similar-charities.html?_r=1&adxnnl=1&partner=rss&emc=rss&pagewanted=2&adxnnlx=1387476496-PEV6wdiUDdu+myclAQiSAQ.**

"Medicaid & HIV: A National Analysis" (doc. 8218 at www.kff.org) studies enrollment & spending for HIV patients. CMS--when pressed by advocates--reconsidered, but still retained, a 1-Rx-per-class floor for the ACA Essential Health Benefit (but does require they cover at least as many Rx's as state benchmarks)

The Kaiser Family Foundation tabulates State Medicaid coverage of HIV screening procedures at <http://kff.org/hiv/aids/fact-sheet/state-medicaid-coverage-of-routine-hiv-screening-2>; The National Academy of State Health Policy reviews states' efforts to coordinate care for joint Medicaid-ADAP patients at <http://www.nashp.org/sites/default/files/ryanwhite.medicaid.coordination.pdf>.

NASTAD surveyed state ADAP/Ryan White insurance purchasing programs and has a fact sheet on them. Ask about the e-zine on the AIDS Drug Assist. Prog. by querying info@ADAPAdvocacyAssociation.org . **A new analysis by the Kaiser Family Found & the Centers for Disease Control & Prevention (CDC) estimates that the ACA expansions will cover 70,000 uninsured**

persons with HIV, including about 47,000 who'd get Medicaid if all states expand Medicaid & almost 23,000 who'd get covered via the health insurance Exchanges, most of whom could receive premium & cost-sharing subsidies.

Medicaid managed care enrollment statistics (as of 2010) can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/Downloads/2010July1.pdf>, they report that over **70%** of Medicaid patients are **already** enrolled often mandatorily---in managed care plans run by **private** insurance firms. Also see http://www.washingtonpost.com/national/health-science/states-find-it-hard-to-pull-plug-on-managed-care-providers/2013/09/14/bcd627a6-17de-11e3-be6e-dc6ae8a5b3a8_story.html?tid=auto_complete , <http://www.kaiserhealthnews.org/Stories/2013/September/15/medicaid-managed-care.aspx> and <http://www.forbes.com/sites/brucejapsen/2014/01/18/health-insurance-companies-see-obamacare-medicare-boon/>

CMS has issued FAQs on state options for premium assistance to buy health insurance, **especially for expansion eligibles** They are at <http://medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html>. Also see a Health Affairs 6/7/13 blog on this issue at <http://healthaffairs.org/blog/2013/06/07/health-policy-brief-medicare-premium-assistance/> and <http://familiesusa2.org/assets/pdfs/medicaid/Premium-Assistance.pdf>.

FamiliesUSA had the Lewin Group calculate the numbers of those eligible for **subsidized** insurance premiums (with incomes between 100% & 400%) under the ACA, nationally & by state, at <http://www.familiesusa.org/help-is-at-hand/> .

Email lsmetanka@nccnhr.org for the latest amounts of state Personal Needs Allowances (PNAs) for those in SNFs, ICFs and board & care homes. See http://www.washingtonpost.com/blogs/wonkblog/wp/2013/09/17/the-white-house-is-giving-2-million-health-care-workers-a-raise/?wpisrc=nl_wnkpm on US Dept. of Labor regulations that will now cover home health aides & similar workers (widely employed by Medicaid long term care, HCB waiver & home health providers) under both minimum wage & overtime pay standards. If there'd been an increase of only 1% in Meals on Wheels deliveries to seniors over 65 in 2009, Medicaid nursing home costs would have fallen over \$100 million, according to <http://content.healthaffairs.org/content/32/10/1796.abstract>

See the "Directory of..[the 27]..State Kidney Programs" with eligibility & benefit data at <http://som.missouri.edu/MOKP/>.

http://healthlaw.org/images/stories/medicaiddefense/2011_08_02_NheLP%20Cost%20Sharing%20Summary.pdf cites studies showing that starting or raising poor patients' cost sharing **inevitably delays or deters access to care** Also see related papers at, <http://annfam.org/content/11/1/37.full>, <http://www.nytimes.com/2013/08/11/business/when-a-co-pay-gets-in-the-way-of-health.html?ref=health&r=0> and http://www.nytimes.com/2013/12/19/business/shake-up-at-big-co-pay-fund-raises-scrutiny-on-similar-charities.html?_r=1&adxnnl=1&partner=rss&emc=rss&pagewanted=2&adxnnlx=1387476496-PEV6wdiUDdu+myclAQiSAQ.

See **"..Myths About [ER Use]; ..[Most]..Med. Visits [Really, Truly] Are For Urgent or Serious Symptoms"** at www.chsc.org & http://www.philly.com/philly/health/topics/HealthDay680177_20130917_Medicare_Patients_Behind_Jump_in_California_ER_Visits_Study_Finds.html ; but, for a very contrary view, see <http://www.boston.com/lifestyle/health/blogs/white-coat-notes/2014/01/02/medicaid-expansion-increased-emergency-department-visits-study-finds/TfnXsQkqKz23aWjguWDI/blog.html>. For related issues, see <http://www.npr.org/blogs/health/2013/08/13/211411828/patients-can-pay-a-high-price-for-er-convenience> , and <http://medicalxpress.com/news/2013-12-medicare-beneficiaries-emergency-due-lack.html>.

See "Medicaid Elig., Enrollment, Simplification & Coord. Under the ACA: A Summary of CMS' 3/25/12 Final Rule" at www.kff.org and "Eligibility & Enrollment Systems: An Advocate's IT Toolkit" (11/12/12; with a glossary) under the "Affordable Care Act" icon at www.ccf.healthpolicyinstitute.georgetown.edu .

A CMS issuance (most readable in a 1998 Region IV copy) at <http://www.ncauditor.net/EPSWeb/Reports/Performance/PER-2010-7260.pdf> allows Medicaid matching for otherwise-eligible penal inmate **inpatient** care at **non-penal** hospitals, SNFs & ICFs. But Medicaid's ban on matching for inmate care **inside** penal facilities--and for **non-overnight outpatient** care at **non-penal** clinics, ERs & MD offices---still applies. But note that in 2014 almost all inmates will qualify (since almost all are indigent) for **inpatient** care in **non-penal** hospitals, SNFs & ICFs. Contact dstrugarfritsch@Healthmanagement.com (517-282-2124) and see <http://www.usatoday.com/story/news/nation/2013/06/25/stateline-medicare-prisoners/2455201/> for details. For more on **new state funding opportunities** see <http://www.nwaonline.com/news/2013/jul/21/medicaid-plan-aid-lockups-20130721/?news> and http://www.washingtonpost.com/national/health-science/report-medicare-expansion-could-reduce-state-price-tags-for-prison-health-care/2013/10/29/0691cc44-40e1-11e3-b028-de922d7a3f47_story.html .

See **"Coverage For Inmates of Public Institutions..." & "Juvenile Justice & Medicaid"** at www.healthlaw.org. Read www.nationalreentryresourcecenter.org/documents/0000/1181/Reentry_Council_Mythbuster_Medicare_Suspension.pdf and www.nationalreentryresourcecenter.org/documents/0000/1205/Reentry_Council_Mythbuster_Juvenile_Medicare.pdf on how

states can “suspend”—but not terminate—eligible incarcerated persons’ coverage for immediate access to full Medicaid upon and after release and also for I/P care at outside non-penal facilities even while still incarcerated.

Data on what Medicaid “per capita caps” are & how they affect care is at <http://www.cbpp.org/cms/index.cfm?fa=view&id=3846>., http://www.healthlaw.org/images/stories/NHeLP_Understanding_Medicaid_Block_Grants_and_Per_Capita_Caps.pdf , in “Medicaid [and CHIP] Caps Jeopardize ..Health..”..at www.firstfocus.org , at <http://www.cbpp.org/files/5-8-13health.pdf> and at <http://americanactionforum.org/sites/default/files/Medicaid%20Per%20Capita%20Caps%20Primer%20Final.pdf>.

“Coverage of Preventive Services ..[in Medicaid]” at www.kff.org says most states already cover some prev. services. Prevention/screening costs are matched 1% higher under the ACA. Read about doubts on their efficacy & cost-savings value in “Gen. Health Checks...For [Cutting..Illness & Death]..” at www.cochranecollaboration.org (at “library” icon; fee) & ”Gen. Health Checks...for [Cutting] Morbidity & Mortality” under “Internal Medicine” at www.JAMANetwork.org . See too <http://healthaffairs.org/blog/2013/08/02/preventive-care-for-all-medicare-enrollees-a-response-to-sara-wilensky-and-elizabeth-gray/> , http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2013/clinical-preventive-services-and-prevalence-of-health-risks-AARP-ppi-health.pdf and <http://www.kaiserhealthnews.org/Stories/2013/October/28/medical-screenings.aspx>. ”Preventive Coverage..” at <http://sphhs.gwu.edu/departments/healthpolicy/publications/coverage.pdf> shows how most states won’t even after 1/1/14 offer all the recommended screenings to present eligibles--but nevertheless states must offer such preventive services & screenings to all new expansion eligibles.

CMS issued final rules (77 Federal Register 66669, 11/6/12) to pay added state costs for required reimbursement increases for MD services in family medicine, internal medicine & pediatrics to equal Medicare’s rates starting 1/1/13; but less than half the states seem so far to be doing so; see <http://www.dailyherald.com/article/20130526/business/705269993/> , <http://www.aafp.org/news-now/government-medicine/20130703paritystatus.html> <http://content.healthaffairs.org/content/32/7/1183.full> (fee), <http://capsules.kaiserhealthnews.org/index.php/2013/07/few-medicare-docs-have-seen-2013-pay-raise/> and <http://www.aafp.org/dam/AAFP/documents/advocacy/payment/parity/parity-payment-map.pdf> .

See Mathematica Policy Research’s report, Enrollment, Employment, and Earnings in the Medicaid Buy-In Program, 2011 , a provision giving states \$450+ million to cover working disabled (and, at state option, even “pre-disabled” & “ex-disabled”) clients under extra-high income levels via “buy-ins” to Medicaid with income-based sliding scale premiums. See http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2179&context=key_workplace.

A study by the Lewin firm calculates that even if New Hampshire (and, by extension, other states too) does enact Medicaid expansion, the uncompensated care funding from Medicaid that its hospitals will lose ---which is ending for all states, as required by the ACA -- won’t be made up by reimbursements from newly-covered, previously-uninsured Medicaid patients because Medicaid payment rates for care are so low. See <http://www.lewin.com/publications/publication/201301150457/> .

States cannot, with or without a waiver, impose work or work search requirements as a Medicaid eligibility condition on original, or even only Expansion, adults--even though such rules may be allowed for non-pregnant, non-disabled, non-aged adults to receive TANF cash payments. See http://healthlaw.org/images/stories/2013_10_03_NHeLP_medicare_work_requirements.pdf and see http://www.nber.org/oregon/files/oregon_hie_LFP_WP.pdf on whether such rules really do promote or discourage work

For a set of Frequently Asked Questions about CMS’ policies on US matching rules for Medicaid under the ACA [click here](#).

See Advance Premium Tax Credits and Cost-Sharing Reductions: A Primer for Assistors and http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407593 ; (the latter covers affordability provisions, i.e. premium subsidies & other cost sharing limits, for Exchange insurance; and also has excellent graphics. <http://www.usatoday.com/story/news/politics/2013/09/17/100-dollar-premiums-exchanges/2822979/> reports that 6.4 million of those enrolling through Exchanges will have premiums under \$100/mo because of income-based subsidies. But not all Exchange plans -- even for patients getting premium & cost-sharing subsidies-- cover non-preventive MD visits before the full annual deductible is met; see <http://www.kaiserhealthnews.org/Stories/2013/December/23/consumers-with-less-expensive-plans-spend-thousands-before-coverage-begins.aspx> (in the absence of any national data base, reviewing each plan is essential).

South Carolina, in a move seen as a possible model for other states, signed up CVS Caremark’s (and hopes to soon sign up Walgreen’s too) urgent care/walk-in clinics as providers in order to enhance patients’ after-hours & weekend MD access and reduce unnecessary ER visits. See <http://www.sfgate.com/news/article/Director-Medicaid-agency-wants-to-increase-access-4790508.php> and <http://content.healthaffairs.org/content/32/11/1977.abstract> .

“How the Decision to.. [Not].. Expand Medicaid Will Affect the Most Financially Vulnerable Americans”, at http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2013/Sep/1702_Rasmussen_in_states_hands_tracking

[brief_v41.pdf](#) examines the plight of those adults under 100% FPL who are currently ineligible for Medicaid---and possible policy solutions for them--- in those states not expanding Medicaid. Also see [Characteristics of Poor Uninsured Adults who Fall into the Coverage Gap](#) and [The Impact of the Coverage Gap in States not Expanding Medicaid by Race and Ethnicity](#) – which show that most of those in this coverage gap are minority persons---especially poor blacks in the South.

Medicaid take-up rates, before & after 1/1/14, are studied at <http://aspe.hhs.gov/health/reports/2012/medicaidtakeup/ib.shtml>

[Some, but not all, pre-ACA state-funded risk pools will keep operating, even into the first few months of 2014. See http://www.naschip.org/2013/PoolEnrollmentSurveyFinalreport.pdf and http://newsmanager.commpartners.com/ahstsd/issues/2013-12-06/1.html. The US-funded, ACA-created PCIP risk pools will now keep operating until 3/31/14; see http://www.kaiserhealthnews.org/Stories/2014/January/14/high-risk-pool-PCIP-insurance-extension.aspx?utm_campaign=KHN%253A%2520Breaking%2520News&utm_source=hs_email&utm_medium=email&utm_content=11647192&hsenc=p2ANqtz-9zeHjca8bBJOM1ojv2fiiRh-m8pWWq8tV5SM7K9wkXYd2RiRwLv29qpyUW8Zrjs15Zfr9_QwKoDE7UMBCNO7r5PZ9TAw&hsmi=11647192](#)

[Arkansas Gov. Beebe \(D\) favored Medicaid expansion & compromised with the GOP legislature to seek a Medicaid expansion waiver to give new non-Medicare eligibles \(even the childless, non-disabled\) under 138% purchased private insurance instead of nominal "Medicaid" itself, and CMS has approved. See Medicaid Expansion through Premium Assistance: Key Issues for Beneficiaries in Arkansas' Section 1115 Demonstration Waiver Proposal and \(for the text of the state waiver document\) http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-private-option-pa.pdf, as well as http://cmsideas.uservoice.com/forums/218124-section-1115-demonstration-arkansas-health-care-i](#)

[CMS & Gov. Pence \(R\) agreed on an extension of the Indiana Health Plan waiver until at least 12/31/14 in lieu of a standard Medicaid eligibility expansion. It cuts the 200% income level to 100% and now allows enrollment by total of 45,000 of non-Medicare adults—including the childless, non-disabled. The waiver group gets only the regular state Medicaid matching rate---and not the higher 100% ACA expansion rate. Go to http://www.in.gov/fssa/hip/2429.htm for the waiver extension documents. At http://indianapublicmedia.org/news/feds-agree-oneyear-extension-state-health-insurance-55068/ there's a general explanation of the extension agreement, while http://www.courier-journal.com/article/20131130/BUSINESS/311300038/?nclink_check=1 discusses its drawbacks in comparison with Kentucky's implementation of Medicaid expansion.. Finally, there's a comprehensive analysis of the original & extended waivers at http://kff.org/medicaid/fact-sheet/healthy-indiana-plan-and-the-affordable-care-act/.](#)

[See http://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-marketplace-choice-plan-pa.pdf for Gov. Branstad's \(R\) Iowa expansion waiver application's supporting documents, http://cmsideas.uservoice.com/forums/220374-section-1115-demonstration-iowa-market-place-choi for CMS' materials on the waiver and http://wfcourier.com/news/local/govt-and-politics/expanding-iowa-s-medicicaid-coverage-to-top-billion/article_0923927d-2cad-5df6-b586-89bb4c4e9e2a.html for background. CMS approved Iowa's 2 waivers to expand Medicaid to all non-Medicare adults \(even the childless, non-disabled\) under 100% and offer subsidized Exchange policies---but not Medicaid itself—to all non-Medicare, non-medically frail adults \(even the childless, non-disabled\) with income between 100% & 138%, with their cost sharing capped at 5% of income or \\$20/mo \(to be waived for those practicing what the state considers healthy behaviors\). The old waiver for any non-Medicare adult \(even the childless, non-disabled\) under 200% \(250% wkg\) will be displaced by these new waivers](#)

[Gov. Snyder's \(R\) Michigan Medicaid expansion legislation will require several federal waivers for implementation. 1. The upper income level for expansion for all non-Medicare adults \(including the childless, non-disabled\) is 138% FPL 2. After the 1st 6 months on Medicaid, those with income from 100 to 138% must pay coinsurance of 5% from health savings accounts \(HSAs\) into which they must deposit 2.5% of income \(with that amount reduced, or other financial rewards given, for those who practice what the state considers healthy behaviors\). 3 All patients---even those in long term care---must be enrolled in managed care. 4. After 4 years on Medicaid, those with incomes of 100 to 138% FPL will generally lose Medicaid; instead they'll be offered subsidized enrollment in private Exchange health insurance, although they can elect instead to stay on Medicaid with their cost-sharing raised to 7% of income. 5. As the future US expansion matching rate falls from 100% to 90% of costs, the state can continue the expansion only if it is actually realizing savings on the state portion of expansion expenses at least equal to the 10% drop. 6. Rules on effective dates of non-emergency laws will delay the expansion until 4/1/14. See http://www.legislature.mi.gov/documents/2013-2014/billengrossed/House/pdf/2013-HEBS-4714.pdf \(for the bill text\), http://www.michigan.gov/documents/mdch/Healthy_Michigan_Waiver_Amendment_for_Web_439514_7.pdf \(for the state waiver proposal text\), http://cmsideas.uservoice.com/forums/231380-section-1115-demonstration-michigan-healthy-mi \(for CMS' posting of the waiver proposal\) & http://www.nejm.org/doi/full/10.1056/NEJMp1310910 \(for an good analysis\).](#)

CMS & Gov. Fallin (R) agreed to extend the [Insured Oklahoma waiver](#) for 1 year; the 200% individual level (but not the 200% one for employer groups) will fall to 100%. Yet this expansion waiver gets only the regular Medicaid matching rate--and not the higher ACA

100% expansion rate. See http://www.ok.gov/triton/modules/newsroom/newsroom_article.php?id=223&article_id=12653. The waiver extension apparently limits sharply (as it did originally) how many patients can be covered---even though the state Medicaid & Insure Oklahoma websites--and inquiries to the programs' staffs-- have so far failed to reveal what that new enrollee quota is.

Pennsylvania Gov. Corbett (R) has proposed an Arkansas-style Medicaid expansion waiver---but only if CMS allows a grandfathering-in of CHIP patients' higher matching rate on top of the enhanced rate after the transition to expanded Medicaid. For new clients, he wants unspecified work or job training requirements; the **elimination** of only up to 25% of cost-sharing (through sliding scale premiums of up to \$25/mo) ; and enrollment of **new** childless, non-disabled expansion clients (**even** those **under** 100%) in private Exchange insurance over Medicaid itself. The Governor's "Healthy Pennsylvania Medicaid Reform Concept Paper" is at http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/p_035843.pdf and a more developed text of the plan at [Pennsylvania proposal](#). For a critique of Corbett's plan, see <http://www.philly.com/philly/blogs/fieldclinic/Pennsylvania-Needs-to-Expand-Medicaid---Now.html>

Wisconsin Gov. Walker (R) proposed a waiver extension to CMS & will cut the levels of the now-closed 200% parent & childless, non-disabled adult programs to 100% by 3/31/14 (with new enrollments to only then be open again), that will push 77,000 clients off Medicaid (with referrals to the Exchange for subsidized insurance) & delay coverage for over 80,000 others until then. See <http://walker.wi.gov/sites/default/files/documents/21313GovWalkerEntitlementReform.pdf> for the original text of his proposal, http://chippewa.com/dunconnect/news/state-and-regional/sebelius-calls-on-walker-to-expand-medicaid/article_0afa6794-de60-559b-8fe1-0a3d74115243.html and <http://www.jsonline.com/news/statepolitics/walkers-delay-on-restructuring-badgercare-plus-to-save-state-23-million-b99151232z1-233543221.html> (the latter on the latest proposal change to delay coverage until 3/31/14).