COMMUNITY ACCESS NATIONAL NETWORK

1901 18th St. NW (3rd Fl.)
Washington, DC 20009

Chief Executive Officer:
William E. Arnold

Phone: (202) 290-2019
Fax: (202) 506-6504
Web: www.tiicann.org
Email: weaids@tiicann.org

Medicaid Watch: State Medicaid and Health Cuts & Expansions

March 31, 2012; See pages 12-14 on updated sources & resources on state health programs

National Snapshot Summary

***Cuts* or *expansions* were made or are planned n AL, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MT, NV, NJ, NV, NM, NY, NC, OH, OK, OR, PA, SC, TN, TX, UT, VT, VA, WA, WI & WY**

Virtually all states* already *pay far-too-low fees* to MDs, DDSs, hospitals, nursing homes and home & HCB care and now almost all are cutting their rates *even more.

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

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

***Over 3,500 are on ADAP waiting lists* in FL, GA, ID, LA, MT, NE, NC, SC & VA; other states may have to start waiting lists and/or make other ADAP cuts.**

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

***15 of 35 pre-health reform state risk pools* do *not* discount premiums for the poor**

Alabama--has *no* spend down, an aged/disabled level of $698 (the SSI rate), a parent level of 11%/ 24% if wkg ('12) & an ADAP level of 250%; covers 12 MD visits & hospital days/yr & only 4 brand Rx's/mo but has no MSP asset tests. The old legislature (D) cut HIV care $2 million but raised CHIP's 200% level to 300%. The risk pool once planned low income premium discounts but has no Medicare supplement. There are 2,500 on the HCB waiver waiting list. Gov Bentley (R) & the legislature (*both* Houses are now R) face a $700 mil-lion Medicaid shortfall, and they had to cut ADAP's formulary. The legislature also cut Medicaid's drug budget by $30 million, but he restored $7 million of that to retain 4 brand & uncapped generics drugs per month. The 2012 Medicaid budget is $500 million short—meaning that elimination of prostheses, eyeglasses, orthotics & many other services are possible. Although Bentley is also discussing higher per-bed taxes with the hospitals & nursing homes and considering higher tobacco taxes, many legislators say even those cuts & higher taxes won't be enough. **For a comprehensive study of Alabama's Medicaid and related programs and their future prospects see www.taepusa.org**

Alaska---this Title XVI state has *no* spend down; an aged/disabled level of $1,036/mo (its SSI/SSP rate), a parent level of 77/**81% if wkg ('12)**, 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. Flush with state royalties from high oil prices, Gov Parnell (R) & the legislature (R House; tied Senate) still haven't raised the 175% CHIP level. While he refused US grants to plan an Exchange & better police health premium raises, he requested a $160 million budget increase---***one-third*** for Medicaid!

Arizona--has a parent level of 100%/**106% wkg ('12)** & aged/disabled adults under 100% The CHIP level is 200% & ADAP's is 300%. The legislature (R) cut MD fees & personal

Thomas P. McCormack
Editor, MEDICAID WATCH

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care funds. With a budget short billions, Gov Brewer (R) cut ADAP's formulary, mental health funds & home care, ended hospice care & kept a CHIP freeze that's cut enrollment to 16,000-- ***with a waiting list of 100,000*** (but hospitals will now contribute $60 million & the state will add $114 million more to enroll 19,000 of them.). She started new & raised existing co-pays (but the 9th Circt upheld a US Dist Ct. order barring some co-pays ranging up to $30), ended the spend down and dropped coverage of physicals, podiatry, most dentistry, dentures, transplants (she later partly relented), medical equipment, insulin pumps, hearing aids, cochlear implants & some prostheses. HHS couldn't stop expiration of a waiver covering 280,000 childless, non-disabled adults, and the State Supreme Ct let stand a lower court's ruling upholding her plans to close enrollment and let the current childless, non-disabled adult caseload lapse by attrition. CMS *did* disapprove her proposal to charge the obese and smokers $50 monthly fees and cut the parent level to 75%

Arkansas—has an aged/disabled level of $698 (the SSI rate), a parent level of 13%/17% wkg ('12), a monthly numerical Rx limit & an insurance subsidy for workers below 200% in small firms. Gov. Beebe & the legislature (both D) covered adult dentistry & passed a so far unfunded bill to raise CHIP's level from 200 to 250%. The risk pool bars Medicare patients, but it did once plan low income premium discounts. Beebe may cut the number of covered MD visits & Rx's; and did cut ADAP's formulary & its income level from 500 to 200%. The 2012 Medicaid budget can maintain eligibility, services & provider fees (but 2013's budget may be short $400 million). So, with CMS consent, he'll begin a gradual, diagnosis-by-diagnosis change of hospital & MD payment systems from fee-for-service to a mixed ACO/DRG-type model. **For a comprehensive study of the state's Medicaid & related programs & their future prospects see www.taepusa.org**

California-- covers the aged/disabled under 100% (with a $230, not just a $20, disregard) & parents below 200% ('12). ADAP's level is 400% & CHIP's is 250%. With a gigantic deficit, the legislature (D) raised premiums; capped child dental care at $1,500-$1,800/yr; cut podiatry & psychiatric benefits; denied non-emergency care to *legal* aliens; cut provider fees; and denied ADAP to county jail inmates. Gov Brown (D) signed bills cutting "non-life-saving" Rx's to 6/ mo, MD visits to 7/ yr & MD fees 10%; and some personal aide allowances for the disabled. A $300 million LA Co Health Dpt deficit may cut patients served **1/4** to **1/2**. Courts barred ending adult podiatry, chiropractic & dentistry without CMS consent. He cut CHIP & funds for home, mental health & DD care; will force the aged & disabled into managed care; added $77 million to ADAP (but imposed cost-sharing on patients totaling up to $400/mo for the very highest income clients); **is adding childless, non-disabled legal residents under county-set levels up to 200% to US-matched Medicaid** (see www.kff.org/medicaid/8197.cfm & e-mail adonnelly @projectinform.org for details); but a suit to bar 10% provider fee cuts was remanded by the US Sup Ct back to the 9th Circ; and a court settlement saved much of adult day care from cuts.

Colorado---has *no* spend down. The level for those over 60 is $724 (their SSI+ SSP rate), but it's only $698/ mo (the SSI-only rate) for younger disabled. ADAP 's level is 400%. The risk pool has low income premium discounts for those below $50,000 & Medicare supplements. The state set up a formulary, made health plans cover PTSD, anorexia, substance abuse & colorectal screening. but cut ADAP's formulary. The old legislature (D) passed a $600 million hospital tax for Medicaid, CHIP & the state indigent health program; to boost hospital rates & uncompensated care funds; and to cover 100,000 more persons by raising levels for all adults to 100% (it now covers parents (**to 106% if wkg;** but the coverage promised for childless, non-disabled adults was cut from 100% to ***only 10% (and limited to only 10,000 patients)***; applied the mini-COBRA law to small firms; raised CHIP's level from 205 to 250% & widened its psychiatric care; offered Medicaid to the working disabled; covered *legal* aliens; set a 300% level for nursing home & HCB waivers (with liberal HCB, personal aide & patient autonomy features). Advocates say the 300% FOA level is too low to cover enough disabled children, that premiums are too high & say the state rations how many can be covered. The state cut funds for DD & disabled clients' employment, transport & personal aide pay, but raised the pregnant woman level from 133 to 185%. Gov. Hickenlooper & the Senate (both D) campaigned for ***more*** health coverage**, but instead made *big* cuts**. Yet the new 1-vote GOP House majority is demanding *even more* Medicaid cuts (i.e., by restoring a temporarily-suspended senior citizen homestead tax exemption that helps fund it & re-imposing asset tests on families with children, which is barred by the ARRA & ACA MOE rules, even though *the Gov.& Senate already agreed to GOP demands for higher CHIP premiums & co-pays*

Connecticut—a 209(b) state with 2-zone aged/disabled levels ($786.22 & $894.61, its SSI/SSP rates for those with over $400/mo shelter costs & including a $278/mo disregard). Its parent level is 185%/191% wkg ('12); ADAP's is 400%; and CHIP's is 300%. Its risk pool *has* low income premium discounts for those under 200% & a Medicare supplement. Ex-Gov Rell (R) ended coverage of legal aliens here under 5 years. There's no MSP asset test & SPAP income levels are $25,100 for 1& $33,800 for 2. She limited adult chiropractor, naturopath, psychologist and occu, phys & speech therapy coverage to clinics; but offered hospice care to *all* Medicaid patients. The legislature (D) covered the working disabled. Rell got the legislature to enact a skimpy "Charter Oak" insurance plan for parents under 306% & other adults under 310%. Its premiums rose 72% since 1/10 , with yet another big rise in 9/11; subsidies were also cut, as they were in 2010. It has big co-pays, limited psychiatric care, low caps on Rx's, medical equip & total yearly costs & a $1 million lifetime cap. CMS provides matching to give Medicaid to childless, non-disabled adults under 56% who'd been on State Gen Med

Asst (keeping its $150/mo earnings disregard). The state extended COBRA to 30 mos, and raised QMB's single income level to $1779.68/ /mo, SLMB's to $1,961.28 & QI's to $2091.67 (giving them *full* Part D Extra Help too, which let the state to exclude them from the SPAP—but which still covers the disabled in the 2 year Medicare waiting period). Gov. Malloy (D) is moving 2,200 from nursing homes into home or HCB care and canceling CHIP & Charter Oak managed care contracts. He cut respite; adult dental & vision benefits; and low income clinic funding by $3.8 million; proposed closing enrollment of childless, non-disabled adults (their caseload grew from 46,156 to 73, 915 in only 16 months, but fell in the next 3 months); and capping their covered ER visits, SNF-covered days to 90 & home health visits to 60 days.

Delaware---has *no* spend down; covers parents under 100%/106% wkg & *all* other adults under 100%/110% wkg ('12); the ADAP level is 500% and those for CHIP & the SPAP are 200%. Gov. Markell & the legislature (both D) operate a state-funded cancer aid program for those under 650% & state-funded medical assistance (more limited than Medicaid) for others under 200%, covered the wkg disabled, but ended adult vision care and probably speech, phys & occu therapy

District of Columbia---has parent levels of 200%/206% wkg ('12), 100% for aged & disabled, 300% for CHIP & 400% for ADAP. Ex-Mayor Fenty & the Council (both D) covered adult dentistry; raised QMB's level to *300%,* (with no asset test**,** thus giving many DC Medicare patients ***full*** Pt D Extra Help), but he proposed replacing public mental health clinic care with private contractors, revoked DC's recently-raised MD fees for dual eligibles and cut home care & funds for the disabled's personal aides. Mayor Gray (D) extended Medicaid to the childless, non-disabled below 200%/ **211% wkg** with US health reform matching (others under 200%—e.g, illegals--canqualify for the non-federal DC Alliance program); but called for a 1/3 cut in Alliance funds & big, but unspecified, TANF cuts (but the Council opposes both proposals).

Florida---The legislature (R) got a waiver to move patients (a court order had let them opt out) into managed care; but at first it did so in only 5 counties. It's expanding the managed care program waiver statewide (starting in 9/12 & to be completed by late 2014; it includes the aged & disabled, as well as families & children. HHS approved the plan— but only if 85% (not just 65%, as the state allowed) of premiums go to care & quality upgrades and plans must meet the needs of 98.5% of enrollees & keep cost sharing below regular Medicaid ceilings. (Email JWynn@BrowardHouse.org for a summary of the the state's managed care proposal.) The legislature & Gov Scott (both R) planned to cut MD fees, slash Medicaid costs $1.8 billion, make almost all patients pay $10/mo premiums & charge $100 co-pays for non-emergency ER visits (but CMS rejected both charges). The state cut the aged & disabled level from 88% to SSI's $698 mo rate, except for those in HCB care or in Medicare's 2 year disabled waiting period. The parent level is 20%/ 58% wkg ('12) & CHIP's is 300%. The state covers dentures (but little *other* adult dentistry), hearing aids & some autism care. Blue Cross & the Dade Co. Health Dept sponsor cheap & lean "Miami-Dade Blue" policies with no brand Rx benefit. Ex-Gov Crist (I) dropped hospice care and cut dialysis, mental health & substance abuse funds & MD fees. 19,000 are on HCB & home care waiting lists and advocates sued to force more home & HCB spending. Yet a GOP-run legislative panel ***refused*** a $37 million ***extra*** US grant to fund more HCB slots. Crist made insurers sell Medigap policies nearly as fairly to the disabled as to the aged. Miami's Jackson Mem Hosp has rising deficits, closed 2 O/P clinics & 2 transplant units & ended dialysis for 175 indigents (many are illegals). ADAP cut its formulary, although its much longer waiting list fell to 607. The HIV health insurance premium payment program is again open to new clients. Neither it nor ADAP have asset tests & their income levels are 400%. Scott chose a panel to plan to change, cut or end taxes by the 20 hospital districts that help pay the state Medicaid matching share and uncompensated care; and also seeks $66 million in hospital rate cuts. He and the legislature passed a law to shift the bulk of $325 million of as-yet-unpaid Medicaid costs to the counties---which they bitterly oppose

Georgia---Its aged/disabled level is $698/mo (the SSI rate), its parent level is 27%/49% if 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 benefits & nursing home spend downs; and narrowed Katie Beckett waiver admission rules. Atlanta's Grady Hosp, with a $6 million deficit from indigent care costs, closed its dialysis center (but arranged alernate care for all but 22 of its many illegal patients) & 3 of its 9 O/P clinics and cut its free care level to 125 from 250%. Ex-Gov. Perdue wouldn't raise provider fees & cut ADAP $1.2 million. MD & DDS fees were cut; he sought more insurance taxes & fines for health costs, closed a mental hosp bldg, cut pregnancy & infant care funds; imposed ADAP medical criteria (its waiting list fell to 861, but expected new US funds may move 300 onto ADAP); and proposed privatizing some mental health care. With a $680 million Medicaid FY 12-13 shortfall, Gov. Deal (R) proposed even more cuts (i.e., ending adult podiatry, vision & emergency dentistry to relieve pain), but the House voted to retain those 3. He wants to raise adult O/P care co- pays to 15%, their I/P hosp co-pays by ***400%*** & even charge children cost-sharing for the 1st time

Hawaii—this 209(b) state gives limited Medicaid waiver care to *all* adults below 133% (even if childless & non-disabled) but only parents & children and the aged & disabled under 100% get *full* Medicaid ('12). Its ADAP level is 400%. It cov-

ers the wkg disabled. The legislature (D) raised CHIP's level to 300% & ended its premiums. The state began moving 37,000 aged & disabled into managed care, ended non-emergency adult dentistry and planned cuts for non-pregnant & non-disabled adults. Gov Abercrombie (D), a long-time health expansion advocate-- who *is* establishing a voluntary-for-providers Medicaid "medical home model"---still had to cut Medicaid $25 million for FY '12 & $50 million for FY '13; and **l**imit non-disabled, non-aged adults to 20 MD visits a year, 10 hospital days a year and 3 outpatient surgeries a year

Idaho--is a Title XVI state, with *no* spend down, an aged/disabled level of $780 (the SSI/SSP rate), a parent level of 21%/ 39% if wkg ('12) & a 200% ADAP level. The legislature (R) raised the CHIP level from 150 to 185%; funds a pilot plan for small firm workers under 185%, covered the working disabled & sorted clients into 3 groups: Parents & children; disabled & chronic cases; and the aged. Each may get differing benefits or co-pays but more preventive care. Gov. Otter (R) charges 4% of income premiums to Katie Becket cases. And he may charge *all* disabled children *extra* premiums; did cut hospital, MD, rehab facility & DD agency fees (which a court voided temporarily) and occupational & speech therapy and autism care funds; and has an ADAP waiting list of 7. Otter and the legislature plan 2012 Medicaid cuts of $34 million**:** more & higher co-pays; lower Rx fees; audiology, vision, podiatry & mental health cuts; limiting adult dental benefits; moving more patients into managed care; and imposing 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).Its main SPAP *excludes* the disabled not yet on Medicare, who get only a skimpy formulary from a 2nd SPAP. Both SPAPs' income levels were cut from 235% to 200%--and their co-pays were raised. The legislature (D) raised the parent level to 185% (191% wkg) & accepted a court order to raise pediatric fees. But *other* fees are too low & paid *very* late, **with a $9 billion unpaid claims backlog.** Gov. Quinn (D) may borrow several hundred million dollars**;** but such a loan, with US matching, would fund only a small start in paying the claims down. The state earlier raised CHIP's level 200 to 300%. The often-closed state risk pool *has* a Medicare supplement but *no* low income premium discount (yet the new, separate US health reform-funded risk pool's premiums are affordable for many under 40). The state raised the wkg 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 & "assessed" them to attract $450 million more in US matching. With a $13 billion deficit, the legislature gave Quinn power to cut the budget; raised the 3% state income tax by 2.25% & also other taxes; required better applicant income verification; tightened a generics preference rule; now requires pre-authorization for 17 costly psychiatric drugs, is forcing **1/2** of clients (mostly non-disabled parents & children) into managed care and 40,000 aged & disabled in Chicago's suburbs into it too; and cut Medicaid Rx fees $42 million. Quinn closed CHIP to children over 300%; hopes to save $400 million more with case management for the aged & disabled (38,000 are on HCB waiting lists); gave $30 million more to low income clinics; and gave ADAP enough money to cover 4,500 more clients (but with a hard-to-monitor $2,000 /mo per patient cost cap). A later $1.5 million cut in HIV funds forced the ADAP level for new patients to fall from 500 to 300% (grandfathering-in current clients). Both parties' legislative budget leaders say that big Medicaid cuts must come in 2012, and Quinn asked the legislature to close 2 DD centers, 2 mental hospitals & make $2.7 billion/yr more in Medicaid reductions (with no explicit details yet; a study committee reports back in in late spring; and a 9% provider pay cut. Eliminating coverage of adult eyeglasses, dentistry, obesity surgery, wheelchairs and much, much more—are now being considered by the legislature). Yet the state is nevertheless seeking an eligibility expansion waiver to get Medicaid matching (but *only* in Cook Co) to cover childless, non-disabled adults up to 133%, or even 200%, as allowed by the PPACA. **For a comprehensive study of Illinois' Medicaid & related programs and their future prospects see www.taepusa.org**

Indiana--this 209(b) state's SPAP (for which a state law passed in 6/11 now seeks US matching to help fund it as a waiver) covers those under 150% but *excludes the disabled.* The state also has a much-stricter-than-SSI "209(b)" Medicaid disability rule (one must be ***fatally*** or ***incurably*** ill). The aged/disabled level is $698, (the SSI rate) & the regular Medicaid parent level is 19%/25% wkg ('12). Gov. Daniels & the legislature (both R) raised CHIP premiums. The pre-health reform state risk pool *has* a Medicare supplement & a low income premium discount. The ACLU sued to void a once-each-6-yrs denture replacement & re-lining limit (and the legislature is considering a once-every-5-years eyeglasses replacing limit). ADAP (with a 300% level) may soon need a waiting list & 21,000 DD clients are *already* on a HCB waiver waiting list, but Daniels did raise the CHIP level from 200 to 300%. A waiver he secured from CMS subsidizes coverage for parents below 200% & *even* has 14,000 slots for the childless, non-disabled under 65 (with 52,000 more o*f them already* on a waiting list when he closed enrollment). He opposed the US health reform bill, yet seeks to extend the waiver & then use newly-available US health reform matching to cover all childless non-Medicare adults under 133% by--or even before --2014 (but only if its HSA requirement & more cost-sharing is allowed—which CMS questions, although talks continue). Waiver coverage is via HMOs and has no dental, vision or maternity care. Patients *must* put 2%-5% of income into HSAs, pay near-unaffordable premiums and meet $1100/yr in cost-sharing. It has yearly $300,000/& $1 million lifetime coverage caps. Daniels plans to cut hospital, nursing home & other provider fees 5%. The State Supreme Ct rejected a suit to make the state consider more possible impairments in Medicaid disability eligibility determinations. Budget cuts will end or limit adult dental, vision, chiropractic & podiatry coverage; Daniels tightened the mental health Rx formulary and the state got a US judge to dismiss the druggists' suit to block a cut in Rx dispensing fees.

Iowa--A waiver covers both O/P & emergency I/P care for non-Medicare adults (even if childless & non-disabled) under 200%/250% wkg ('12) at any Iowa public or low income clinic or hospital (but Rx's "to go" & elective I/P hospitalizations are offered only at 2 safety net hospitals in Des Moines & Iowa City). The aged/disabled level is $698/mo (the SSI rate), the parent level is 28%/83% if wkg ('12) & ADAP's is 300%. The risk pool *has* a Medicare supplement but *no* low income premium discount. Medicaid faces a $600 million shortfall. Ex-Gov. Culver & the old legislature (both D) covered disabled children under 300% via the FOA, raised CHIP's level from 200 to 300% & let children with no dental coverage buy into CHIP dental benefits. The hospitals proposed taxing themselves $40 million to attract added US matching funds to raise their rates & meet other costs. Gov Branstad & the new House (both R) plan to cut Medicaid (e.g., ending chiropractic coverage, raising co-pays & requiring pre-authorization for more types of care); the state Senate (still D) even *agreed* to his budget (but passed a bill to make the US-funded and/or the state's risk pool more accessible to HIV patients.

Kansas---this Title XVI state has an aged/disabled level of $698/mo (SSI's rate), a parent level of 26%/32% wkg ('12), and a 300% ADAP level. Its GOP legislature covered the wkg disabled, offered mini-COBRA rights, and raised CHIP's level to 250%. There are 5,700 on waiting lists for services for phys disabled & DD clients, yet it cut home care funding for the aged & disabled; put 6,000 *more* on waiting lists for HCB & home care; cut MD fees & disabled clients' caregivers' pay, ended welfare for 1,500 indigents awaiting SSA disability awards; denied dentistry to poor women; raised CHIP premiums to $20/mo; and froze admissions to state mental hospitals. Gov. Brownback (R) wants even more health cuts: He ordered Aging Dept. employee costs slashed 25%, cut mental health funds $25 million, slashed the community mental health center budget, proposed ending mental health services for 850 families with troubled children & told his Lt. Gov. to plan ***Medicaid cuts of $200 to $400 million yearly*** (by measures such as forcing the aged & disabled into managed care).

Kentucky--- has an aged/disabled level of $698/mo (the SSI rate), a parent level of 34%/59% if working ('12) 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 from $80,000 to $10,000/yr, limited occu, phys & speech therapy, x-rays & MRIs; and raised co-pays. Gov Beshear (D) faces a Medicaid/CHIP deficit of up to $500 million, yet still enrolled 22,000 more children in CHIP & dropped its $20/mo premium. ADAP has co-pays & its formulary was cut. After *both* Houses of the legislature spurned his budget for a GOP plan, he successfully line-item vetoed their bill. Now he is implementing his own Medicaid budget plan to save $375 million in state funds by moving 560,000 of 820,000 non-L'ville area clients into 3 HMOs by 10/11 (170,000 in the L'ville area are *already* in an HMO).

Louisiana---has an aged/disabled level of $698/mo (the SSI rate), a parent level of 11%/25% wkg ('12) & a 300% ADAP level. The legislature (newly R-House; nominally D-Sen) voted to raise the CHIP 250% level to 300% but can't afford to. Gov Jindal (R) covered the wkg disabled & got CMS to agree to a state refund of only $266 million of past overpayments He found $30 million /yr for clinic funding when US funds weren't renewed & CMS even let him spend $97.3 million in US Medicaid hosp funds on O/P clinics. He wants to save $268 million cutting covered Rx's from 8 to 5 mo **(**unless more are "medically justified"); MD & hospital rates and privatizing community services & HCB waiver care. He plans to put almost all patients into 5 CCOs. US matching fell $700 million & 2012's deficit rose to $1.5 billion (but a clause Sen Landrieu put in the ACA, plus little-noticed [at first] clauses in later legislation—critics called the ACA clause a "2nd La. Purchase"—**provide the state an extra *$1.7 billion* from FY '11 to FY '14** above its normal matching rate). FEMA will pay $478 million to rebuild the N. O. Charity Hosp & the state will add $300 million but must find $70-$100 million/yr more to run it. Jindal wants a $62 million cut for LSU's Hospitals although he already lacks enough funds to run 4 to 6 LSU & Charity Hospitals. ADAP's $11.7 million deficit, even after it got $2 million extra, caused a waiting list of 394. **For a comprehensive study of Louisiana's Medicaid & related programs & future prospects see www.taepusa.org**

Maine—until now, 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 **now-closed** Medicaid waiver); parents, 200%/206% wkg ('12); 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. Adults get dentures but little other dentistry. QMB's income level is 150%, SLMB's, 170% & QI's, 185%. The state raised cost-sharing for those over 150%, and cut podiatry care & provider fees. To save $220 million, Gov. LePage & the legislature (both R) seek HHS approval for the waiver to drop 16,000--even with 14,000 more on its waiting list—of the childless, non-disabled adults (or at least cut services they get; but see "Preserving MaineCare Coverage of Low Income [Non- Disabled, Childless] Adults.." at *www.mejp.org* ***),*** *even before* its scheduled expiration (he says it's a voluntary state add-on that needs no HHS approval to be ended & isn't subject to the US' MOE laws; advocates disagree), and even to ***drop 12,000 parents by cutting their 200% income level to 133%--a very direct MOE violation that advocates even more strongly oppose. He***

also plans major reductions in cancer screenings, and covered hospital days and outpatient treatments for cancer; and dropped otherwise-eligible legal aliens who've been here less than 5 years *(a lawsuit is challenging that). And the state just discovered that a computer glitch let 19,000 clients who'd become ineligible keep getting & using Medicaid cards.*

Maryland---has an aged/disabled level of only $698/mo (the SSI rate), a 300% CHIP level & a 500% ADAP level. 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 low income O/P clinic program into one O/P-only primary clinic care & Rx program for non-Medicare adults (even if childless & *non*-disabled) under 116%/ 128% if wkg) in 2011**.** A state-sponsored, Blue Cross-run **2nd** SPAP (with a 300% level) covers some Medicare Pt D donut hole & premium costs, but seems to exclude the disabled. The risk pool has low income premium discounts for those under 200% but *no* Medicare supplement. Gov O'Malley & the legislature (both D) covered the wkg disabled, raised the parent level to 116% for *full* Medicaid in 2011 & subsidized insurance for some low paid small firm workers. He cut $82 million in nursing home, home health aide, private RN & HMO fees and slashed hospital rates to 80% of private plans'. He also plans a 2nd expansion of *full* Medicaid to childless, non-disabled adults under 116% with US health reform matching He also cut other providers', HCB programs' & the disabled's personal aide fees. He & the nursing homes hope to more than make up their fee cuts with later rate *raises* funded by a 2% tax they'll pay to use to attract more US matching. With a $1.2 billion 2012 deficit, he's considering a $150-$264 million hospital "assessment" to attract more matching to use to raise their rates & for other Medicaid costs too. He's raising child dental fees, carving child dentistry out of HMO contracts & made hospitals give free care to those under 150%. The legislature called for a $40 million Medicaid budget cut.

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%). In 1997 the the parent, child and childless aged & disabled Medicaid levels rose to 133%. The ADAP level is 500% & the SPAP's is 188% (but up to *500%* for Pt D patients). Gov. Patrick (D), with a $2.5 billion 2012 deficit, raised subsidized insurance & Medicaid MD visit & Rx co-pays from $2 to $3; raised SPAP cost-sharing; froze MD & hospital fees; and cut public health program funds. The legislature got him to delay cuts in adult day health programs until at least 12/11; grandfathered-in undocumented aliens getting insurance subsidies & Medicaid since before 8/09 to limited benefits; and reduced adults' Medicaid & subsidized insurance dental care to emergency & preventive services and cut covered hospital days to 20/yr. To better control costs, he wants to shift to Accountable Care Organizations (ACOs) to pay for wellness & treatment results rather than fee-for-service rates that now drive costs too high. A legislative reform panel was to have developed its own payment reform bill by late 2011. CMS approved a waiver add-on to give the Cambridge Health Alliance $216 million & $270 million to other hospitals and a waiver to give the state an added $26.7 million (a $5 million increase over the last such waiver award) to keep funding its health reform plan. The state's highest court ordered it to again give Medicaid to legal aliens here under 5 years, even without US matching.

Michigan---has a 100% aged/disabled level a parent level of 37%/63% wkg ('12), a 200% CHIP level & a 450% ADAP level. It ended adult hearing aid & chiropractic coverage but has a now-closed O/P care-only waiver for childless, non-disabled adults under 35%/45% wkg. The legislature raised co-pays but boosted child wellness, dental & adult preventive fees. The Lansing, Muskegon, Detroit & Flint-area counties offer free or cheap coverage to those under 200% (but Flint's Genesse Co. may close enrollment). With a $480 million 2012 deficit, the (then D, now R) House & Senate (still R) briefly ended adult vision care. They later restored adult dental, vision & podiatry (but not hearing aid or chiropractic) care and made no MD, hospital & most mental health cuts. Gov. Snyder (R) pledged to make no cuts; but then cut teaching hospitals $67 million, Medicaid agency costs $21 million, began moving dual eligibles into HMOs and, say advocates, cut home chore aid so much as to undermine de-institutionalization efforts (costing more in resulting, bigger nursing home bills) & dropped 11,000 families from TANF in 10/11 (claiming that they'll seamlessly still stay on food stamps & Medicaid). The US- funded, state-run risk pool cut its premiums ($103 to $415/mo by age band), but to do so raised deductibles to $3,000 & co-pays to $10, $20, $50 & $100. The state is considering replacing an HMO tax—which CMS now says is improper--with a low tax on ***all*** claims paid by HMOs ***and*** insurers to prevent a loss of $400 million in state Medicaid funds

Minnesota---this 209(b) state has an aged/disabled level of 100%, a regular **Medicaid parent level of 275% wkg or not ('12)**, 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. With a $5 billion 2012 deficit, the state raised Medicaid, CHIP & MinnesotaCare (state-subsidized insurance for childless, non-disabled adults below 250%) premiums & co-pays and denied Medicaid & CHIP to *legal* aliens. Ex- Gov. Pawlenty (R) capped enrollment in HCB care, tightened its medical qualifications & cut paid hours for home aides; cut nursing home & HCB waiver fees; raised some premiums; and ended coverage of speech & occupational therapy, audiology & adult dentistry. Gov Dayton (D) expanded US-matched Medicaid to cover previously

state-funded General Medical Assistance (GMA) patients under 75% He & the new legislature (R) compromised: He dropped his proposed "millionaire", hospital & nursing home taxes and accepted repeal of certain provider taxes that had been funding MinnesotaCare. They funded the 100,000+ GMA & Minnesota Care clients added to Medicaid, dropped their plan to substitute $240 monthly vouchers for them to buy private insurance *instead of* getting Medicaid, but they got $400 million in provider fee & other cuts . And the Medicaid agency said it will cover *only* ER visits & I/P hospital care for non-citizens; and deny them previously-covered dialysis, chemotherapy, O/P Rx's, dentistry & mental health services.

Mississippi---has *no* spend down. Ex-Gov. Barbour (R) cut the aged/disabled level from $1,000+ to $724/mo (with a $50, not just a $20, disregard), with *no* asset tests (including for MSPs). The parent level is 24%/44% wkg ('12), CHIP's is 200% & ADAP's is 400%. Only *2* brand Rx's/mo & 3 generics/mo are covered (but HIV patients get ***5*** brand Rx's). Barbour cut phys, speech & occu therapy benefits. An in-person re-application rule limits enrollment; he & the Senate (R) won't drop it, except maybe for LTC, but the House (also now R) might. After securing new cigarette & hosp taxes, he proposed DDS, nursing home & hospital (but not MD) fee cuts, as well as patient premiums & bigger co-pays; a 7% mental health 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) is planning to award contracts to favored---but, according to some advocates, sub-par---managed care firms to offer care. **For a comprehensive study of the state's Medicaid & related programs and future prospects see www.taepusa.org**

Missouri---is a 209(b) state. Its risk pool has *no* Medicare supplement but *has* a low income premium discount. 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 19%/ 38% wkg ('12); ended adult dental benefits; raised CHIP premiums; denied CHIP to those whose job plans cost under 5% of income; raised & more strictly enforced co-pays; but kept the ADAP & CHIP levels at 300% & raised the SPAP level (it covers only those *already* on Medicare) to 150%. Blue Cross & a foundation subsidize insurance for KC-area families under $30,000 The state pays "premium support" for clients' job plan premiums but denies them full secondary Medicaid; 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 aged in nursing homes), hearing aid & podiatry benefits; and let the aged & disabled opt out of HMOs .A court made the state widen not-ice & hearing rights before closing CHIP cases The state let community health centers & rural clinics presumptively en-roll children in Medicaid & CHIP (before, only 4 hospitals could). Growing costs made Gov Nixon (D) drop plans to res-tore the 100% aged/disabled level & boost outreach. He sought hospital rate cuts of $139 million & $32 million in MD & DDS fees and mental health & public clinic funding. The ADAP director cut its formulary in 1/10 to cover only anti-ret-rovirals & Rx's for opportunistic infections--but restored the full formulary in 11/10. The state made private plans cover some autism care. CMS said the state wrongly limits home health care to the homebound; and state & CMS staff discovered that the spend down for the aged & disabled is calculated too liberally by giving clients "credit" for bills paid by Medicare or insurance or which providers had written off. The GOP House Appropriations Committee Chairman cut $28 million from Medicaid services to the blind, but won't say why or how.

Montana---has an aged/disabled level of $698/mo (the SSI rate), a parent level of 32%/56% if wkg ('11), an ADAP level of 330% & a risk pool *with* low income premium discounts for those under 150% & a Medicare supplement. The state raised cost-sharing and cut LTC & hospice benefits and access—and also limited aged & disabled MD visits to 10/yr. But Gov Schweitzer (D) & the legislature (R) reduced a CHIP waiting list (yet ADAP now has one of 6); raised the family asset level; set up a SPAP for aged (but not disabled) Medicare patients under 200%; widened CHIP dental & preventive care; made made private plans cover vaccinations & well-child care to age 7; and raised CHIP's level to 250%, but enrollment is slow. Schweitzer agreed to the legislature's 6% provider fee cut (it also voted to "study privatizing Medicaid administration"), but he also proposed that the state insurance Exchange be run under the PPACA's "Co-Op" provisions.

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 48%/57% if wkg ('12) & ADAP's is 200%. It ended Medicaid for many parents who *chose* to get off welfare to work, yet the state Supreme Ct forbade denying Medicaid to those who *fail* to meet work mandates. The risk pool *has* a Medicare supplement but *no* low income premium discount. Gov. Heineman (R) raised CHIP's 185% level to 200%. With a $340 million 2012 deficit, the latest budget cuts *non*-primary care Medicaid & CHIP payments 5% ($68 million), raised co-pays & may limit dental care to $1,000/yr, hearing aids to 1 ea 4 yrs, eyeglasses to 1 ea 2 yrs & adults to 12 chiropractic visits & 60 occu, speech & phys therapy sessions/yr. ADAP's formulary was cut & its waiting list has risen to 217. But the legislature is reconsidering its exclusion of pregnant aliens from Medicaid after 1,500+ untreated cases resulted in needless, costly premature births or stillborns. It did widen school health services. Heineman proposed denying Medicaid to clients who don't meet work requirements he'll establish. The legislature overrode his veto of the nursing homes' plan to tax themselves enough to attract more US matching with which to then raise their rates, but he plans a $28 million cuts in homecare, private duty nursing, & the number of covered mental health therapy visits.

Nevada—a Title XVI state with *no* spend down; its disabled level is only $698/mo (the SSI-only rate), but the aged-only level is $734.41 (they get an SSP too); its parent level is 25%/**49% wkg ('12)**; its CHIP level is 200%; its ADAP level is 400%. It subsidizes insurance for parents under 200% working in participating small firms & covers the wkg disabled Its SPAP, with a 225% level, covers the disabled & even offers a *vision* benefit; but the state raised CHIP premiums. The state capped CHIP dental care at $600/yr; ended Medicaid adult dental & vision care, CHIP orthodontia; tightened SNF, ICF, HCB waiver & home care medical eligibility rules; and cut pregnancy coverage, hosp rates (closing the U of NV at LV Hosp's dialysis & oncology units), HCB waiver fees & attendant pay for the disabled; non-emergency transport, hospital neonatal, HCB waiver & pediatric specialist fees. It set up a formulary for antipsychotic, anticonvulsant & diabetic Rx's. Gov Sandoval (R) proposed a $200 million cut in the current budget & a $500 million cut in the 2013 - 14 budget--reducing Rx costs $104 million (no details yet), cutting O/P mental health care $60 million & other provider fees by 15% to 43% and charging co-pays for un-needed ER visits.. The legislature's (D) relevant committees & the NM Sup Ct rejected $88 million in SNF, ICF, nursing home, hosp & MD fee cuts and some proposed more & higher business taxes instead

New Hampshire---a 209(b) state; its risk pool has *no* Medicare supplement but *has* low income premium discounts for those under 250%. Its aged/disabled level is $698 (the SSI rate, with a disregard of just $13, not $20/mo). The parent level is 39%/49% wkg ('12); the CHIP & ADAP levels are 300%. It has a much-stricter-than-SSI "209(b)" Medicaid disability rule (inability to work for *over **4** years*) & doesn't cover hospices. Gov. Lynch (D) & the legislature (R) shifted nursing home costs to counties, but ended a DD care waiting list—yet will make more cuts in provider fees. The legislature voted to move more patients into HMOs; slashed $1 million to fund case managers for the aged & disabled in board & care group homes; and even tried to allow reductions in the $230 million in in bed taxes that had yielded sufficient funds to attract enough added US matching to meet hospital shortfalls due to uncompensated care & low Medicaid rates

New Jersey---has an aged/disabled level of 100%; a 500% ADAP level & SPAP levels of $31,850 for 1 & $36,791 for 2. A waiver covers up to 70,000 childless, *non*-disabled adults with income under $140/ mo. The legislature earlier raised the parent level to 200% & ended CHIP premiums for those below 200% (but cut its upper limit to 350%). The state cut hospital charity & medical teaching funds, raised SPAP co-pays & cut its formulary. Christie sought to drop coverage of *legal* aliens, township indigent care funding & the expanded overage of parents *(but later relented on the parent cut)*. The legislature opposes his $3 adult daycare co-pay proposal & ending state Pt D wraparound & co-pay aid. He still rejects US birth control, obstetrics and cervical & breast cancer screening funds and vetoed a family planning bill. He plans to meet a $10+ billion deficit by higher cost-sharing; and seeks a 2nd "comprehensive" waiver to "save" $300 million (Google "New Jersey Concept Paper" for details; but note that the proposed parent level cut has since been dropped) He plans $240 million in savings by forcing the rest of the aged & disabled (many are still in fee-for-service coverage) into managed care plans (including even their Rx, home health, adult day health care & personal attendant services) and cuts of $8 million to women's health (but not ADAP) ---plus $9 million in mental health & $5 million in legal aid cuts. After being promised higher rates, nursing homes now face 6 to 8% cuts from a combination of legislative, budget & administrative actions Christie approved. CMS says the state owes it $145 million for improperly-claimed matching for inadequate, sub-par personal care services

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 $698/mo (the SSI rate), its parent level is 29%/67% if wkg ('11), CHIP's is 235% & ADAP's is 400%. A waiver—which is again closed to new individual applicants, but *not* to small employer groups--subsidizes insurance of *any* adult (even if childless or non-disabled) under 200%/250% if wkg. The state won't take disability-based Medicaid-only applications from those whose disability hasn't yet been approved by SSA---no matter how much they need medical care. With a Medicaid shortfall of $300 million+, the state may end adult dental, vision, hearing aid & hospice coverage; slash phys, occu & speech therapy; cut mental health & substance abuse care & fees; and may cut some Rx benefits & HCB care. Gov. Martinez' (R) health cuts are likely to be even deeper, and she hired--without legislative (still D) consent or appropriation--2 consulting firms to advise how to cut Medicaid, while the Medicaid agency discovered a shortage of $100 million to pay overdue Medicaid bills & asked the legislature to make it up

New York---has a waiver for parents under 150% and childless (even non-disabled) singles & couples under 65 below 100%, but the level is only $792/mo for childless aged & disabled singles. ADAP's level is 435% & CHIP's is 400%. The state subsidizes insurance for workers under 250%, but it caps plan Rx benefits at $3,000/yr. The legislature **(**D House; R Sen) ***still excludes*** the disabled from EPIC (NY's SPAP, which only covers those over 65 below 321% & no longer offers wrap-around coverage to those without Medicare Pt D, except in the donut hole, although it still subsidizes Pt D premiums for those under 211%). It raised Rx & MD co-pays (but caps them at $200/yr); adopted a less flexible formulary that arthritis, diabetes, AIDS & mental health groups now challenge (yet Gov. Cuomo [D] quickly relented on plans to narrow the women's birth control Rx formulary); and covers assisted living, chore aide & ad-ult day care. Counties pay ½ of state Medicaid costs (but their increases are capped at 3.5%/yr). NY funded HIV day health care; covered colon & prostate cancer patients & the wkg disabled below 250%; required hospital discounts for those under 300% & banned taking debtors' homes; and required mental health parity in private insurance. Ex-Gov. Paterson (D) started a discount Rx plan for the disabled, raised *all* Medicaid asset levels to $14,250 for 1, $20,850 for 2, etc., *except for* the aged, blind & disabled, *ended* MSP & SPAP asset tests and extended COBRA to 36 months. But he signed a bill with $775 million in health cuts, aimed at saving $300

million more in each future year. Short $316 million, NYC's public hospitals plan to cut child mental health & Rx benefits and close some clinics. NYC proposed to end a school dental program, cut its HIV services $17 million & de-funded a health insurance advocacy office. Its Mayor wants to cut 182 school nurse jobs. **Cuomo & the legislature passed $1 to $2.8 billion in Medicaid & EPIC cuts, will *force* all Medicaid patients--even those in nursing homes & HCB waivers, if CMS agrees--into HMOs; and apparently are dropping or tightening income levels for the Katie Becket waiver & the FOA eligibility categories for at-home disabled children.** A summary of the ***many complex cuts & changes*** is in ***"Medicaid & EPIC Cutbacks", with very*** detailed charts showing new income & asset levels & disregards for most of NY's health assistance programs at www.newyorkhealthaccess.org

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 36%/49% if wkg ('12) & its CHIP level is 200% .Its aged-only SPAP was suspended in 2010. The legislature (R) created a 2nd SPAP just for ADAP clients on Medicare under 175% but *in*eligible for Pt D *full* Extra Help & passed limited mental health parity. It has a pre-health reform state risk pool that *excludes* Medicare patients, requires pre-authorization & has a $250 co-pay for "specialty" Rx's & a $100,000/yr out-of-pocket cap but *has* low income premium discounts. Gov Perdue (D) set up a preferred Rx list, later adding some psychiatric Rx's to it); proposed closing 50 mental hosp beds & cutting MD, hosp, personal aide, maternal care & community mental health funds. She cut audiology & hospice care and limited speech, occu & phys therapy visits to 3/yr. ADAP was cut $3 million, has a formulary limited to Tier 1 Rx's & an income level cut from 300 to 125% The budget ends 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, ultra-sounds & some EPSDT services. The state later found $14.1 million more for ADAP, cutting its waiting list to 170 (but may now require pre-authorization for *Medicaid's* HIV Rx's). The hospitals got the legislature to tax them $200 million/yr to attract more US matching to raise their rates (even though they may have earlier over-charged Medicaid $50 million) & meet other health costs; but, with a large budget cut, the state will limit or end coverage of adult insulin, eyeglasses, dentistry, podiatry & chiropractic care. It seeks a waiver to give personal care services to board & care residents; and state plan amendments to better co-ordinate mental & primary care, pay coordinators extra to cut hospital readmissions & ER visits, and consolidate community childrens', disabled adults, the mentally ill & HIV patients into fuller coordinated care. CMS says the state's placement 1,000s of de-institutionalized mentally ill in board & care homes is improper; so their costs are un-matchable—creating still another big state Medicaid funding crisis on top of the huge $150 million Medicaid shortfall the state faces. **For a comprehensive study of the state's Medicaid & related programs & their future prospects see www.taepusa.org**

North Dakota---this 209(b) state has a risk pool *with* a Medicare supplement but *no* low income premium discount. Its aged/disabled level is $750, its parent level is 34%/59% if wkg ('12**)** but ADAP's level was cut from 400 to 300%. It covered disabled children under only 200% via the FOA, boosted CHIP's level to 150% & raised the medically needy/spend down level to $750 for 1 person/mo. The legislature (R) *again* raised CHIP's level (now to 160%), but cut ADAP's formulary, capped enrollment & yearly costs and limited patient access to Fuzeon. Gov. Dalrymple (R) plans even more cuts

Ohio--this 209(b) state has a parent level of 90% wkg or not ('12), a 200% CHIP level, but cut the ADAP level from 500 to 300% —a change that a state court ruled needs more public advance notice & input before full implementation. Ohio cut secondary fees for dual eligibles & medical assistance for those awaiting SSA disability awards; moved most patients into HMOs (some with too few specialists); but imposed private ins mental health parity. **Its aged & disabled level is only $589/mo (the US' very lowest)**. The state covered disabled children under 500% via the FOA; cut nursing home fees (which it later partially restored & boosted home care benefits); cut Rx fees & community mental health funds; and required Rx co-pays & a generics preference rule; but restored adult dental & vision care. It told nursing homes to pay for their own patients' phys therapy, wheelchairs & medical equipment. The state moved 592 from waiting lists into HCB waivers & imposed $718 million in fees on hospitals to be used to get more federal matching & raise rates; and applied mini-COBRA rights to small firms. Gov. Kasich & the legislature (*both* R) plan a $1.4 billion 2 yr Medicaid cut**:** moving disabled children, the mentally ill, nursing home & HCB waiver patients, dual eligibles & finally all aged & disabled into managed care; cutting nursing home fees $360 to $470 million (*claiming* they'll spend $55.6 million *more* on HCB care, even as they plan deep cuts in the *total* FY '12 LTC budget); hosp rates $478 million, managed care $58 million & psychiatric care $135 million. But he found $5 million more for ADAP, ending its waiting list for now; the ADAP program plans to enroll new clients by prioritizing the immediate acuteness of their health status if a waiting list is needed. Cleveland's MetroHealth system, with state support, is seeking CMS approval to offer federally-matched Medicaid managed care to those under 133% (or possibly more), including even childless, non-disabled adults. The state is considering ending its 209(b) status (which would raise the aged/disabled level to SSI's $698/mo level, but end the aged/disabled spend down for those living independently in the community (the 300% of SSI level would continue for LTC & HCB services).

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Oklahoma---this 209(b) state's aged/disabled level is $740 (the SSI/SSP rate). The parent level is 37% & 53% wkg ('12) & ADAP's is 200%. It doesn't cover hospices, but did cover the breast & cervical cancer & wkg disabled groups and sub-sidized insurance for students, the unemployed & small firm workers under 200%. The legislature (R) later cut the insur-ance premiums & eased eligibility but also cut its benefits; covers assisted living but kept the CHIP level at 185 %. Gov Fallin (R) may drop pregnant women's dentistry, durable medical equip & nebulizers; cut dialysis,

diabetic supply, hos-pital, MD & nursing home fees; raised some co-pays; seeks to limit ER visits to 3/yr; cut mental health care; closed 200 mental hospital beds; ***cut covered brand Rx's from 3 to 2/mo*** & ended speech, occupational & physical therapy benefits.

Oregon---this Title XVI state's risk pool has no Medicare supplement but *has* low income premium discounts for those under 185%. Income levels are $698/mo for aged & disabled (the SSI rate), 31%/46% if wkg for parents ('12), 185% for subsidized insurance for non-Medicare adults (with enrollment closed) & 200% for ADAP. An anti-tax referendum cut eligibility & adult dentistry and ended adult vision care. The OR Health Plan expansion waiver--with limited Medicaid for non-Medicare adults under 201%--again froze enrollment. ADAP has cost-sharing. Ex-Gov Kulongoski & the legislature (both then D) took the FOA option & passed insurer & hospital taxes--later upheld in a referendum that raised taxes on the rich too--to cover 80,000 more children & 35,00 more adults, raise CHIP's level to 300%, & offer more home care--yet he later had to end home care for 100s of cases. Gov Kitzhaber & the Senate (both D) & a now-tied House cut provider fees 16-19%. He signed a bill to use capitated "coordinated care organizations", that he says will save $200 million in 2012 but some fiscal experts & legislators say it will *still* leave a $125 million Medicaid shortfall.

Pennsylvania---has an aged/disabled level of 100%, a parent level of 26%/46% if 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; (it excludes the disabled). Gov Corbett & the legislature (both R) limited adult dentistry & Rx's to 6/mo (with an exception process), required co-pays of disabled children over 200% , cut mental & women's health care & ***ended the Adult Basic program--even with 40,000 patients on it & 496,000 more on its waiting list.*** But case file reviews suggest that nearly **1/2** of those dropped may be eligible for Medicaid, according to Community Legal Services of Phila., where cash-strapped city clinics now must bill even the poor $5-$20 a visit. Ex-Gov Rendell (D) set premiums as low as $283/mo for those under 200% in PA's US health reform-funded risk pool. Corbett cut county social services budgets by 20%, ended General Assistance welfare ($205/mo in most counties: it's often relied on by incapacitated indigents awaiting SSA disability rulings); dropped 150,000 more from Medicaid (including 89,000 children), but advocates aren't sure how many are proper case closures or how many may result from a conscious, concocted *plan* to cut the rolls, *without whether or not* clients are truly eligible.

Rhode Island---has these income levels: aged/disabled, 100%, parents, 175% (181% wkg in '12), CHIP, 250% & ADAP, 400%. The state covers the wkg 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). Ex-Gov Carcieri (R) required free & discount hospital care for those under 200% & 300% and banned taking debtors' homes. Big deficits moved him to get a waiver with extra up-front US funds; in exchange it requires shifting 12% of nursing home cases to cheaper home care & caps future US funds. The legislature (D) raised adult daycare co-pays & ended coverage of *legal* alien children. Gov. Chaffee (I) seems to have a moderate health policy & may try to end the waiver (a **12/6/11** report at www.lewin.com notes its disappointing LTC & other savings while capping the US matching rate).

South Carolina---has *no* spend down. Its aged/disabled level is 100% & its parent level is 50%/91% if wkg ('12). It cut ADAP's level to 300%. Its risk pool *has* a Medicare supplement but *no* low income premium discount. The legislature (R) limited Rx's to 4/mo & raised CHIP's level to 200%. The SPAP has a 200% level but *excludes* the disabled. The state cut mental health benefits, closed an HIV program to new clients & slashed home health, hosp & nursing home fees; passed private plan mental health parity; ended SPAP coverage of drugs not covered by Pt D, cut SPAP funds & ended state ADAP funding(so the waiting list is 440), cut home, personal aide & HCB care (the last 3 face court suits) & covered Rx's from 8 to 7/mo, required a generics "fail first" rule for mental health, oncology & HIV patients before they can get brand Rx's & de-funded cancer screening. Gov. Haley (R) tried to end hospice coverage (but relented) but cut speech &occu therapy sessions from 225 to 75/yr. With a $200 million deficit rising to $1 billion she'll try to save $200 million with " public-private care provider partnerships", $18.5 million by reducing low weight births, favoring HCB care over nursing homes, ending adult vision & dental care, raising co-pays and reducing C-sections & hospital readmissions. She's cutting hosp, MD and & DDS rates by $300 million. **For a thorough study of the state's Medicaid & related programs and future prospects see www.taepusa.org**

South Dakota---has no spend down. Its aged/disabled level is $698/mo (the SSI rate), its parent level is 52%, wkg or not ('12**)** & ADAP's is 300%. The legislature (R) refused to raise the pregnant women & the 200% CHIP levels to 250% or boost provider fees, and ended adult dental coverage**.** Gov. Daugaard (R) said he'd make $30 million in Medicaid cuts (with 10% lower provider fees), but the legislature restored $12.5 million to soften the fee cuts.

Tennessee—The legislature (R) set the aged/disabled level at $698/mo (the SSI rate), parents' at 69%/126% 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 pre-health reform *state* risk pool (with *no* Medicare supplement but *with* a premium discount for those below 250%), a SPAP (with a waiting list & low benefits cap) for up to 5 generics/mo for non-Medicare clients under 250% & subsidized barebones insurance for non-Medicare adults under $55,000 (enrollment is closed). CHIP uses Medicaid Rx rules, but also covers diabetic items & more psychiatric Rx's. Home care & medical equipment benefits were cut, with big mental health cuts & a $500 million hosp rate cut —forcing Nashville General Hospital to deny subsidized non-emergency care to poor illegals. The state deferred caps on MD visits, transportation & transplant care, but kept a $10,000/yearly benefits cap; limited occu, speech & phys therapy; and capped X-ray & lab usage & ADAP costs. A court voided its 1987 ord-er grandfathering-in 150,000 ex-SSI recipients to Medicaid & almost all then lost coverage (see "Daniels Case" at www.tnjustice.org). Gov Haslam (R) favors even more cuts--like ending coverage of C-sections, hemophilia, detox, acne & some sedatives & may start an ADAP waiting list. The state briefly re-opened the spend down to the 1st 2,500 callers to 866-358-3250 starting 2/21/12; see www.tnjustice.org for details.

Texas—has a risk pool *with* a Medicare supplement & but *no* low income premium discount .The aged/disabled level is $698/mo (the SSI rate), the parent level is 12%/26% 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 Medicaid home health & ended adult chiropractic & podiatry care; but restored Medicaid vision & hearing aid coverage and CHIP dentistry (Medicaid covers *limited* adult dentistry); and required some mental health parity in private plans. Texas has a SPAP for HIV clients. A court required improved EPSDT & child health with higher MD & DDS fees (yet Perry still plans 10% rate cuts). The 2012 deficit is $27 billion. The legislature cut the Children with Special Health Needs program & a cystic fibrosis aid program

for *all* ages (even with 950 children on a waiting list); wouldn't fund 13,000 needed HCB slots; or $19 million that ADAP needs (and even authorized cutting its income level from 200 to 125% if necessary.) It left $4.8 billion of the Medicaid budget unfunded after early 2013, when it must either find more money or make ***big*** Medicaid cuts—and *even* authorized a transfer of $19 million from Medicaid's skimpy budget to ADAP's even more desperate budget needs. The state got a CMS waiver to move even more patients into managed care; *but will drop* its prior 3 Rx's/mo limit by 3/12 for those enrollees and even fund more child dentistry & uncompensated care. CMS refused to extend Texas' family planning/ women's health funding because it excluded Planned Parenthood (so Perry said he'll try to fund women's services---except abortions, and without Planned Parenthood as a provider, which a conservative legal group claims submitted numerous for US-unmatchable abortions---with 100% state funds); and the state ceased paying the full Medicare rate for co-pays for dual eligibles--now paying only the lower Medicaid rate (it relented for psychiatrists, psychologists & oncologists). **For a comprehensive study of Texas' Medicaid & related programs and future prospects see www.taepusa.org**

Utah—is a Title XVI state with a risk pool that has a low income premium discount, but *no* Medicare supplement. Its aged level is 100%, its parent level is 38% 44% wkg ('12) & CHIP's is 200%. A waiver (closed to new clients, gives limited O/P—but no I/P--care, with ***big*** co-pays, to non-Medicare adults under 150%.. The state cut coverage of some wheelchairs, chiropractic and adult eyeglasses, dentistry; cut hospital & DDS fees 25%; but subsidizes insurance for small firm workers under 150%. Gov. Herbert (R) restored child & pregnant women's dentistry & some phys & occu therapy and cut its ADAP formulary & income level to 250% (dropping 52 clients) & closed enrollment to new patients (but there's no ADAP waiting list now); cut the disabled level from 100 to 74%, school health funds & the pregnant women's asset level; and ended the spend down. He signed a bill to make Medicaid patients "work" to get coverage, and seeks to cut eligibility, run Medicaid with what some say are sub-par ACOs, raise co-pays & charge $40/mo premiums.

Vermont—Its levels are: aged/disabled (2 zones) 101% & 110%; parents, 185% wkg or not ('12); childless, non-disabled adults, 150% wkg or not; CHIP, 300%; ADAP, 200% & the SPAP, 175%. There are no MSP asset tests. Others under 300% get state subsidized insurance. Dentures aren't covered & there's a $495/yr adult dental care cost cap. A waiver, in return for more US funds, moves patients into HMOs and favors home & HCB care over nursing homes--but also caps future US matching funds. Ex-Gov. Douglas (R) signed a bill requiring more private plan autism coverage but raised SPAP co-pays. Gov Shumlin & the legislature (both D) passed a law to establish a state universal coverage health insurance plan

Virginia---this 209(b) state's parent level is 25/31% wkg ('12), CHIP's is 200% & ADAP's is 400%. It covers the wkg disabled. Gov McDonnell & the House (both R) ignored gentler Senate (tied) approaches to cut provider fees & mental health, substance abuse & community care funds, lower the $2,200/mo HCB waiver income level to $1,685, even with a waiting list of 6,000 (but $30 million more was later found for HCB care); and the aged/disabled level from 80 to 75%**.** Some mental health, Hep C & a few other Rx's were cut from ADAP's formulary & it closed enrollment (except to pregnant women, children & those being treated for opportunistic infections).ADAP"s waiting list is 964. A SPAP covers premiums & cost-sharing for HIV+ Pt D clients under 400%. The legislature over-rode McDonnell's veto to make big firms' health plans cover some autism care, but he & the Attorney Gen interpreted the law so as to neuter it. ADAP is paying premiums, deductibles & co-pays in the US health reform-funded risk pool in 2012 & expects this to cut *per capita* patient costs from $12,000 to $8,000/yr, McDonnell plans $323 million in hospital & nursing home cuts in 2013-14

Washington--its risk pool *has* a supplement open to some, but not all, on Medicare. Its aged/disabled level is $744 (the SSI/SSP rate), its parent level is 36%/73% if wkg ('12) & ADAP's remains 300%. Gov. Gregoire & the legislature (both D) passed mental health parity. Fund shortages forced her to end CHIP (which has a 300% level) for 27,000 illegal alien children. The state raised BasicHealth (subsidized insurance for non-Medicare adults under 200%, **with a waiting list of 150,000)** premiums & co-pays, forcing 60,000 off the rolls; and limited non-emergent ER visits, Rx, DME, imaging, denture, diabetic items, personal aide, home care, adult daycare, maternity & infant casework & incontinence benefits and cut Rx, pediatric MD, HMO & day health center fees. It dropped adult hearing aids, podiatry, eyeglasses, dentistry, & colorectal cancer screening. 3 non-HIV Rx's were removed from ADAP's formulary & cost-sharing is now required of those PWHIVs over 100% or not on Medicare or Medicaid. CMS now pays matching for BasicHealth & "Disability Life-line" medical assistance, but the state cut 17,000 off BasicHealth for being illegals, over 65, or having income over 133% The legislature cut Medicaid's provider pay budget $4 billion, over hospital & home care worker opposition. Gregoire signed a nursing home tax to be used to attract more matching to bolster their rates & other costs; and seeks a CMS waiver to use a Medicaid "individual per cap payment" (whatever that is)**:** See http://www.wsha.org/files/83/StatesSubmissiontoCMMI.pdf . CMS rejected the state's proposed plan amendment to start and/or raise cost-sharing for Medicaid patients.

West Virginia---has an aged/disabled level of $698/mo (the SSI rate), a parent level of 16%/32% if wkg ('12) & a 325% ADAP level. It covers only 4 brand Rx's/mo (plus 6 generics). Its *state* risk pool has *no* Medicare supplement but low income premium discounts were authorized. It denies all *adult* dental care but extraction & pain emergencies & didn't properly adopt nursing home & HCB medical admission rules (which *still* impede access). The legislature (D) started an Rx aid plan (via low income clinics) for non-Medicare adults under 200%. CMS is trying, over state objections, to halt a waiver that offers clients more mental health care & Rx's--but only if they sign "personal responsibility" pledges. It had planned to put the disabled, parents & children into managed care that some say cuts access to care. Gov Tomblin (D) & the legislature raised CHIP's level to 300% & passed a hospital tax with proceeds to be used to attract more Medicaid matching; but, with a $187 million Medicaid shortfall, he closed admissions to the HCB-based care program.

Wisconsin---has an aged/disabled level of $781.78/mo (the SSI/SSP rate), a 300% ADAP level & a 240% SPAP level (that ***excludes*** the disabled)**.** The risk pool *has* a Medicare supplement & premium discounts for those under $33,000. Ex-Gov Doyle (D) raised the CHIP (to 300%) & parent (to 200%) levels and started a "Basic Care" plan for non-Medicare childless adults under 200%, but its caseload soon outgrew funding. Gov Walker &

the new legislature (both R) plan $3 billion in Medicaid cuts, including dropping—or at least lowering the income level for--the 67,000 already on Basic Care (with thousands more on its waiting list). He also froze en-rollment in the "Family Care" nursing home alternative program (but, at CMS' *demand*, he now plans to reverse himself & re-open enrollment; but it still has waiting lists in some counties for some diagnoses & lacks any funding source). He ***wants to cut the 200% parent level to 133%,*** charge premiums and more & bigger co-pays, "adjust" kidney dialysis payments & Rx fees and drop those, including children under 26, who don't enroll in their parents' or their own job's insurance. Yet even GOP legislators spurned his plan to cut SPAP coverage. CMS hesitates to permit such waivers or SPAs, because most veer close to, or even violate, federal MOE laws.

Wyoming--has *no* spend down, an aged/disabled level of $723 (the SSI/SSP rate), a parent level of 38%/51% wkg ('12) & a 200% CHIP level. Its SPAP covers non-Medicare clients below 100%. The legislature (R) widened CHIP dental, vis- ion & mental health benefits. Ex-Gov Freudenthal (D) *added* a state risk pool low income premium discount for those under 250% (it already had a Medicare supplement). The state planned to cut provider fees $25 million, the DD & HCB budget $3.6 million (freezing-in a waiting list) & dialysis aid by $250,000. ADAP's 332% income level & formulary were cut and its enrollment was capped (but its waiting list is still 0) & client cost-sharing was imposed. Gov Mead (R) plans more cuts

SOURCES AND RESOURCES:

Email sherry.barber@ssa.gov for "State Asst. Progs. For SSI Recips., 1/11" *(the latest update) on state Medicaid eligibility rules for SSI & SSP clients, their living-independently and board & care home SSP amounts & Section 1616, 1634 & 209(b) arrangements.*

For the 48 states & DC, 2012's federal poverty level (FPL) is $11,170 yearly ($930.83 monthly) for one plus $3960 yearly ($330 monthly) more for each add'l person; see the Asst Sec. for Plan. & Eval. pages at www.dhhs.gov for earlier yrs' FPLs and AK's & HI's separate FPLs. The 2012 SSI rates (not including any state supplements, or SSPs) are $698/ mo for 1 & $1,048/mo for 2.

For state parent & childless non-disabled adult income levels see **"Performing Under Pressure: ..Findings of a 50-State Survey of Eligibility..Policies in Medicaid and CHIP, 2011-12.."** *pub.#8272 (Tables 1A , 4 & 5) and pub #8048 (1/12/12), [Tables 1 & 6] at www.kff.org and http://www.kff.org/medicaid/upload/8105.pdf for more detailed 2010-11 aged, disabled & MSP eligibility data (especially App. A4a). A later 10/11 version doesn't offer exact income level figures of further changes in states' various adult & children levels.*

See **"State General Assistance Programs. 2011"** *at www.cbpp.org for a survey, charts and even a list of their general assistance cash welfare income levels ---and, in many states, even the income & other eligibility rules for their general (non-federally-matched) medical assistance.*

"Medicaid Expansion Now..[Can]..Save..States Money" *shows how states can add to their health budgets by now getting regular Medicaid matching rates for 100% state-funded care of childless, non-disabled adults under 133% &* **"Explaining: Benefits & Cost-Sharing..States Can Set For [New]..[Eligibles].." (8/9/10)** *at* **www.kff.org** *. For CMS rules on covering new clients see* **State Med Dir Ltr #10-005, "New Options.. [In] Med.." (4//10/10) & State Med Dir Ltr #10-013 (7/2/10)** *on required* **"Fam, Plan, Benchmark, [mental health & Rx] Cover."** *at* **www.cms.gov**

Problems with enrollment & access to providers for applicants & recipients of the QMB program---and how to overcome them--- is discussed in a 12/15/11 **"CMA Alert"** *at* **www.medicareadvocacy.org** *and an 11/11 /12* **"Issue Brief"** *at* **www.nsclc.org**

"Medicaid Coverage & ..[Costs]..in Health Reform.." *at www.kff.org projects the numbers of new Medicaid patients & states' tiny share of their costs starting in 2014 (0% to 10%). See under "pubs." at www.ppic.org* **"Expanding MediCal;, Profiles of Potential New Users"** *(8/1112)questioning whether previously-uncovered patients added by health reform expansions will really cost any more than non-disabled parents do now; Google* **"Health Service Among the Previously Uninsured",** *in* **Health Economics (8/24/11),** *for roughly similar findings for previously uninsured persons first getting Medicare at age 65. Also see* **"Health Care Costs Decreased** ***(by nearly half)*** **For the Newly Enrolled When Low Income Uninsureds** *[there were 128,000 study participants under 200% FPL in the study, which lasted from 2001 to 2007]* **Are Provided Coverage" at www.today.uci.news (***2/15/12; it also ran that day in* **Health Affairs)**

"The OR Health Experiment.." *(7/7/11) at www.nber.org finds—surprise!—that among those seeking Medicaid, a comparison of those who get it vs. those who don't shows that those who get it enjoy better health & access to care. But the 2/12 issue of the journal* **Cancer** *was to have reported a study finding cancer patients on Medicaid do worse than privately-insured and even uninsured ones; but that those already on Medicaid when diagnosed do better than those who get on it only after a diagnosis.*

"Net Effects of the [PPACA] on State Budgets" *at www.firstfocus.net sees state savings of $40.6 to $131.7 billion/yr from health reform in 2014-19.* **The Act provides** *a 90% US match to set up & improve Medicaid & Exchange eligibility/enrollment systems and a permanent 75% US match to run them (the old Medicaid match for eligibility, management & claims-payment work was only 50%).Except for TANF's or Food Stamps' extra or unrelated costs, both funding streams are also available until 12/15 for their administrative & eligibility costs too (see http://www.fns.usda.gov/snap/rules/Memo/2011/081011.pdf).*

See "PPACA's State Savings [and] Costs.." ,"How Human Services Programs.."," ..Clients Can Benefit From ..Health Reform.", "Using the Basic Health Program to Make Coverage More Affordable.." and "Implementing ..Health Reform: A 5-Part Strategy [To] Reach..the..Uninsured" *(dated 5/11; it offers the states quick & simple ways to enroll them), under "publications" at www.ui.urban.org. The 1st article sees state savings of $92-$129 billion in 2014 to 2019 & $12-$19 billion annually in later yrs. Also see* **"State Benefit Mandates & Health Care Reform"** *at www.nihcr.org which sees only tiny cost increases for states.*

*See "***Medicaid's Role in..Health..Exchanges..***" at* **www.manatthealthsolutions.com; "10 Considerations for States in Linking Medicaid & Health Ins.. Exchanges"** *at* **www.chcs.org** *. At* **www.familiesusa.org** *see an issue brief,* **"A Closer Look: Simplifying Enrollment & Eligibility with Modified Adjusted Gross Income (MAGI)",** *explaining the benefits of aligning eligibility income-counting rules*

with MAGI; www.EnrollAmerica.org has a paper on reaching & enrolling those uninsured persons with poor or limited English literacy. Email JLarochelle@familiesusa.org for a 2/20/12 alert with its thorough, well-selected bibliography of papers on how to best implement health reform-related Medicaid, Basic Health & Exchange eligibility and enrollment processes starting in 2013.

The PPACA **"Maximiz[es]..[Primary MD].. Medicaid Rates to Medicare Levels [to get more of them to take Medicaid].."** *&* **"Leveraging the Medicaid Primary Care Rate Increase" (***both at www.chcs.org) They note that the US will pay 100% of added primary care fee costs in 2014–19. New HHS rules make later state provider pay cuts harder & more difficult (***Fed. Reg., 5/ 5/11); also see* **"NHeLP Breaks Down Crucial Provider Pay Reg."***at www.healthlaw.org. Beginning in 2013, the PPACA also offers states a 1% higher match for preventive services & immunizations (at www.USPreventiveServicesTaskForce.org see* **"Affordable Care Act: A & B Recommendations"** *and* **"Immunizations for Adults & Children"** *at the"* **Topic Guide"** *there.*

http://medicaidbenefits.kff.org/index.jsp *lists the services states cover (e.g., chiropractic, podiatry, eyeglasses, optometry, hearing aids, hospices, psychologists, prosthetics, home health, medical equip, dentistry, Rx's--including numerical or class limitations--OTC & first aid items & phys, occu & speech therapy, etc.) and has data on the scope, reimbursement, limitations & prior authorization rules for such services as of 2010.*

"A Costly Dental Destination: Hospital Care..[in ERs].." at www.pewtrusts.org *studies rising numbers of emergency dental visits to hospital ERs (about 850,000 yearly) & costs ($88 million in FL alone in 2010). Children are in theory eligible for Medicaid dental care in all states, yet less than half get it. Most states deny adults any dental care (except, in some cases, extractions to relieve pain). Also see the "Dental Crisis Report" at* **www.sanders.senate.gov/** & **"State of Decay"** *at www.oralhealthamerica.org ; it has some (now possibly outdated) details on adult dental care coverage in each state. While most state Medicaid programs don't cover adult dentistry, about 70% of federally-supported low income health clinics offer some dental care. For a list of them go to www.hrsa.gov. Other low income clinics are listed, by state, at www.freeclinics.us .*

The **"2012 National ADAP Monitoring Report (Module 1)"** *at www.nastad.org lists state income & asset eligibility levels in Table 25 on page 70 & application procedures in Table 26 on page 71 and much more.* **Module 2** *has updated enrollment &utilization data, details on ADAP coordination with Medicare Part D, the Pre-existing Condition Insurance Plans (PCIPs) & Section 1115 waivers.* **Module 3** *also highlights hepatitis treatments covered by ADAPs.*

"Medicaid & HIV: A National Analysis" *(doc. #8218 at www.kff.org) studies enrollment & spending for HIV patients on Medicaid, including demographics, eligibility, services & geographic distribution; and also compares HIV patients to other non-HIV Medicaid clients, and to the whole US HIV+ populace (on or off Medicaid). While HIV enrollees are under 1 % of all Medicaid patients, almost 1/2 of HIV patients are on it. Most (74%) became eligible as disabled. Per capita spending for HIV patients is almost 5 times more than for others; this reflects the high cost of their care, especially for Rx's (which alone are 31% of their costs). Other clients' Rx costs are only 7% of their medical costs.*

See **"Pharm. Benefits [in] State [Medicaid Programs]"** *at www.npcnow.org on formularies, fees, prior auth, prescribing/dispensing limits & co-pays. JCoburn@hdadvocates.org has a chart on how Rx maker PAPs mesh with Part D. States can cover Part D-excluded* Rx's with their own funds: see which do so at www.medicareadvocacy.org (12/1/05 report at "News" icon). **"Implementation of Medicare Part D & Non-Rx Medicare Spending.."** *in* **jama.ama-assn.org** *(7/27/11) finds that access to, and use of, Part D drugs cuts patients' other health costs by $1,200 yearly.*

The Medicaid & CHIP Payment & Access Comm.'s (MACPAC) new report **http://www.modernhealthcare.com/Assets/pdf/CH78650315.PDF** *focuses on disabled Medicaid patients. It reports on a survey of quality measures (and more of them than the HHS core standards) that managed plans use, including some HIV measures (see page 7) and lists Medicaid optional benefits (like HIV testing and targeted case management).*

"Medicaid Managed Care Trends" *('09) on Medicaid's research & demonstration pages at* **www.cms.gov** **reports that** ***over 70% of its patients are already enrolled—often mandatorily--in private managed care plans*** *(so far mostly non-disabled parents & children); but most states now plan to enroll (again, often mandatorily) the previously mostly-exempt aged & disabled too). See* **"CA's Shift to Managed Care Doesn't Save [Costs] or Improve.. Outcomes .." (10/05),** *finding it* **raises** *costs 17% over fee-for-service at www.rwjf.org under "pubs. & research"; a summary of cost studies in* **"Managed Care Explained"** *(5/31/11) at www.stateline.org,* **"Assessing.. Financial Health of Med. Managed Care & [Its]..Quality"** *at* www.cmwf.org, **"The Evolution of Managed Care in Medicaid"** *(6/11) at* www.macpac.gov . **"A Profile of Medicaid Managed Care..in 2010:..A 50 State Survey"** at www.kff.org (doc. # 8220) & **"Has...Shift to Managed Care [Cut].. [Expenses]..?"** at **www.nber.org** (*saying savings depend on states' baseline fees).* **The National Committee for Quality Assurance's** *latest rankings & performance measures for 99 Medicaid HMOs in 30 states & DC are at* www.consumerreports.org/cro/promos/health/medicaid.htm ; *it will soon publish similar state Medicaid ACO evaluations too. Also see* **"People with Disabilities & Med. Managed Care.."** *at* **www.kff.org (doc.# 8278; 2/13/12)** *and request alert # 352 (2/21/12) on* **".. Managed Care, People With Disabilities & 1115 Waivers"** *from* **stevegoldada@stategoldada.com.**

See "Indiv..Models of LTC' at www.statehealthfacts.org & http://www.kff.org/medicaid/upload/7720-05.pdf**.** *on HCB waivers, home health &, personal aides. Email lsmetanka@nccnhr.org for the latest state Personal Needs Allowances (PNAs) for those in SNF, ICFs & licensed, SSP-funded board & care homes. See a* **"Medicaid HCB..Data Update: 2011"** *&* **a "Money Follows the Person…2010"** *at www.kff.org. See AARP's report, www.longtermscorecard.org for an overview of state long term care programs & http://www.cdc.gov/nchs/data/databriefs/db78.htm for a survey on residential care facilities (i.e., "board & care homes" & "assisted living facilities") that provide sub-medical group home care, often funded by special, extra-high SSPs or even Medicaid waivers. An AARP, NASUAD & HMA report offers findings from a survey of state aging & Medicaid agencies* at http://www.aarp.org/health/health-care-reform/info-02-2012/On-the-Verge-The-Transformation-of-Long-Term-Services-and-Supports-AARP-ppi-ltc.html *& related papers. They show which states are pursuing Medicaid Managed LTSS, which are pursuing HCBS options in the ACA (Community First Choice Option, Balancing Incentives Program, Health Homes, etc.), and much more.*

The PPACA's **"Community First Choice"** *state plan option can give states a 6% higher match for personal attendant costs & the* **"Balance Incentives Payment Program"** *can give them $3 billion more (to raise their match 2% to 5%) to plan such services; see* http://www.ncoacrossroads.org/library.htm?mode=view&did=60715&lid=45723&wf=45724 *& email cuelo@healthlaw.org for details. But see*

State Med. Dir. Ltr. # 11-009 of 8/15/11 at www.cms.gov , saying states can change HCBS waivers--or even drop expiring waivers--if their eligibility changes don't violate MOE rules. More incentives to expand HCBS under the ACA are at http://www.kff.org/medicaid/upload/8241.pdf.

Check US Senator Michael Bennet's website for an 82-page **"Guide To Grants For States, Public Agencies and Other State-Level Organizations Available Under the Patient Protection and Affordable Care Act"** *(the PPACA, which is the health reform law).*

See www.naschip.org on the pre-health reform state risk pools & order **"Compr. Health Ins. for High Risk Indivs: .. State-by-State…"** *on their funding, eligibility, benefits, Medicare supplements, premiums & low income discounts. The site www.pcip.gov shows if new federal health reform-funded pools are state- or federally-run; the latter's premiums & cost-sharing are surprisingly affordable, especially for those under 40; and premiums in US-run (and even some state-run) pools have been even further discounted*

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

See the **"Friday Updates"**, *the* **"State Medicaid Reform Tracker"** *monthly (for state-by-state non-eligibility Medicaid news) &* **"State Aging & Disability Agencies in Times of Change"** *at www.NASUAD.org and* **http://www.statereforum.org/states** *on state health reform news.*

See http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/waivers/Section-1115-Comprehensive-Demos-chart-10-11.pdf *for lists on the status of CMS' Section.1115 "Comprehensive Demonstrations" (including waivers, etc.) as of 10/3/11, including family planning ones; CMS published final regulations on 2/27/12 on Sec. 1115 waivers & demonstrations and for innovations under the PPACA. Both regulations require public notice and opportunities for public input and comments at both the state and federal levels before and after implementation.*

The National Health Law Program (NHeLP) has a summary of cost sharing studies which show—"surprise"!---that starting or increasing low income patients' cost sharing in health plans always & inevitably delays, prevents or deters their access to necessary medical care. See **http://healthlaw.org/images/stories/medicaiddefense/2011_08_02_NheLP%20Cost%20Sharing%20Summary.pdf** *Also see* http://ccf.georgetown.edu/index/cms-filesystem-action?file=ccf%20publications/state-specific/florida-2011/medicaid-brief-2012-changes-dec-11.pdf

"The ER Doctor Will See You--*After* You pay a $150 Fee" *in the 2/19/12 Washington* **Post** *(p.G3), says most hospital ERs now charge $40 to $350 in up-front fees from uninsured non-Medicare adults seeking care without genuine emergencies & referring those who don't or can't pay to low income clinics & private doctors. For defenses of this policy contact* **Jkeltner@HCFMA.org** *&* **the Hosp. Corp. of Amer.'s Ed Fishbaugh at (615) 344-9551; *for critiques email* kbailey@familiesusa.org** *& David Seaberg of the American College of Emerg. Physicians at* **pr@acep.org** *. The 3/14/12* **Annals of Emergency Medicine** (www.annemergmed.com) *has another study on how Medicaid patients' lack of primary care access causes heavy, unnecessary ER use.*

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CMS & HHS Interim Final Regulations on eligibility & enrollment for Medicaid; Exchange insurance policies (with income-based subsidies); and small business access to & tax credits for, Exchange-based employee group policies were published 3/23/12 (see Vol. 77, No. 57 at www.FederalRegister.gov), while the Consumer Operated & Oriented Plan (Co-Op) Proposed Rule appeared in the Federal Register on 7/20/11. Comments of the National Health Law Program on the proposed version of the regulations (and a policy question) are at www.healthlaw.org; the Consortium for Citizens with Disabilities' (www.c-c-d.org) comments on the proposed eligibility regulations (and other ACA issues and regulations) are at "What's New" on its main website page and on its Health Task Force page.

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A little-known 1997 CMS policy issuance to its regional offices (better readable in a 1998 Region IV policy re-statement) at **http://www.ncauditor.net/EPSWeb/Reports/Performance/PER-2010-7260.pdf)** *allows US Medicaid matching for otherwise-eligible penal inmates' inpatient care at non-penal hospitals and SNFs & ICFs. But the long-time, statutory Medicaid ban on matching for inmate medical care inside penal facilities & their infirmaries--and for non-overnight care at non-penal clinics, ERs & MD offices—is still in force. Now, few inmates are covered by this exception unless they're under 22, over 65, disabled or pregnant. But on 1/1/14 almost all will qualify (since they have incomes under 133%) for I/P Medicaid care in non-penal hospitals, SNFs & ICFs.* ***dstrugarfritsch@Healthmanagement.com*** *(517-282-2124) offers consultant services to state Medicaid staff & others on this issue and has further details. No CMS central office staff who wrote the initial policy memo seem to still work there, but the CMS Region IV staff who re-issued the policy to states virtually word-for-word are still employed:* ***Jackie.Glaze@cms.hhs.gov*** *(404-562-7417) &* ***Elaine.Elmore@cms.hhs.gov*** *(404-562-7408)*