

## **Chapter Six**

### **Health Care Coverage for Children with Disabilities**

Children with disabilities access health care services through a decentralized network of federal, state, and local programs. States receive partial funding from the federal government for many of these services but retain a high level of discretion over program implementation. This creates substantial variation among the states in the provision of services. Federal/state programs serving children with disabilities include Medicaid, Children with Special Health Care Needs, Center for Mental Health Services grants, and health-related services under the Individuals with Disabilities Education Act. The following sections describe each of these programs, highlighting eligibility criteria, types of services offered, and statistics on program participation, where available.

#### **I. Medicaid**

During fiscal year 1993, approximately 796,000 children with disabilities were enrolled in Medicaid nationwide, of which about 665,000 received SSI benefits.<sup>1</sup> Of these, approximately 529,000 children actually received Medicaid services sometime during the year. The federal cost of serving these children was approximately \$3.4 billion (see Table 6-1). Throughout the states, federal funding ranged from 50 to 83 percent of program costs, with the federal/state matching rate inversely proportional to the state's per capita income.

Federal law mandates that states extend eligibility to certain groups and provide certain services. Beyond these requirements, states have wide latitude to define their plans by offering optional services and expanding eligibility to additional groups. As a consequence, Medicaid expenditures for children receiving SSI vary widely among the states. Table 6-1 shows state-by-state Medicaid expenditures for children with disabilities in 1993.

Medicaid changes currently under consideration in Congress may affect the access of children with disabilities to health insurance coverage. Such proposals would cut the growth in Medicaid at a time when increasing numbers of children are losing health coverage through the erosion of employment-related dependent benefits. Furthermore, a large proportion of current Medicaid expenditures support long-term care for the elderly, mainly in nursing home settings, where the ability to cut expenditures is minimal. Thus, depending on decisions made at the state level, measures to curtail the growth of Medicaid expenditures may have a disproportionate effect on children and adolescents. Moreover, unless the statutory link to Medicaid for SSI recipients is preserved, states may no longer provide Medicaid coverage for low-income children with disabilities.

---

<sup>1</sup> Health Care Financing Administration, Office of the Actuary. Most of the remaining children qualified for Medicaid through a state medically needy program or a state 209(b) option, both of which are described later in this chapter.

## Health Care Coverage 92

Under current law, federally-mandated Medicaid services include:<sup>2</sup>

*inpatient hospital services*  
*rural health clinic services*  
*other laboratory and x-ray services*  
*nurse practitioner services*  
*family planning services and supplies*  
*physician services (including medical and surgical dental services)*

*nursing facilities for individuals age 21 and older*  
*outpatient hospital services*  
*nurse-midwife services*  
*early and periodic, screening, diagnostic, and treatment (EPSDT) services*

Optional services include:<sup>3</sup>

*podiatrist services*  
*optometrist services*  
*chiropractor services*  
*psychologist services*  
*medical social worker services*  
*nurse anesthetist services*  
*private duty nursing clinic services*  
*dental services*  
*physical therapy*  
*occupational therapy*  
*speech, hearing, and language therapy*  
*prescribed drugs*  
*dentures*  
*prosthetic devices*  
*eyeglasses*  
*diagnostic services*

*screening services*  
*preventive services*  
*rehabilitative services*  
*Intermediate Care Facility/Mental Retardation (ICF/MR)*  
*inpatient psychiatric services for children under age 21*  
*Christian Science nurses*  
*Christian Science sanatoriums*  
*nursing facilities (NF) for children under age 21*  
*emergency hospital services*  
*personal assistance services*  
*transportation services*  
*case management services*  
*hospice care*  
*respiratory care*  
*tuberculosis-related services*

Table 6-2 illustrates state diversity in providing optional Medicaid services. For example, 27 state plans cover psychological services. All states and the District of Columbia include prescription drug coverage; 47 states pay for eye glasses; and 18 states cover personal assistance services.<sup>4</sup>

---

<sup>2</sup> Health Care Financing Administration, State-by-State Chart of Medicaid Services, October 1, 1994.

<sup>3</sup> List does not include inpatient hospital services and nursing facilities services for individuals age 65 and older who reside in institutions for the mentally ill.

<sup>4</sup> Optional services not provided under a state plan are required to be available to children under EPSDT.

Many of these services are critically important for children with disabilities. The current SSI debate has focused on issues of treatment and prevention that are particularly relevant to two of them.

Early and Periodic, Screening, Diagnostic, and Treatment Services - EPSDT is a program of preventive and acute care for children. Its purpose is to detect and treat medical conditions before they cause major damage and become more costly to treat. EPSDT services are defined in statute to include five components: screening, vision, dental, hearing, and other services to "correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state [Medicaid] plan."<sup>5</sup>

Under EPSDT, a state must reimburse providers for any Medicaid service that is determined medically necessary, even if it is not an optional service in the state's Medicaid plan. Thus, a child eligible for Medicaid in any state should, in principle, be able to access any service that is reimbursable under federal Medicaid law, despite the differences in state plans.

In practice, children's access to expanded Medicaid services through EPSDT is impeded by three factors. First, methods of determining medical necessity vary among states. Some states contract with physicians to make this determination, while others rely on review boards. Second, most states require prior authorization for diagnostic and treatment services not covered under a state's Medicaid plan. While this can be accomplished by telephone in a few states, most states with prior authorization policies require the submission of a written request. The processing time for expanded service requests varies among the states, from less than one week to four weeks. Third, some states establish limited periods of authorization for EPSDT services. These limits may apply to all services or may be specific to the type of service requested.<sup>6</sup>

Prescription Drug Coverage - While prescription drug coverage is an optional Medicaid service, all states and the District of Columbia include some coverage in their Medicaid plans. The plans differ widely in scope of coverage (see Table 6-3). Under federal law, only payments for drugs manufactured by companies that have signed rebate agreements with the Health Care Financing Administration are eligible for federal matching funds. Children in need of medication not produced by a pharmaceutical company with a rebate agreement may acquire the medication through EPSDT.

---

<sup>5</sup> Section 1905(r) of the Social Security Act. Vision services include eyeglasses and hearing services include hearing aids.

<sup>6</sup> Memorandum, Fox Health Policy Consultants, April 8, 1991.

## **Medicaid Eligibility**

Children with disabilities have several paths to Medicaid eligibility: categorical eligibility, Medically Needy programs, the "Katie Beckett" option, Home and Community-based Waivers, and 1115 waivers.

### *a. Categorical Eligibility*

The term categorical eligibility refers to coverage that is mandated by federal law. Two groups of children are categorically eligible for Medicaid: those who receive cash assistance, such as AFDC or SSI, and those whose family income is low enough to qualify them for poverty-related coverage.

Since its inception, Medicaid eligibility has been linked to eligibility for cash assistance programs such as AFDC and SSI. Currently, 32 states automatically enroll children receiving SSI in Medicaid.<sup>7</sup> Another seven automatically extend eligibility to children receiving SSI but require them to complete an application to actually enroll in the program. These states are known as SSI-criteria states. Eleven states, known as 209(b) states, use Medicaid eligibility standards that are different, and generally stricter, than those used for SSI eligibility.<sup>8</sup> Table 6-4 indicates which states are in each of these three categories.

Federal law also requires states to extend categorical Medicaid eligibility to all children under age six with family incomes at or below 133 percent of the federal poverty level.<sup>9</sup> In addition, 1990 expansions require states to extend Medicaid eligibility to all children living at or below the federal poverty level who were born after

---

<sup>7</sup> These are known as 1634 states, after the section of the Social Security Act which gives states the authority to allow the Commissioner of Social Security to make Medicaid eligibility determinations for individuals who are aged, blind, and disabled.

<sup>8</sup> When SSI was enacted in 1972, some states expected the number of elderly and disabled recipients of cash assistance to grow significantly. To determine Medicaid eligibility for aged, blind, and disabled recipients, Congress provided (in Section 209(b) of the Social Security Amendments of 1972) the option for states to continue using the financial standards and definitions of disability in effect in January 1972, rather than making all SSI recipients automatically eligible for Medicaid. All 209(b) states use Medicaid eligibility standards that are stricter in some way than SSI eligibility standards. However, Medicaid eligibility involves criteria related to disability, income, and resources, and 209(b) states need not be stricter in all of these. For example, two 209(b) states, Oklahoma and Virginia, use more generous Medicaid income standards; and Connecticut uses more generous Medicaid standards for both income and resources.

<sup>9</sup> Section 1902(l) of the Social Security Act, as amended by Public Law 101-239, the Omnibus Budget Reconciliation Act of 1989.

September 30, 1983.<sup>10</sup> Some states have further expanded their programs to include children with incomes above the federal poverty level and children born before September 30, 1983. See Table 6-5.

b. *State Medically Needy Programs*

Children who qualify as "Medically Needy" meet a state's non-financial criteria for Medicaid but do not meet income or resource requirements. Under this option, children can qualify for Medicaid coverage through a "spend down." Medicaid will pay the individual's qualifying medical expenses after he or she incurs monthly medical expenses that bring his or her income down to the income eligibility or "threshold."

Within broad federal guidelines, states establish eligibility thresholds for Medically Needy individuals. These thresholds can be as high as 133 1/3 percent of the state's maximum AFDC payment levels for families of similar size.<sup>11</sup> In practice, eligibility thresholds for Medically Needy individuals vary considerably from state to state, as illustrated in Table 6-5.

c. *Katie Beckett Option*

If a child lives at home, a state determines his or her financial eligibility for Medicaid by reviewing the parents' income. However, if the child enters an institutional setting and remains there for more than 30 days, parental income is no longer considered. As a result, there are children who do not qualify for Medicaid while living at home but do qualify once they are placed in institutional care.

In response to criticism that these rules create a bias toward institutional care, Congress changed federal Medicaid law in 1982 to provide states with the option to treat as SSI recipients those children under age 18 who receive medical care at home, provided three conditions are met: (1) the medical care must be at a level provided by a hospital or institution; (2) the child would be eligible for Medicaid if he or she were living in an institution; and (3) the cost of home care does not exceed the cost of hospital or institutional care.<sup>12</sup> This option is commonly known as the "Katie Beckett" option. The following states (and the District of Columbia) include the Katie Beckett option in their Medicaid plans.<sup>13</sup>

---

<sup>10</sup> Section 1902(l) of the Social Security Act, as amended by Public Law 101-508, the Omnibus Budget Reconciliation Act of 1990.

<sup>11</sup> Section 1903(f) of the Social Security Act.

<sup>12</sup> Section 1902(e)(3)(A) of the Social Security Act.

<sup>13</sup> Health Care Financing Administration, *Medicaid spData System: Characteristics of Medicaid State Programs*, December 1993.

<i>Alaska</i>	<i>Maine</i>	<i>Pennsylvania</i>
<i>Arkansas</i>	<i>Michigan</i>	<i>Rhode Island</i>
<i>Delaware</i>	<i>Minnesota</i>	<i>South Dakota</i>
<i>District of Columbia</i>	<i>Mississippi</i>	<i>Vermont</i>
<i>Georgia</i>	<i>Nebraska</i>	<i>West Virginia</i>
<i>Idaho</i>	<i>Nevada</i>	<i>Wisconsin</i>
	<i>New Hampshire</i>	

If a state chooses to exercise the Katie Beckett option, it must extend eligibility to all children in the state who would qualify. Thus, states may incur substantial cost in exercising this option.

d. *Home and Community-based Services Waivers*

Another means of providing Medicaid coverage to children with disabilities is the Home and Community-based Services (HCBS) waiver. These waivers allow states to provide long-term care to individuals at home or in the community instead of in institutions. Under an HCBS waiver, states may provide an array of home and community-based services (excluding room and board) not otherwise covered under the Medicaid program. These include, but are not limited to, home health services, personal assistance services, and adult day care.<sup>14</sup>

In 1995, 49 states operate a total of 204 Home and Community-based Services waivers. There is, however, no national compilation of the number of children with disabilities who are being served.

e. *1115 Waivers*

Through section 1115 of the Social Security Act, the Secretary of Health and Human Services may allow states to waive federal Medicaid eligibility and service requirements in order to conduct demonstration projects to develop alternative health care delivery plans and expand Medicaid eligibility. As a result, children with disabilities who do not have access to health care may be eligible for medical services through demonstration projects. Twelve states have been granted 1115 waivers:<sup>15</sup>

---

<sup>14</sup> Congressional Research Service, *Medicaid Source Book*, 1993, p. 384.

<sup>15</sup> An additional waiver request for South Carolina was approved by HCFA conditionally. Subsequently, on its own initiative, South Carolina suspended its waiver. Other states that have applied for 1115 waivers include: Alabama, Georgia, Illinois, Kansas, Louisiana, Missouri, New Hampshire, New York, Oklahoma, Texas, and Utah.

<i>Arizona</i>	<i>Kentucky</i>	<i>Oregon</i>
<i>Delaware</i>	<i>Massachusetts</i>	<i>Rhode Island</i>
<i>Florida</i>	<i>Minnesota</i>	<i>Tennessee</i>
<i>Hawaii</i>	<i>Ohio</i>	<i>Vermont</i>

## **II. Children with Special Health Care Needs**

Established in 1935, the Children with Special Health Care Needs (CSHCN) program is the oldest federal assistance program for children with disabilities.<sup>16</sup> Since its inception, the program has been federally funded through block grants, giving states broad authority to determine its structure. Today CSHCN exists under the Maternal and Child Health Block Grant in title V of the Social Security Act. States must spend a minimum of 30 percent of their MCH Block Grant funds on Children with Special Health Care Needs.<sup>17</sup> In 1992, 678,640 children received medical services from CSHCN programs.<sup>18</sup>

Under the CSHCN program, states must provide: (1) rehabilitation services (unavailable through Medicaid) to children under age 16 who receive SSI, and (2) community-based services for children with special health care needs and their families.<sup>19</sup> States, however, have authority to define the population of children with special health care needs and to determine what services will be provided for eligible children. State programs differ in their requirements for eligibility, family financial participation, scope of services, and service delivery (i.e., hospital, home, school, or clinic). Generally, state CSHCN programs do not address the needs of children with mental impairments.

Since 1976, federal law has required coordination between CSHCN programs and the Social Security Administration to ensure that children who receive SSI also receive relevant CSHCN services and care coordination.

---

<sup>16</sup> The original name of the program was the Crippled Children's Service. It was renamed in 1985.

<sup>17</sup> Section 505(a)(1)(3)(B) of the Social Security Act.

<sup>18</sup> U.S. Public Health Service, Maternal and Child Health Bureau. This number reflects under-reporting.

<sup>19</sup> Federal law also requires states to (1) ensure mothers and children access to quality maternal and child health services, and (2) reduce infant mortality and the incidence of preventable diseases and handicapping conditions.

### **III. Center for Mental Health Services**

Children with emotional and behavioral disorders who live in the community need a wide range of supports and services. These services include counseling, crisis intervention services, respite care, and therapeutic foster care.<sup>20</sup> However, many of these services are unavailable in community settings.<sup>21</sup>

In 1992, Congress responded to continued criticism that federal programs did not address the needs of individuals with mental impairments living outside institutions. It established the Center for Mental Health Services under the Substance Abuse Mental Health Services Administration of the Public Health Service.<sup>22</sup> One of the Center's objectives is to provide grants to communities to assist in developing comprehensive community mental health services for children with serious emotional disturbances. Presently, the Center is sponsoring a 22-site demonstration program to establish comprehensive community-based services for these children.

### **IV. Individuals with Disabilities Education Act**

The primary purpose of the Individuals with Disabilities Education Act (IDEA) is to ensure free appropriate public education to children with disabilities.<sup>23</sup> In addition, states must provide related services necessary for children with disabilities to benefit from education. Under IDEA, children with disabilities, from birth to age 21, receive services through three basic programs: Part H early intervention services, the Preschool Grant Program, Part B grants, and a number of discretionary programs.

Part H of IDEA was enacted in 1986 to provide early intervention services to infants and toddlers. These services aim to enhance their development and minimize their need for special education. Part H services include speech pathology, audiology, occupational therapy, physical therapy, psychological services, diagnostic medical services, vision services, and other health services necessary to enable the child to benefit from other Part H services.<sup>24</sup>

---

<sup>20</sup> Beth Stroul, *Series on Community-Based Services for Children and Adolescents who are Severely Emotionally Disturbed*. Georgetown Child Development Center. 1988, Volume 1.

<sup>21</sup> Testimony of Gary DeCarolis before the Commission on April 21, 1995.

<sup>22</sup> The Center for Mental Health Services was established by section 115 of Public Law 102-321.

<sup>23</sup> Department of Education. *To Assure the Free Appropriate Public Education of all Children with Disabilities: 16th Annual Report to Congress of the Implementation of the Individuals with Disabilities Education Act*. Preface, 1994.

<sup>24</sup> Section 672(2)(E) of the Individuals with Disabilities Education Act.

Each child (between birth and age 3) served by Part H has an Individualized Family Service Plan (IFSP) that prescribes specific services needed by the child and his or her family.

The provision of health services under IDEA continues until a child leaves the education system, although the scope of services may not be as broad as those under Part H. Under the Preschool Grant Program, states receive federal funds to provide special education and related services to children ages three to five with disabilities. To provide such services to children ages six to 21, states receive federal funds under the IDEA Part B formula grant program. Health services provided by these two programs include, but are not limited to, psychological services, physical therapy, occupational therapy, rehabilitation, and speech/language services.<sup>25</sup> The individual needs of a child, outlined in an Individualized Education Plan (IEP), determine the scope of services provided under Part B and the Preschool Grant Program.

---

<sup>25</sup> L. Aron, P. Loprest, and C. Eugene Steuerle, *Government Programs for Children with Disabilities, Part One: Size, Participation, Benefits and Expenditures* (Draft Final Report), February 1995, p. 56.

Table 6-1: Medicaid Expenditures and Recipient Counts for Children Under Age 21 Receiving SSI and/or SSP in 1993*			
State	Medicaid Expenditures (millions)	Medicaid Recipients (thousands)	Medicaid Expenditures per child (thousands)
Alabama	66.9	19.3	3.5
Alaska	8.6	0.6	14.6
Arizona	11.8	5.9	2.0
Arkansas	79.4	12.7	6.3
California	379.9	56.3	6.7
Colorado	42.0	5.5	7.6
Connecticut	0.1	0.0	5.8
Delaware	16.1	1.4	11.3
District of Columbia	13.8	1.4	9.6
Florida	185.2	34.0	5.4
Georgia	108.9	21.3	5.1
Hawaii	0.4	0.1	6.4
Idaho	3.0	0.3	10.7
Illinois	134.6	20.1	6.7
Indiana	39.4	2.2	18.2
Iowa	49.5	6.1	8.1
Kansas	35.4	4.7	7.6
Kentucky	82.7	15.4	5.4
Louisiana	118.6	25.7	4.6
Maine	26.4	2.4	11.1
Maryland	62.8	6.3	10.0
Massachusetts	110.5	9.3	11.8
Michigan	110.6	22.4	4.9
Minnesota	34.7	2.2	15.6
Mississippi	66.5	21.3	3.1
Missouri	1.1	0.2	5.2
Montana	14.1	1.8	7.7
Nebraska	14.7	2.2	6.6
Nevada	0.9	0.2	5.7

Table 6-1: Medicaid Expenditures and Recipient Counts for Children Under Age 21 Receiving SSI and/or SSP in 1993*			
State	Medicaid Expenditures ( millions)	Medicaid Recipients (thousands)	Medicaid Expenditures per child (thousands)
New Hampshire	4.2	0.9	4.5
New Jersey	112.9	15.7	7.2
New Mexico	30.3	3.9	7.7
New York	468.8	42.0	11.2
North Carolina **	31.7	3.4	9.3
North Dakota	8.8	0.7	11.8
Ohio	2.1	0.6	3.6
Oklahoma	28.3	6.0	4.7
Oregon	5.4	1.0	5.2
Pennsylvania	189.6	31.6	6.0
Rhode Island	23.1	4.4	5.3
South Carolina	48.2	9.1	5.3
South Dakota	18.9	2.2	8.5
Tennessee	70.4	19.0	3.7
Texas	275.0	40.4	6.8
Utah	14.9	1.9	8.0
Vermont	8.5	1.1	7.5
Virginia	53.2	10.5	5.1
Washington	45.1	8.2	5.5
West Virginia	34.8	6.9	5.1
Wisconsin	90.9	17.2	5.3
Wyoming	3.5	0.5	6.3
<b>United States</b>	<b>3387.4</b>	<b>528.6</b>	<b>6.4</b>

Source: Office of the Actuary, Health Care Financing Administration.

\* States where Medicaid eligibility is not automatically provided to SSI recipients (i.e., 209(b) states and SSI-criteria states) are shaded to indicate uncertainty about data accuracy. These states sometimes under-count children with disabilities who receive Medicaid. The problem has two sources. Some states (e.g., Connecticut) do not code children receiving SSI as disabled in their Medicaid records. In other states, children with disabilities may be granted Medicaid because of low-income status rather than because of their disability (and, as a consequence, the state Medicaid bureau may be unaware that the child is disabled). Thus, the number of children with disabilities receiving Medicaid in 209(b) states and SSI-criteria states may be higher than this table indicates. Chapter seven includes a recommendation for improving the quality of HCFA data on children with disabilities.

\*\* North Carolina was a 209(b) state in 1993 but has since become a 1634 state.

Table 6-2: States Providing Optional Medicaid Services				
	categoryally needy	categoryally needy and medically needy	1115 state- wide waiver	TOTAL
Podiatrist services	11	31	5	47
Optometrist services	13	32	5	50
Chiropractor services	6	22	1	29
Psychologist services	6	19	3	28
Medical social worker services	1	3	2	6
Nurse anesthetist	6	12	1	19
Private duty nursing	6	18	2	26
Clinic services	14	32	4	50
Dental services	13	29	5	47
Physical therapy	11	28	3	42
Occupational therapy	8	24	3	35
Speech, hearing, and language disorders	11	27	3	41
Prescribed drugs	15	31	5	51
Dentures	8	25	4	37
Prosthetic devices	15	30	5	50
Eyeglasses	14	29	4	47
Diagnostic services	9	19	3	31
Screening services	7	19	2	28
Preventive services	5	19	4	28
Rehabilitative services	15	26	4	45
ICF/MR services	21	24	4	49
Inpatient psychiatric services for children under age 21	12	25	5	42
Christian Science nurses	2	3	1	6
Christian Science sanitoriums	5	9	2	16
NF services for children under age 21	18	28	4	50
Emergency hospital services	13	24	4	41
Personal assistance services	11	20	2	33
Transportation services	14	31	5	50
Care Coordination	12	30	3	45
Hospice Care	11	24	3	38
Respiratory Care	3	8	3	14
TB-related services	2	6	0	8

Source: Medicaid Services State-By-State Chart  
Health Care Financing Administration, October 1994.

Table 6-3 Medicaid Limits on Prescription Drugs, by Jurisdiction, August 1994 (see key on back)

State	Copayment Amount	Rx Limit Per Month	Refill Limit	Quantity Limit <sup>26</sup>	Limits on OTC's Reimbursed
Alabama	.50-3.00	No	Yes-5	Yes	Few
Alaska	0	No	No	Yes	Few
Arizona <sup>27</sup>	0				
Arkansas	.50-3.00	Yes-3	Yes-5	Yes	Few
California	1.00	No	No	Yes-100 days	Most
Colorado	2.00/.50	No	No	Yes-100 days	Few
Connecticut	0	No	No	Yes-240 caps/Rx	Few
Delaware	0	No	No	No	Most
DC	.50	No	Yes-3	Yes	Few
Florida	1.00	Yes-6	Yes-C	Yes	Few
Georgia	.50	Yes-A	No	Yes	Few
Hawaii	0	No	No	No	Most
Idaho	0	No	No	Yes	Few
Illinois	0	No	No	Yes-varies	Few
Indiana	0	No	No	No	Most
Iowa	1.00	No	No	No	Few
Kansas	2.00	No	No	Yes-100 days	Few
Kentucky	0	No	Yes-5	Yes-G	Few
Louisiana	0	No	Yes-5	No	Few
Maine	.50-2.00	No	Yes-5	No	All
Maryland	1.00	No	Yes-2	No	Few
Massachusetts	.50	No	Yes-5	Yes	Few
Michigan	1.00	No	No	No	Few
Minnesota	0	No	No	Yes-varies	Few
Mississippi	1.00	Yes-5	Yes-5	Yes	Few
Missouri	.50-2.00	No	No	Yes-H	Most
Montana	1.00/2.00	No	No	Yes	Few
Nebraska	2.00	No	Yes-D	Yes-I	Most
Nevada	0	Yes-3	No	Yes	Prior Approval
New Hampshire	.50/1.00	No	Yes-E	No	Most
New Jersey	0	No	Yes-3	Yes-J	Few
New Mexico	0	No	No	Yes-180 days	Few
New York	0	Yes-B	Yes-5	No	Few
North Carolina	1.00	Yes-6	No	No	Insulin Only
North Dakota	0	No	Yes-5	No	Few
Ohio	0	No	Yes-F	Yes-varies	Few
Oklahoma	1.00/2.00	Yes-3	No	No	Few
Oregon	0	No	No	Yes-100 days	Prior Approval
Pennsylvania	1.00	No	Yes-5	Yes	Most
Rhode Island	0	No	Yes-5	Yes	Few
South Carolina	1.50	Yes-3	Yes-varies	Yes-100 days	Few
South Dakota	1.00	No	No	No	Few
Tennessee	*	No	No	No	Few
Texas	0	Yes-3	Yes-5	Yes-180 days	Most
Utah	0	No	Yes-5	Yes	Few
Vermont	1.00/2.00	No	Yes-5	Yes-K	Few
Virginia	1.00	No	No	No	Few
Washington	0	No	Yes-2/mo	Yes	Few
West Virginia	.50-1.00	No	Yes-5	Yes	Few
Wisconsin	1.00	No	Yes-11	Yes	Few
Wyoming	1.00	Yes-3	Yes-E	Yes	Few

<sup>26</sup> Unless otherwise noted, a "Yes" response designates "30-34 days supply or 100 units limit."

<sup>27</sup> Arizona has implemented a state-wide Medicaid waiver, the Arizona Health Care Cost Containment Waiver (AHCCCW), under which prescription drugs are subject to a general capitation limit.

## *Health Care Coverage 104*

### **Key**

Unless otherwise noted, a "Yes" response for Quantity Limit has a 30-34 days supply or 100 units limit.

- A 5 Rxs per month/adult; 6 Rxs per month/child
- B Some, but not all Rxs
- C 1 refill per sleep aids, antianxiety products, H<sub>2</sub> antagonists
- D 3 month supply maximum
- E Up to one year
- G After initial filling, one dispensing fee per 30-day period for designated
- H Applies to aspirin/acetaminophen/prenatal vitamins
- I 30-day supply minimum
- J No more than the greater of 60 days or 100 units
- K No more than 60 days or less than 30-day supply

### Co-Payments

- \* Sliding co-payment for those not covered by TennCare

Table 6-4: Link Between SSI and Medicaid Eligibility				
State	Automatic enrollment in Medicaid	Automatic eligibility but separate application	209(b) state	Medically Needy program
Alabama	X			
Alaska		X		
Arizona	X			
Arkansas	X			X
California	X			X
Colorado	X			
Connecticut			X	X
Delaware	X			
District of Columbia	X			X
Florida	X			X
Georgia	X			X
Hawaii			X	
Idaho		X		
Illinois			X	X
Indiana			X	
Iowa	X			X
Kansas		X		X
Kentucky	X			X
Louisiana	X			X
Maine	X			X
Maryland	X			X
Massachusetts	X			X
Michigan	X			X
Minnesota			X	X
Mississippi	X			
Missouri			X	
Montana	X			X
Nebraska		X		X
Nevada		X		
New Hampshire			X	X

Table 6-4: Link Between SSI and Medicaid Eligibility				
State	Automatic enrollment in Medicaid	Automatic eligibility but separate application	209(b) state	Medically Needy program
New Jersey	X			X
New Mexico	X			
New York	X			X
North Carolina	X			X
North Dakota			X	X
Ohio			X	
Oklahoma			X	X
Oregon		X		
Pennsylvania	X			X
Rhode Island	X			
South Carolina	X			
South Dakota	X			
Tennessee	X			
Texas	X			X
Utah		X		X
Vermont	X			X
Virginia			X	X
Washington	X			X
West Virginia	X			X
Wisconsin	X			X
Wyoming	X			

Source: Health Care Financing Administration, July 1995.

TABLE 6-5: Medicaid Income Eligibility Thresholds for Poor and Medically Needy Children

State	AFDC Need Std*	Medically Needy*	Expanded Medicaid Eligibility for Infants	Additional Poverty-related Medicaid Expansions for Children Beyond Mandatory Requirements	
Alabama	\$8,076				
Alaska	\$12,024				
Arizona	\$11,568		140%	100%	under age 14
Arkansas	\$8,460	\$3,300			
California	\$8,580	\$11,208	200%	200%	under age 2
Colorado	\$5,052				
Connecticut	\$8,940	\$9,276	185%		
Delaware	\$4,056		185%		
District of Columbia	\$8,544	\$6,720	185%		
Florida	\$12,324	\$3,636	185%		
Georgia	\$5,088	\$4,500	185%	100%	under age 19
Hawaii	\$13,680	\$8,544	300%	300%	general pop.
Idaho	\$11,892				
Illinois	\$11,232	\$5,904			
Indiana	\$3,840		150%		
Iowa	\$10,188	\$6,792	185%		
Kansas	\$5,148	\$5,760	150%	100%	under age 16
Kentucky	\$6,312	\$3,696	185%		
Louisiana	\$7,896	\$3,096			
Maine	\$6,636	\$5,496	185%	125%	ages 6 - 18
Maryland	\$6,204	\$5,108	185%	185%	born after 9/30/83
Massachusetts	\$6,904	\$9,300	185%	200%	under age 13
Michigan	\$6,612	\$6,804	185%		
Minnesota	\$6,384	\$8,508	275%	275%	
Mississippi	\$4,416		185%		
Missouri	\$10,152		185%	100%	under age 19
Montana	\$6,360	\$5,700			
Nebraska	\$4,368	\$5,904			

TABLE 6-5: Medicaid Income Eligibility Thresholds for Poor and Medically Needy Children					
State	AFDC Need Std <sup>a</sup>	Medically Needy <sup>a</sup>	Expanded Medicaid Eligibility for Infants	Additional Poverty-related Medicaid Expansions for Children Beyond Mandatory Requirements	
Nevada	\$8,388				
New Hampshire	\$20,088	\$7,824	170%	170%	under age 11
New Jersey	\$11,820	\$7,092	185%	300%	under age 1
New Mexico	\$4,572		185%		
New York	\$6,924	\$9,600	185%	160%	under age 15
North Carolina	\$6,528	\$4,404	185%	100%	under age 19
North Dakota	\$5,172	\$5,580			
Ohio	\$10,812				
Oklahoma	\$7,740	\$5,196	150%		
Oregon	\$5,520	\$7,356			
Pennsylvania	\$7,368	\$5,604	185%	185%	under age 15
Rhode Island	\$6,648	\$8,892	250%		
South Carolina	\$5,280		185%		
South Dakota	\$6,084				
Tennessee	\$6,000	\$3,000	185%		uninsured
Texas	\$9,012	\$3,300	185%		
Utah	\$6,816	\$6,816		100%	under age 18
Vermont	\$13,776	\$10,392	225%	225%	under age 18
Virginia	\$3,864	\$4,300		100%	under age 19
Washington	\$13,896	\$8,004	185%	100%	under age 19
West Virginia	\$5,964	\$3,480	150%	150%	under age 19
Wisconsin	\$7,764	\$8,268	155%	155%	ages 2 - 5
Wyoming	\$8,088				

Source: National Governors' Association, "MCH Update," March 1995.

\* Figures are for a single parent of three. For larger families, the threshold could be higher.